



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)

Social Determinants of Health Strategy



Housing Stability Partner Convening Summary

Wednesday, April 13, 2022, from 1:30-3:00pm

Meeting Summary

- More than 90 people representing organizations that lead and support housing stability efforts contributed to the meeting. Staff from the MDHHS Policy and Planning Team facilitated the meeting and breakout sessions.
- Participants were provided an update of the MDHHS Social Determinants of Health Strategy and the objectives and initiatives of its Housing Stability Focus Area. Strategies in this domain include supporting populations made vulnerable to housing instability, holistic approaches to healthy housing, and addressing homelessness housing access.
- Policy priorities across these strategies, identified through work with stakeholders and across departments within and without MDHHS, provided the foundation for discussion. These policy priorities include:
 - **Streamlining cross-enrollment:** MDHHS is looking at ways to streamline accessibility of benefits and resources across MDHHS programs and programs in other departments, like MSHDA, designed to support low-income people. This work includes aligning eligibility criteria and working toward processes and systems that share eligibility data and expedite access to services.
 - **Alleviating barriers to MSHDA housing voucher utilization:** This work starts with having accurate data about why folks are unable to use their vouchers, but it also involves promoting wrap-around services, food access, and other components we know are essential to housing stability.
 - **Expanding access to recovery housing:** Looking at state and local barriers and facilitators to recovery housing, focusing on expanding options for individuals in need of special accommodations like families, and returning citizens.
- Feedback from each breakout session was captured and compiled. Input will be synthesized and incorporated into the overarching Strategy.

Discussions

In breakout sessions, participants learned more about specific programs related to each of the Housing Stability priorities. While considering the identified priority, participants were asked:

1. What work within these priorities is most important?
2. What are the barriers to consider?
3. Who else do we need to engage?
4. What does success look like?

Summaries from these discussions is below.

If partners have additional feedback regarding housing stability to share, please follow up with Molly Welch-Marahar (WelchMaraharM@michigan.gov). For questions or comments about the overall Social Determinants of Health Strategy, please contact our SDOH Team (MDHHS-SDOH-PolicyandPlanning@michigan.gov).

Breakout 1 – Streamlining Cross-Enrollment

Conversation centered around exploring opportunities to streamline cross-enrollment in not only MDHHS programming, but also other publicly funded assistance opportunities.

What are the barriers?

- There are issues caused by the fact that there are varying eligibility requirements that seem to be ever-changing for different programs and that makes it hard to align services.
- Q: How do we measure energy efficiency gains?
 - A: There was consensus that the energy measures database could be used for the above purpose.
- Streamlining of services shouldn't be limited to just the Michigan public service section. Utilities should be included as part of the equation, including energy efficiency, as well as quality housing, which is all important for better health.
- Several individuals thought that it was hard to figure out, from the public perspective, who to contact about what issues and how to find the right resources.
- There was also consensus that there are too many applications to complete and that families in facing hard times are not equipped to spend so much time completing documentation.

- The group wanted to highlight the importance of childcare.
 - The COVID-19 pandemic made it glaringly obvious that the availability of childcare is important for industry as a whole; to allow parents to work, specifically women, to maintain their role in the workforce.
 - Some people thought that MDHHS could look to private industry as a guide related to providing funding for employees to support childcare because the basic support networks provided by government don't always work.
- "One-stop-shop" – several meeting members thought MDHHS should act as one stop shop to help individuals find and gain access to services.
- Medical Fragility – some individuals thought looking at other issues such as medical fragility would help to prioritize housing and utility services.

Who else do we need to engage?

- Stakeholders that serve low-income communities; groups that better understand the specific needs of each community.
- Federal partners – engaging federal partners may reduce the silo of programs and eligibility requirements, which makes cross-enrollment more challenging.
- Area Agencies on Aging (AAA)

Breakout 2 – Alleviating Barriers to MSHDA Housing Voucher Utilization

What are the barriers?

- Shortage of housing stock (esp. 1-bedroom units)
- The vouchers are not financially competitive for the stock that is available
- Landlords not wanting to engage for a variety of reasons, such as amount of time it takes, payment issues, damage to units, paperwork, timeliness of issue mitigation, customer service, thinking tenants won't be good.

Suggested solutions and innovative approaches:

- Re-align market value for existing vouchers. This may reduce the number of vouchers available, but at least they'd get used
- Have a really good landlord customer service support system in place
- Oakland Co. just started a Landlord Mitigation Fund to help support landlords

Who else do we need to engage?

- Landlords

- Developers, city planners, etc.

What does success look like?

- Vouchers actually being used by those who receive them
- Support tenants to be responsible
- Support tenants to be able to maintain housing responsibly after the voucher expires

Breakout 3 – Expanding Access to Recovery Housing

What work within these priorities is most important?

- The need is greater than the capacity
- Survey: Over 800 recovery beds, but the need is 8,000
- There are a lot of parties interested in this work, but they need greater funding and support

What are the barriers to consider?

- If financial support is needed, some things are reimbursable through the Prepaid Inpatient Health Plan (PIHP), but the purchase of a home or a stipend for implementation are not; down payment assistance is needed
- Stigma: people are protesting having recovery housing in their communities
 - Potential solution: Sending out a letter to all neighbors in a 10-mile radius and related organizations to inform them of the house being set up in their area, addressing questions from community members, break down stigma walls
- Local ordinances and local municipalities create barriers by not allowing recovery housing
- It is difficult to start up recovery housing programs, especially in rural areas
- Limitations in funding streams that are often narrow in scope – need to look at innovative ways to get around funding limitations
- For individuals leaving treatment, they often don't have the financial resources to get into stable housing (i.e., sobriety deposit) – additional costs associated with recovery housing (i.e., medical expenses)
- Funding will pay for renting a house, but not buying a house – rent is skyrocketing; no longer able to have housing in an affordable area

- Grants are narrow in scope, descriptions from project officers are narrow; SAMHSA only providing funding for, “whatever is necessary for someone to spend the night there”
- Supporting people with a mental health condition and a substance use disorder
 - Non-compliance with meds
 - Coordination of care between mental health and SUD
- Seem to have a lot more recovery housing opportunities for men – only one that allows children (need housing that accommodates families)

Who else do we need to engage?

- MARR: Michigan Association of Recovery Residencies
- Local government/zoning people
- Anyone interested in starting recovery housing

What does success look like?

- Individuals should be involved in the preparation of the house
- Enough beds to meet the need
- Meeting MARR standards for quality recovery beds
- A holistic approach:
 - Support for navigating other public assistance programs
 - Understanding the landscape of the community
 - Addressing the barrier of lack of public transportation near housing
 - Employment opportunities

Additional comments:

- Priority areas that we need more recovery housing include family housing, women's housing, housing that allows for individuals to be on MOUD (Medication for Opioid Use Disorder)
- I think focusing on different populations would be great - especially our sex offender population. We have a very difficult time finding housing for this population. Finding landlords that will work with our program is also tough with stigma.
- RE: barriers to habitability, weatherization programs offer a pathway to access some funding to address leaking roof, lead and mold abatement, and other "walk-away" issues. While this funding is limited, there are efforts to expand the

amount of weatherization funding that can be applied to these repair issues before efficiency work can be done.

- Gap coverage for covering costs associated with recovery housing whether looking for employment upon entry into the program, lack of a job, medical expenses etc.

Further reading / relevant links:

- [MARR](#) – Michigan Association of Recovery Residencies
- [NARR](#) – National Alliance for Recovery Residencies
- [SAMHSA](#) – Substance Abuse and Mental Health Services Administration

Next steps:

- Input from these breakout sessions will be thoroughly reviewed and incorporated into the overall SDOH Strategy.
- The next Housing Stability Partner Convening will be scheduled in June.
- Additional engagement opportunities will be available to provide input for the development of the innovative FY23 Strategy. To receive updates about the SDOH Strategy and notifications about upcoming meetings, please sign up for the SDOH newsletter or visit www.Michigan.gov/SDOH.