

California Advancing and Innovating Medi-Cal (CalAIM) Homelessness or Housing Instability

The Issue



Over 161,000 people are experiencing homelessness in California on any given night.



California accounts for **more than half** of all unsheltered people in the U.S.



By far the largest racial gap in populations experiencing homelessness, people who are Black make up 39 percent of California's homeless population as compared to only 13 percent of the state's general population.



People experiencing homelessness have **mortality rates 4 to 10 times higher** than the general population. They also experience more frequent and longer hospital stays, and are three times more likely to be readmitted.



The unsheltered also experience **higher rates of diabetes, hypertension, and HIV** in comparison with the general population.

CalAIM includes a strong focus on addressing the challenges facing these individuals through Enhanced Care Management and Community Supports. It also provides funding for community-based organizations and other entities to expand capacity to better service these individuals through the Providing Access and Transforming Health (PATH) initiative.

Faces of CalAIM: Meet Mary

Mary has been living on and off the streets in the Central Valley for decades. She has uncontrolled hypertension and has struggled with severe anxiety throughout most of her adult life. She's had short stays with relatives, bounced in-and-out of shelters, and has had countless trips to the emergency department. With CalAIM, Mary will have an Enhanced Care Manager who will go out into the streets to provide ongoing, high-touch care management. This includes coordinating health care and social services to ensure she can stay compliant with her medication regime and nutrition plan. It also ensures her access to treatment for her anxiety disorder, and to Community Supports so she can secure stable housing. Before CalAIM, Mary fell through the cracks in a siloed and fragmented system. Now, she has hope and a foundation for a better life.

Key CalAIM Initiatives to Address Homelessness or Housing Instability

Enhanced Care Management and Community Supports are ambitious reforms to address Medi-Cal enrollees' needs through coordinated and community-based whole person care. Community-based Enhanced Care Managers will engage Medi-Cal enrollees experiencing, or at risk of, homelessness to help them access coordinated health care, housing services, and other services, collectively known as Community Supports.



Housing-related Community Supports will include:



Housing Transition/Navigation Services: Assistance with finding and securing safe and stable housing.



Housing Deposits: Assistance with identifying, coordinating, securing, or funding one-time services, including first and last months' rent payments, and making necessary changes to enable a person to establish a basic household.



Housing Tenancy and Sustaining Services: Support in maintaining safe and stable tenancy once housing is secured.



Recuperative Care (Medical Respite): Short-term residential care for individuals without stable housing who no longer require hospitalization, but still need to heal from an injury or illness.



Short-Term Post-Hospitalization Housing: A recovery setting after institutional care for people who do not have a secure place to stay and who have high medical or behavioral health needs.



Day Habilitation: Support in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to live successfully at home.



Additional supports: To ensure successful transitioning to housing, including sobering centers, medically supportive foods and transition help to assisted living facilities.

CalAIM initiatives to address homelessness and housing instability will:

Improve access to coordinated health and social services, including housing. Enhanced Care Management will provide high-touch care management – meeting individuals where they are, not waiting for them to show up in clinics – and link enrollees to housing-related Community Supports. People with the biggest barriers to stable housing, such as those re-entering the community from incarceration and former foster care youth, will be reached where they are, including the streets and shelters.

Expand statewide access to housing supports. Currently, not all Medi-Cal enrollees who need community-based housing support are able to access it. CalAIM provides new resources as well as a new community-based approach to address housing instability and improve health equity statewide.

Provide funding for community-based organizations to expand services and programs.

Pending Centers for Medicare & Medicaid Services approval, California will implement the Providing Access and Transforming Health (PATH) initiative. This initiative will provide funding to community-based organizations, street medicine teams, shelters, interim housing providers, counties, county behavioral health, public hospital systems, and public health departments to expand resources available to populations and communities that have been historically under-resourced and under-served.

Reduce avoidable use of costly health care services. Data from the National Hospital Ambulatory Medical Care Surveys between 2015 and 2018 show a rate of 203 emergency department visits per 100 homeless persons, compared with 42 emergency department visits per 100 non-homeless persons. By transitioning eligible individuals who would otherwise be homeless into permanent housing and helping them maintain that housing, CalAIM can improve health outcomes and reduce the inefficient use of costly and unnecessary medical care (e.g., unnecessary emergency department visits, avoidable readmissions).

Improve whole-person health for Medi-Cal enrollees. Ultimately, CalAIM's goal is to improve the health and well-being of people experiencing homelessness or housing instability. By connecting more Medi-Cal enrollees to safe and stable housing, CalAIM will help mitigate existing chronic health conditions and reduce new health problems associated with homelessness, including those stemming from exposure to communicable diseases and lack of access to clean drinking water, adequate food, and proper sanitation.

