

Braiding and Layering Funding to Address Housing: Overview and Executive Summary

Introduction

Housing has long been established as a significant [social determinant of health](#) that is inextricably tied to economic factors. Vulnerable populations with higher needs but fewer resources are therefore most likely to be negatively impacted by poor housing conditions, residential instability, and unaffordable housing. Additionally, longstanding racial discrimination has led to disparities in housing availability and generational wealth in communities of color. State and Territorial Health Agencies (S/THAs) manage multiple priorities to address the public's health and well-being, including housing, and funding for all programs is often limited and categorical in nature. This document is a guide to strategies to make funding to support housing as a social determinant of health go farther by braiding and layering separate funding streams toward a common purpose.

Housing is an incredibly broad area, and this summary does not attempt to address every aspect of the topic. It instead focuses on those housing issues that most closely connect to S/THAs and their common areas of activity and policy, specifically environmentally healthy housing, housing for people with substance use disorders, and housing for older adults and persons with disabilities.

Similarly, funding streams vary widely, from a range of federal funding streams that can be capped, uncapped, programmatic, or only given as grants to some applicants; state funds that can be general or highly constrained; and private funds that may be incorporated with public funds. Braiding funding refers to coordinating and weaving together funding from several sources to support a single initiative, project, or portfolio. Layering funding (sometimes called [blending](#)) refers to combining discreet funding streams into a single pool to address a specific need.

Most importantly, this summary and the accompanying resources recognize that many of these funding streams may be outside of the state health official's direct control. Instead, many are administered by partners, such as state departments of housing, community, development, and environment. These resources also recognize that S/THAs vary, particularly with respect to their Medicaid program. The feasibility of collaborations that involve Medicaid funds or waivers may therefore look quite different across states. For those examples of braiding and layering funds, the resources try to speak to both scenarios of public health and Medicaid relationships.

The three resources that accompany this summary are intended to serve as an ongoing reference that state health officials, their teams, and policymakers can draw from and revisit as needed to strategize new opportunities to build partnerships and braid and layer funds to provide stable, healthy, and safe housing for their communities. For each of the three topics, this summary gives an overview of the challenges of policymaking in that area, a selection of available funding streams to braid and layer, and key takeaways from case studies, including strategic implementation tips. Additionally, the resources discuss the disparities that underlie and worsen conditions for communities of color in the United States.

Environmental Health and Safety

Access to safe housing constitutes one of the most basic and powerful social determinants of health. Environmental hazards such as the presence of lead, radon, pests, tobacco smoke, asbestos, and substandard housing conditions like water and electricity shutoffs are associated with poor health outcomes as diverse as asthma and developmental delays. State and local public health departments, health advocates, and housing partners can work together to protect children and families from these environmental hazards by implementing primary prevention programs using innovative funding strategies.

Challenges

One main challenge for state health officials and their agencies is that only a subset of funds typically falls directly under S/THA jurisdiction, requiring cross-agency relationship building to braid and layer funds toward a common goal. Funding streams in environmental health also can be highly categorical, restricted to addressing only a single hazard, such as lead. Many of these funding streams can also be difficult for S/THAs to leverage because they are often locally administered, sometimes leaving the agencies without a direct management role.

Funding Streams

Environmentally healthy housing relies on both public and private sources of funds. Public funding can come from Medicaid waivers or from agencies such as EPA, the U.S. Department of Housing and Urban Development, the U.S. Department of Energy, and HHS. Private funds can include hospital community benefit funds and private philanthropic funds.

Case Study Takeaways

Below are the main conclusions from case studies:

- State health agencies can promote and support environmentally healthy housing through coordinating, sharing best practices from other states and local agencies, and building partnerships around a common goal.
- In addition to partnering with government, such as state environmental agencies, Medicaid agencies, and community development and housing agencies, state health officials can seek out hospital associations, community clinics, and related entities to help to assess the scope of the problem in the state and to craft solutions that make sense for local communities.
- S/THAs may be able to braid and layer existing funds such as those from Medicaid, the Children's Health Insurance Program, and EPA, into a single program to cover a wider range of services.

Strategic Implementation Tips

S/THAs do not need to begin implementing housing-related environmental health programs with a full-fledged interagency multi-funding source statewide project. Instead, pilot programs or small-scale projects can start to develop a proof of concept and address problems prior to scaling up. Those pilots could begin with:

- Checking state Medicaid waivers to see if they already include the flexibility to use these funds for making housing healthier. If they don't, start a conversation internally about housing needs that other funding sources are not already filling.
- Build relationships with the state environmental agency if environmental health does not fall under the S/THA's purview.
- Actively partner with communities to build the relationships necessary to ensure that programs are responsive to local needs and build in flexibility to allow for some local variation and innovation.
- Examining racial disparities in local communities related to implementing solutions and prioritizing communities for intervention.

People with Substance Use Disorders

For people with substance use disorders (SUDs) and those in recovery, stable housing provides a foundation for maintaining or working toward sobriety. Notably, communities of color bear a disproportionately high disease burden and incarceration for SUDs. States and territories are currently mobilizing resources to support housing for individuals with SUDs and, given that recovery is unique to each individual, it is essential that they provide a range of housing options. For example, individuals with SUDs and those in recovery often have difficulty accessing long-term housing options, and many are unsuccessful in finding stable housing, putting them at risk for relapse and other negative outcomes. S/THAs can promote interagency collaboration, identify new funding mechanisms, such as through Medicaid or other state or federal grant programs, and collaborate with other state and local partners to advance shared housing goals to help individuals with SUDs.

Challenges

A lack of supportive, long-term-funded housing and programs, limited resources and programming, and limited long-term funding streams are a significant challenge to establishing housing programs for people with SUDs. Systematic barriers include variations in the understanding of what SUDs housing is, including differing definitions and language that limits housing providers' ability to connect with one another and be eligible for different streams of support; availability of funds and ability to access them; and restrictions in federal, state, and local housing regulations and codes. Additionally, connecting existing housing programs is difficult, and programs often have limited support from legislators and other local stakeholders to include recovery housing as a viable and necessary option in the treatment of SUDs.

Funding Streams

Funding sources for housing for individuals with SUDs include Medicaid waivers, along with programs that can be braided with Medicaid funds, such as grants or private insurance, Cooperative Agreements to Benefit Homeless Individuals funds from the Substance Abuse and Mental Health Services Administration, the low-income housing tax credit program, U.S. Department of Housing and Urban Development Community Development Block Grants, and even law enforcement funds.

Case Study Takeaways

Nontraditional partnerships across state and local government are essential to supporting braiding and layering funding to address housing for individuals with SUD.

- Some successful collaborations have connected offices of state attorneys general with state and local community development agencies.
- In addition to long-term housing options, short-term housing options may be appropriate for this population post-incarceration or while in recovery.
- S/THAs may combine Medicaid waiver funding with grant programs and other non-formula funding to secure appropriate housing for people with SUDs.

Strategic Implementation Tips

S/THAs can support providing safe, stable, and healthy housing for people with SUDs in different ways:

- Medicaid provides a range of opportunities, from long-term supportive housing to anti-homelessness initiatives. S/THAs can assess their state’s Medicaid program for waiver flexibility (or can apply for a waiver to gain the necessary flexibility if they have oversight of the Medicaid program).
- There may be opportunities to leverage mental health and substance use disorder funding to support short-term housing needs for individuals with substance use disorders.
- Local governments may have innovative housing programs, and S/THAs can support innovation and dissemination of best practices and successful models statewide.
- S/THAs can ensure that programs are culturally appropriate, well-targeted, and focused on the communities in the state most in need.

Older Adults and Persons with Disabilities

Housing problems especially affect older adults and persons with disabilities, as their ability to live independently and with dignity within the communities of their choice is greatly affected by their ability to access and retain healthy and safe housing. Housing therefore directly impacts “aging in place,” the ability to continue to live at home and within the community safely and independently regardless of age, income, or functional ability. State health officials can use braided and layered funding mechanisms to address existing barriers in each respective state or territory’s housing and health infrastructure. These mechanisms are divided into three categories in the resource document: medical/supportive services, housing and physical structure development, and supportive housing and hybrid programs.

Challenges

Older adults’ and persons with disabilities’ unique barriers to appropriate housing can be organized into three areas of focus that are closely interrelated: (1) increased care needs due to chronic conditions and/or new and emerging conditions; (2) limited availability of affordable housing that meets physical accessibility needs; and (3) public and private insurance and other subsidy limitations for housing-related costs. These barriers can be addressed through strategic use of braided and layered funds to address needs for care and accessibility within the limitations of the individual funding sources.

Funding Streams

Funding for housing and supportive services for older adults and persons with disabilities come from a wide range of sources, including Medicaid waiver programs; Veterans’ Affairs funds; U.S. Department of Housing and Urban Development programs, including Community Development Block Grant (CDBG) funding as well as Section 202 and 811 funds; state and county funds; and Medicare funding through the provision of Medicare-covered benefits. While many of these funds are restricted both by eligibility and by what the funds can pay for (e.g., some funds will renovate existing housing but not build new

housing), initiatives such as Louisiana’s Permanent Supportive Housing program and the Cherokee Nation’s Cherokee Elder Care program have combined disparate funding streams to support housing for their beneficiaries. State health officials in many states and territories have led coordination across agencies and levels of government to improve housing for older adults and persons with disabilities.

Case Study Takeaways

Collectively, housing case studies regarding programs for older adults and persons with disabilities yield several valuable lessons learned:

- Leveraging the knowledge of community-based organizations (CBOs) and locally-driven initiatives can help state health officials identify the most effective programs to include in any funding strategy.
- Assessing existing waivers and finding linkages across S/THAs can prevent siloed administration and facilitate better collaboration of jointly funded programs, such as programs between state and territorial housing agencies and S/THAs.

Strategic Implementation Tips

S/THAs can support housing for older adults and persons with disabilities by:

- Evaluating current Medicaid waivers to understand where there are areas for improvement (e.g., programs funds not being used due to lack of housing availability). For S/THAs that include Medicaid, this may identify existing flexibilities for Medicaid dollars without either a waiver or a state plan amendment. In areas where Medicaid falls under a separate agency, S/THAs will need to build on existing relationships to identify those flexibilities.
- Working with CBOs and other community agencies, programs, and providers to understand the needs of the most vulnerable communities prior to any implementation efforts. CBOs and community partners are already likely to know what is most needed in their communities. The right partners are also likely to have identified racial disparities in access to quality housing and can help S/THAs craft programs that will lessen those disparities.

Conclusion

The case studies and examples contained within the three resources cover extremely different areas of public health and housing, but include several overarching lessons:

- **Assess Current Opportunities:** Most states have utilized an array of Medicaid waivers to build a system of medical and supportive services, and S/THAs may benefit from thoroughly evaluating existing Medicaid waivers as opportunities for coordination prior to developing new programs.
- **Start Small:** Each of the resources in this suite of documents includes initial steps for S/THAs that are also reflected in this summary. State health officials can begin small, with pilot or demonstration projects, or by building on already-begun local government experiments.
- **Support Local Innovation:** S/THAs may have many opportunities to support collaboration and information exchange across multiple sectors to advance local initiatives and help communities adopt and expand successful local initiatives that leverage discretionary grant dollars.
- **Engage New and Nontraditional Partners with Common Goals:** S/THAs can develop and foster new partners at both the state and local levels, including non-governmental partners. Aligning on common goals and desired outcomes can support these partnerships.

- **Prioritize Communities and Address Racial Disparities:** S/THAs can and should acknowledge racial disparities in health, wealth, and access to housing and healthcare and take them into account when crafting housing solutions. Thoughtfully considering the role that race and racism play in current housing challenges can help S/THAs support development of effective solutions to reach the residents who most need them.

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