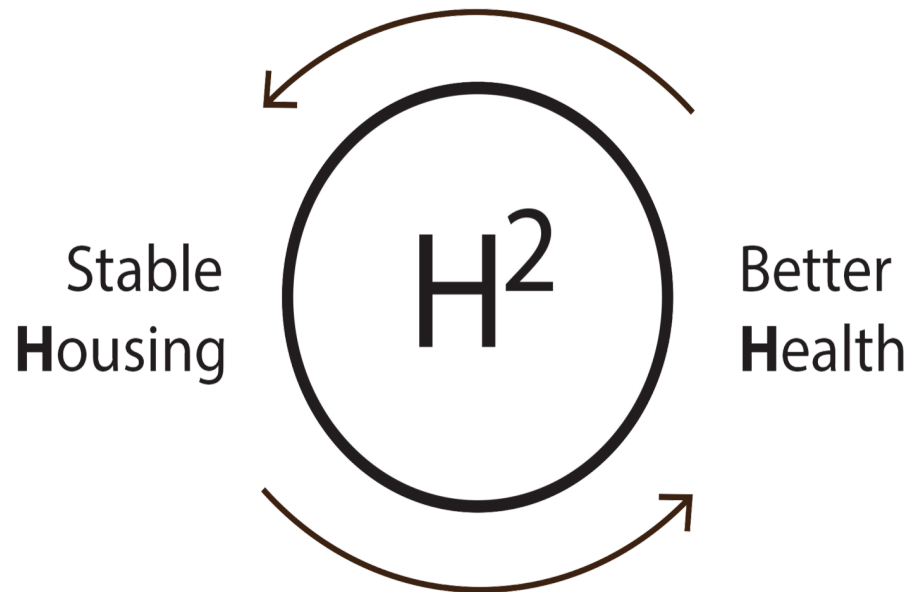


# Housing – Healthcare (H<sup>2</sup>) Integration Initiative

## Action Planning Sessions



Montana State  
May 12-13, 2016

# H<sup>2</sup> Coalition of Federal Partners



# HUD Policy Priorities

## From 2014-2015 CoC Program NOFA:

“HUD strongly encourages CoCs and project applicants to ensure that they are maximizing the use of all mainstream services available. While [the CoC Program Interim Rule] allows for the payment of certain supportive service costs, it is more efficient for CoCs to use mainstream resources where possible. CoCs should proactively seek and provide information to all stakeholders within the geographic area about mainstream resources and funding opportunities, particularly new opportunities made available under the Affordable Care Act and related technical assistance initiatives.”

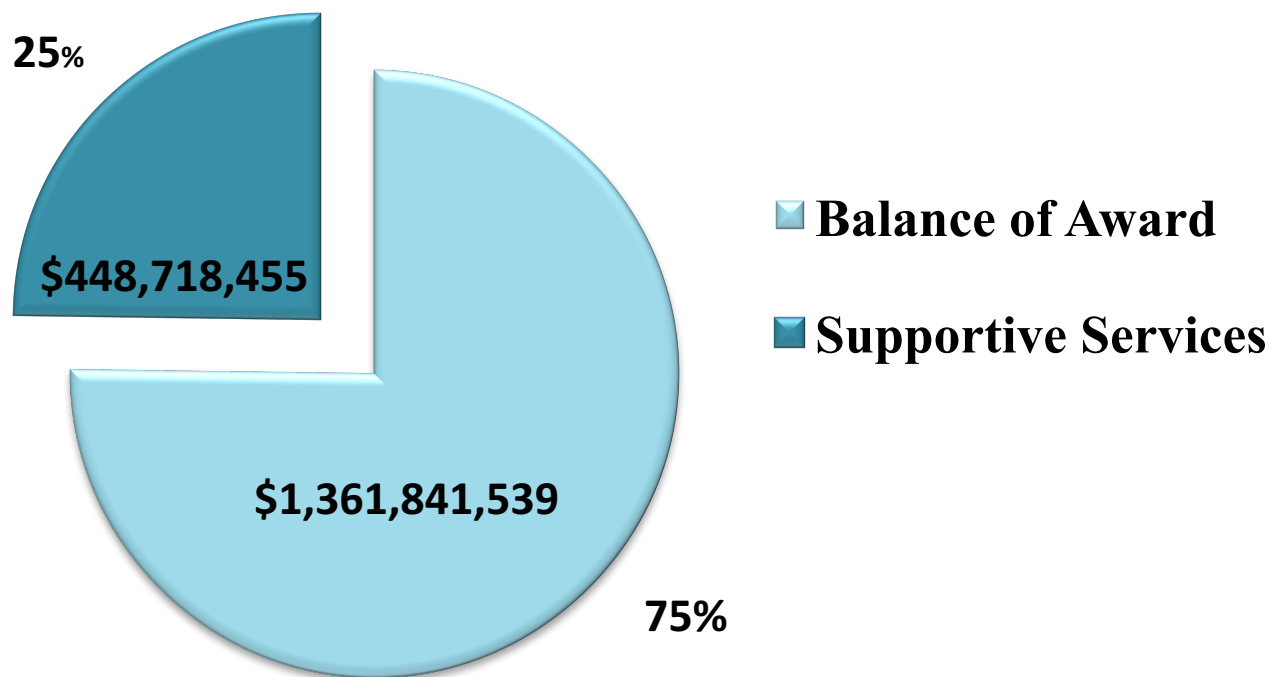
# Eligible Costs – Supportive Services

In general, grant funds may be used on those services listed in the CoC Program interim rule *only*:

- **Assessing service needs**
- **Moving costs**
- **Case management**
- Child care
- **Education services**
- **Employment assistance & job training**
- **Food**
- Housing search & counseling services (**Case management**)
- Legal services
- **Life skills training**
- **Mental health services**
- **Outpatient health services**
- Outreach services
- **Substance abuse treatment services**
- **Transportation**
- Utility Deposits (**Moving Costs**)

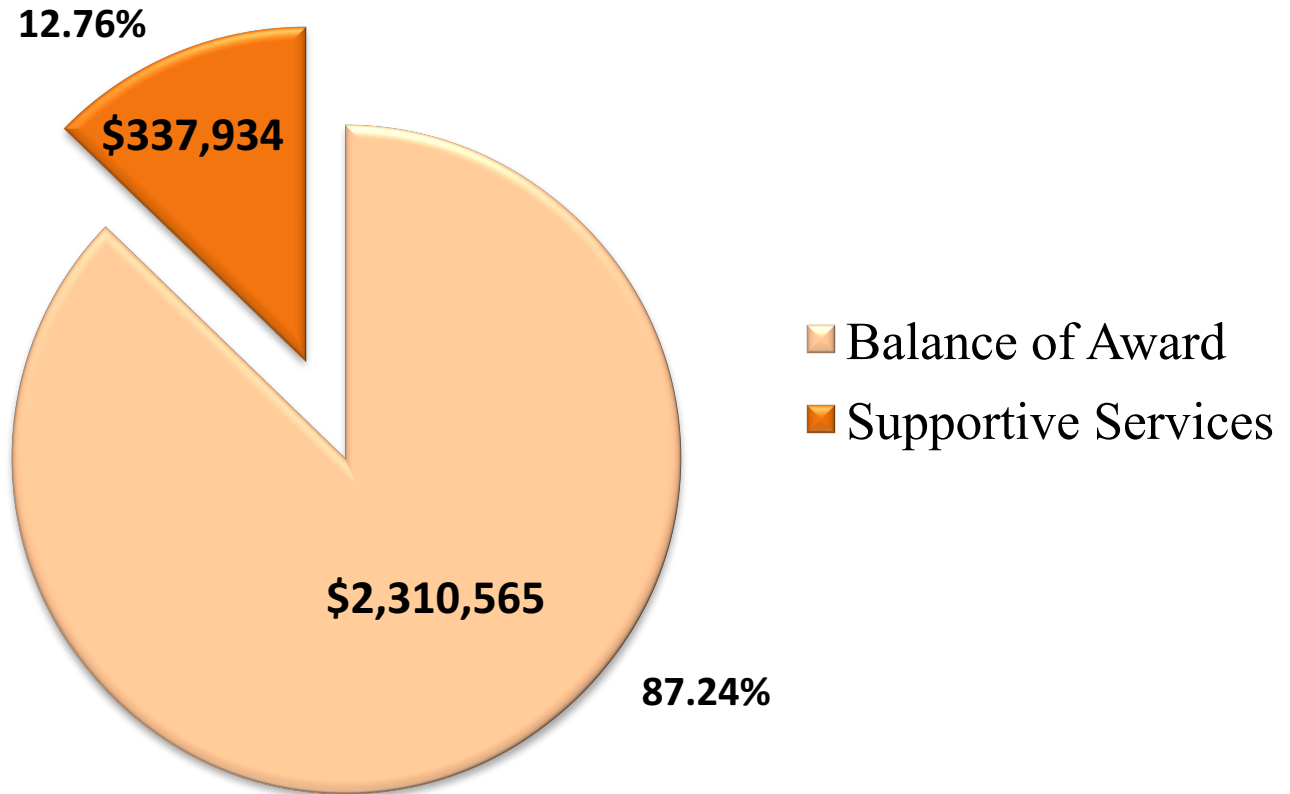
# Fiscal Year 2014 CoC Awards

**Nationwide Total = \$1,810,559,994**



# Fiscal Year 2014 CoC Award

**State of Montana = \$2,648,499**



# What are we doing today?

- ✓ Convening representatives from the housing and healthcare service systems
- ✓ To complete an action plan to improve access to and effective utilization of healthcare services for homeless and at-risk program participants
- ✓ Goal: ensure effective coordination linkages between housing and healthcare services to maximize care coverage and increase access to comprehensive health care and supportive services that can be coordinated with housing

# Objective for this Convening

- ❑ Create a draft plan for you to carry forward.
- ❑ The Plan will envision a permanent new way of doing business in each system, with routine cooperation, and interdependent outcomes.

# How will we proceed?

- Series of planning discussion sessions
- Looking at the system components of the housing and the healthcare worlds
  - Determining eligibility
  - Access/entry
  - Services/housing available for those found eligible
  - Services/housing provided, when/where/and by whom
  - Funding and sources of support
  - Data collected, analyzed, and used to improve the system



HOUSING

## TWO SYSTEMS

HEALTH CARE



Common Process  
Components

Determine Eligibility

Session 2

Service Delivery

Session 3

Funding & Financing

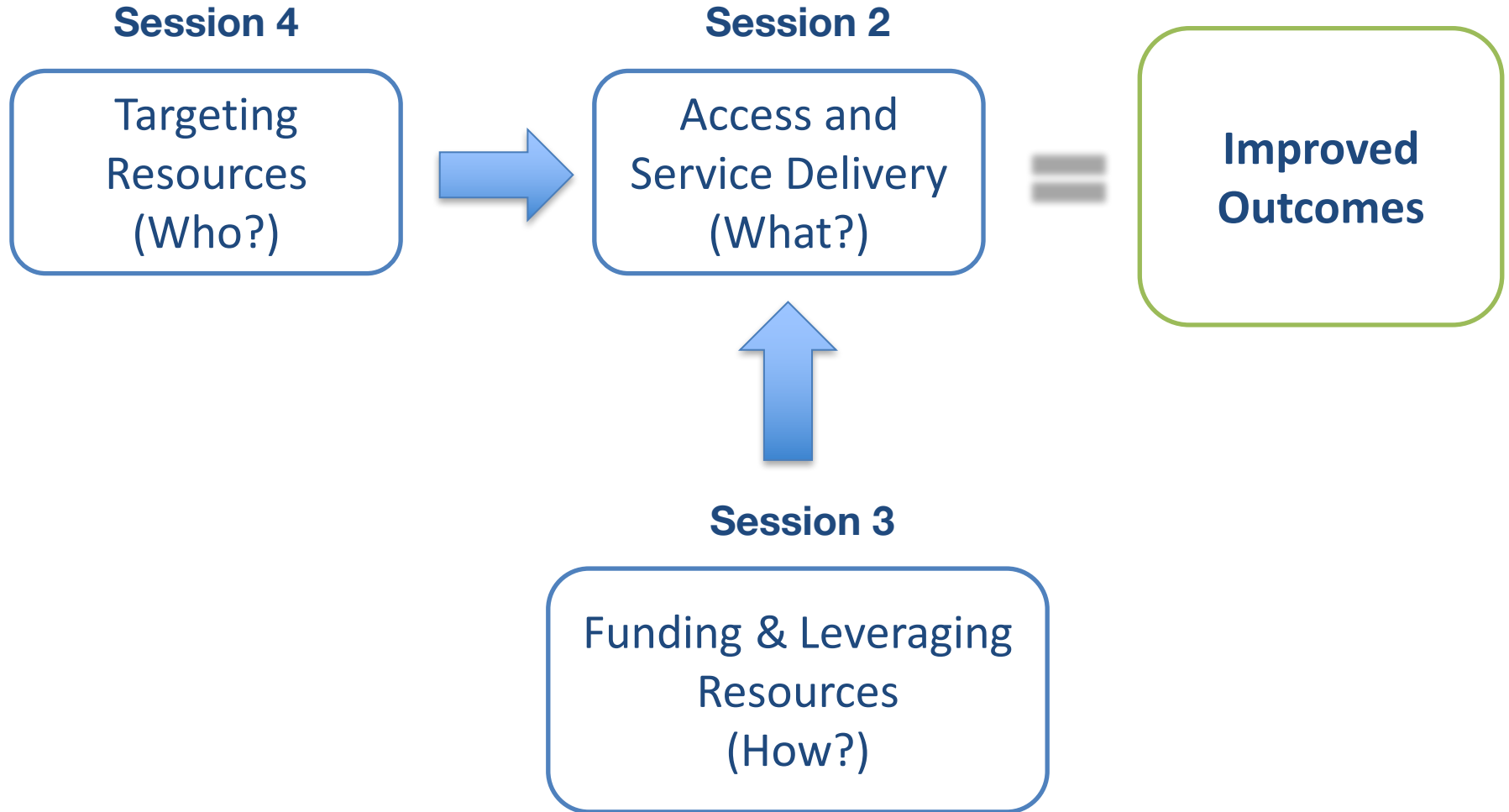
Session 4

Target Resources to Needs

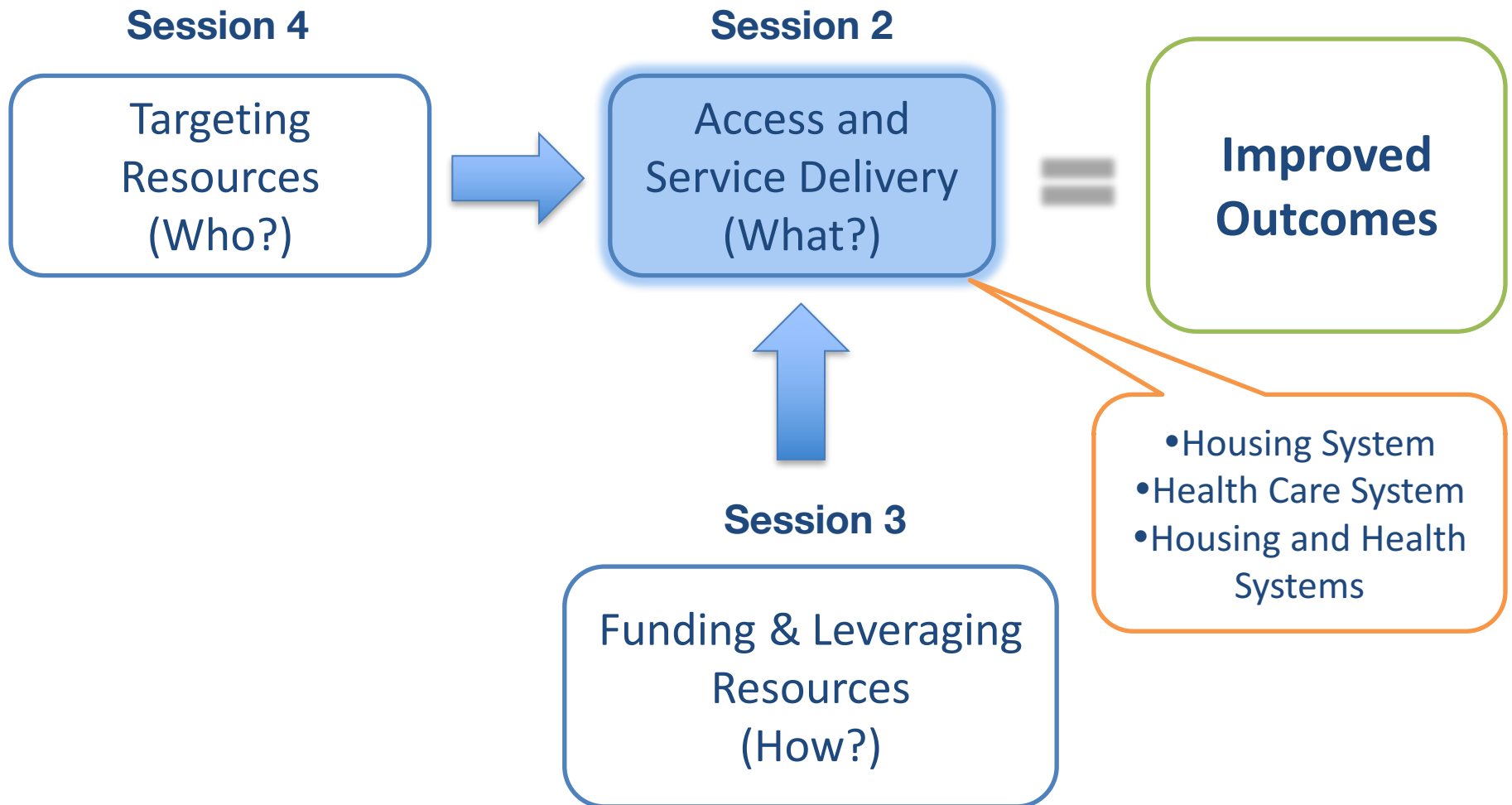
Outcomes & Measurement

If Yes

# Process Map for Systems Integration



# Process Map for Systems Integration



# Session 2: Service Delivery (What)

## Housing (2A)

- **HUD Resources**
- **Other Federal Resources**
- **Montana Resources**

## Health Care (2B)

- **FQHCs**
- **Medicaid**
- **Managed Care**
- **Montana Resources**

- What housing and healthcare services are currently provided and how?
- ' What are the barriers to our target populations accessing and navigating the housing and health care systems?
  - ' Where does the system break down in terms of getting our clients access to care and/or housing? How do we address these challenges?
- What are promising strategies and potential solutions for improving access to care?

# Process Map for Systems Integration

## Session 4

Targeting  
Resources  
(Who?)



## Session 2

Access and  
Service Delivery  
(What?)



**Improved  
Outcomes**



## Session 3

Funding & Leveraging  
Resources  
(How?)

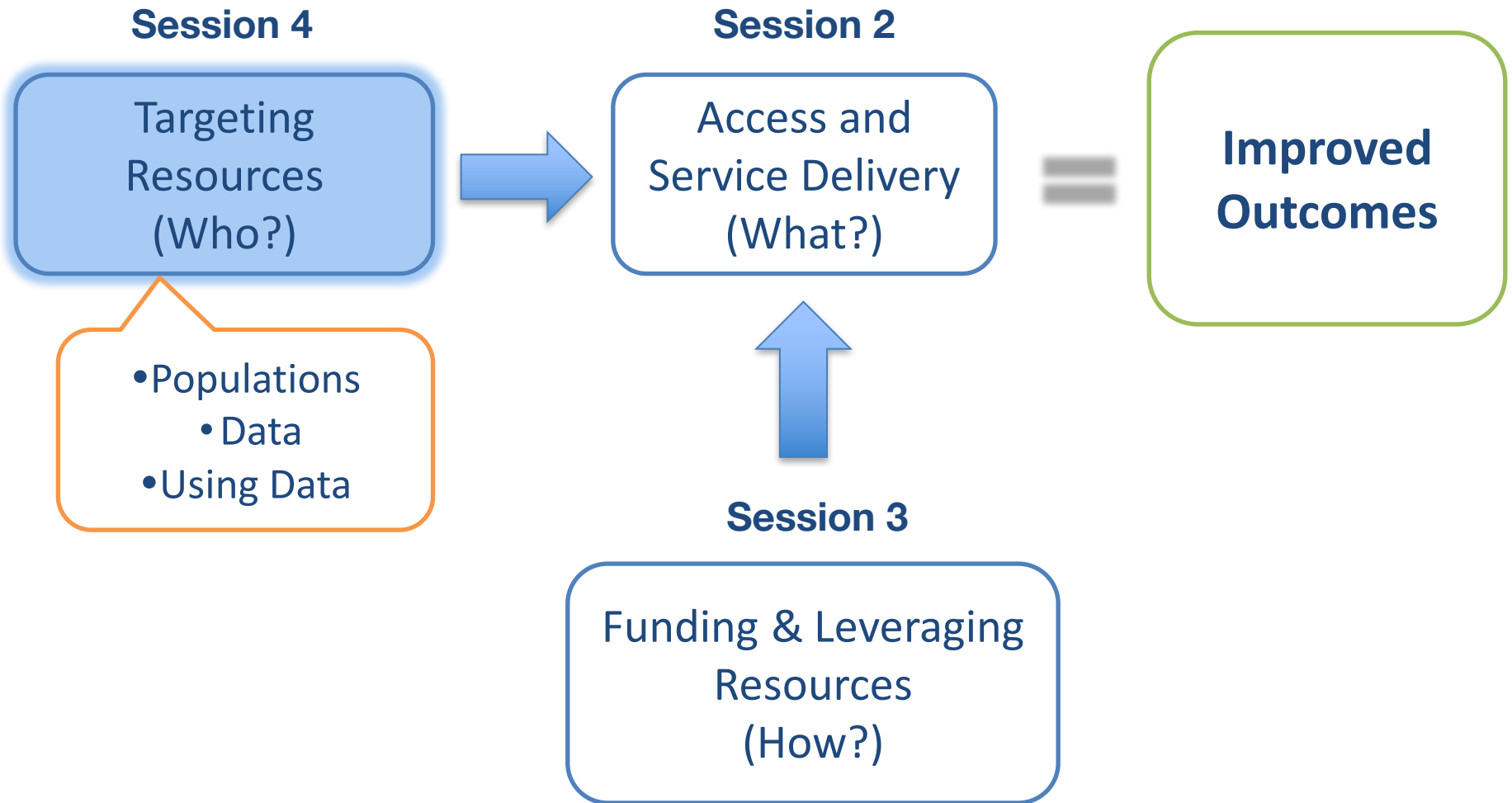
- Innovative Partnerships and Program Models
- Innovative Funding
- Cross-Systems Innovations

# Session 3: Funding and Leveraging Resources to Support Systems Integration (How)

- Innovative Partnerships (3A)
  - Innovative Funding (3B)
- Montana Healthcare Innovation (3C)

- What kinds of resources are needed?
- What are the current funding gaps and barriers? How can Medicaid help?
- How do we form partnerships? What are new ways to develop relationships?
  - What capacity needs to be built on the ground?

# Process Map for Systems Integration

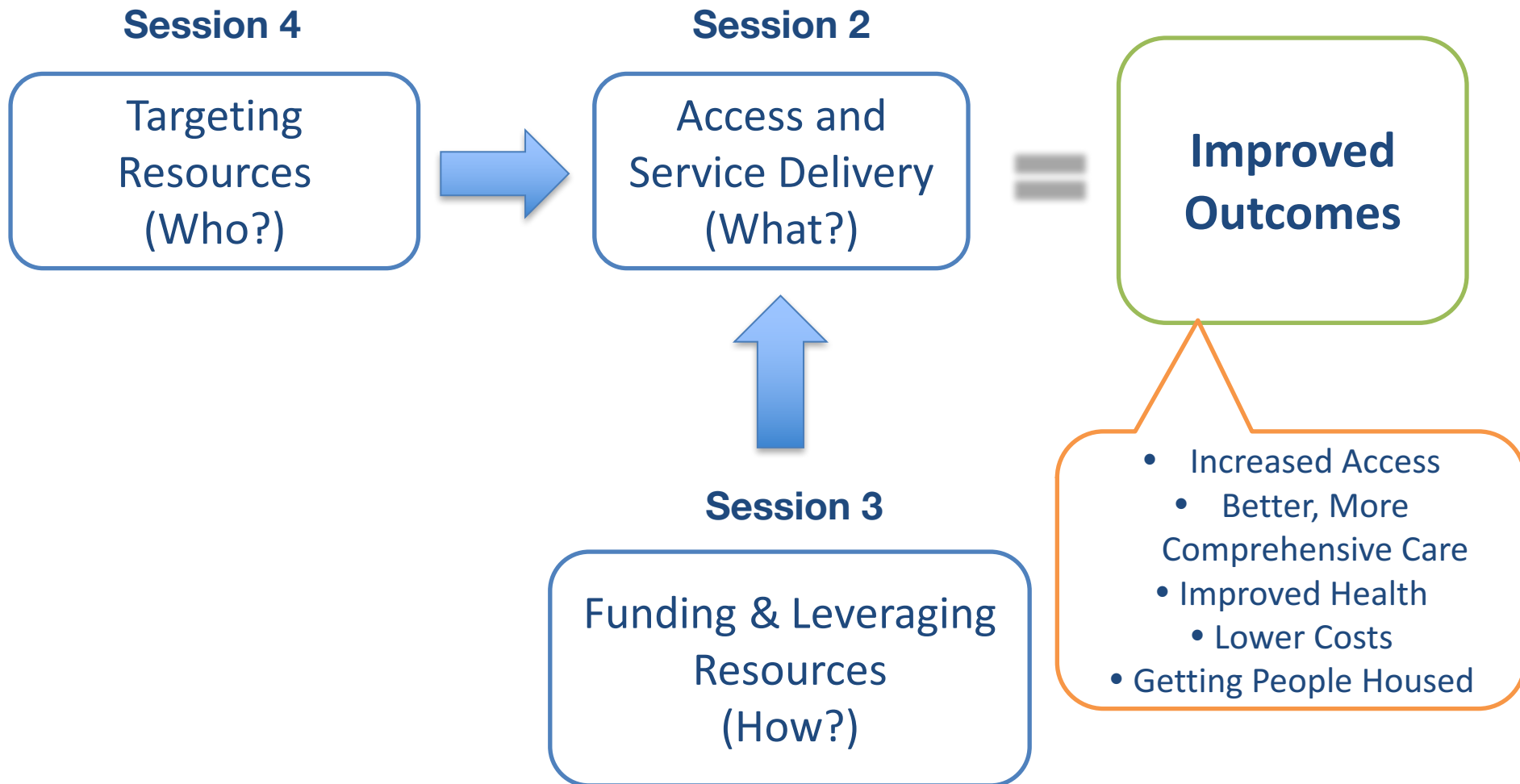


# Session 4: Targeting Resources (Who)

- Defining Populations (4A)
- What is the Data? (4A)
- How to Use Data (4B)

- Who are the members of these populations?
- What more do we need to know? How can we find out?
- ' What challenges do we face in collecting/sharing data across different systems and their databases?

# Process Map for Systems Integration



## Improved Outcomes

Greater integration of the housing and health care systems, leading to...

- ✧ Increased Access to Care
- ✧ Better, More Comprehensive Care
  - ✧ Improved Health
  - ✧ Lower Costs
- ✧ Getting and Keeping People Housed