

HEALTHCARE AND HOUSING (H²) SYSTEMS INTEGRATION INITIATIVE HONOLULU

Action Plan Overview

HONOLULU H² ACTION PLAN OVERVIEW¹

Goals and Strategies: Honolulu has identified four goals, each of which focuses on a key area of activity essential to achieving their vision of improving health and housing stability for Honolulu's neediest residents.

Create a Fully Functional Homeless Management Information System (HMIS) That Supports Effective and Efficient Client Care Across Systems; and Develop the Infrastructure Required to Facilitate the Secure Sharing of Information to Support Comprehensive, Consistent and Accurate Analysis and Planning

Phase 0

- Engage Statewide Data Team to lead efforts to harness data to drive analysis, planning, and client-care seamlessly across systems of care.

Phase 1

- Provide a fully-functional HMIS platform which provides robust support for end-to-end client care and service delivery for all participating providers, and lay the foundation for integration with other systems.

Phase 2

- Identify key partners to integrate into HMIS.
- Integrate identified key partners into HMIS.

Phase 3

- Bring the system to scale by exploring new uses, functionality, and other improvements to support full utilization of the community's investment in HMIS and data-sharing.

Close the Gaps Between Members of the Target Population and the Housing, Health Care, and Services They Need

- Expand and strengthen insurance/benefit enrollment navigation services – particularly to handle appeals and complex cases – and provide a warm transfer to healthcare providers.
- Expand and simplify eligibility for behavioral health services across insurance providers, particularly for substance-abuse related behavioral health issues.
- Facilitate sharing of documents and eligibility verification among mainstream systems.

¹ The Honolulu H² Action Plan Draft is currently being finalized by the Leadership Team, and therefore the Goals and Strategies presented here are subject to change.

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- Close the gap in time for uninsured people with mental health issues between point of general Medicaid enrollment and eligibility for mental health benefit.
- Create resource map (including, ultimately, a geographic map).
- Increase inventory of inpatient psychiatric beds and other destinations for higher-need clientele.
- Improve discharge protocols for patients exiting hospitals and other institutions that have housing needs.
- Examine and evaluate current case conferencing practices to determine whether things are running efficiently and/or whether practices should be formalized and expanded.
- Expand outreach and engagement to the service-resistant and members of other less-visible homeless populations, including by getting nontraditional service providers to use HMIS or otherwise help with outreach.
- Improve education and training across providers regarding the medical, behavioral health, and housing services available.
- Train Medicaid health plan Registered Nurse service coordinators and/or their managers to improve the accuracy of 1147 evaluations to improve expertise in evaluating and scoring people experiencing homelessness who have mental health issues and are appropriate for placement in foster beds.
- Have Medicaid health plans designate service coordinators specifically for homeless members.
- Create programs designed to prevent future high costs by targeting preventive services to high-risk clientele (e.g., victims of human trafficking, users of intravenous drugs).
- Increase landlord engagement and recruitment for participation in permanent supportive housing programs.
- Create a mechanism to link members of target populations not eligible for Medicaid to needed health services.

Foster Collaboration Between Housing and Health Care Systems to Reduce Barriers and Improve Health Through Greater Access to Health Care and Stable Housing

- Provide input to hospitals as they develop their community health needs assessments and resulting three-year plans to ensure addressing homelessness is incorporated.
- Build relationships between homeless assistance agencies and hospitals.
- Create agreements between health plans (and/or hospitals) and homeless services agencies.

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- Identify what data is available (and what additional data is needed) to demonstrate to managed care organizations, hospitals, and other health care providers the amounts people who frequently use high-cost health services are costing them.
- Better integrate screening and referral to health care services into the Coordinated Entry process.
- Explore medical-legal partnerships to aid in benefit enrollment and housing retention services. Explore what enrollment services are reimbursable by Medicaid.
- Develop innovative housing and service programs for people experiencing chronic homelessness and people who frequently use public systems.
- Better connect non-CoC funded programs with Continuum of Care planning and governance bodies.
- Research “purpose-built” communities on the mainland that integrate school, health care, job training, etc., to evaluate programs that combine urban planning, education, and public health/health care visions.
- Devise funding strategies to allow the Honolulu Public Housing Authority to offer clinical space and other services in public housing communities and other affordable housing sites.

Maximize Medicaid Utilization and Tap Other Available Resources to Improve and Support Housing Access, Retention, and Stability

- Analyze current Medicaid plan to understand what services needed by target populations to support housing stability are currently covered.
- Add housing outcomes to managed care organizations’ contracts with Medicaid.
- Coordinate advocacy to the state to create a separate capitated payment rate for people experiencing homelessness (i.e., Create population-specific cost category for Medicaid reimbursement for people experiencing homelessness or chronic homelessness).
- Enroll (and keep enrolled) all eligible members of the target populations in Medicaid.
- Create working relationships and/or formal partnerships among housing providers and health care providers (including MCOs, hospitals, and FQHCs).
- Explore additional (i.e., non-HUD) funding sources for housing support services.
- Support and bolster ongoing efforts to advocate to legislature for state earned income tax credit to help get and keep needy working individuals and families out of homelessness.

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- Participate in Transit-Oriented Development (TOD) planning to assure maximum increase in affordable units to lowest income households in areas that are convenient to transportation.
- Create workaround for federal regulation that does not allow for reimbursement of both a medical and behavioral health encounter under Medicaid on same day at same site.