

Montana H² Action Plan

Building Housing and Healthcare Systems that Work Together

This action plan emerged from the March May 12-13, 2016 Montana H² Action Planning Session held in Helena, Montana as part of the U.S. Department of Housing and Urban Development's Healthcare and Housing (H²) Systems Integration Initiative.

Disclaimer: This draft version represents a concise presentation of the recommended actions put forth by the session's participants. The Leadership Team maintains a more detailed version with suggested action steps and ideas to support implementation of the goals and strategies contained herein. The Leadership Team will continue to revise this draft, including:

- Identifying Responsible Parties: including those who should lead the effort and those who should do the day-to-day work.
- Creating Indicators of Progress: benchmarks by which we can know we are making progress.
- Creating outcome measures and corresponding data sources to concretely measure success.
- Identifying a term for completion.
- Seeking support of recommendations in Action Plan draft from executive leaders.

I. Develop Data-Driven Service Interventions

Goals

- ❖ Discover new information, share resources, and coordinate across systems to secure funding and affect policy change to improve housing and health outcomes for Montana's most vulnerable.
- ❖ Build comprehensive pictures of clients' needs through data sharing, enabling integrated case management.
- ❖ Identify and assess those most acutely in need of housing and health care assistance
- ❖ Identify and close gaps in service models, including by examining outputs and outcomes to evaluate programs and measure system performance.

Priority Strategies

- I-1.** Prioritize data-driven decision-making at the state level.
- I-2.** Incentivize collaboration between housing agencies and hospitals through strategic data collection and analysis.
- I-3.** Increase data collection, sharing, and integration capacity.

II. Enhance Systems Coordination to Facilitate Meaningful Access to Housing, Health Care, and Other Support Services and Treatment

Goals

- ❖ Strengthen housing and health systems through coordination, education, innovative partnerships and enhanced resources.
- ❖ Develop comprehensive, client-centered, statewide solutions to housing and healthcare gaps, with equal participation from health, homeless services and healthcare system/providers and equal opportunity for all eligible consumers.

Priority Strategies

- II-1.** Institute state-level support for coordination, engagement, advocacy and education on housing and healthcare integration.
- II-2.** Prioritize consistent and effective primary health care (including medical and behavioral) for people experiencing homelessness.
- II-3.** Enhance local systems coordination and encourage partnerships between healthcare entities and housing and homeless assistance providers.

II-4. Increase stock of affordable housing linked to health care and supportive services that honor evidence-based guiding principles such as Housing First and Harm Reduction).

II-5. Incorporate consumer input into needs analyses and system and program design.

III. Maximize Use of Medicaid and Other Existing Resources to Support Housing and Health Care Access, Retention, and Stability

Goals

- ❖ Generate improved housing stability and health outcomes while lowering costs by maximizing use of available resources to collectively impact housing and health care systems.

Priority Strategies

III-1. Expand, improve, and re-conceptualize Medicaid program to improve housing stability.

III-2. Maximize and sustain Medicaid enrollment.

III-3. Secure dedicated funding source for people living on very low incomes.

Appendix A: Additional Strategies and Action Steps

The following strategies emerged from the planning session as part of the initial and second drafts of the Montana H² Action Plan, but have not been identified as immediate priorities for the initial phases of implementation. The Leadership Team may revisit these ideas in the future as time and resources allow.

1. Create a “PR” story/campaign about data requirements and what data can do (if properly collected, shared, coordinated) to get community members and agencies (housing and otherwise) on board with the strategies contained in this plan.
2. Better understand the data systems used in the health care system (as well as Dept. of Education, Dept. of Corrections, etc.).
3. Take advantage of HMIS and Coordinated Entry to Enable Statewide Data Sharing and Coordination of Services.
 - Foster more universal participation in HMIS.
 - Universalize Coordinated Entry Tools used around the state.
4. Open HMIS system statewide so users can see what other agencies clients have seen in the past.
5. Address the major barrier of lack of transportation and distance between housing and services.
6. Use Missoula data to show jail diversion is cost effective (Michael Moore has this information)
7. Create “wet” housing options, i.e. permanent supportive (or independent) housing for people with chronic substance use disorder, particularly with a harm reduction/housing first approach
8. Educate/advocate in communities throughout the state to combat NIMBYism.
9. Expand and improve homelessness diversion and prevention protocols around the state.
10. Develop a pitch document or business plan
11. Work to align MT Infrastructure & Housing Coalition recommendations, Housing Trust Fund, CDBG/HOME funding, NeighborWorks, MT Health Care Foundation and other opportunities with H² to implement housing and healthcare strategies especially for high users (e.g. promoting affordable housing projects that include homeless and that demonstrates collaboration with health care community).

Appendix B: Additional Ideas

The following ideas were discussed at the planning session, and validated as useful and necessary, but are not being prioritized for action under the Montana H² initiative at this time. The Leadership Team hopes these ideas will find traction in other planning and program development arenas, while H² attention focuses the key strategies enumerated above.

- Engage wide range of providers of services for school age and early learning children to create a comprehensive access to issues, referrals and service partners across provider systems.
- Establish local strategies for outreach and engagement of persons who are chronically homeless.
- Build capacity of service provider staff to serve those who are the most vulnerable
- Expand access to permanent supportive housing, and affordable housing in general, for families, including those who are vulnerable but don't meet the HUD definition of chronically homeless.
- Create applications and forms that are easier for clients with limited English ability and vision impairments to read, understand and complete. Expand online options and/or locations where applications can be submitted and managed to improve access for people in rural areas, limited transportation options, mobility impairments, etc. can more effectively apply for and maintain benefits.
- Provide a Clearinghouse of Housing resources – people are not aware of what exists. Accessible housing and housing for ex-offenders are particularly challenging. DSRIP funds and Access to Home Funds could be used for home modifications.
- Advocate for creation of state low income housing tax credit program
- Investigate VA Grant Per Diem program substance use restriction with Emergency Shelter. Is it a federal requirement or local issue? Could we change it?
- Develop respite care task force.