

HEALTHCARE AND HOUSING (H²) SYSTEMS INTEGRATION INITIATIVE TEXAS

Action Plan Overview

TEXAS H² ACTION PLAN OVERVIEW¹

Goals and Strategies: Texas 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 Texas' neediest residents.

Target Population and Timeline (aligned with *Opening Doors*): Prioritize ending homelessness for: Veterans (by 2015); Chronically Homeless (by 2016); and Youth and Families (by 2020).

Increase Access to Housing, Health Care, and Supportive Services Throughout Texas by Maximizing Use of Mainstream Resources and Improving Coordination and Utilization of Existing Assets.

- Improve discharge planning for people being released from jail and prison.
- Increase enrollment in Medicaid and other mainstream benefit programs.
- Educate agencies/staff regarding resources and programs available in both housing and health care systems.
- Address housing issues of youth (particularly those aging out of foster care), specifically homelessness prevention and skill building to help ensure self-sufficiency and continuity of care.
- Increase access to health care.
- Research best practices to ensure continuation of Medicaid eligibility of persons in jail.
- Develop incentives for housing authorities to create more set aside units and/or preferences for persons experiencing homelessness and people living with HIV/AIDS.
- Explore models to maximize private resources.
- Increase capacity of recuperative care.

Integrate Housing, Health Care, Behavioral Health, and Other Services to Improve Housing Stability and Ongoing Wellness.

- Increase communication between housing providers, medical care and behavioral health care to build stronger partnerships.
- Build partnerships and create collaborations with hospitals.
- Incorporate housing/health care connections into prison/jail discharge planning process.

¹ The Texas 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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- Research best practices for the integration of housing and health care.
- Do a resource mapping of existing housing and health care navigators to improve allocation of resources where duplication of services exists.
- Create and strengthen relationships throughout the community – landlords, apartment associations, etc.
- Conduct cultural sensitivity/education training for health care providers about working with people experiencing homelessness (include HIV/AIDS and transgender cultural sensitivity training).
- Increase coordination/braiding of CoC and HOPWA/Ryan White programs.
- Add housing navigators to hospitals and health care navigators to housing agencies.
- Research examples and best practices where MCOs pay for CoC-staffed outreach workers on the ground.
- Engage PATH workers to serve as bridge between homelessness and housing for people with Mental Health and Substance Abuse issues.

Maximize the Use of Medicaid and Other Resources to Support Access to and Stability in Housing and Integrated Health Care.

- Develop a comprehensive plan to ensure every individual in the Target Population that is eligible for Medicaid services is enrolled, stays enrolled, and that the services are billed to Medicaid.
- Bill as many eligible services and costs to Medicaid as possible.
- Engage Ryan White-, HOPWA- and CoC-funded providers to find the “sweet spot” where resources can be optimized through eliminating duplication of services and maximizing housing dollars.
- Bring together funders/philanthropists/faith groups with housing agencies to discuss needs, evidence-based programs, and potential pilot programs. (Ensure that Medicaid State Agency, Texas Education Agency, Texas Homeless Education Office and criminal justice are at the table.)
- Look into successful fundraising initiatives and campaigns and extract lessons learned.
- Learn from demonstrations and data collected, and translate into action steps.
- Explore funding for behavioral health services.
- Develop strategies related to employment to increase personal income.
- Use Money Follows the Person (MFP) process as a model for chronically homeless. Case management fee and barrier buster fees, for example, should become “authorized clinical expenses” for MCOs, just as in the MFP program.

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- Emphasize to funders the need for prioritizing vulnerable, “expensive” populations, such as people experiencing homelessness, people who have been placed in PSH and should maintain priority status in light of substantial investment.
- Seek and secure funding to assist providers to become Medicaid providers and learn how to bill or figure out how to contract with Medicaid billers.
- Look into including housing stability as a goal and metric within MCO contracts (similar to Section 811 contracts).

Use Data to Better Coordinate Services Within and Across Systems.

- Determine how to better use data. (What’s the big picture? Why are we collecting all this data?)
- Conduct an inventory of existing statewide and regional data systems to determine usefulness of current data collected to integration of housing and health care systems.
- Link health care providers (especially FQHCs, hospitals, free clinics) to coordinated entry systems or HMIS.
- Identify frequent users of both housing and criminal justice system.
- Conduct analysis of VI-SPDAT score vs. score by health care providers with their assessment of claims data.
- Solicit data from public/private hospitals and EMS.
- Expand collaborations between MCOs and CoCs related to data sharing to identify shared clients and target resources to priority populations: chronically homeless and high utilizers in particular.
- Standardize tools on regional basis related to vulnerability/acuity so that providers are using same criteria in the same way – thereby providing standard assessment regardless of where assessment is done.
- Long term strategy: Investigate alternatives to HMIS implementations in Texas.
- Long term strategy: Focus on more data integration and real time access to data across systems.
- Long term strategy: Create protocols/reviews to improve and ensure data quality.