

Integration of Housing and Healthcare: Michigan's Strategy

May 17, 2018

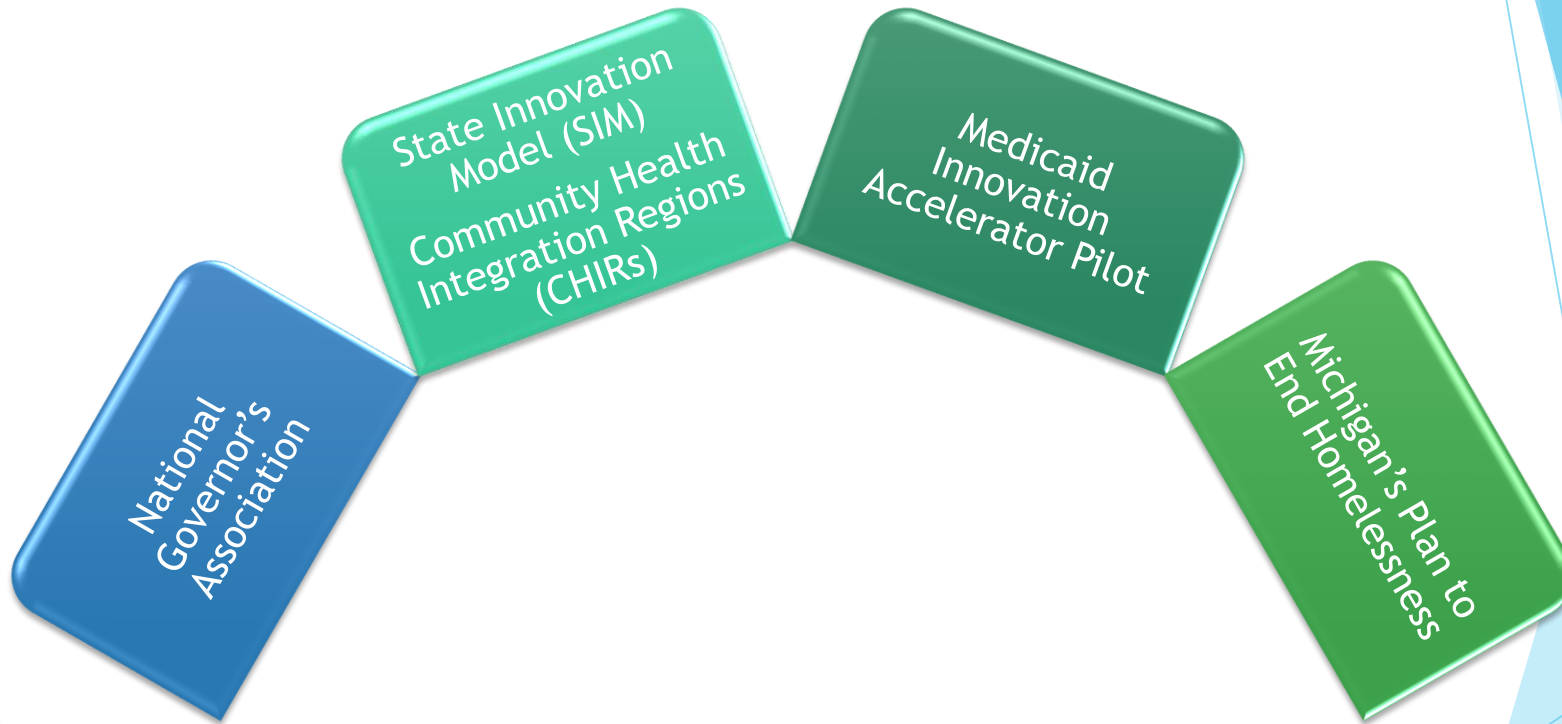


Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR



What Brought Us Here



State Innovation Model



Community Health
Innovation Regions
(CHIRs)



Housing Initiative

State Innovation Model: Community Health Innovation Regions (CHIR)

- ▶ Genesee
- ▶ Jackson
- ▶ Muskegon
- ▶ Washtenaw/Livingston
- ▶ Northern Michigan Region: Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee & Wexford

Project Outcomes

Provide housing and healthcare services for the most vulnerable homeless who Medicaid High-Utilizers

- ▶ Increase access to stable housing and supportive services
- ▶ Create a model for data integration
- ▶ Increase the number of agencies that are able to bill Medicaid for housing case management services

Housing Vision

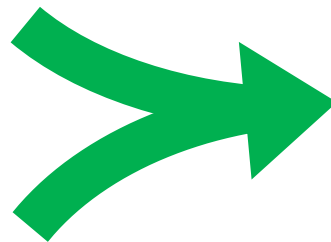
Data Integration - Improve Capacity - Pilot

Data Integration

- Data Matching for Prioritization of High Cost Population
- Improve Data Quality

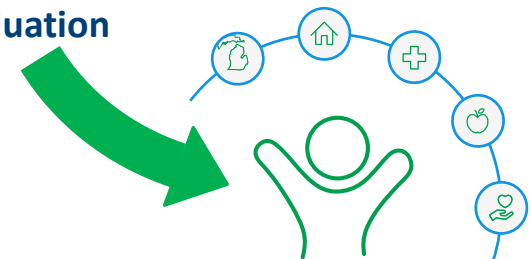
Improve Capacity

- Improve Homeless Response System
 - Gap Analysis
 - Process Improvement Support
- Building Capacity to Enhance PSH Quality
- Building Capacity to Leverage Medicaid Reimbursement



Permanent Supportive Housing Frequent User Pilot

- Serving 200 Chronically Homeless High Medicaid Utilizers
- 3 Years Starting Summer 2018
- Case Management Funding per Voucher
- Address Other SDoH
- Systems Improvement Participation
- Housing Stability Health Outcomes Tracking and Evaluation



Strategy

▶ State

- ▶ Data Integration
- ▶ Expand capacity and access through housing and tenancy support policies
- ▶ Supporting Local Implementation of PSH Frequent User Pilot

▶ Local

- ▶ Improve Homeless Response System
- ▶ Capacity Building to enhance PSH quality and leverage Medicaid reimbursement
- ▶ PSH Frequent User Pilot

Local Strategy

Improve Homeless Response System

- ▶ Process improvement support
- ▶ Gaps analysis
- ▶ Develop strategies to make system more efficient and effective
- ▶ MDHHS will help with resources to support these efforts

Local strategy

Capacity Building

- ▶ Evaluate and develop the quality of available permanent supportive housing
- ▶ Build local capacity for PSH providers to become or partner with Medicaid-billable agencies

Local Strategy

PSH Frequent User Pilot

- ▶ Locate homeless who are Medicaid high utilizers
- ▶ Connect them to permanent housing and support services
- ▶ Monitor their housing stability and use of ED and other high cost healthcare interventions
- ▶ Evaluate the effectiveness of permanent supportive housing on healthcare outcomes and cost

Commitment from Selected PSH Providers

PSH Frequent User Pilot

- ▶ 3 Years Starting Summer 2018
(initial funding from August
2018 to December 2019)
- ▶ Assist clients with addressing
other SDoH
- ▶ Systems Improvement
Participation
- ▶ Housing Stability and Health
Outcomes Tracking
- ▶ Participation in Project
Evaluation

RFI

Issued through Michigan
Public Health Institute
(MPHI)

- ▶ Unique pilot
- ▶ Data driven
- ▶ Identify high-quality providers who can participate in this pilot
- ▶ Select providers who we believe have the capacity and ability to provide high quality PSH to our target population
- ▶ Looking for providers with a strong commitment to developing their agency's capacity for improved outcomes and diversifying supportive services funding

Eligible Participants

Pilot { ▶ Selected PSH Provider from CHIR communities (RFI)

Improve Homeless Response System { ▶ All members of the homeless response system (BBO lead)

Capacity Building { ▶ All PSH providers in CHIR communities

Next Steps

Pilot

- ▶ RFI Issued May 22, 2018
- ▶ RFI Due June 22, 2018
- ▶ Pilot Kickoff August 1, 2018

Improve Homeless Response System

- ▶ Kickoff October 1, 2018

Capacity Building

- ▶ Kickoff October 2018

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