

**IAP LTSS State Medicaid-Housing Agency Partnerships National Dissemination Webinar
2016 State Medicaid-Housing Partnerships: State Examples June 6, 2017**

Hannah Dorr (HD): [Introductory remarks]

Melanie Brown (MB): Welcome to our first national dissemination webinar for our Medicaid Innovation Accelerator Program (IAP) State Medicaid-Housing Agency Partnerships Track. The purposes of today's webinar are for states to:

- Improve their understanding of the benefits of state Medicaid-housing partnerships that foster community living opportunities.
- Identify additional types of collaborators for these partnerships.
- Learn about promising practices to develop and build cross-agency partnerships.
- Learn about state strategies for effective coordination between services and housing partners.

The agenda for today is:

- Overview: 2016 Medicaid Innovation Accelerator Program State Medicaid-Housing Agency Partnerships Track. You will hear from both Oregon and New Jersey, two states that participated in our 2016 cohort. We worked with eight states.
- Oregon's Experience Building State Medicaid-Housing Agency Partnerships
- New Jersey's Experience Building State Medicaid-Housing Agency Partnerships
- Questions and Answers
- Closing Comments

Speakers today are:

- Steve Eiken, Research Manager, IBM Watson Health, one of the contracting implementation partners. He is not actually here today so you will be hearing from Melanie Starns, a consultant with IBM Watson Health.

From Oregon:

- Mike Morris, Behavioral Health Policy Administrator with the Oregon Health Authority.
- Kenny LaPoint, Public Affairs Director, Oregon Housing and Community Services.
- Lisa Sloane, Senior Policy Advisor with Technical Assistance Collaborative (TAC), another of our contracting implementation partners, as moderator.

From New Jersey:

- Joe Bongiovanni, Director, Managed LTSS and Contract Logistics, New Jersey Division of Medical Assistance.
- Janel Winter, Director, New Jersey Department of Community Affairs, Division of Housing & Community Resources.
- Kevin Martone, Executive Director, TAC, as moderator.

Melanie Starns (MS): This partnerships track is intensively focused on building collaborations between state Medicaid agencies, state housing agencies such as housing finance agencies and public housing, and other agencies and service sectors as well. The first cohort/track is from last year from May-December 2016. There were eight states selected to participate in

that first go-round. The IAP does a lot of work in a lot of areas. The one thing that makes this particular track fairly unique is the close relationship with federal partners on planning and coordinating this. There were a number of key partners federal government agencies include:

- Department of Housing and Urban Development (HUD)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Office of the Assistant Secretary for Planning and Evaluation, which is in the U.S. Department of Health and Human Services (ASPE/HHS)
- U.S. Interagency Council on Homelessness (USICH)

We were working with all these federal partners, including CMS of course, at the federal level and hoping that this would be helpful as you're seeking to build some of those partnerships at the state levels between Medicaid, housing and others. We're really appreciative of these partnerships because they also allow us to provide a broader depth of technical support to all of you. The goal for the partnerships track is to facilitate state Medicaid-housing agency partnerships to foster community living opportunities using direct technical support activities.

Looking at what states were focused on in the first cohort last year, states focused on different populations and some of them focused on multiple populations and issues. Therefore, the numbers don't add up exactly to eight states. But seven of the eight states that participated had some focus on people who were homeless or chronically homeless, and also people at risk of homelessness with a couple states including that. Four states were looking at people with mental illness and substance use disorders. Three states were looking at the housing needs of people with complex and high utilization needs. Another three states were looking at people transitioning to community settings from institutional settings, including people who might be involved in the Money Follows the Person program. Several states had multiple populations and areas they were focusing on through their IAP work.

Some of the key accomplishments were:

- Establishment of cross-agency partnerships. Some of the cohort states came with some foundation in partnerships but others were establishing brand new partnerships and were able to develop those more fully through the IAP.
- Alignment of multiple existing housing and health care initiatives. They were able to pull some of those things together into more of a systems reform or more comprehensive approach rather than just having disparate, unconnected pieces of work.
- Development or expansion of data matching to target resources better and examine costs and outcomes. Many were examining costs and outcomes by matching and comparing data from the Medicaid Management Information Systems (MMIS) and the Homeless Management Information Systems (HMIS). Seven of the eight states had a serious focus on homelessness so the HMIS is a useful tool in many states where it was heavily used. Some states were also looking at Medicaid managed care data and comparing it with HMIS to see how they could better target their limited resources.
- Identification of resources to create additional community living opportunities, how they could involve entities and perhaps leverage resources that might be at the local level or other kinds of partnerships, maybe with veterans organizations and things like that.

- Engagement and coordination with key stakeholders, including local public housing agencies as well as landlords, county service agencies, managed care organizations and other types of service providers.

Mike Morris and Kenny LaPoint from Oregon are going to share the work they've done over the last year or so. Mike?

Mike Morris (MM): Thank you for this opportunity to talk about what's happening here with development of a relationship with Oregon Housing and Community Services (OHCS). Initially we have had quite a crisis in housing that has resulted in an increase in homelessness, and we're particularly interested in individuals with disabilities and experiencing homelessness together.

In 2016 we developed our Oregon Performance Plan in conjunction with the U.S. Department of Justice (DOJ) investigation, an Olmstead investigation into our state, and there were some definite focuses on supported housing and increasing that opportunity here in Oregon.

Kenny LaPoint (KL): I'm with Oregon Housing and Community Services (OHCS). Following up on the performance plan with the U.S. DOJ, we had a national study that came out of Oregon, the Portland area, done by the Providence Hospital Systems Center for Outcomes Research and Education, which really started to back up with data the need for us to do a lot more of this cross sector work. The data was showing us that for folks who were living in housing, just by coordinating healthcare and other social services, that we would achieve anywhere from a 12 percent to 17 percent cost savings per member per month for folks who had coordinated services for them.

We already had a relationship with the Oregon Health Authority (OHA) on the HUD 811 program, and it's worth mentioning that Oregon applied twice for the HUD 811 program. The first time we applied the response basically said that our partnership we had across systems, the partnership between the housing agency and state Medicaid agency, wasn't as strong as they would have liked to have seen in the application. We're happy to say that we were awarded the 811 program as we began to improve our partnership which has slowly gotten better over time.

MM: With the IAP we developed a core team of individuals from the OHA. Rick Wilcox, our Olmstead coordinator, headed up that team, then we had representatives from the Department of Human Services looking at housing for individuals with disabilities, and then of course with OHCS. One of the things we needed to make sure, and we did from the moment we applied, is that we had support and buy-in from agency leadership. That was really key for us to move forward. We didn't want this to be an isolated thing that staff did but really was incorporated into the vision and direction of our agencies in moving forward regarding housing.

KL: As we got more buy-in from agency leadership, the IAP worked really to help push us forward on identifying cross system strategies that would increase supportive housing opportunities in the state of Oregon. We are further working on those strategies and we'll talk about a work group we formed, but we're really looking at opportunities to utilize our Medicaid system to finance the services and supportive housing, and also looking at adding additional policies within our qualified allocation plan at the Housing Finance Agency (HFA) that would further incentivize our developers to really integrate supportive housing into some of the developments they're doing.

Additionally through the IAP program one of the goals for us was to convene stakeholders from across our state and our IAP consultants from TAC, who were wonderful to work with throughout the process; Lisa Sloane and Sherry Lerch were phenomenal to work with. They came out to Oregon. We convened a group of folks from the public health system, the Medicaid system, our managed care organizations, our continuums of care, housing authorities, community action agencies, to really gain additional support from them as we do the work in Oregon. Everybody would imagine that all these folks at the table were very much engaged in this conversation and still are in some of the work group stuff that we're doing.

We also had the opportunity to learn from other states, particularly Connecticut because of the great work they are doing on data sharing that we're looking into. We're moving forward on establishing a cross agency data sharing agreement, which is actually going to be further expansive than just the OHA and OHCS. We're also including the DHS and in talks with education and the Department of Corrections to see what we can do on that front.

MM: Active interagency coordination actually stopped for a few months but we continued our relationship and working together. We had a waiver request and in it we were looking at some housing opportunities and using Medicaid authorities for that. That part of the waiver was not approved, the rest of our waiver was. But we continued to move forward.

KL: We are right now standing up a supportive/supported housing work group that is jointly staffed and funded by both the OHA and OHCS. We felt the jointly staffed and financed piece was really critical to how this work came off to our partners across the state of Oregon. We really felt we were making a statement and leading by example by doing that. We have this work group that will begin meeting in July with representatives from across the state of Oregon so they're stakeholder partner representatives with state agency staff supporting the work. We're also going to look at engaging a consultant to help us through this process.

The idea of the work group is we would get recommendations from our partners and stakeholders. One set of recommendations would come to OHCS and it would be what policies can be put in place as the state housing finance agency to incentivize and increase the supply and development of supportive housing in the state. The other piece is recommendations to the OHA on what potential waivers could be pursued to help support the financing of supportive services in that housing. That work group will be exploring those policies and evaluating best practices from across the country, not just in the state, to see what we can do around those policies. That's very much about the charter of that group and we're looking to move that forward.

I also referenced the work on the 811 program, which we're continuing to move forward. We're continuing to place units. A lot of states have struggled with the 811 program so we're moving forward, working well together and starting to get units in place.

Additionally, the state legislature gave OHCS and the OHA some money to collaboratively work together to bring more supportive and supported housing to Oregon. We'll be making recommendations to our policy oversight body and funding oversight body next month. We will have funded over \$10 million in supported and supportive housing development across the state. Additionally, we will be putting out another \$13.2 million for supported and supportive housing, particularly for veterans experiencing severe and persistent mental illness or a substance abuse disorder. We'll be putting that money out this summer. Those are collaborations between both agencies so there was stakeholder input provided in the

process and good partnerships on the ground that folks in both these agencies are basically out in the field working with partners to ensure they're able to connect. So putting our housing developers in the same room with our managed care organizations to make sure we can get the right partnerships in place to make the housing successful.

Lisa Sloane (LS): Thank you, Mike and Kenny. It's great to hear about Oregon's accomplishments and the Oregon way, and especially how you're not only continuing to collaborate but six months out you're seeing benefits of the collaborative process. I have a couple questions.

On the supportive/supported housing work group, who's going to be on it and how did you decide who should be there?

KL: We decided as a collaborative, so between the OHA and OHCS we've had a lot of conversations and gone back and forth on who should be on this group. We felt there should be good statewide representation. Addressing the needs around supportive housing in rural Oregon is a very important piece of this work, and we're finding that our rural areas definitely lack the capacity to do this work. So we have some specifically chosen rural representatives on this group. We have folks from our managed care organizations or coordinated care organizations represented, and the Department of Corrections. We have some reentry housing providers in our state that do supportive housing for folks coming out of incarceration so we have somebody from that system. We have folks from the hospital system. We have a recipient of services on the advisory group. Continuum of Care, so an individual who represents a majority of our state for Continuum of Care is going to be on this work group as well. So we have a good swath of representation of both housing and social service providers from across the state.

LS: You talked earlier about collaboration between state housing and human service agencies. What are some of the challenges you had in collaborations that other states may also experience and do you have any recommendations for tackling those challenges?

MM: One thing from the agency level is healthcare and social services speaks a different language than housing folks. So we're learning the language. We always talk about in healthcare about the Medicaid Managed Information System, MMIS, and so we're learning about their information system. But it is really a challenge to get the providers of the services in connection with developers so they can partner together on projects when we have funding that's available. We had a couple rounds of funding to get the money out there. So OHCS with OHA sponsored some technical assistance conferences to educate the provider of services and the developer, getting them together to understand what they need to do to come together to be able to put forward a viable proposal.

KL: On the same language thing that is probably the biggest upfront issue, is just the separate languages of the systems. We did work across the state of Oregon with our managed care organizations, coordinated care organizations to have, we'll call them health and housing forums, where it was really a breakdown of the language barriers, where we had our housing folks and communities sitting on a panel with folks from the healthcare system and just talking about what do they mean when they say Continuum of Care and how does a Section 8 voucher work? How does the Medicaid system work? We've had a lot of those cross sector convenings across the state, which have really helped to kick off the relationships across sectors, and those relationships continue to improve and we're starting to see more organic partnerships come in for competitive funding rounds with our agencies.

MM: We also plan on going forward. As an outgrowth of the IAP to continue those technical assistance visits into communities, bringing the service providers and developers and housing providers together to facilitate the building of those partnerships.

LS: It's hard work but sounds like it's paying off and you've done midterm adjustments as needed. You're also very lucky you have some capital dollars that you're using. Do you have any advice for state housing and service agencies that want to do collaboration but might not have any new money?

KL: I think you can definitely garner the support of the advocates, which is where the capital dollars came from that we received in Oregon. There's some additional requests coming in our legislative session right now for additional capital dollars. Whenever you can be as creative as possible you definitely want to go that route, and if in any way possible to link funding systems to existing funding systems. So for example we're utilizing 4 percent tax credits with our mental health housing dollars, so a portion of larger developments are being dedicated to folks with mental illness or substance abuse disorders and the remainder of units are for folks who are 60 percent and below AMI. So combining those two, which also helps us achieve some of the goals in the Oregon performance plan around community integration, have really worked well and help you make a project whole. So the limited amount of capital dollars that were available and the money that the legislature gave us was not going to get an entire project done, so we had to bring in other resources.

LS: Thank you both. I'd like to pass it to Joe Bongiovanni for the New Jersey discussion.

Joe Bongiovanni (JB): Good afternoon. I've been doing the housing thing for a little bit less than a year. I have a partner from Department of Community Affairs (DCA), Janel Winter, on the phone with me. Janel, want to give a brief introduction?

Janel Winter (JW): I'm the director of the Division of Housing and Community Resources (DHCR) at the DCA. We're a state housing agency. Among other things we administer the state's housing choice voucher program, our state rental assistance, some other housing assistance program, some housing production programs, and our homelessness prevention fund, among many other things, so we wear a lot of hats on the housing side.

JB: Some of our goals for participating in the IAP Partnerships Track for 2016 was to draft a proposal for supportive housing for Medicaid-eligible individuals who were experiencing or at risk for homelessness. We wanted to try to ensure that we know who Medicaid folks are who may need assistance with housing, to drive supports to them. With respect to housing, understanding that if you can stabilize housing you can most likely stabilize or maintain appropriate health.

JW: An additional goal we had was to find new and leverage existing funding sources to support supportive housing. One thing we learned early on in pursuing that goal was we had a real need to educate ourselves and each other, especially about the existing resources, to really get a firm understanding of what's out there in a variety of different places, because there would be no way we could understand where the gaps were and think about new if we didn't really have a good handle on what was out there existing.

JB: To support that obviously you're going to need to be looking at data, and we are in the midst of attempting to combine data, as Oregon had mentioned, Medicaid recipient data with homelessness data to make sure we are making policy decisions based on what we know from a data perspective to know what folks on Medicaid need by way of housing and

what folks who are homeless may need by way of Medicaid services, and use data to drive that cross communication of the difference between medical services and housing services.

JW: Finally, the DHS and the DCA and also our state housing finance agency, HMFA, have been working on various projects together for many years. We've come together for various initiatives and partnerships, which is a great thing. But one thing we really wanted to use this format for was to really push more towards working not just on special partnerships on special projects as they came up, important as those are, but really looking to move towards a more integrated system and embedding the needs of the populations we're looking at within those mainstream systems.

JB: Some of the accomplishments we were able to get to during our 2016 participation in the IAP was establishing consistent interagency partnerships with open lines of communication. We wanted to know, as Oregon mentioned, Medicaid speaks a specific language and folks who are professionals in the housing world speak a specific language, and how do we get together and know where the experts are if we have questions, and if we need to resolve an issue be it housing or Medicaid health services.

We have established a couple of go-to people in all the worlds, not just housing and Medicaid but mental health individuals transitioning from institutions through Money Follows the Person project. There is a good collaboration among all those players to know okay, if I have this question and I don't know the answer but it sounds like it relates to housing, I can call someone over in housing. If I need to know of any institutional transitions and I'm not the expert in that, I can call over to our Money Follows the Person program. We are familiar enough with one another to know let's talk and problem solve. That consistency helps move an individual's quality of life to a place where they're not repeating themselves three or four different times to get what they need.

JW: We also use this process to develop a better understanding of what our resources, our opportunities, our challenges, our gaps were across the state and across agencies. One thing that was really helpful to us was a tool and a process provided by our IAP coaches, which was a really detailed crosswalk of what our resources were in every area – what they were, what the requirements were, who administered them, how they were used. I would say at some points it felt like a really painful process to really tease out all this information but it ended up being incredibly valuable, and I think everyone in our room at one point or another said they really learned something new. I find it's a tool that I myself consult sometimes even once we're done putting it together because there's information there about where certain resources lie that maybe I didn't know about before and that I shared with some of my colleagues as well. So that process was a really valuable one in terms of helping all of us really understand how are we doing this in each of our agencies and how can we do it together.

JB: Absolutely. The next thing we've also done is we've begun work through Rutgers on the Data Analysis Project related to housing, on how do we match up and analyze Medicaid information with homeless information to again advance the cause of where do we put Medicaid services and where do we put housing services based on data. How do we improve the program to improve the lives of people who need it, whether or not they need medical services to maintain themselves in the house or they need housing services to maintain their health?

Lastly, it was a collaborative process to identify what's needed to provide supportive housing to somebody with long-term care needs, including pre- and post-tenancy services.

We had a very informative conversation again with our partners from the Department of Community Affairs and our institutional transition services program and our Division of Mental Health Services to talk about what does it take to become a tenant? What does it take to stay a tenant? What are some rights and responsibilities? What are some services, both from the housing perspective and from a Medicaid perspective, to be sure that when a person is looking for housing that search is successful? And then when a person has identified housing and becomes housed, their tenancy remains successful both from the medical perspective or Medicaid perspective and the housing perspective. We wanted to do things that would avoid a revolving door like I get housed and then I have something happen and now I can't stay housed. Those sorts of things were definitely top on our mind when we were talking about what do we need and how do we develop a program for that.

JW: Just to jump on that, one thing that was really helpful for us on the housing side was the opportunity to provide feedback about where we see people struggling as they attempt to lease up a voucher or as they move in or as they are a tenant where we see them, we're not experiencing them from the behavioral health side, the service side. We're seeing where they are having issues that might lead potentially to addiction or might lead to them not being able to lease up a voucher and losing that voucher, so being able to provide our perspective on what tenants were struggling with and thinking about how to shape a benefit in that way. It was a really pragmatic discussion for us and we got a lot of insight from our partners on why some things might happen, and we were also able to give some insight as to what it looks like in the real property management housing world.

JB: So our continued efforts after the IAP ends – and I don't know in New Jersey we would ever consider that it ends, because we've developed a work group that's going to continue to meet, perhaps not with participation officially from CMS and others but things that we want to do as a group, this group was formed as a result of the IAP – is to develop contract language. As Oregon mentioned before, we brought our managed care organizations in and that's our next step is we recognize that a lot of at least the way the Medicaid program works is through managed care, and a lot of what our managed care organizations do here is related to housing. Yet they don't have any clear guidance of what they're supposed to do or how they're supposed to do it officially in a contract. We say to them they're supposed to be involved in institutional transitions from a care management perspective. They're supposed to be learning from our Money Follows the Person program, about what it takes to do a housing search, but there's nothing really formalized, and I think what we need to do is further the partnership between the state and our managed care organizations to ensure that everybody understands whose role is what and how important the MCOs role is in advancing the cause of supportive housing, both from a housing perspective and from a Medicaid services delivery perspective.

Again, that buzzword, social determinants of health, if a health plan understands what our work group understands, if you successfully house someone and support them from a housing perspective and you support them medically, their quality of life is better and it's easier to serve them. It may be more cost effective to serve them in that way. If they're successfully housed, MCOs understand what that means and what it takes.

JW: We were also able to really work together on outreach to our stakeholders and implementing some of the work that we do. One of the first goals we had was thinking about supportive housing services for Medicaid-eligible individuals who are homeless, and one of the things we were able to do at DCA, we have really good relationships with the Continuums of Care. And New Jersey unlike many states does not have a balance of state,

we just have many Continuums of Care across our small state. And because we do homeless prevention funds at the state level and operate voucher programs, we are often in communication with them. And some of our partners at DHS and Medicaid were not as familiar with the Continuums of Care and they were not as familiar necessarily with the work being done at that level.

So we were able to host a convening for the Continuums of Care and DHS. The division leaders came in and gave some great presentations about what's in the future for the division and how they're working on this issue. The continuum leaders were able to talk about the issues they're struggling with on the ground and how they're addressing them, and it was a really great way to open up some relationships that maybe hadn't existed or weren't as strong before. That's certainly something we all decided at the end of that meeting that we want to continue to have on a regular basis so that we can keep working together to address the issue of homelessness in New Jersey.

Another area where we worked together really well, was in the past 12 months we opened the housing choice voucher waiting list statewide and also opened the state rental assistance program statewide. In our HCV list we have a preference for people who are disabled. In the state rental assistance program we had set asides for people who are disabled or homeless. One thing we were able to do was work with the various DHS divisions participating in IAP, make sure they really understood the voucher, what a voucher was, what the voucher process was, and understood the process of the waiting list opening an application, and we were really able to talk with the people they worked with, making sure that they understood how they could apply for this resource. It really helped us as a housing agency to make sure that we were really reaching out to everyone who wanted to hear about this opportunity. We really saw an increase in submissions for the waiting list by people with special needs. That was really something we wanted to accomplish and we're really proud of that and we're really grateful to our partners for helping us achieve that.

Kevin Martone (KM): Thanks that was really good stuff. What's interesting – I'm at TAC now and I've been here for a few years, but I had the opportunity to serve as the deputy commissioner for Human Services in New Jersey for several years. Back in 2005 or so when I came in we had an opportunity to start to pay a lot of attention to housing and we actually had a pretty significant influx of capital dollars and the governor and legislature had created a special needs housing trust fund with a really significant amount of dollars. That money sat over at the Housing Finance Agency, and we quickly had to pull together folks to figure out how we were really going to organize, use the capital dollars and getting services to folks together. When I think back at the time there was a lot of energy around it, but it was very task-oriented or very focused on specifically that issue at the time.

It's nice to see now several years later, and certainly accelerated through the IAP program, how far you guys have come in really establishing those relationships. It really seems now that you have this housing and healthcare equation embedded really in upper levels within not only the DHS, in weaving in the importance of housing, but also on the DCA and HFA side, the importance of healthcare-related services and helping people succeed in their tenancy. You could really see how far you guys have come in incorporating that as a shared responsibility across agencies. I think that's just so key to what we've been trying to accomplish throughout this initiative.

Couple of follow ups. Can you talk a little bit about the peer to peer learning experiences in New Jersey and also things you had to offer other states, whether related to Medicaid or

housing services, or even specifically I know there were some good conversations with Hawaii throughout the process?

JB: I had a conversation with Hawaii, who is attempting to write housing into their 1115 waiver and they had a conversation with our technical assistance coach, Lynn Kovich, who put them in touch with me over housing. What we did was walk through how'd you get started? How'd you even know who you needed to talk to? For folks listening on the phone, it was more about we know that housing's important from a Medicaid perspective. We know that Medicaid services are important from the housing perspective, and how do we develop that collaboration and start talking about moving the program forward. A lot of what we talked about with Hawaii was just the nuts and bolts. Who'd you talk to? Well, you know the director of DCA, pick up the phone and just have a start-off conversation. Get people in the room where you know the questions but you don't know the answers and you might know where the answers lie. For example, your ombudsman or housing mortgage and finance agency or Department of Community Affairs, those folks who speak the language that you need to understand but you don't necessarily know.

KM: Janel, anything to add there?

JW: I think, and our colleagues from Oregon touched on it too, about different ways to develop a common language between your healthcare systems and housing systems. One of the things when we did, some of the – I forget what we called them, the convenings in D.C. with different states and the IAP where we all came together and talked, that was a common thread, too, and something I was able to hear some of my peers on the housing side talk about. Different ways in which people were able to come together and come to learn to speak each other's language, and that was valuable.

KM: One of the things that we came up with a lot in the IAP process was the cross agency at the state level partnerships and really tying this together horizontally. Then there's sort of the vertical up and down, down to the local level, and you guys had done that work with local Continuums of Care and assistance and you talked about that a little bit, which is terrific. Can you talk, Janel, how you see that helping going forward, maybe even improving access to services and housing, maybe reducing redundancy or overlap? Obviously the Medicaid beneficiaries we serve don't fit in any one box or system. You're really touching so many different places and we want to make sure everybody's on the same page. Some of those state or local level conversations and partnerships are even harder to tie together.

JW: That is one of the most difficult things we struggle with is we're used to tagging people with a label and say you should go in this door if you have this label, and of course people don't fit neatly in boxes and we wouldn't like it if they did. But unfortunately, so many of our resources are shaped in boxes, and all of our people get used to dealing within their box, within their lane, staying within their lane. That's not just thinking about the local Continuums of Care and providers, but also thinking about, for instance, staff in the field office who are administering voucher programs who are used to looking at them in a very specific way.

One of the things we can help people understand is first of all the variety of resources that are out there. One of the most important things is if people know there's a spectrum of resources and how they might be able to get at those resources, then it becomes less vital for people to try and force a square peg into a round hole. I had a conversation recently where I heard from someone who said they had a person who was at risk of homelessness, and they had gotten advice from someone that said "I heard there are these vouchers

coming out but they're for people who are chronically homeless, so maybe if you could become homeless for a year you could get it." That's horrible and we don't want anyone thinking that way. But when we slice our resources that way and don't know about what else is out there and how we might access them, that's what people get used to thinking. "I've heard of this one thing and how do we get into that?" The more we can talk to both our own employees up and down the line and also our local partners, our providers, our public housing authorities, our Continuums of Care about everything that is out there.

Then also learn more about the gaps too and how we might either, if we have new resources address those gaps or how we might look at our mainstream systems and say, are there ways we can be more flexible or ways we can tweak something a little bit, change it a little bit that will help address this issue where we really do have a true gap and there's nothing there to help. I think working together in this process has helped us understand that a little more.

MB: Thanks to all our presenters. We have time for additional questions. First I'll start with the questions that came in during Oregon's presentation. Oregon speakers can answer and if people from New Jersey have anything to add or anyone from our program implementation team, feel free.

To Oregon: Why did your interagency coordination stop for a few months?

KL: I would say that we took a brief pause on the IAP work but we had numerous other bodies of work that were taking place at the same time between both of the agencies. So I wouldn't say overall that the collaboration stopped. There was just a lot going on. Legislative session opened at the same time, so I think there was just other work that was happening between both our agencies and outside our agencies that limited the work that the IAP team could be doing.

To Oregon: Have discussions occurred about how to better link Medicaid services with existing housing including tenant-based voucher holders?

KL: Yeah, that's definitely been a part of the conversation. Our state housing agency does not administer Section 8 vouchers for our state at all. We do have a project-based voucher program, a PBCA that we administer. We actually have put into our agency's strategic goals for the year to have a lot more conversations with our owners, the owners of the projects doing the PBCA, on establishing preferences for folks with SMI or SUD and/or chronically homeless, and then tying services to them. We've had those conversations with our PBCA owners as well as with our housing authorities on bringing – we've actually incentivized them in QAP and through other policies to bring in tenant-based vouchers into developments done particularly with the \$20 million or \$10 million we mentioned earlier, and then with other development dollars that we're putting out there. So we're asking our housing authorities to contribute some of their voucher resources to really help stabilize the folks that would be coming in and receiving supportive housing, recognizing that they're likely going to be 30 percent and below income earners and they need that stability in their lives.

MM: The other thing I could say on the Medicaid side is our coordinated care organization model is we incentivize outcomes within the system, so through, for example the core research, disseminating information to show that if the coordinated care organizations, the CCOs, would invest in and provide housing supports that they can then improve their overall health outcomes that they're trying to achieve and that they're incentivized to achieve. So

there's been some work with that. Kenny, in a former position over at Oregon Housing Community Services, was out there doing a lot of talking with CCOs about the importance of housing and how housing can improve health outcomes.

KM: This is an important issue for systems to really struggle with. You think about in any given state the target population that states may be thinking about and what types of housing options they're in. We had alluded to earlier the crosswalk exercise where you're looking at what are the Medicaid authorities in your system, who are the people being served in your system, and what types of services do they need versus what's available now in their systems. And it's important for states to go through those exercises so they can really try to match those services up with folks in housing or who when they get housing need those services. So it's not like there's any one answer. It's very localized to states, but it's definitely an important exercise to go through.

MM: That's an important point, Kevin. In Oregon, the CCOs have a bucket of funding in their capitation that's called flex funds for them to be able to use those funds for other things that are not directly healthcare services. And housing supports are one of those things that they can use those funds for. There have been some administrative issues that discourage actual use of those funds, which we have cleared up in our new waiver. But we did go through the template and do an assessment of our current authorities. Even though we were not able to get housing supports specifically in our 1115 waiver, we are looking at our other state plan and other Medicaid authorities that we currently have that we can capitalize on or go through a process to expand some of those authorities for housing supports.

MB: Thank you. We do have a few more questions and we'll get through as many as we can.

MB to New Jersey: What are some of the issues that tenants struggle with?

I think that was in reference to the last bullet on your slide that talked about accomplishments during IAP in the 2016 track where you said you identified specifically what's needed to provide supportive housing to someone with long-term care needs, including pre- and post-tenancy services.

JW: Thinking about it in terms of the pre- and post-tenancy services, I don't know that any of the needs are particularly surprising but they are absolutely needs. When we see people who are struggling to lease up a voucher, to not lose it but actually be able to lease it up, we see people who are in need of assistance with housing search, with compiling the documents they need to complete their application, with negotiating with landlords if there are issues around credit background or criminal background, etc., security deposit, utility deposit, funds for furnishings. Like anything that's going to help someone find and get into an apartment in a timely fashion, and then once they're there, there may be issues around their tenancy. They may have issues in paying their portion of the rent or in negotiating an issue around their unit or an issue that arises with their landlord. So one of the things we want to do is think about is what sort of services could be provided that will both help people when they're able to obtain a voucher to be able to use that voucher and then to be able to sustain their housing and really improve their lives.

MB: Next question:

To New Jersey or Oregon: Do you monitor the healthcare needs of the Medicaid beneficiaries in the housing program? Are they assigned navigators?

JB: I can speak to our long-term care population. I don't necessarily know that we would call them navigators. Our health plans or MCOs that operate in New Jersey have care managers and they monitor health status. They do frequent check-ins with the members in the long-term care program to make sure that services are going well, that everything is doing okay. We're looking at how we might expand that, but we haven't gotten anything specific as far as monitors because our programs, there's 1.7 million people, and how to target folks, is still a topic of discussion.

MB: Anything from Oregon?

MM: In Oregon, one of the things we manage directly through OHA, a rental assistance program, and part of that program is we fund a residential specialist but we also fund a peer specialist to provide supports and work with an individual who has been in the housing program. If you want to call it, caseloads, they're really small so that they can provide those supports and monitor what's going on. There are some other healthcare programs and housing programs that do have onsite for parts of the time navigators to help people get connected up with healthcare services right onsite as far as navigators being onsite.

KL: We're starting to see a lot of our housing developers in Oregon incorporate community health workers into their resident services plans, even for 9 percent low-income housing tax credits, and often those community health workers are funded by their managed care organization. They're either stationed onsite at larger developments or they're working in a scattered site model where economies of scale put them in that situation. But they're monitoring the healthcare needs, and as Mike said, they're helping connect residents to healthcare and other social services that they may need.

MB: Next question:

To New Jersey and Oregon: Are either of the states also working with their county jails to house exiting inmates or both working with their respective Department of Corrections or is just one state doing that?

KL: In Oregon, we have a model that is working incredibly well. We're hoping to expand that model so it's a supportive housing model for folks coming out of incarceration. The organization is called Sponsors. They're considered a national best practice, and they've been incredibly successful. We just funded a second tax credit development, a 9 percent development, for the organization. Sponsors is the service provider. They have a partnership with their local housing authority; their Section 8 voucher is tied in. There is onsite services including workforce services, parole and probation services. Like I said, they're incredibly successful. Obviously, there's NIMBY challenges with this population. They've been able to overcome those and garner community supports.

The Department of Corrections is very much involved with that as well, and we're working with the Department of Corrections and then the agencies that have put this program in place to try to figure out how do we duplicate that, how do we take that model to agencies in other areas of the state of Oregon so we can bring it more to scale. Sponsors also recently received a HUD and a DOJ grant combined to help them try and figure out if their model can become a social impact bond or pay for success model, which they're currently exploring right now, and they're using third sector capital as a consulting partner on that. Both Oregon Housing and Community Services and the Department of Corrections are involved in the group trying to see if that model can become a pay for success type model.

JW: In New Jersey, last year we launched a 500 voucher Housing First program. Of that program at least 100 of those tenant-based vouchers are targeted for people who are chronically homeless and frequent users of jails. In that program we're providing the vouchers and a small amount of service funding, and providers administer this program for us, and part of being a successful applicant for the program was being able to leverage local service funding. So we've had a few groups able to really leverage some new and existing local service funds to address this.

KM: Mental health is not necessarily represented on this webinar from New Jersey but has provided some non-Medicaid dollars into local jail reentry and diversion programs for folks who may be linking up with certain community treatment services or other case management services on release that would sort of fit in with this.

JW: We also at DCA have a contract with two providers who operate several sites across the state that provide job training, other services for people exiting the prison system, and we do collaborate with Corrections and Parole on that program.

MB: Thank you. I'm not seeing additional questions. Just a few wrap-up comments. The key takeaways we're hoping you'll walk away from this webinar with just regarding states that participated in cohort 1 or the 2016 IAP Partnerships Track is that the track was helpful for states in:

- Obtaining buy-in from their agency leadership and to garner additional stakeholder support.
- Identifying new and leveraging existing funding sources to support housing-related services and capital costs.
- Using data to drive policy recommendations in the development and design of supportive housing benefits.
- Identifying cross-systems strategies for increasing community-integrated housing opportunities.

As mentioned earlier, we are kicking off a cohort 2. We'll be working with an additional up to eight states. Important dates are:

- Expressions of interest are due from states by midnight on June 8th.
- June 12-23: CMS will hold office hours calls with each state that expressed interest in participating.
- July: Selection process and initial kickoff meeting between the states and their lead coach or facilitator.
- August 22-23: Official kickoff in August in D.C., an in-person meeting.

I'm seeing a question:

Will there be subsequent opportunities after cohort 2?

I think we don't know yet. Each year we evaluate what would be the most helpful areas to focus on in the provision of technical support to the states so we're not sure. But if you're interested in participating reach out to us.

Speakers' contact information:

Oregon

Mike Morris, Behavioral Health Policy Administrator, Oregon Health Authority

michael.n.morris@state.or.us

Kenny LaPoint, Housing Integrator, Oregon Housing and Community Services

kenny.lapoint@oregon.gov

New Jersey

Joe Bongiovanni, Director, Managed LTSS and Contract Logistics, New Jersey Division of Medical Assistance

joseph.bongiovanni@dhs.state.nj.us

Janel Winter, Director, New Jersey Department of Community Affairs, Division of Housing & Community Resources

janel.winter@dca.nj.gov

I'm seeing another question for the IAP application:

Is it okay to have a TBD or to be determined for some of the team members?

I think for your additional members. The application asks you to identify core team members and additional. For additional team members it would likely be okay to have TBD. For core your members, it's going to be really helpful to identify those folks as early as possible.

No final questions. Thank you again. We expect future national dissemination webinars focused on lessons learned as well as best practices learned from participation in this track. All the information regarding cohort 2 is available on [Medicaid.gov](https://www.Medicaid.gov).

[end]