# Connecting Health and Housing to Address Homelessness in Massachusetts

A review of our work with the Housing and Services Partnership Accelerator

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## Collaborators

#### State Partners

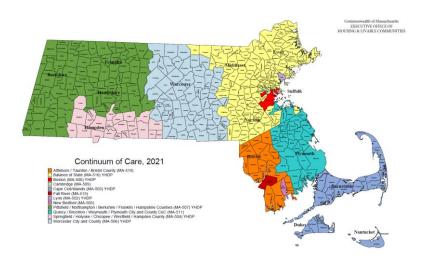
- o Mass Health
- Housing and Livable Communities
- o Elder Affairs
- o Public Health
- o Mental Health
- Massachusetts Rehabilitation Commission

#### Other Partners

- The Continua of Care Collaborative
- Massachusetts Housing and Shelter Alliance
- o United Way of Massachusetts Bay
- o Independent Care Living Centers, and
- Pine Street Inn (the largest provider of PSH for formerly homeless persons in New England

# What problems were we trying to overcome?

11 Continua of Care in a geographically very small state



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# What problems were we trying to overcome?

Organizational Separation of Housing and Services

**Health and Human Services** 

**Housing and Community Dev.** 



Housing

# What Problems were we trying to overcome?

Organizational Separation of Housing and Services

#### Services left behind

- Department of Mental Health
  - o Community Based Case Management Services
  - o Clinical Assessment and Triage
  - o Respite services during crisis
- Public Health Bureau of Substance Addiction Services
  - o Recovery Coaching
  - o De-tox and post de-tox residential supports
  - o Outpatient Medication Assisted Treatment
- o Public Health Office of HIV & AIDS
  - o Seamless prioritization for HOPWA housing resources
- o Mass Health
  - o Various Behavioral Health Supports
  - Housing Stabilization Supports

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# What Problems were we trying to overcome?

Lack of understanding of the services landscape

#### No one person or entity understood

- o The full scope of services available
- Who was eligible for those services
- o How people could seek access to those services
- o Who provided the services once people were enrolled
- o How the provider would be paid for those services
- Which services could be paired with homelessness
  - o Which services would fall away once someone was housed
  - o Which services could only be used once someone was housed
  - o Which services could be used in either event

## What were our goals?

Develop a comprehensive service system map

#### Goal 1: Develop a comprehensive service system map

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### Goal 1: Ways of getting that info

# What were our goals?

**Identify Gaps** 

#### Goal 2: Identify where service gaps are

- o Unmet needs
- Un/underserved subpopulations
- o Regional
- o Along the pathway
- o What was real and what was perceived

## CSP-HI example of a perceived gap

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# What were our goals?

Strategy development

#### Goal 3: Strategies for Filling those gaps

- Education
- o Flex Pool

# Barriers discovered in the process

- Difficulty accessing services
- Provider fatigue

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# **Going Forward**

**New Goals** 

- Exploring 3<sup>rd</sup> party Administrator
- Sustaining the effort

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