00:00:00:01 - 00:00:04:00

So we put forward our proposalfor Keystones

00:00:04:00 - 00:00:07:04

of Health Bridges to Success keysense of health for Pennsylvania.

00:00:07:08 - 00:00:10:13

Back in early January 2024.

00:00:11:03 - 00:00:15:12

And that began a process where we dothrough negotiations with the center

00:00:15:12 - 00:00:21:07

for Medicare and Medicaid Services,otherwise known as CMS, to do

00:00:21:07 - 00:00:25:10

implementation planning to get approvalfor standard terms and conditions.

00:00:25:14 - 00:00:28:01

And we are very glad to share with you.

00:00:28:01 - 00:00:31:15

For anyone who may not have heard alreadythat we did receive full

00:00:31:15 - 00:00:34:15

CMS approvals for the four components

00:00:35:01 - 00:00:38:06

in November and December of 2024.

00:00:39:03 - 00:00:41:15

As we look forward,we are going to be looking

00:00:41:15 - 00:00:45:14

at a phasedand stepwise implementation of the plan.

00:00:46:06 - 00:00:49:12

We want to start with our proposed budget

00:00:49:12 - 00:00:52:15

investments for state fiscal year 2526.

00:00:53:03 - 00:00:59:04

That would put approximately $4.8 millioninto the Reentry Support program

00:00:59:07 - 00:01:02:10

in order to leverageadditional federal resources

00:01:02:13 - 00:01:05:14

to begin the work of planningfor the Reentry Initiative.

00:01:05:14 - 00:01:08:15

In partnershipwith our state correctional institutions.

00:01:09:06 - 00:01:13:03

We do note here that all futureimplementation is contingent

00:01:13:03 - 00:01:16:11

upon budget appropriationsfrom the General Assembly.

00:01:17:07 - 00:01:20:07

While this particular portion of housing

00:01:21:00 - 00:01:24:00

is not in the governor'sproposed state fiscal year budget,

00:01:24:02 - 00:01:25:04

it's really important

00:01:25:04 - 00:01:29:04

that this looking ahead series workstogether, collaborated closely

00:01:29:07 - 00:01:33:01

to help us determine what would benecessary for implementation.

00:01:33:07 - 00:01:37:04

Once we receive that approvalin December 2024,

00:01:37:04 - 00:01:40:08

it starts to clock on some requireddeliverables.

00:01:40:11 - 00:01:44:00

So over the next two monthsand over into this fall,

00:01:44:04 - 00:01:48:10

we have required deliverablesdue regardless of the year we implement.

00:01:48:10 - 00:01:49:11

So it's a great time

00:01:49:11 - 00:01:53:05

for us to be connectingand come together on planning for success.

00:01:53:10 - 00:01:56:03

And we can move to the next slide please.

00:01:59:05 - 00:02:02:04

And in this wewanted to spend a bit of time for folks.

00:02:02:04 - 00:02:05:11

We know that some people are very familiarwith our 1115 waiver.

00:02:05:11 - 00:02:08:06

We really appreciate the interestand engagement along the way.

00:02:08:06 - 00:02:11:05

And othersmay be coming to this conversation new

00:02:11:05 - 00:02:14:05

or returning it for to for the first timein a while.

00:02:14:06 - 00:02:19:11

So an 1115 demonstration waiverthis basically allows states

00:02:19:14 - 00:02:23:15

to waive certain rulesthat govern Medicaid programs.

00:02:24:05 - 00:02:28:15

CMS allows theseto be major innovation and pilot projects

00:02:29:02 - 00:02:34:06

that meet the general goals of Medicaidto help people live healthier lives.

00:02:34:11 - 00:02:39:01

Approved 1115 waiversoperate as five year pilots,

00:02:39:05 - 00:02:43:13

and there are requirements for independentevaluations to measure effectiveness.

00:02:44:01 - 00:02:47:12

So great new tools federal authorities.

00:02:48:05 - 00:02:52:06

It's important to note thatthese are not obligations or entitlements.

00:02:52:06 - 00:02:56:08

We are able to really targetthese interventions and these waivers.

00:02:56:08 - 00:02:58:06

We've seen them approved in other states.

00:02:58:06 - 00:03:04:05

They address health related social needsand reentry programs already existing,

00:03:04:05 - 00:03:07:12

but add new tools and capacityto get interventions to scale.

00:03:08:12 - 00:03:11:12

We'll move to the next slide.

00:03:12:13 - 00:03:13:14

Thanks.

00:03:13:14 - 00:03:18:04

So we wanted to talk a little bit aboutwhat are health related social needs.

00:03:18:08 - 00:03:20:10

So it's a new set of programs.

00:03:20:10 - 00:03:22:10

It would address what we've often beencalling

00:03:22:10 - 00:03:25:10

social determinantsare social drivers of health.

00:03:25:10 - 00:03:28:03

Many of us are far more familiarwith that term.

00:03:28:03 - 00:03:31:04

And it's going to bewhere you have a social determinant health

00:03:31:10 - 00:03:34:12

and the intersection with a critical life

00:03:34:12 - 00:03:37:14

transition for a particular individual.

00:03:38:01 - 00:03:42:13

So we're social determinants of healthis often not at that larger macro level.

00:03:43:02 - 00:03:47:07

The health related social needs frameworkis really looking at that intersection

00:03:47:07 - 00:03:50:14

where you have an individualduring a critical life transition

00:03:51:01 - 00:03:55:09

within UN or under met social need,and determining that that's

00:03:55:09 - 00:03:59:00

an appropriate placeto intervene to ensure access

00:03:59:00 - 00:04:02:09

to care and improve health outcomesfor that individual.

00:04:03:00 - 00:04:06:02

So in this, it's really going to be

00:04:06:02 - 00:04:09:02

emphasizing that this is time limited,

00:04:09:02 - 00:04:13:12

but setting up for success in new waysthat we have not had these tools before.

00:04:14:00 - 00:04:16:02

And we can transition to the next slide.

00:04:18:15 - 00:04:20:15

So in this work, we did want

00:04:20:15 - 00:04:25:09

to talk a little bit about the largerproposal, again, for catching folks up

00:04:25:09 - 00:04:28:10

who may not be familiaror haven't heard it in some time.

00:04:29:05 - 00:04:33:10

So with this,it allows us to look at engagement,

00:04:33:14 - 00:04:37:14

to build on national research,local pilots and programs.

00:04:37:14 - 00:04:41:06

As we began this process,we engaged with different stakeholders

00:04:41:06 - 00:04:45:02

and communities around the Commonwealthand learned about what folks are doing,

00:04:45:05 - 00:04:49:09

what is working, where they have gaps,where there are needs and opportunities,

00:04:49:11 - 00:04:54:06

and how we might scalesome programs for success down the road.

00:04:54:12 - 00:04:59:13

And we are able to really look at these,to look at addressing reentry supports,

00:05:00:02 - 00:05:03:10

the housing supports which will spendthe majority of time on today.

00:05:03:13 - 00:05:06:13

Food is medicine as well as some targeted

00:05:06:13 - 00:05:09:13

continuous eligibility policies.

00:05:10:01 - 00:05:13:01

And we can transition to the next slide.

00:05:13:09 - 00:05:16:13

So the first I wanted to spenda little bit of time

00:05:16:13 - 00:05:20:08

talking about the reentry opportunityand why we're starting here.

00:05:20:08 - 00:05:23:04

And that stepwise implementation plan.

00:05:23:04 - 00:05:26:12

So this opportunity actually came about

00:05:27:00 - 00:05:32:03

during the Support Act,which was a bipartisan act of Congress

00:05:32:06 - 00:05:36:03

in 2018 during President Trump'sfirst term.

00:05:36:09 - 00:05:39:15

And this was a directiveto CMS from Congress

00:05:40:02 - 00:05:43:02

to develop a specific waiver opportunity

00:05:43:02 - 00:05:46:04

to improve reentry and improve transitions

00:05:46:04 - 00:05:49:12

back to the community for folkswho are at risk.

00:05:49:15 - 00:05:52:13

So this is somethingthat is a little more prescriptive.

00:05:52:13 - 00:05:54:02

It came out with the state Medicaid

00:05:54:02 - 00:05:58:03

director letter that really said,these are the specific interventions

00:05:58:03 - 00:06:01:13

and servicewe want to see in order to support folks.

00:06:02:00 - 00:06:06:02

And in that,we want to see the reduction of overdoses

00:06:06:04 - 00:06:09:04

help people with avoidable hospital use.

00:06:09:09 - 00:06:12:12

And this would allow us to improvepublic safety.

00:06:12:13 - 00:06:15:15

We know that recidivism costthe Commonwealth's

00:06:16:01 - 00:06:18:05

approximately $3 billion per year.

00:06:18:05 - 00:06:20:03

So we really want to set people up

00:06:20:03 - 00:06:24:03

so that they're not having thatrevolving door back into these systems.

00:06:24:06 - 00:06:27:06

And we can hit the arrowto add the new tools.

00:06:27:12 - 00:06:32:10

The big things here is that this wouldprovide intensive case management

00:06:33:00 - 00:06:35:13

as well as targeted substance use disorder

00:06:35:13 - 00:06:40:09

care to folks up to 90 daysprior to release

00:06:40:12 - 00:06:45:08

and facilitate warm transitionsback into the community

00:06:45:11 - 00:06:51:01

through ensuring continuity of care,as well as to be able to reduce risks.

00:06:51:06 - 00:06:54:14

The hope here is that will be ableto develop stronger connections

00:06:54:14 - 00:06:58:02

between inside the wallsand outside the walls,

00:06:58:04 - 00:07:01:14

and there are many great folksdoing this work already, but they haven't

00:07:01:14 - 00:07:05:14

necessarily had tools and resourcesat the scale that they would hope for,

00:07:06:01 - 00:07:10:01

and it will give us some new capacityto be able to deliver and build

00:07:10:05 - 00:07:13:08

for this group of folksand improve for the future.

00:07:13:15 - 00:07:16:08

And we'll move to the next slide.

00:07:17:10 - 00:07:19:07

So in housing,

00:07:19:07 - 00:07:24:07

we know that there is a clearand established evidence base

00:07:24:07 - 00:07:28:05

that is growing with regardto the connection of housing and health.

00:07:28:10 - 00:07:31:13

We know that homelessnessand poor health outcomes are linked.

00:07:32:01 - 00:07:33:09

When folks are in poor health.

00:07:33:09 - 00:07:38:06

We have high utilizationthat could be preventable or avoided.

00:07:38:13 - 00:07:41:06

We want to look at developing housing

00:07:41:06 - 00:07:44:09

supports,focus on the highest risk populations.

00:07:44:12 - 00:07:48:03

So we've seen some other statesput forward these proposals.

00:07:48:03 - 00:07:51:11

Sometimes they dosay we will support any Medicaid

00:07:51:11 - 00:07:54:14

beneficiarywho is experiencing homelessness.

00:07:55:01 - 00:07:59:09

We are really looking at some targetedpopulations that are smaller,

00:07:59:11 - 00:08:03:15

where we believe that we can truly achieveand show and demonstrate

00:08:03:15 - 00:08:06:07

those outcomesbased upon their risk factors

00:08:06:07 - 00:08:09:07

and improving thatcontinuity of care and experience.

00:08:09:09 - 00:08:12:01

So I love seeing the hearts in the chat.

00:08:12:01 - 00:08:12:10

Thank you.

00:08:12:10 - 00:08:13:15

I'm glad that you're as excited

00:08:13:15 - 00:08:17:04

as we are about that,and we can put to the new tools.

00:08:17:11 - 00:08:21:10

So an important context here withinMedicaid is

00:08:22:08 - 00:08:27:04

we are not trying to take over or changeexisting systems.

00:08:27:10 - 00:08:30:05

We want to connect to existing

00:08:30:05 - 00:08:33:13

housing supports and servicesand build bridges between them.

00:08:33:14 - 00:08:37:03

So there are folks outthere, continuums of care

00:08:37:07 - 00:08:42:01

as well as community based organizations,homeless service providers,

00:08:42:04 - 00:08:47:02

public housing agencies, many caringcommunity partners are doing the work

00:08:47:02 - 00:08:50:02

to try to connect peopleexperiencing homelessness

00:08:50:05 - 00:08:53:05

to housing and the supportive servicesthat they need.

00:08:53:07 - 00:08:57:05

We've often heard that they have nothad the resources they need at scale,

00:08:57:05 - 00:08:58:10

and a lot of that is often driven

00:08:58:10 - 00:09:01:15

by a shortage of accessto housing across our communities.

00:09:02:04 - 00:09:06:10

So this aims to developsome new partnerships between folks

00:09:06:10 - 00:09:09:12

who maybe haven't worked togetheras directly in the past.

00:09:10:00 - 00:09:13:10

We are very cognizant of the factthat many of the individuals

00:09:13:10 - 00:09:17:06

and case managers and providersdelivering these services currently,

00:09:17:11 - 00:09:22:00

you have likely not been billing Medicaidto deliver these services.

00:09:22:00 - 00:09:26:14

So it is a really transformational changethat we want to work with all parties

00:09:26:14 - 00:09:31:08

to set up for success down the roadand make it easy to participate

00:09:31:08 - 00:09:34:08

in these activities to improve access,

00:09:34:14 - 00:09:37:15

the ability to go into the interventions.

00:09:37:15 - 00:09:39:12

We'll talk through a little bit further,

00:09:39:12 - 00:09:43:04

but I'll talk through some of the again,changes that have been made available.

00:09:43:04 - 00:09:45:01

So these new approvals

00:09:45:01 - 00:09:48:02

and we will talk about the nationalpriorities on the next slide.

00:09:51:00 - 00:09:52:09

So I wanted to

00:09:52:09 - 00:09:55:09

pull out a couple of thingsthat I think are really pertinent here.

00:09:55:09 - 00:09:58:15

As as I mentioned,unfortunately we have seen

00:09:58:15 - 00:10:03:02

that the growth in homelessnessis often driven by a lack of housing.

00:10:03:06 - 00:10:07:03

There was a report from Harvardthat demonstrated, for the first time,

00:10:07:03 - 00:10:11:06

over 50% of American renters are costburdened, meaning

00:10:11:06 - 00:10:14:15

they're paying more than 30%of their income towards rent.

00:10:15:04 - 00:10:19:08

We see the National Alliance to EndHomelessness know that they're helping

00:10:19:08 - 00:10:23:13

more people sleep inside,get access to emergency shelters.

00:10:24:02 - 00:10:28:00

But many systems and communitiesare not able to keep up with

00:10:28:00 - 00:10:32:13

the increasing demand for their resourcesand exit folks from these systems.

00:10:33:03 - 00:10:36:12

We saw that in order this,we need to scale up

00:10:37:00 - 00:10:40:00

rental assistance and supportive services.

00:10:40:00 - 00:10:44:06

The latest point in time count,which is an annual count

00:10:44:10 - 00:10:49:11

required by the US Department of Housingand Urban Development as well as Congress,

00:10:50:00 - 00:10:53:08

showed that there was a fairly significantincrease in homelessness

00:10:53:08 - 00:10:59:01

in Pennsylvania just over the pastyear, a 12% increase to over 14,000

00:10:59:01 - 00:11:04:15

Pennsylvanians experiencing homelessnesson a given night in January 2024.

00:11:05:03 - 00:11:07:01

So the time is urgent.

00:11:07:01 - 00:11:10:10

The need is urgent across the nationand Pennsylvania.

00:11:10:10 - 00:11:14:02

This is a priority for us as well,and we can move to the next slide.

00:11:15:08 - 00:11:17:12

So wanted to note a few of the things

00:11:17:12 - 00:11:21:11

that the Shapiro administrationhas been doing in this space.

00:11:21:14 - 00:11:26:02

We were really excited that in 2023,we changed our Medicaid program

00:11:26:05 - 00:11:31:02

to allow certain Medicaidenrolled providers to billed for services

00:11:31:05 - 00:11:35:13

rendered outside of a traditional brickand mortar clinical setting.

00:11:36:00 - 00:11:40:03

So we basically for this,it's often called street medicine.

00:11:40:09 - 00:11:43:09

And this is somethingthat has been in existence sometimes

00:11:43:09 - 00:11:49:08

partnership with universities, withcommunity based providers, with hospitals.

00:11:49:13 - 00:11:51:06

And historically it's been something

00:11:51:06 - 00:11:55:10

that's been deliveredbut not able to be reimbursed by Medicaid.

00:11:55:13 - 00:11:59:06

So we're really glad that we wereone of the first states to advance this.

00:11:59:10 - 00:12:04:13

And then later in October 2023,CMS made it nationwide.

00:12:05:01 - 00:12:10:04

And the Commonwealth has takensteps to add new eligible provider types.

00:12:10:04 - 00:12:12:02

And it's been really fantastic

00:12:12:02 - 00:12:16:11

to see and get to know some of thegrowing programs and new programs

00:12:16:11 - 00:12:19:09

starting up in the Commonwealth,sometimes at teaching hospitals.

00:12:19:09 - 00:12:21:09

So that's been fantastic to see.

00:12:21:09 - 00:12:27:05

That can help folks to build that accessto care, build a trusting relationship,

00:12:27:09 - 00:12:31:01

and then ideally attach folksand refer folks

00:12:31:04 - 00:12:34:05

to some of our more standardclinical systems,

00:12:34:07 - 00:12:37:10

or develop the relationshipthat makes someone say, yes,

00:12:37:10 - 00:12:41:06

I'm willing to enter into housing,or I'm willing to talk to coordinated

00:12:41:06 - 00:12:45:09

entry to be assessed for eligibilityfor other programs and services.

00:12:46:01 - 00:12:49:09

The other thing we wanted to noteis that Governor

00:12:49:09 - 00:12:53:13

Shapiro, in last September,he signed an executive order.

00:12:53:13 - 00:12:59:07

And this directed the Department of HumanServices to work alongside our sister

00:12:59:07 - 00:13:03:02

agency, the Department of Communityand Economic Development,

00:13:03:07 - 00:13:08:01

as well as Pennsylvania HousingFinance Agency, the governor's office,

00:13:08:05 - 00:13:13:02

sister agencies and folksall across the Commonwealth to develop

00:13:13:06 - 00:13:17:15

and deliver Pennsylvania'sfirst statewide Housing Action Plan.

00:13:18:02 - 00:13:24:02

And there was a specific note directing usto address work, to improve coordination

00:13:24:02 - 00:13:28:00

of resources and supports to the unhousedand to address homelessness.

00:13:28:04 - 00:13:32:03

So we are hard at work planning foran interagency Council on homelessness.

00:13:32:08 - 00:13:35:08

And the 1115 waiver will be an important

00:13:35:10 - 00:13:38:13

part of potentiallydelivering these innovations

00:13:39:00 - 00:13:42:14

and bringing together partners togetherin really meaningful ways

00:13:43:00 - 00:13:47:01

to improve our coordination and reducehomelessness across the Commonwealth.

00:13:47:08 - 00:13:49:03

And we can move to the next slide.

00:13:50:11 - 00:13:53:11

So, as we noted earlier,

00:13:54:06 - 00:13:58:07

we firmly believeand know that homelessness and high

00:13:58:07 - 00:13:59:08

risk health conditions,

00:13:59:08 - 00:14:03:06

it is a recipe for unfortunatelypoor outcomes and high costs.

00:14:03:06 - 00:14:07:13

We see folks who are entering into,emergency rooms

00:14:07:13 - 00:14:11:13

who may be interacting with our firstresponders in ways that are unavoidable,

00:14:12:00 - 00:14:15:11

or having cycling in and outof correctional institutions.

00:14:16:00 - 00:14:21:09

We want to ensure that we havethese new tools to improve access to care

00:14:21:15 - 00:14:26:05

and to increaseour housing stability over time.

00:14:27:13 - 00:14:29:11

We'll move to the next one.

00:14:29:11 - 00:14:30:12

Thank you.

00:14:30:12 - 00:14:33:12

So going back to where we've beenand where we're going,

00:14:34:06 - 00:14:37:03

we had the opportunityand we're so grateful

00:14:37:03 - 00:14:41:06

to talk with a lot of folks who are doingthis work around common loss.

00:14:41:06 - 00:14:46:02

We heard about, different partnerswho are addressing supportive housing.

00:14:46:07 - 00:14:51:14

We heard about folks who are usingMedicaid Community-Based Care Management

00:14:51:14 - 00:14:55:10

to do some mediation and evictionprevention in our communities.

00:14:55:15 - 00:14:59:12

And we heard again and againthat while our individual efforts

00:14:59:12 - 00:15:03:14

happening, that folks often get stymiedand that they need more support

00:15:03:14 - 00:15:08:05

and resources to be able to partnermeaningfully and to bring housing

00:15:08:05 - 00:15:12:11

and health entities together,many of us, are fond of our acronyms.

00:15:12:11 - 00:15:14:07

We speak different languages.

00:15:14:07 - 00:15:18:02

So this is an opportunity for all of usto come together

00:15:18:02 - 00:15:21:15

to learn and partner in new waysand change how we deliver services.

00:15:22:04 - 00:15:25:04

We did public sessions, public comment.

00:15:25:04 - 00:15:29:04

We had that approval reviewand negotiation period.

00:15:29:08 - 00:15:33:07

I will note here that the approval processdoes include some near

00:15:33:12 - 00:15:37:11

terms of budget neutrality,and that we see that some states

00:15:37:11 - 00:15:41:15

do have capped expendituresacross some of these services.

00:15:42:06 - 00:15:46:09

Part of that process is approvingspecific populations

00:15:46:09 - 00:15:50:12

that can be served and approvinghousing support services.

00:15:51:00 - 00:15:54:07

Definitions.And we can go to the next one.

00:15:55:13 - 00:15:56:13

Thank you.

00:15:56:13 - 00:16:01:02

So for the approved populations,as I noted, we are looking at a

00:16:01:02 - 00:16:05:14

targeted set of populations with folkswho have those high risk conditions.

00:16:06:01 - 00:16:10:07

So we are proposing to support individualsexperiencing homelessness

00:16:10:10 - 00:16:14:01

who have a diagnosisof a serious mental illness,

00:16:14:05 - 00:16:17:05

as well as people with substanceuse disorders

00:16:17:12 - 00:16:21:00

and or people who are pregnantor postpartum.

00:16:21:00 - 00:16:24:13

We really want to wrap supportsaround new moms, babies,

00:16:24:13 - 00:16:28:02

and families with our young childrenand support them

00:16:28:02 - 00:16:31:10

during that timein order to set up for stability.

00:16:32:00 - 00:16:34:13

And we want to also be able to servepeople

00:16:34:13 - 00:16:38:15

who are incarceratedand at risk of homelessness.

00:16:39:04 - 00:16:42:14

The intersection there,you have the same populations.

00:16:43:02 - 00:16:46:03

And then a lining with our other reentry

00:16:46:03 - 00:16:49:06

supportsand food as medicine supports definitions.

00:16:49:11 - 00:16:52:12

We have targeted identified sets

00:16:52:12 - 00:16:56:02

of chronic health conditionsthat we are proposing to serve.

00:16:56:02 - 00:17:00:05

So that would be individuals who arein active cancer receiving chemotherapy

00:17:00:05 - 00:17:05:13

or radiation treatment, end stagerenal disease, receiving dialysis,

00:17:06:00 - 00:17:10:03

as well as folks with chronicpulmonary disease requiring oxygen,

00:17:10:07 - 00:17:14:12

and folks with type one and typetwo diabetes, where they may require

00:17:14:12 - 00:17:17:12

at least one injectable insulin per day.

00:17:18:08 - 00:17:20:15

And in that, we note here, as we said,

00:17:20:15 - 00:17:23:14

we want to reduce preventablehospitalizations.

00:17:23:14 - 00:17:26:11

And poorly controlleddiabetes is certainly one of those areas

00:17:26:11 - 00:17:30:05

where we think we can make a tremendousimpact by providing access to housing.

00:17:31:10 - 00:17:32:02

In the

00:17:32:02 - 00:17:37:01

next session, I will try not to readslides directly to quite as much,

00:17:37:04 - 00:17:40:14

but we wanted to go throughsome of these technical definition

00:17:41:03 - 00:17:44:10

from the standard terms and conditions,where the exact language

00:17:44:10 - 00:17:48:14

is important as far as understandingwhat is possible in these opportunities.

00:17:49:02 - 00:17:54:04

So we have housing and home environmentinterventions without remember.

00:17:54:14 - 00:17:56:14

And in that we are proposing

00:17:56:14 - 00:18:00:11

to have case management servicesfor access to housing.

00:18:00:15 - 00:18:03:06

That's going to involve activitiesmany of us know.

00:18:03:06 - 00:18:07:02

And many of you are deliveringthese activities already in the community

00:18:07:02 - 00:18:09:04

on a daily basis, or your staff is.

00:18:09:04 - 00:18:13:06

So that's folks who are providing linkagesto other state programs,

00:18:13:06 - 00:18:17:13

community resources,benefit program, application assistance,

00:18:18:00 - 00:18:21:10

helping outreachand do education with individuals.

00:18:21:15 - 00:18:24:12

We also have the provisionfor what we are calling

00:18:24:12 - 00:18:28:06

housing, navigation and tenancy supports.

00:18:28:10 - 00:18:31:10

So that's going to be pretenancy navigation services

00:18:31:14 - 00:18:35:02

helping people to find and secure housing.

00:18:35:06 - 00:18:40:04

Outreaching to those landlordsreaching out to leads that they see.

00:18:40:07 - 00:18:42:13

Helping with the application process.

00:18:42:13 - 00:18:46:14

Doing the negotiation to get thatlease signed and get move and set up.

00:18:47:06 - 00:18:50:12

And as wellwe have tenancy and sustaining services.

00:18:50:12 - 00:18:53:15

Once folks have movedin, we want to help them

00:18:53:15 - 00:18:57:03

make sure they can keepthat housing moving forward.

00:18:57:06 - 00:19:00:14

So that would be education about evictionprevention,

00:19:01:01 - 00:19:05:07

tenants rights, helping folks set upthe practices that are going to help them

00:19:05:07 - 00:19:09:10

be a good neighbor and make surethat they can keep that tenancy.

00:19:09:11 - 00:19:13:13

And if any issues come up, understandwhat their rights and responsibilities

00:19:13:13 - 00:19:17:08

are and support them inmeeting them to keep their tenancy.

00:19:17:15 - 00:19:19:06

And we'll move to the next slide.

00:19:20:09 - 00:19:21:02

So the

00:19:21:02 - 00:19:24:10

next we have further ones of interventionswithout room and board.

00:19:25:01 - 00:19:28:12

We are able to provide one timetransition costs

00:19:29:01 - 00:19:33:04

and moving costs other than rent to assistwith identifying, coordinating,

00:19:33:07 - 00:19:36:15

securing or funding one timenecessary services

00:19:37:02 - 00:19:40:10

and modifications to helpsomeone establish a basic household.

00:19:41:00 - 00:19:46:03

So that could be items like relocationexpenses, security deposit,

00:19:46:06 - 00:19:49:14

utilities, activationfees, application fees,

00:19:50:02 - 00:19:52:15

movers, moving expenses.

00:19:52:15 - 00:19:57:01

There is also the abilityto potentially provide utility assistance

00:19:57:01 - 00:20:00:08

that is capped at six monthsper demonstration period.

00:20:00:13 - 00:20:03:11

But it is nicethat there is some flexibility

00:20:03:11 - 00:20:06:10

that it could be for back payments

00:20:06:10 - 00:20:10:08

as well as payments for those monthsthat they're beginning tenancy.

00:20:10:08 - 00:20:12:09

So it gives a little bit of flexibilityin that space.

00:20:12:09 - 00:20:13:14

Sometimes you do find that

00:20:13:14 - 00:20:15:00

when you're moving someone out,

00:20:15:00 - 00:20:18:07

maybe they didn't realizethey had a couple months to from where

00:20:18:07 - 00:20:19:14

they had moved out of in the past.

00:20:19:14 - 00:20:23:07

So that can help provide the flexibilityto get folks back turned on

00:20:23:10 - 00:20:24:14

and just stay current.

00:20:24:14 - 00:20:28:09

I do want to give one more commenton this slide.

00:20:28:13 - 00:20:32:13

When we see the one time transition costs,I wanted to note here

00:20:33:06 - 00:20:38:05

Medicaid is a pair of last resort and it'simportant to remember this throughout.

00:20:38:08 - 00:20:43:13

So if there are existing communityresources that can readily pay these,

00:20:44:06 - 00:20:49:01

it is still responsible to use those otherexisting community resources first.

00:20:49:06 - 00:20:52:11

But if there is an unmet needthat's really critical,

00:20:52:11 - 00:20:55:11

it could be anexample might be in your community.

00:20:55:11 - 00:20:58:15

Maybe you have some great partnerswho have you know,

00:20:59:06 - 00:21:02:04

something like a furniture bank,and they can help provide

00:21:02:04 - 00:21:05:14

many of the items, but maybethey're not able to provide a bed timely.

00:21:06:10 - 00:21:07:11

That can take some time.

00:21:07:11 - 00:21:10:14

Maybe they have to work with a purveyorso it might be able to help provide a bed,

00:21:11:02 - 00:21:15:01

but then other items would be providedby the existing relationship with the

00:21:15:01 - 00:21:19:01

furniture, bank or community resources,and we can move to the next slide.

00:21:21:02 - 00:21:22:07

So in this one,

00:21:22:07 - 00:21:27:10

this is now we get into the partthat is really new for for Medicaid.

00:21:27:13 - 00:21:29:09

So this is for housing supports

00:21:29:09 - 00:21:32:14

or housing at home environmentinterventions with room and board.

00:21:33:05 - 00:21:37:14

Historicallyany coverages related to room and board

00:21:37:14 - 00:21:42:15

have been off limit and not permissiblewithin the Medicaid programs.

00:21:43:02 - 00:21:47:03

First in California and then increasinglythrough a number of other states.

00:21:47:06 - 00:21:50:06

CMS said that they were willing to provide

00:21:50:12 - 00:21:53:13

short term time limited

00:21:54:01 - 00:21:58:07

rental assistanceor payment of rent for up to six months.

00:21:58:10 - 00:22:03:11

So here we were approved to payrent only supports or time limited subsidy

00:22:03:11 - 00:22:07:11

interventions, limitedto a clinically appropriate amount of time

00:22:08:00 - 00:22:12:03

that can include first month's rentas a transitional service,

00:22:12:07 - 00:22:17:00

and that short term rental assistancewith room alone

00:22:17:00 - 00:22:20:12

or with room and board togetherwithout clinical services

00:22:20:12 - 00:22:26:01

included in the rental assistance paymentwith that limit of up to six months.

00:22:26:05 - 00:22:27:09

So that's exciting.

00:22:27:09 - 00:22:31:00

It's something newthat we haven't had in the past and often,

00:22:31:00 - 00:22:34:02

sometimes can be challengingto find in the community.

00:22:34:02 - 00:22:38:04

Maybe someone needs, a bit of time to to get set up.

00:22:38:06 - 00:22:39:12

I mentioned that we're proposing

00:22:39:12 - 00:22:43:10

to serve moms, pregnant peoplewho are expecting a new baby.

00:22:43:12 - 00:22:48:15

Maybe they have a gap in their employmentthat could be set up in this time period.

00:22:49:02 - 00:22:54:09

Help them to get connected to childcare,get them connected to employment

00:22:54:09 - 00:22:58:11

after a few months with their kiddo,and then be able to be set up

00:22:58:11 - 00:23:00:03

for success in the future.

00:23:00:03 - 00:23:04:06

So we're really excited about the shortterm rental assistance and the ability

00:23:04:06 - 00:23:08:12

to provide it for folks whomaybe weren't able to find those resources

00:23:08:14 - 00:23:10:08

in the community in the past.

00:23:10:08 - 00:23:11:15

And we can move to the next slide.

00:23:14:08 - 00:23:15:11

So looking

00:23:15:11 - 00:23:18:11

ahead and telling you what is coming.

00:23:18:14 - 00:23:23:11

So as I noted, the major thingthat we want to focus on right now,

00:23:24:02 - 00:23:27:07

we have that proposal for $4.8

00:23:27:07 - 00:23:31:12

million and the state fiscal year budgetfor the reentry program.

00:23:32:01 - 00:23:36:00

It's really importantto educate and engage with folks

00:23:36:03 - 00:23:40:09

to understand what these resourcescould bring to your community

00:23:40:10 - 00:23:43:15

in terms of improvingthe reentry experience for folks.

00:23:44:03 - 00:23:46:11

So we want to have that get approved

00:23:46:11 - 00:23:50:03

and build the foundationfor Keystones of Health for the future.

00:23:50:09 - 00:23:53:04

All future implementation is contingent

00:23:53:04 - 00:23:56:09

upon those budget appropriationsfrom the General Assembly.

00:23:57:02 - 00:24:02:05

We will be planning to meetover the course of this summer, June

00:24:02:05 - 00:24:06:04

through August, with this,what we're calling a Looking Ahead series.

00:24:06:08 - 00:24:09:08

We will be working on developing

00:24:09:10 - 00:24:12:07

a monitoring and evaluation plan.

00:24:12:07 - 00:24:17:13

As I mentioned, all 1115 waivers haverequirements for independent evaluations.

00:24:18:01 - 00:24:21:03

There's ongoing reportingthroughout the length of the waiver

00:24:21:06 - 00:24:24:05

reporting at the endmid-point evaluations.

00:24:24:05 - 00:24:26:00

So these are really quite rigorous.

00:24:26:00 - 00:24:29:04

And we want to ensure that we haveand are collecting all the right

00:24:29:04 - 00:24:34:05

information to be able to demonstratethe outcomes that we want to show.

00:24:34:11 - 00:24:40:03

And the other thing that we will be doingis working on an implementation plan.

00:24:40:03 - 00:24:43:14

We have an implementation plandue to CMS this fall

00:24:44:04 - 00:24:49:02

and the series this summer, June throughAugust 4th, will be the last of me

00:24:49:02 - 00:24:53:01

talking in us talking and more of usdiscussing together.

00:24:53:05 - 00:24:58:02

And breakoutgroups will be identifying the key factors

00:24:58:02 - 00:25:01:02

that are going to set us up for successin that implementation plan.

00:25:01:09 - 00:25:04:02

The other thing that we will be doing

00:25:04:02 - 00:25:08:04

is we'll have a more targetedengagement series,

00:25:08:07 - 00:25:11:15

where we'll be reaching outto do some invitations and meetings

00:25:11:15 - 00:25:16:04

with Continuum of Carefor those regional homelessness

00:25:16:04 - 00:25:21:14

response systems, as well as countiesand the folks who administer

00:25:21:14 - 00:25:25:09

what is called the Homeless ManagementInformation Systems.

00:25:25:13 - 00:25:31:11

These are required by folks receivingHUD funds for a number of their dollars

00:25:31:11 - 00:25:36:06

in order to show enrollmentsand outcomes for folks that we serve.

00:25:36:06 - 00:25:41:02

So we'll be working togetherto align on data sharing opportunities.

00:25:41:05 - 00:25:46:08

We've had already some more limitedbut really helpful

00:25:46:11 - 00:25:50:03

agreementsset up with many continuums of care

00:25:50:03 - 00:25:54:05

and many counties,but not all throughout the state.

00:25:54:05 - 00:25:58:08

So part of our work sharewill be working to expand that network.

00:25:58:13 - 00:26:02:15

And the arrangements we have so farhave been limited to research.

00:26:03:02 - 00:26:06:13

We want to look at expandingthat scope of data sharing

00:26:06:14 - 00:26:10:08

related to the 1115,to make sure we have that data

00:26:10:11 - 00:26:14:02

and to be able to show itfor our evaluation and monitoring,

00:26:14:05 - 00:26:18:01

as well as for operationand planning for the 1115.

00:26:18:01 - 00:26:20:08

And we can move to the next slide.

00:26:21:11 - 00:26:24:02

So as we noted,

00:26:24:02 - 00:26:28:10

we have these deliverablesdo some caveats that I want to emphasize.

00:26:28:14 - 00:26:32:10

The deliverablesdo not obligate us to implementation,

00:26:32:15 - 00:26:37:14

but we have to meet these coming deadlinesin order to have the option

00:26:37:14 - 00:26:41:12

to have these tools available to usso that key focus

00:26:41:12 - 00:26:44:14

will be on the evaluation planand the implementation plan.

00:26:45:06 - 00:26:50:15

The sessions for the remainderof the summer will be virtual sessions

00:26:51:00 - 00:26:56:08

to facilitate dialog, with a focus oninforming these key performance indicators

00:26:56:08 - 00:27:01:01

and the needs for program success,and ensuring some robust

00:27:01:04 - 00:27:05:03

engagement and inputand making it easy to participate.

00:27:05:08 - 00:27:08:08

And I can move to the next slide.

00:27:09:03 - 00:27:12:08

Some of the items that we anticipate

00:27:12:08 - 00:27:15:08

working on as we get underway.

00:27:15:08 - 00:27:17:05

We anticipate that future sessions

00:27:17:05 - 00:27:21:01

that will be digging into itemslike screening and referrals.

00:27:21:05 - 00:27:24:10

What could a processbe like to do the screening?

00:27:24:10 - 00:27:28:07

To identify someone who is eligiblefor these services?

00:27:28:14 - 00:27:33:06

We will look at referral mechanisms oncewe've identified someone who has a need.

00:27:33:07 - 00:27:36:13

How can we connect them to a provider

00:27:36:13 - 00:27:39:13

to receive these housing support services?

00:27:39:14 - 00:27:43:02

We'll look at clientenrollment and engagement.

00:27:43:05 - 00:27:47:03

So what does it look liketo successfully work with someone

00:27:47:04 - 00:27:48:15

to establish that rapport?

00:27:48:15 - 00:27:51:00

How do we initiate services?

00:27:51:00 - 00:27:54:04

How are we then looking at measuring

00:27:54:04 - 00:27:57:04

and maximizingthe impact of those services?

00:27:57:09 - 00:28:02:10

We'll plan to spend time on thatmaximizing impact in service delivery.

00:28:02:12 - 00:28:06:06

So how do we ensure that the servicesgetting out to the community

00:28:06:06 - 00:28:11:04

are high quality and meetingthe aims of Medicaid to improve access

00:28:11:04 - 00:28:16:04

to care and help people leadhealthier lives and then long term impact.

00:28:16:07 - 00:28:19:08

We want to show that these interventionshave time.

00:28:19:09 - 00:28:23:14

Sometimes we see that with folkswho maybe have have deferred

00:28:24:01 - 00:28:27:01

care in the pastfor people experiencing homelessness,

00:28:27:04 - 00:28:30:13

maybe they have not been able to accessroutine

00:28:31:02 - 00:28:34:13

preventative careor primary care for a period of time.

00:28:35:00 - 00:28:39:03

So we sometimes see that folks may have,a short term escalation

00:28:39:03 - 00:28:43:00

while they're working on addressingunmet needs and then stabilize

00:28:43:00 - 00:28:46:12

over time as they've been able to connectwith the care that they need

00:28:47:01 - 00:28:51:07

and get supports that those costscome down to and a measure over time.

00:28:51:12 - 00:28:54:10

And then we'll move to the next slide.

00:28:54:10 - 00:28:55:14

Do you see a question in the chat?

00:28:55:14 - 00:28:58:14

We will get to questions injust a little while.

00:28:58:15 - 00:29:01:09

When we send out this invitation.

00:29:01:09 - 00:29:04:10

We did ask folkswhat are you excited about.

00:29:04:10 - 00:29:08:09

And so we thought it was nice to show youa bit about what we received back.

00:29:08:12 - 00:29:12:01

So it was helpful to see thatsome of the themes that came out

00:29:12:01 - 00:29:16:01

were,you know, expanding housing, permanent

00:29:16:06 - 00:29:21:01

people, transitions,opportunities, resources.

00:29:21:04 - 00:29:24:03

And it really,I think, shows about some of the ways

00:29:24:03 - 00:29:29:00

where we can connect with one anotherand work together in new ways over time.

00:29:29:02 - 00:29:32:03

So thanks for your excitement,and we share it with you.

00:29:32:08 - 00:29:36:02

And we'll transition to the next slide,or we'll talk a bit

00:29:36:02 - 00:29:39:02

about some of the questionsthat we have received.

00:29:39:07 - 00:29:42:06

So with this some of these are word

00:29:42:06 - 00:29:45:09

for word what you sent inor we have really similar questions.

00:29:45:09 - 00:29:47:14

So we just paraphrase them together.

00:29:47:14 - 00:29:51:05

So some of the questions received arehow do we target resources

00:29:51:05 - 00:29:54:11

to the right memberswhere we can see the greatest impact.

00:29:55:06 - 00:29:58:00

What are the eligibility

00:29:58:00 - 00:30:01:00

required limits and limitations.

00:30:01:00 - 00:30:03:11

Some of that we didI think talk through today.

00:30:03:11 - 00:30:05:15

So talk through some of the eligibilityrequirements

00:30:05:15 - 00:30:10:14

as far as populationsas far as definitions and limitations,

00:30:10:14 - 00:30:15:02

these are time limited interventions,but making partnerships with

00:30:15:14 - 00:30:19:02

housing agencies,housing providers, with folks

00:30:19:02 - 00:30:23:08

who have permanent rental subsidieswhere they exist, and being able

00:30:23:08 - 00:30:28:11

to connect people to increase their incomeso rents could be sustainable over time.

00:30:29:03 - 00:30:34:04

And then how will this be rolled out andintegrated with other available resources?

00:30:34:08 - 00:30:39:05

That is a great question,and exactly the sort of items

00:30:39:05 - 00:30:42:05

that we want to dig intoin the course of this summer together.

00:30:42:09 - 00:30:46:15

And then how quickly can we get peoplethe housing that they need?

00:30:47:04 - 00:30:52:03

So once we have identified someone,how can we identify the practices

00:30:52:03 - 00:30:56:02

to try to get them into housing quicklyand what will help people to do that?

00:30:56:02 - 00:30:59:08

And this is an area, I think, where we canlearn and share together.

00:30:59:08 - 00:31:03:14

I think some communities have figured outsome great strategies for how they

00:31:03:14 - 00:31:08:14

do this, and making connectionswith landlords who are willing to rent

00:31:08:14 - 00:31:12:07

with lower barriers, who are willingto overlook criminal records.

00:31:12:09 - 00:31:16:13

Coming up with some different strategiesthat have worked and then targeting

00:31:16:13 - 00:31:20:06

resources to the right memberswhere we can see that greatest impact.

00:31:20:07 - 00:31:23:00

These are all fantasticquestions for us to dig into,

00:31:24:10 - 00:31:27:08

and we can move to the next slide.

00:31:27:08 - 00:31:30:03

Okay, so this is a great one too.

00:31:30:03 - 00:31:34:09

What can PA learn about the start upimplementation challenges

00:31:34:09 - 00:31:37:09

that other states have encountered,and strategize?

00:31:37:11 - 00:31:38:15

Fantastic.

00:31:38:15 - 00:31:43:07

We have engagedwith through some national, opportunities

00:31:43:07 - 00:31:44:15

for technical assistance

00:31:44:15 - 00:31:48:02

or different communities coming togetherand built relationships with other states.

00:31:48:02 - 00:31:52:07

And they've been very much willing to careand share their experience of both

00:31:52:07 - 00:31:56:02

what works and things that they wouldcaution others about for the future.

00:31:56:04 - 00:32:00:06

So we sometimes have seen, for example,some states thought,

00:32:00:06 - 00:32:04:10

I can deliver a wider programto all people experiencing homelessness.

00:32:04:15 - 00:32:09:02

And then as they dug in, they maybe said,I need to limit it

00:32:09:14 - 00:32:12:14

much further backto only people experiencing

00:32:13:02 - 00:32:17:13

chronic homelessness who are long termhomeless over one year with disabilities.

00:32:18:02 - 00:32:21:14

And that's certainly a priority populationthat folks want to serve,

00:32:21:15 - 00:32:24:14

but they're often prioritizedby other funding sources.

00:32:24:14 - 00:32:27:15

So we are really aiming to havea more flexible approach

00:32:28:01 - 00:32:31:09

that can support familieswho maybe aren't going to be

00:32:31:09 - 00:32:34:10

identified as chronic in Pennsylvania,which is a good thing.

00:32:34:13 - 00:32:37:11

But we want to ensurethat pregnant people and families

00:32:37:11 - 00:32:40:11

where they have a new babyexpected that we can support

00:32:40:11 - 00:32:44:00

those individuals, and we've learnedsome other lessons from them as well.

00:32:44:03 - 00:32:46:12

Another thing we've learnedis that these changes take time.

00:32:46:12 - 00:32:50:10

We're all really eagerto get started over time,

00:32:51:00 - 00:32:54:04

but as we noted, we're goingin this stepwise implementation.

00:32:54:07 - 00:32:57:09

There's a number of changeshappening at the federal level.

00:32:57:09 - 00:32:59:06

I think one of the

00:32:59:06 - 00:33:02:02

not elephant in the room,but really something we all seen as we saw

00:33:02:02 - 00:33:05:05

the release of the, federalthis what they

00:33:05:05 - 00:33:08:05

sometimes called the skinny budget,the really high level,

00:33:08:05 - 00:33:12:14

proposal for the next federal year,as well as the House

00:33:13:05 - 00:33:17:04

issuing out their proposalfor some pretty substantial changes.

00:33:17:07 - 00:33:22:10

So in that it's really importantthat we preserve and protect Medicaid.

00:33:22:12 - 00:33:26:11

And I will throw in the chat one resourcethat I want folks to be aware of.

00:33:26:11 - 00:33:32:10

Hopefully you've heard about it already,but DHS has put together a really robust

00:33:33:01 - 00:33:37:05

data dashboardthat educates on the more than 3 million

00:33:37:05 - 00:33:42:11

Pennsylvanians who are served by programsthat we administer, like Medicaid

00:33:42:11 - 00:33:45:11

and like the Supplemental NutritionAssistance Program.

00:33:45:14 - 00:33:50:05

You can get localized data, databroken out by legislative districts,

00:33:50:05 - 00:33:54:03

by county, on who is being servedby Medicaid in your community.

00:33:54:06 - 00:33:58:01

And we really want folks to be ableto see and lift that up as folks

00:33:58:01 - 00:34:02:00

understand how we can protectand preserve Medicaid in times to come.

00:34:02:15 - 00:34:04:04

How can individuals

00:34:04:04 - 00:34:08:02

ensure they receive up to date informationon available housing resources?

00:34:08:07 - 00:34:09:08

Great question.

00:34:09:08 - 00:34:11:08

This is a really tough one

00:34:11:08 - 00:34:14:13

and something that has actually come upa lot in the housing navigation.

00:34:15:00 - 00:34:19:10

And in discussing the creation of piecefor a statewide housing action plan.

00:34:19:13 - 00:34:23:15

We're really thinking about some new toolsand maybe one stop shops

00:34:24:03 - 00:34:28:13

to help people better understandthe resources that are available

00:34:28:13 - 00:34:32:07

and keeping that information morecentralized for folks for where to go.

00:34:33:00 - 00:34:35:14

Because we do recognize that right nowcan be pretty challenging

00:34:35:14 - 00:34:40:00

navigating a lot of different agencies,levels of government to understand.

00:34:40:00 - 00:34:43:02

So we're looking at developingsomething on our side where we can.

00:34:43:07 - 00:34:46:12

And how can we ensure that supportis available for individuals

00:34:46:15 - 00:34:50:02

who may need assistanceto connect to resources?

00:34:50:06 - 00:34:54:03

Thankfully, many of our definitionsthat are approved for service

00:34:54:03 - 00:35:00:00

delivery exactly speak to that, so we'rereally excited to dig in and add that.

00:35:00:00 - 00:35:03:15

I will noteif we could just go to the next slide.

00:35:07:01 - 00:35:07:14

And then

00:35:07:14 - 00:35:11:12

I am going to talk through here.

00:35:11:15 - 00:35:15:11

So I'll spend some time as I seethere's a couple questions in the chat.

00:35:15:15 - 00:35:20:15

So how will service providersget qualified to deliver services

00:35:21:03 - 00:35:22:10

and the waiver.

00:35:22:10 - 00:35:25:11

So what I would note, Alan, is thatthat is something where

00:35:25:11 - 00:35:28:11

I hope that you will attendsome of the next few sessions.

00:35:28:15 - 00:35:32:10

We we've heard that, you know, a lot ofstates have been wrestling with this.

00:35:32:10 - 00:35:37:10

How do you, help peoplefigure out provider involvement

00:35:37:13 - 00:35:40:12

or what are some different systemsand structures?

00:35:40:12 - 00:35:45:05

We've seen some stateslook at operationalizing using a program

00:35:45:05 - 00:35:50:07

administered Strader where they arethe ones potentially submitting claims.

00:35:50:11 - 00:35:53:07

And initiallyin the beginning on behalf of providers.

00:35:53:07 - 00:35:58:10

So I would say it depends thethe Commonwealth did release a request

00:35:58:10 - 00:36:05:03

for information on the potential role ofa program administrator and this in that.

00:36:05:03 - 00:36:09:10

So we received information that we useas we were thinking about planning.

00:36:09:13 - 00:36:13:14

But no decisions in that spacehave been made in conversations

00:36:13:14 - 00:36:15:09

over the course of the summer.

00:36:15:09 - 00:36:18:11

And engagement togetherwill help us figure out

00:36:18:11 - 00:36:21:11

what some of those modelslook like going forward.

00:36:21:14 - 00:36:24:07

Similar with who will be billing Medicaid.

00:36:24:07 - 00:36:29:12

Those are items that we will work togetherto deliver over time.

00:36:29:15 - 00:36:33:14

We have seen other states sometimes have,

00:36:34:02 - 00:36:38:02

proposals where they have trainingsavailable or technical assistance.

00:36:38:04 - 00:36:41:05

I mentioned that some of the dollarsfor reentry are for

00:36:41:05 - 00:36:44:09

infrastructure is what we arefirst proposing.

00:36:44:11 - 00:36:48:12

We will also have some resourcesavailable us for infrastructure

00:36:48:12 - 00:36:52:14

and capacity building for these healthrelated social needs interventions.

00:36:53:02 - 00:36:57:08

So we would be looking at workingwith processes

00:36:57:10 - 00:37:02:14

to figure out that readinessand be able to make it, easy as possible.

00:37:03:00 - 00:37:05:09

So it's something we'll build together.

00:37:05:09 - 00:37:09:02

But I assure you, supportwill be available regardless

00:37:09:02 - 00:37:13:07

of the pathwaythat folks choose to to go forward with.

00:37:13:12 - 00:37:17:08

And then are therehousing subsidies or vouchers attached

00:37:17:08 - 00:37:19:02

to any of these supports?

00:37:19:02 - 00:37:21:01

Michelle, that is a fantastic question.

00:37:21:01 - 00:37:25:03

What I would notethere is it has been highly encouraged

00:37:25:06 - 00:37:29:14

that in delivering some of these programsto work,

00:37:29:14 - 00:37:33:14

to establish partnershipswith continuums of care so folks

00:37:33:14 - 00:37:39:02

who may be operating rapid rehousingprograms, permanent supportive housing,

00:37:39:05 - 00:37:42:09

housing choice vouchersthrough public housing agencies.

00:37:42:14 - 00:37:46:02

It is really, really helpful to be able

00:37:46:02 - 00:37:49:14

to identify thoseto figure out that bridge for stability.

00:37:50:01 - 00:37:53:11

So that is what we would envisionand hope for, and working with different

00:37:53:11 - 00:37:57:09

housing providers and in your communityto set up for success.

00:37:57:13 - 00:38:01:03

And we have engaged with some of thepublic housing agencies around the state.

00:38:01:06 - 00:38:04:03

As we start thinking about whatthis could look like down the road.

00:38:05:05 - 00:38:06:12

And then I do just

00:38:06:12 - 00:38:10:06

want to see, lots of fantastic questions in the chat,

00:38:10:09 - 00:38:16:04

but I wanted to also give a moment and seeif folks wanted to raise their hand.

00:38:16:04 - 00:38:19:10

If you had a questionyou wanted to share out loud.

00:38:19:13 - 00:38:22:07

Happy to take some of those.

00:38:22:07 - 00:38:24:00

And we can work to unmute you.

00:38:24:00 - 00:38:27:06

So I'll just pause and see if any folkswant to ask questions that way.

00:38:44:03 - 00:38:44:08

Okay.

00:38:44:08 - 00:38:47:09

So I think we I'll I'll keep an eye out,but it looks like we have

00:38:47:09 - 00:38:49:08

a lot of questions in the chat. So.

00:38:49:08 - 00:38:52:06

So how can we operationalizethe concept of warm

00:38:52:06 - 00:38:55:10

handoff for peoplewho may have communication challenges?

00:38:55:11 - 00:39:01:05

Due to emotional regulationof fire, brain injury, and other issues.

00:39:01:08 - 00:39:02:11

That's that's a great flag.

00:39:02:11 - 00:39:06:10

And, you know, I'll note therethere is some, research that

00:39:06:10 - 00:39:08:05

unfortunately for a lot of folks

00:39:08:05 - 00:39:11:06

experiencing homelessness,sometimes they have a statistically higher

00:39:11:09 - 00:39:14:09

prevalence of traumatic braininjuries in the population.

00:39:14:12 - 00:39:17:02

So I think it's going to bereally important

00:39:17:02 - 00:39:21:05

for folks to work togetherand to be informed by the evidence.

00:39:21:07 - 00:39:25:10

We would ensure that there are resourcesfor folks who may have English

00:39:25:10 - 00:39:27:02

as a second language

00:39:27:02 - 00:39:30:15

and seek to work with providerswho have this capacity and have

00:39:30:15 - 00:39:34:03

this knowledge and also to develop itwhere it may not exists already.

00:39:34:04 - 00:39:36:07

So again,I think it's going to take partnerships,

00:39:36:07 - 00:39:39:02

but you're exactly rightthat we have to think about folks

00:39:39:02 - 00:39:42:02

who have varied experienceand communication styles.

00:39:42:03 - 00:39:46:01

And so that may change how we support themin ensuring tenancy moving forward.

00:39:46:13 - 00:39:50:14

And then for the capitation, Missie,I'll note for that.

00:39:50:14 - 00:39:52:01

That's that's an area

00:39:52:01 - 00:39:56:05

where it's something that we could discussin the future down the road.

00:39:56:08 - 00:40:00:00

But in the engagement series,I think we'll really be looking at this

00:40:00:04 - 00:40:05:07

in the, planning for implementation,letting us know what you need for success.

00:40:05:07 - 00:40:07:10

As far as operationalizing,

00:40:07:10 - 00:40:11:05

can these funds be usedfor nontraditional housing types?

00:40:11:09 - 00:40:16:11

So I would say, I see Isabel's questionabout nontraditional housing types.

00:40:17:00 - 00:40:19:10

We do want to look at for this.

00:40:19:10 - 00:40:24:09

We want to support people to have,find and maintain

00:40:24:13 - 00:40:28:02

independent housing in the community.

00:40:28:05 - 00:40:32:05

And we are envisioning these itemswhere you have a lease, where you have

00:40:32:05 - 00:40:34:02

the protections of tenancy.

00:40:34:02 - 00:40:38:05

Folks can take a lookat some of those for recovery housing.

00:40:38:08 - 00:40:43:03

You know, our folks, our partner agencies,at the Department of Drug

00:40:43:03 - 00:40:47:01

and Alcohol programs and some others havesome great recovery housing operators.

00:40:47:05 - 00:40:49:13

So more conversation to come here.

00:40:49:13 - 00:40:50:15

But by and large,

00:40:50:15 - 00:40:55:03

we do want to use this to support peoplefor long term ensuring their own leases.

00:40:55:08 - 00:40:59:14

And, there is a flagabout how you navigate for folks

00:40:59:14 - 00:41:03:07

who may not know, there is, PA navigate,

00:41:03:07 - 00:41:08:05

which is a new platform in Pennsylvaniato address

00:41:08:05 - 00:41:13:03

social determinants of healthand as well as to be able to meet needs.

00:41:13:03 - 00:41:16:04

And that is a partnership with healthinfrastructure

00:41:16:04 - 00:41:19:12

organizations and a lot of health careentities around the Commonwealth.

00:41:19:12 - 00:41:22:14

The Community ActionAssociation of Pennsylvania

00:41:23:02 - 00:41:27:02

is one of the partners in that,and they're working to onboard

00:41:27:02 - 00:41:28:15

community based organizations.

00:41:28:15 - 00:41:33:08

It is a great foundation,and we do, hope that there will be

00:41:33:08 - 00:41:37:01

some engagement and interactionwith some of that platform.

00:41:37:01 - 00:41:39:15

I know that's come up in the foodas medicine discussions.

00:41:39:15 - 00:41:42:15

Housing affordability.

00:41:43:09 - 00:41:44:14

Bob, that's a great question.

00:41:44:14 - 00:41:47:14

And that's one that we all have to grapplewith.

00:41:47:14 - 00:41:52:10

The other thing I would note there,with available housing affordability

00:41:53:00 - 00:41:57:02

is this is somethingwhere I mentioned that the federal budget,

00:41:57:04 - 00:42:01:14

I think it's really importantthat we lift up the essential need

00:42:02:00 - 00:42:07:05

for continuing and growingfunding for housing, for for programs

00:42:07:05 - 00:42:10:10

under the Department of Housingand Urban Development, as well as others.

00:42:10:13 - 00:42:14:12

We did not get into the housing crisison our own.

00:42:14:12 - 00:42:19:02

We've under built for over a decade,since around the 2008 financial crisis.

00:42:19:06 - 00:42:21:10

That's one of the reasonswhy we're working on the creation

00:42:21:10 - 00:42:24:14

of Pennsylvania's StatewideHousing Action Plan to lower barriers.

00:42:25:02 - 00:42:28:02

So what I would note isthis is going to be an all of us

00:42:28:02 - 00:42:32:09

effort in order to address this,and hopefully we can also

00:42:32:15 - 00:42:37:02

educate our folks, our, colleaguesat the federal level,

00:42:37:05 - 00:42:40:03

as folks are looking at the federal budgetto ensure that those resources

00:42:40:03 - 00:42:40:15

available to.

00:42:42:07 - 00:42:45:07

Yeah, are.

00:42:47:07 - 00:42:48:14

I will

00:42:48:14 - 00:42:54:04

just take a momentand see if anyone else wants to

00:42:55:06 - 00:42:58:06

be brave and come off mute.

00:42:58:08 - 00:43:01:13

But otherwise we can certainly,

00:43:02:03 - 00:43:05:03

give you some time back in your day,

00:43:07:07 - 00:43:08:15

Daniel.

00:43:08:15 - 00:43:11:00

So I'll be brave.

00:43:11:00 - 00:43:14:01

I just want to clarify thatin the beginning of your slides

00:43:14:01 - 00:43:15:12

that you mentioned state prisons,

00:43:15:12 - 00:43:19:01

well, individuals incarcerated,county jails also be eligible.

00:43:20:06 - 00:43:20:13

Yeah.

00:43:20:13 - 00:43:23:07

So soin that proposal is a great question.

00:43:23:07 - 00:43:27:03

So in the proposed implementationfor the reentry supports,

00:43:27:06 - 00:43:31:05

we proposed to start with statecorrectional institutions.

00:43:31:10 - 00:43:35:03

And we know that currentlythere is a lot of partnership

00:43:35:03 - 00:43:37:13

with countiesas helps plan for transitions.

00:43:37:13 - 00:43:40:05

Out into the community already.

00:43:40:05 - 00:43:43:15

And so in the beginning we would beginwith that implementation with state

00:43:43:15 - 00:43:45:03

correctional institutions.

00:43:45:03 - 00:43:48:03

And over the course of the five yearwaiver,

00:43:48:03 - 00:43:51:03

there are plans to extend

00:43:51:04 - 00:43:56:01

the reentry supportsto a small number of county jails as well.

00:43:56:01 - 00:44:00:00

So it is in the plan, but it would be infurther years down the road.

00:44:00:00 - 00:44:01:01

So great question, Danny.

00:44:05:06 - 00:44:06:15

So I will note

00:44:06:15 - 00:44:11:05

here, just going back to the slides,we have, you see a little bit about what

00:44:11:05 - 00:44:15:00

we are planning to discuss for folkswho have joined today.

00:44:15:04 - 00:44:20:06

You are absolutely will receiveinformation about registering for future

00:44:20:06 - 00:44:21:07

sessions.

00:44:21:07 - 00:44:26:12

We will also be keeping informationupdated on our website.

00:44:26:15 - 00:44:29:10

So the registration for future sessions.

00:44:29:10 - 00:44:32:11

If you aren't receiving it by email,you will be able to find it

00:44:32:11 - 00:44:38:04

on our main 1115 demonstration website,which is Keystones of Health

00:44:38:08 - 00:44:42:11

as well as you can subscribeto receive our email updates.

00:44:42:11 - 00:44:47:04

If you do not receive them already,please subscribe to our listserv

00:44:47:04 - 00:44:50:14

so that you ensure you receivetimely updates in the future.

00:44:54:02 - 00:44:57:13

I'll hang aroundfor a couple more minutes,

00:44:58:01 - 00:45:03:08

but we want to thank you for joining todayand for your interest and excitement,

00:45:03:13 - 00:45:06:09

and we look forward to meeting closely

00:45:06:09 - 00:45:09:11

with you, over the course of the summer.

00:45:09:15 - 00:45:14:00

And we understand thatthere are limited resource says,

00:45:14:06 - 00:45:18:08

but we hope that we can work togetherto expand the resources

00:45:18:08 - 00:45:22:00

available and expandand grow partnerships in this space,

00:45:22:04 - 00:45:25:02

and look forward to doing itin partnership.

00:45:25:02 - 00:45:28:15

I thank youand I hope you have a wonderful afternoon.

00:45:28:15 - 00:45:34:08

Take care and we look forward to seeingyou in June, July and August sessions.

00:45:34:12 - 00:45:35:04

Thanks.