Improving Health Outcomes by Integrating Housing and Healthcare, Sponsored by UnitedHealthcare

12:00 pm – 1:30 pm
Housing is Healthcare: So what can we do to expand housing opportunities for individuals and families that need it.
The Problem

- Unemployment & Underemployment
- Insufficient Housing
- Financial Instability
- Limited Transportation
- Fragmented Support System

Impacts on Counties

County Jails

County Hospitals

Nursing Homes
Integrating Housing & Healthcare

A Multi-Pronged Approach to:

1. Expand Housing Opportunities
2. Improve Health Outcomes
3. Reduce Utilization & Costs
The myConnections solution

Five fundamental strategies

- Network of community-based partners
- Predictive modeling based on social factors
- Socio-clinical operating model
- Transitional housing services
- Tenancy-sustaining services
Housing is Healthcare
NACo 2018
Montgomery County, MD

- AMI: $100,352
- Population: 1 million
- Poverty Level: 6.9%
- Average Rent (1BDRM): $1451
- % Housing Burdened (Renters): 49.4
Point in Time Stats

# of People Experiencing Homelessness

- **FY15**: PIT Count 981, # Served 1100
- **FY16**: PIT Count 894, # Served 2798
- **FY17**: PIT Count 894, # Served 2661

Sheltered vs. UnSheltered

- **FY15**: Sheltered 997, UnSheltered 103
- **FY16**: Sheltered 885, UnSheltered 96
- **FY17**: Sheltered 763, UnSheltered 131

As of June 2016, 274 People were experiencing chronic homelessness
Initiatives Underway in Montgomery County

- Housing First and Coordinated Entry and Low Barrier Placement
- 100,000 Homes Campaign
- Functional Zero for Veterans
- Inside Not Outside Campaign
- Pay for Success – focused on re-entry populations
- Data Driven Justice Initiative
- Strategic mobilization of the Continuum of Care and the Interagency Commission on Homelessness
Housing is Healthcare

Case Scenario – Homeless diabetic with schizophrenia with multiple ER visits and at least 3 admissions within 4 months
Our Approach to Housing is Healthcare

Healthcare focused strategies:

• Homeless Healthcare Contracts

• Management of our shelter contracts with a Housing First and Low Barrier coordinated entry approach

• Our work with Nexus Montgomery – funding crisis residential beds and medical respite beds in partnership with homeless and healthcare providers

• Added a hospital outreach worker to coordinate hospital discharges for individuals experiencing homelessness upon discharge

• Integrated Health and Human Services continuum

• Medicaid expansion and healthcare for the uninsured homeless

• 1115 Waiver slots

• Using SAMHSA funds to support keeping residents with behavioral health needs housed
Implications for Partnering Sectors

- Public Safety and Corrections
- Hospitals and Healthcare Facilities
- Employment
- Housing
- Social Services
Housing Is Healthcare: A Housing First Approach
Housing First

- Homelessness - a housing problem
- Housing is right to which all individuals are entitled
- Provide permanent, independent housing without prerequisites for treatment
- Offering *(but not insisting on)* other support
- Remove major obstacles to obtaining and maintaining housing for the chronically homeless population
- Opportunity to secure housing rather than having to “earn” it
- Housing Navigation services to ensure very high housing retention rates
Total Homeless Individuals in Milwaukee County

HOUSING FIRST INITIATIVE BEGAN SEPT. 2015
Mental Health Crisis Service Utilization

Top 4 Utilized Programs
- Crisis Mobile
- Detox
- Psychiatric Crisis Services
- Inpatient Services

12 Months Prior to Housing: 627 visits
Difference of 539 visits

12 Months in Housing First: 88 visits

12 Months Prior to Housing: $860,985
Difference of ($714,638)

12 Months in Housing First: $146,347
Paul - Recent Case Study
Emergency Room Utilization
Hospital Collaboration

Paul accessed the Emergency Room 105 times in 90 days.

During his first 90 days in housing, he accessed Emergency Room once.

We connected him with:
- Housing (an apartment)
- Case Management
- Primary Care
- Community Services
- Client Centered Referrals
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