Building Connections: Integrating Social Determinants

Frank Alexander, Director

CDC HUD ASTHO Convening:
Cross-Sector Collaboration to Address Housing Instability
November 29, 2016
BCDHHS Agenda

- History behind housing and human system merger
- Share our organizational strategies to improve the health and well-being of our communities through SDH system integration and shift to prevention
- Discuss partnership opportunities to accelerate system integration, targeting of prevention services, and outcome improvement
HHS Case Management Families 1,302
Abuse/Neglect Hotline Calls 9,797
LEAP Families 3,039

Food Assistance Clients 29,486
FAR Eligible Referrals 1096
Community Food Share Families 2677

CCAP Eligible Children 1,830
Weatherization Families 413
New Child Welfare Cases 416

Total Child Involvements 633

Affordable Housing Clients 1,522
Community Agency Families 10,487

Section 8 & Voucher Clients 1,879

ACA Enrolled Clients 22,866

Medical Program Clients 60,154

Cash Assistance Clients 4,382

Population: 310,000
Clients: 86,000
Monthly contacts: 11,000
Poverty Rate: 14.6%
Under 185% FPL: 26%
Great Recession and Two Disasters

Over 10,500 homes damaged/destroyed

September 2013

$2 billion in damage to infrastructure, homes and property (FEMA)

169 homes destroyed

$217 million in damage to homes and property

September 2010

Hope for the future, help when you need it.
How do we:

• Reach more people preventatively
• Better match services to need
• Receive right services at the right time
• Improve client experience
• Improve outcomes
• Expand knowledge and expertise of workforce
Underscores the relationship between social factors and health outcomes in communities.

Pushes for service frameworks and structures to align and function together to on behalf of families and individuals.
Integrated Service Model

- Identify
- Assess
- Respond
- Manage
- Measure

Entry – through Any Door

Common Systems

HHS Data Warehouse

Coordinated Community Service Delivery

Sustainable Outcomes

Technology and Fiscal Integration:
Data & Analytics →
Strong Feedback Loop,
Continuous Improvement
Community Partnerships

**County Municipalities/Law Enforcement**
- City of Boulder, Longmont, Louisville, Lafayette, Nederland, Lyons

**Local School Districts**
- Boulder Valley School District, Saint Vrain Valley School District

**Community Non-Profits**
- Emergency Centers, Food Banks, Housing Providers, Family Resource Centers, Shelters, Service Providers, Senior Services

**Health Partners**
- Mental Health Partners (CMHC), Foothills Behavioral Health (BHO), Clinica Family Health and Salud (FQHCs), IMAGINE (CCB), Hospitals

**Regional Partners**
- Metro Counties, Housing Continuum of Care, State of Colorado Agencies-Energy Office, DOLA, CDHS, CDPHE, HCPF, Housing NOW, CHSDA, CALPHO, CBHC

**National Partners**
- Federal Agencies, Casey Family Programs, Corporation for Supportive Housing, Annie E. Casey, APHSA, LIHTC Investors and Technology and Consulting firms
2016 YTD Through September

- **Referrals**: 3,600
- **Screen Outs**: 2,289
- **Early Intervention**: 395
- **FAR**: 849
- **High Risk Assessment**: 459
- **Open Case**: 312
- **OOH**: 147

- **Prevention Opportunities**
Housing Assistance: Diverse Funding

Community Housing Resource Panel

Housing Stabilization Program

- CoC-RRH (Federal)
- HSSN (Local)
- ESG (Fed/State)
- TBRA (State)
- FUP (Federal)

Short-Term Housing (CBO’s, HA)

Wrap-Around Supportive Housing Case Management
We’ve had over 3,000 families take the Self-Sufficiency Matrix assessment of need as part of our case management programs across the community. Their scores paint a complex picture of core needs, with over 95% of households having at least one core social factor in the ‘Risk’ range of the assessment.

Baseline Self Sufficiency Risk Areas

<table>
<thead>
<tr>
<th></th>
<th>Safe</th>
<th>At Risk</th>
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<tbody>
<tr>
<td>Transportation</td>
<td>2,192</td>
<td>896</td>
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<tr>
<td>Relationship Safety</td>
<td>2,168</td>
<td>943</td>
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<tr>
<td>Physical Health</td>
<td>793</td>
<td>2,344</td>
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<tr>
<td>Income</td>
<td>846</td>
<td>2,251</td>
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<tr>
<td>Housing</td>
<td>1,433</td>
<td>1,673</td>
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<td>Health Access</td>
<td>2,221</td>
<td>853</td>
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<tr>
<td>Food</td>
<td>827</td>
<td>2,269</td>
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<tr>
<td>Employment</td>
<td>765</td>
<td>2,330</td>
</tr>
<tr>
<td>Childcare</td>
<td>382</td>
<td>2,713</td>
</tr>
</tbody>
</table>

Two-Thirds of households assessed were at risk in areas of Health, Income, Food, Employment and Child Care.
Boulder County uses a Coordinated Community Housing Resource Panel (CHRP) model with a common application and assessment to triage families in need of housing supports. Referrals come from a network of seven community partners, as well as from Child Welfare referrals. Most of the Child Welfare referrals come from Intake and the Early Intervention Team, although the Panel also takes open active case referrals.

- **4,885** of the highest risk individuals were served by Boulder County supportive housing case management programs
- **2,413 (or 50%)** of these individuals were also members on a child welfare abuse neglect referral
- **Only 385** children housed via HHS supportive housing programs were active in a child welfare case at some point in their lifetime (7.8% of those served).
- **31% reduction** in the child welfare case’s length of service if the SH program begins within 3 months of the welfare case opening.
- **50% reduction** in subsequent re-referral rates.

Data shows that
Agile Response = Improved Outcomes
• Incentivize integration of health/housing/human services business units
• Provide for regulatory waivers within integrating systems across sectors
• Support SH targeted family homelessness program across HHS/HUD
• Expand use of International Classification of Disease-10 codes for SDH to support CQI and billing processes
• Align regulatory compliance requirements to promote shift to value-based activities
• Share disaster/economic crisis lessons as component of system planning
• Provide fiscal support for move to prevention/access/wellness
• Support use of assessment tools, shared fiscal risk/reward models, allocation of resources
• Expand research-based information and sharing across jurisdictions
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