



BOULDER COUNTY
**HOUSING
& HUMAN
SERVICES**

Hope for the future, help when you need it.



Building Connections: Integrating Social Determinants

**Frank Alexander, Director
CDC HUD ASTHO Convening:
Cross-Sector Collaboration to Address Housing Instability
November 29, 2016**

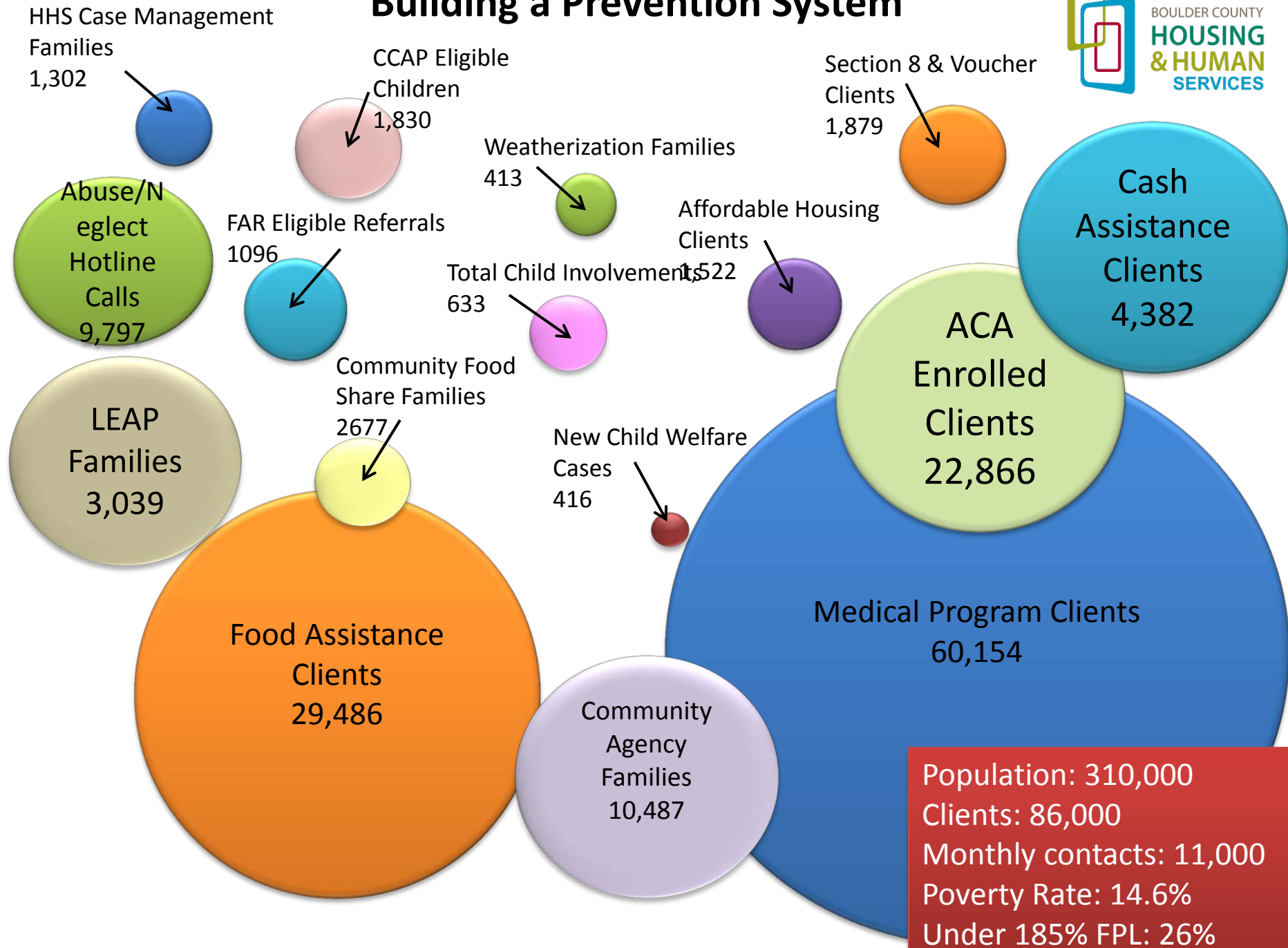
BCDHHS Agenda

- ✓ 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



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Building a Prevention System



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



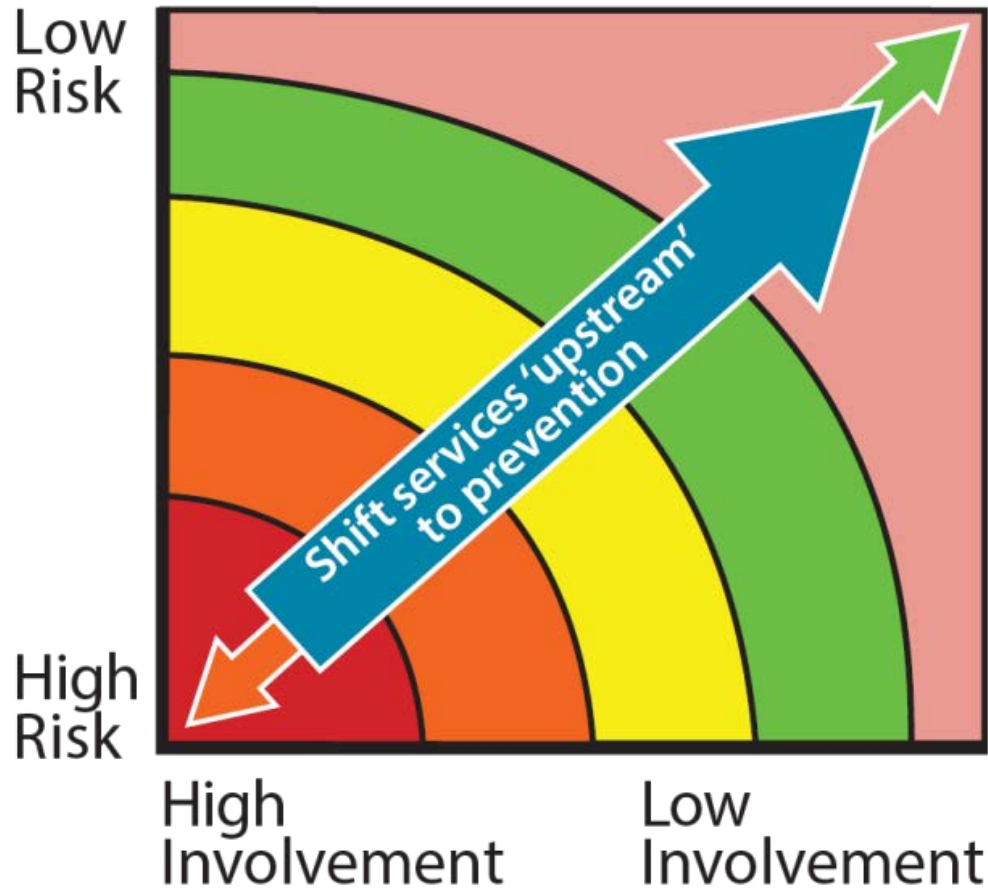
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System Capacity Challenges & Opportunities



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

Social Determinants of Health Model



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



Boulder County
Connect



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

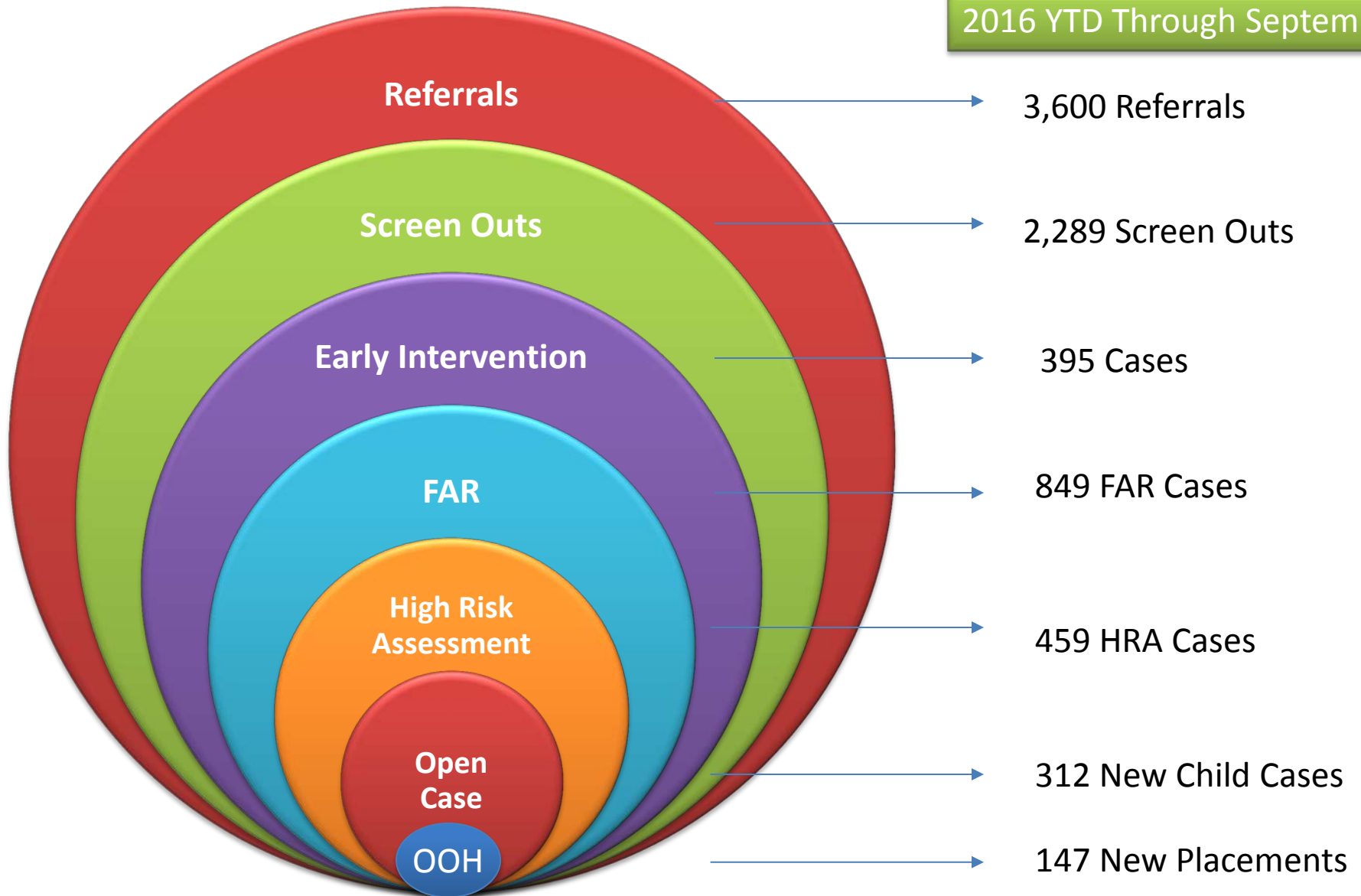
- Federal Agencies, Casey Family Programs, Corporation for Supportive Housing, Annie E. Casey, APHSA, LIHTC Investors and Technology and Consulting firms



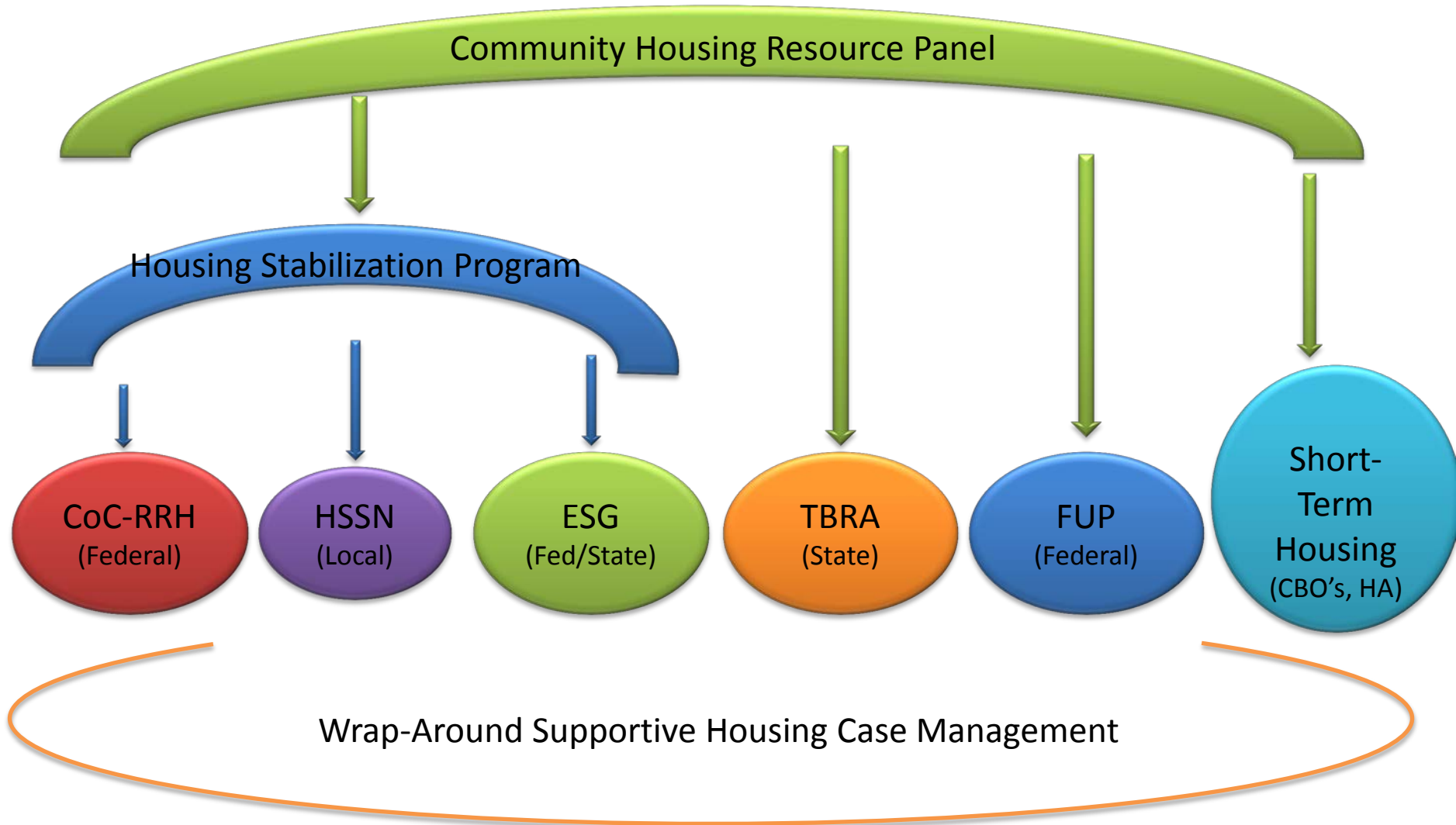


Prevention Opportunities

2016 YTD Through September



Housing Assistance: Diverse Funding

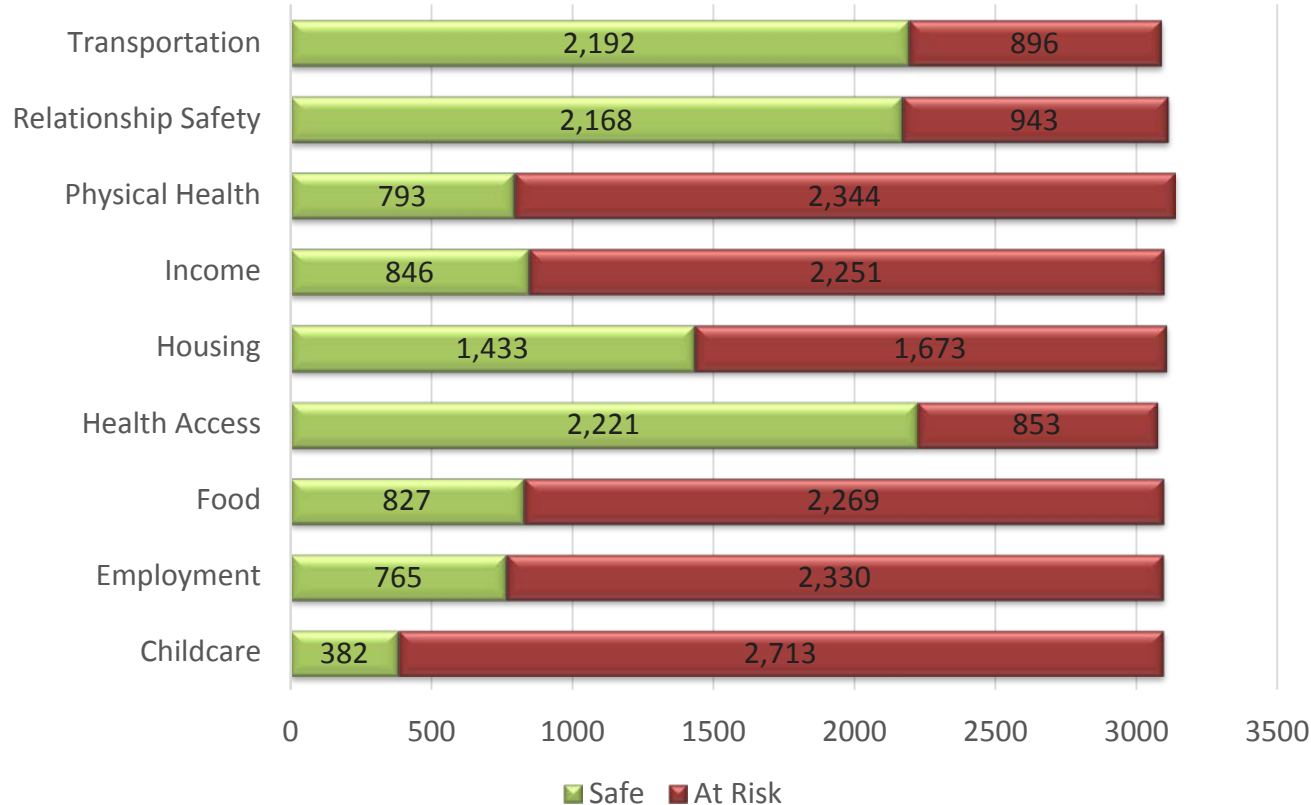




Complex Picture of Potential Needs

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



Two-Thirds of households assessed were at risk in areas of Health, Income, Food, Employment and Child Care.



Prevention Opportunities

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**

Building Healthy Thriving Communities: Opportunities and Lessons Learned

- 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

THANK YOU, Q&A

Frank Alexander

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