Housed and Healthy

An urban initiative integrating health services and supportive housing

Dana Schultz, Supportive Housing Healthcare Coordinator
Who is in the Housed and Healthy partnership?

- **Housing Partners**
  - Central City Concern Permanent Housing (11 properties)
  - Northwest Housing Alternatives:
    - 333 Oak
  - Innovative Housing Initiatives Inc.:
    - Musolf Manor
    - Clifford Apartments, Fall 2016
  - Home Forward
    - Helen Swindells
Who is in the Housed and Healthy partnership?

- Health Services Partners
  - Central City Concern
    - Old Town Clinic (Primary Care)
    - Old Town Recovery Center (Mental and Behavioral Health)
  - Legacy Medical Groups Primary Care Clinics in Portland Metro Area
    - Good Samaritan Clinic
    - Emmanuel Clinic
What did CCC and Housed and Healthy do?

- Identified clinic clients that live in CCC PSH within their electronic health record
- Built the Housed and Healthy Shared Client List for Resident Services
- Streamlined referral processes from Housing to clinics
- Quarterly H+H Check In Meetings
- Identify PCP and obtain communication ROI between housing and health services at intakes

Implemented stronger lines of communication between partners
What did CCC and Housed and Healthy do?

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<tr>
<th>Name</th>
<th>Relationship</th>
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<td>Bajaj ND LAc, Kipp R*</td>
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<td>10/3/14 Communication with housing Resident services coordinator Dale Noonkester Alstro.</td>
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<td>HIPAA Authorized...</td>
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Central City Housing
What did CCC and Housed and Healthy do?

Brought more focus to health improvement efforts in Resident Services

- Implemented a health needs assessment in our new resident intakes
- Brought more focus to thorough care coordination between health services and housing services
- Increased “health presence” in the buildings
- Oregon Health Plan Info and Assistance sessions on sites
Outcomes of implementing stronger lines of communication between partners

- An increased awareness of the ‘other side’s’ roles and shared clientele
- An increase in our ability to coordinate care
- Both sides feel more supported when trying to address clients’ complex health issues
- An ability to track health information for residents and housing information for patients
Outcomes of bringing more focus to health improvement efforts in Resident Services

1. We are catching gaps in care and getting a jump start on referral needs.
2. Over 500 health assessments completed and around 60 referrals made to Old Town Clinic alone.
3. More Housing participation in health services access.
4. More residents asking about healthcare and health services in the community.
Challenges

- Shifting a paradigm that perpetuates siloed operations between health and housing partners
- Creating buy-in from both partners
- Inherent communication blocks in a world with HIPAA and 42CFR
- Feelings of uneasiness or discomfort by clients
Addressing Challenges

Start 1:1, or close to it, with a partner that is highly utilized by clients or is in close proximity to your site.

Have a champion on both sides. A person to coordinate the coordination was key for Housed and Healthy.

Quarterly check ins and times to meet face to face build a stronger sense of the partnership.

Integrate health conversations and questions from the beginning of a new resident’s tenancy. Integrate ROIs from the start.