

Housed and Healthy

An urban initiative integrating health services and supportive housing



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CONCERN 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



ONCERN 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



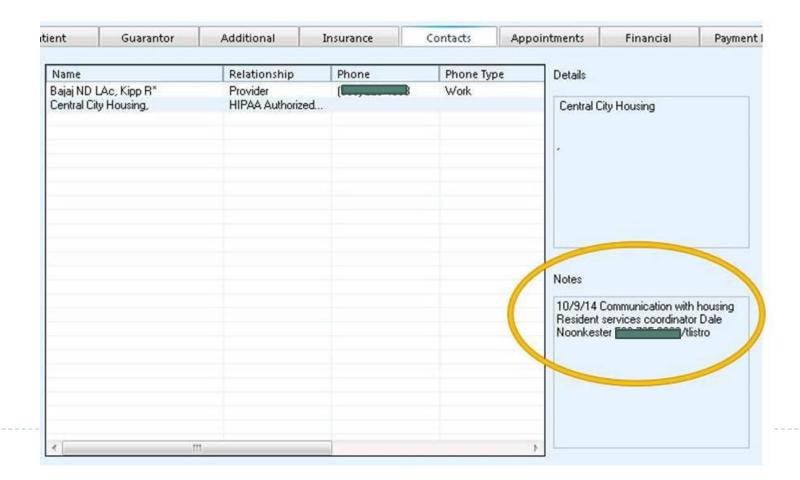
What did CCC and Housed and Healthy do?

Implemented stronger lines of communication between partners

- 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

What did CCC and Housed and Healthy do?

Portal Access : Inactive Patient ID: Home: None Cell: None Work: (503) 282-8882 H+H Client
Resident PCP: None PCP: Barbara E Martin PA-C Panel: None MH Prescriber: Case Mgr. None Insurance: CareOregon



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

We are catching gaps in care and getting a jump start on referral needs

Over 500 health assessments completed and around 60 referrals made to Old Town Clinic alone

More Housing participation in health services access

More residents asking about healthcare and health services in the community



CONCERN 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





CONCERN 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.