THE BRONX HEALTH & HOUSING CONSORTIUM

2015 Annual Convening Highlights

General Themes

Housing is a Social Determinant for Health

- Housing is a basic need that needs to be satisfied before people can focus on their health.
- Rent, utilities, food, and education are closely linked to health outcomes.

Improved Coordination will Improve Housing and Health

- Interagency teams are forming *natural partnerships* to serve the same populations. They need better communications systems and data sharing among health providers, housing providers, shelters, DHS, HRA, RHIO, etc.
- All participating organization types need to learn more about each other and work together in multi-organizational teams.
- Housing & Health Care are local services and need local coordination.
- Networking remains key—*putting faces to names* has value for supporting clients.

Goals for the Consortium

- Facilitate ways for PPSs and CBOs to work more closely together.
- Improve communication and data sharing among interagency teams.
- Build relationships with landlords and education around subsidy programs.
- Promote better understanding of Health Homes 101.
- Address continuing client distrust of the shelter system.
- Encourage consistent Medicaid enrollment.

Notes from the Day:

Consortium Report: 2015 Accomplishments

The Bronx Health and Housing Consortium continued to expand and refine our work encouraging partner organizations to connect and collaborate in order to better serve the Bronx. After a highly successful **membership drive**, we now count over 40 member organizations spanning the continuum of care. We expanded our **training program**, training 286 people in 4 trainings by the Legal Aid Society, 2 by CUCS, and 2 by the Transitional Health Care Consortium. Our updated **White Pages** now include Managed Care and MRT housing provider contacts as well as executive and program contacts at all four health homes and care management agencies. We hosted our first **Housing Marketplace**, a "speed-dating" event that connected 19 behavioral health housing providers to over 70 health home care coordinators. The **2015 Hospital HOPE Count** found 120 homeless people in 8 participating hospital Emergency Departments, none of whom were included in the official DHS HOPE Count results of 69 people. Our three committees: Interagency Case Conferences, Targeting MRT Housing, and Resources for Care Management contributed to these initiatives. Our progress was recognized as we participated on panels and conducted workshops at several **conferences and symposia** across the state. The Consortium is a statewide leader in health and housing integration practices with unprecedented collaboration and cooperation across such a diverse group of organizations and providers that stimulates policy and systems-level change.

Opening Speakers:

We opened the 2015 convening with an array of speakers, representing the diverse views and expertise of our membership. **Alison Jordan, from NYC Correctional Health Services,** outlined the Health Resources and Services Administration Special Programs of National Significance (SPNS) demonstration grant to improve access to HIV care among Latinos/as living with HIV. She noted that NYC Correctional Health Services has been conducting trainings on culturally appropriate engagement and service delivery to all levels of staff. **Richard Sheward of Children's HealthWatch Boston,** noted that their research on children under the age of 5 showed that toxic stress, such as housing insecurity or unhealthy housing, can have a profound impact on their health. Housing acts as a vaccine in these cases by having a long-term health impact while benefiting the larger community. **Dr. Andrea Littleton, of Montefiore Medical Center, the Institute for Family Health, Care for the Homeless, and BronxWorks** presented social determinants of health in the Bronx. She highlighted that people in the Bronx still have very high rent burdens (over 30% of their income) and lack choices when it comes to housing. We need to have different models for clients who do not function well but who do not have a psychiatric disability. Finally, **Meiling Viera, from the NYC Department of Health and Mental Hygiene** spoke about the new NYC Community Health Profiles and asked attendees to use the data to shape policy and target interventions based on need.

Health Homes Report

The four main Health Homes in the Bronx have over 30,000 members with 18% identifying themselves as homeless. This points to the need for potentially 2,600 additional units of affordable and supportive housing in the Bronx alone. The Health Homes noted that there is a need to identify interventions that yield measurable results. These might include a real time, updated system to identify available housing, including respite beds, shelters, supportive housing and vouchers. Housing should be expanded to include supportive housing for the medically homeless. Furthermore, we need to facilitate better communication between health homes and DHS in order to find people in the shelter system. We must work to increase security in shelters while combating the perception that shelters are dangerous to encourage homeless individuals to enter shelter.

Supportive Housing Report

For our Housing Report, our partners at the Supportive Housing Network of New York provided an update on MRT housing in New York City and we learned about the recent housing needs assessment conducted by the Corporation for Supportive Housing. Finally we heard about the on-the-ground experience of Bronx housing providers, Fortune Society and BronxWorks. The demand for Supportive Housing services is much greater than the supply: CSH's 2013 Needs Assessment found a paucity of 24,000 units. Funding streams determine eligibility criteria for the existing units, and backing from OMH and OASAS has created a system that serves those suffering from mental illness and substance abuse disorders. MRT Housing Pilots do identify homeless high utilizers who do not fit current 2010E requirements, but finding accessible scatter-site apartments at the MRT rent ($1,100) in the Bronx is challenging. To connect to and serve the homeless populations, more interagency collaboration and case conferencing is needed. Supportive housing providers need to learn more about health to serve the needs of the health home population. Moving forward, they will perform some local research into success using qualitative and quantitative analyses.

Government Report

This year's Government Report panel included remarks from the NYC Department of Homeless Services Associate Commissioner of Street Homelessness Solutions, Danielle Minelli; Craig Retchless, Assistant Deputy Commissioner of the NYC Human Resources Administration; and finally, Myla Harrison, Assistant Commissioner, Bureau of Mental Health for the NYC Department of Health and Mental Hygiene. DHS reported that the quandary for NYC housing has moved from needing more vouchers to needing more affordable units, which are severely limited. In order to be able to leave shelter, people need to have an affordable apartment to move into. DHS has approached NY State about the concern that current voucher programs are competing for this limited stock. Still, for those housed, HRA reports that current retention

rates are high- over 90% for some populations and only 1% of MRT clients have returned to shelter. The HRA 2010E process is complex but provides important data about success. Most current supportive housing is for people with Severe Mental Illness and Substance Abuse and there are about 100 units left from NY/NY III housing. For the accessing NY/NY housing, HRA defines chronic homelessness at 365 days of the last two years or a cumulative two of the last four years. Days in shelter or hospitals do not count. Time incarcerated will also be 'frozen' for up to 5 years so people can qualify if they were chronically homeless before and after prison. New health initiatives at the DOHMH include decreasing smoking by people who live in supportive housing and building a support system for people who have been in the shelter and criminal justice system and who may present a danger to themselves or others. The department is also providing additional resources for AOT and intensive mobile treatment beginning in January/February 2016. Five new ACT teams will be assigned through SPOA, while the agency pilots new co-response teams of partnering a social worker with a police officer.

Client Report

Mr. Lewis reported that it took more than a year to move from a rooming house to his own one bedroom MRT unit. One of the challenges he encountered was moving to new housing from a unit for couples when his relationship ended. He noted that his hospital's specialist social work team provided ongoing support, and that as a result, his mental and physical health is improving. Mr. Lewis concluded by urging that all agency personnel be patient when working with clients who have complex health and housing needs.

Managed Care Report

Last year we heard from our members that we needed to get Managed Care Organizations involved in our work so this year, we had a panel of MCOs including Empire BlueCross BlueShield HealthPlus, Amida Care, and MetroPlus Health Plan. This panel had lively discussion and indicated several opportunities for collaboration. The Managed Care Organizations noted that better communication is key to identifying and serving homeless clients. Currently, they receive information about shelter history to identify homeless participants and screen for vulnerability. MCOs are working to support Medicaid recertification in order to ensure continuous coverage. In addition, some MCOs have field teams to locate hospitalized clients, get consents, and assist with housing issues. As the first to know when their client enters the hospital, MCOs are key to coordinating care across health and housing. They may analyze their data to identify high utilizers who are homeless and work with housing providers to house them. Through the Consortium, MRT housing providers have worked with MCOs to coordinate housing, and we can continue to improve the MCO, Health Home and hospital staff working relationships. Given the current financial climate, which provides incentives like MRT housing, we should work to bring services together and prove this model's value.

DSRIP Report

Another first and concluding the day, we had a DSRIP panel to hear from the Bronx PPS - OneCity Health, Bronx Health Access, and Bronx Partners for Healthy Communities - on their experiences so far. Also present was Peggy Chan, the director of DSRIP for the NYS Department of Health. The DSRIP providers focused on the need to transform systems by working cooperatively and knitting together housing, health and other services like transportation and food pantries to keep communities healthy. Their needs assessments with CBOs noted that a dearth of knowledge about current resources. They noted that PPSs are making connections with each other and MCOs, but that CBOs need to take the initiative to build stronger partnerships with PPSs. Presenters focused on building infrastructure for data sharing, like electronic patient registries, as key to the sustainability of the DSRIP. Looking towards the future, DSRIP is expected to set up service and clinical pathways and networks, participate in regional workforce planning, and build lasting relationships among service providers.