Building the Bridge
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Understanding Community Need:
What are the gaps in our community?
Social Determinants of Health (SDOH)

Access to health care contributes to 10% of a person’s overall health.

The remaining 90% is attributed to:
- Physical environment 10%
- Social and economic factors 40%
- Health-related behaviors 40%

Access to Healthcare = 10%
Social Determinants of Health = 90%
Housing Need-Recognized Gap

Listened to the community
  • Decrease in HUD funded transitional housing

Housing for GMH/SU population
  • No SMI benefit/funding-CESP and CCHP
  • Challenges recognized

Greater connection to housing
  • Lease-up times for GMH/SU in CESP average is close to 57 days
The Neighborhood

- 2618 unsheltered homeless
- 10% of those referred for housing, never make it home
- From Assessment to Lease Up (process)
Opportunity

What are ideas to address the gaps in our community?
Getting over the River

- Improving likelihood those who need the service the most, have the means to get it
- Identify resources to build on
- Create the blueprint
- Understand health cost savings
- Understand the Micro, Mezzo and Macro Impact:
  - Apartment Shopping with Dignity
Community Partners
Working Together
Community Reinvestment

Mercy Care is required by contract to reinvest 5% of its operating profit back into the community.

Strategies and programs funded with these dollars are designed to address population health and member specific needs.

Align with existing state and local initiatives to maximize dollars and address system gaps not covered by Medicaid.
Community Reinvestment

Opportunity to partner with City of Phoenix, Department of Economic Security, Valley of the Sun United Way and Community Bridges

Bill Wilson Hall: Provide key funding to renovate the facility
  • Provide transitional beds for homeless males seeking permanent housing solutions

Mercy Care Board approval

Deliverable to AHCCCS
Construction

What resources does our community have to build on?
Mercy Care’s Objectives

• Meet requirement for Community Reinvestment
• Address SDOH
• Fill a gap in the community
• Support housing success for GMH/SU members
Supportive Service Funding

• Apply for grants that allow for flexibility in maintaining fidelity of program design

• Multiple funding sources cover the cost for the supportive services
  – Department of Economic Security
  – City of Phoenix
  – Valley of the Sun United Way
  – Mercy Care – STR Funds

• Future oriented thought about sustainability
Determine who the Bridge will serve

- Coordinated entry referrals for members already referred to permanent housing solution

- Importance of targeting population identified in gap analysis

- Goal: 30 day stay, ability to extend as needed, with measurable housing goals
Program Rules

- Rules that keep people safe
- Guidelines that fit the population trying to serve
- Minimize
- Discuss with staff
- The mountains moved through second chances
Supportive service staff

Peers with lived experience, homelessness, substance use, mental health

<table>
<thead>
<tr>
<th>Traditional Approach</th>
<th>Assertive Engagement Approach</th>
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<tbody>
<tr>
<td>Appointments</td>
<td>Meet clients where they are at (Emotionally and Geographically)</td>
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<tr>
<td>Low compliance results in low services</td>
<td>Persistence and creativity, change approach</td>
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<tr>
<td>Rules and Guidelines</td>
<td>Rules are for legality and safety</td>
</tr>
<tr>
<td>Unpleasantness means unwillingness</td>
<td>Empathy and understanding</td>
</tr>
<tr>
<td>Standards created using ideals</td>
<td>Realistic expectations</td>
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<tr>
<td>Standard set of goals and achievements</td>
<td>Individualized, incremental successes</td>
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<tr>
<td>Staff are the expert</td>
<td>Clients are the expert</td>
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Appraisal

How do we know the design works?

How do we build something sustainable?
Results

• 70% positive exits to housing
• 85% served are chronically homeless
• 33 day median length of stay
• Connection to Preventative Care
End goal=housing
January 2018 Non-partisan and Objective Research Organization (NORC) at the University of Chicago

We know that Permanent Supportive Housing is beneficial

• Members in Scattered site housing supports showed a 24% decrease in total costs per quarter

  o 20% reduction in psychiatric hospitalizations
  o Decrease of $5,002 in the total cost of care
  o Decrease of $5,642 in behavioral health costs
  o Decrease of 58 Psychiatric hospitalizations (Per 1000 members)
True results are in the stories of the people we serve.