



**Social Determinants of Health
January- June 2017 Update
Cecil County Community Health Advisory Committee
7-20-2017**

Goal 3.1 Reduce the burden of poverty in Cecil County to improve the overall health of Cecil County residents.

Objective 3.1.1: By October 30, 2016, research existing and new or innovative anti-poverty programs/ initiatives for implementation in Cecil County.

Strategies:

1. Get information on the anti-poverty program recently presented at the BHA Child/Adolescent Conference.
2. Identify & research existing anti-poverty programs in the county.
3. Investigate Carroll County's program model.
4. Review all options as a group.

Status: *Bridges to Opportunity* and *Open Table* are two anti-poverty models that communities have implemented at the local level and have been selected for further review. The next step is to determine local agency interest in implementation.

Goal 3.2: Reduce the prevalence of homelessness in Cecil County to improve the overall health of the community and its residents.

Objective 3.2.1: By June 2018, expand services and interventions for homeless individuals/families to decrease prevalence of homelessness in Cecil County by 10%. Services/interventions will be based on three tiers including 1) emergency /immediate assistance, 2) intermediate/ short-term assistance, and 3) longer term assistance geared toward those experiencing chronic homeless.

Strategy 1: Related to all tiers, implement a county-wide coordinated assessment system for efficient linkage to services and housing options for all.

Status: Coordinated entry for chronically homeless individuals/families is currently in place. Our two permanent supportive housing projects review the county-wide interest list for those with the highest vulnerability index and attempt to fill vacancies based on that criterion. Any agency who enters into HMIS and encounters homeless individuals can add people to the interest list as they screen for chronic homelessness.

The next step is implementing coordinated entry for all shelters (whether emergency or

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EMERGENCY PREPAREDNESS.....	410-996-5113	MENTAL HEALTH AND SPECIAL POPULATIONS SERVICES.....	410-996-5112
COMMUNITY HEALTH SERVICES.....	410-996-5130	TTY USERS FOR DISABLED: MARYLAND RELAY.....	800-201-7165
DISEASE CONTROL.....	410-996-5100	EN ESPAÑOL.....	410-996-5550 EXT 4680

transitional). The Continuum of Care (CoC) has submitted a request for technical assistance to HUD technical assistance providers on this issue. Coordinated entry must be fully implemented by January 2018 for all communities who receive Continuum of Care funding. A challenge for Cecil County is that we do not have multiple shelter options. For some populations (i.e. single men), there is only one option – Meeting Ground’s Men’s Shelter. Through coordinated entry, the most vulnerable individuals/families should be given shelter first. This is also a challenge because our local shelters are not *low barrier* (*low barrier means not having many pre-conditions for entrance, i.e. drug testing, sobriety, requirements to be in treatment*). These are all issues that the CoC is working to address.

Strategy 2: Related to all tiers, participate in technical assistance from HUD to develop a by-name list to end veteran’s homelessness.

Status: A subcommittee has been meeting monthly with a technical assistance representative to establish a comprehensive by-name list of all homeless veterans in Cecil County. This includes anyone staying in emergency or transitional shelters as well as places not intended for human habitation. A couple of the primary federal benchmarks are that 1) veterans are re-housed within 90 days of becoming homeless and 2) every veteran is offered shelter immediately upon identification (via shelter, voucher, etc.).

FY2017 data indicates 107 homeless (shelter or street) veterans were identified. Of the 107, 68 exited homelessness. Of the 68, 83% went to a permanent housing situation. The median duration of homelessness was 107 days. The benchmark that needs to be met is 90 days.

Strategy 3: Related to all tiers, seek funding for, or develop case management/ housing search services whose sole eligibility criteria is that of being homeless.

Status: As part of Maryland’s HealthChoice §1115 Waiver Renewal, the State is offering local governments the opportunity to request matching federal funds for the Assistance in Community Integration Services (ACIS) Pilot. The goal of the ACIS Pilot is to improve health outcomes for at-risk Maryland Medicaid beneficiaries by providing tenancy support services and housing case management services. Eligible individuals would be Medicaid recipients who have had 1) four or more emergency department visits or hospital admissions within a year or two or more chronic health conditions, and who also meet one of the following two criteria: 1) will experience homelessness upon release/discharge from an institutional setting or 2) are at risk for going into an institutional setting. The Health Department plans to partner with community agencies and submit an application which is due in September. Although there is additional criterion besides being homeless for this service, the specific emphasis on *housing* case management will fill a gap in service and be a welcome resource if awarded.

Strategy 4: Explore the possibility of a multidisciplinary meeting to review those at risk of homelessness or those with complex housing needs.

Status: No progress

Strategy 5: Related to tier 1, create the availability of 24 hour resource assistance to people experiencing homelessness including emergency shelter during extreme weather events.

Status: Paris Foundation has partnered with law enforcement to create an after-hours funding source for emergency housing situations that occur during non-business hours of human service agencies. The project was implemented in the spring and has been used on one occasion thus far. The less it is needed, the better, as it is an indicator that these situations are not happening often.

Strategy 6: Related to tier 1, establish liaisons between law enforcement and provider agencies.

Status: While there are not official liaisons, Meeting Ground, Paris Foundation, and the Health Department all have contacts to work through in the various police departments regarding issues related to homelessness.

Strategy 7: Related to tier 2, establish a community furniture bank to assist those transitioning from homelessness back into stable housing.

Status: No progress. An agency to take the lead on this has not been identified.