

## Spotlight Series

### Partnership between Children's Community Health Plan and the Milwaukee County Housing Commission: Housing Support for Medicaid Members



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**The NORC Medicaid Managed Care Organization (MCO) Learning Hub shares timely and relevant resources to support Medicaid MCOs and other stakeholders in improving the health of their members and increasing advancements in health equity and health care transformation. We encourage you to share your experiences and feedback on future Medicaid MCO Learning Hub work so we can better serve your needs. To start the conversation or join our distribution list, please email us at [MCOLearningHub@norc.org](mailto:MCOLearningHub@norc.org).**

The Medicaid MCO Learning Hub "Spotlight Series" highlights key initiatives addressing social determinants of health (SDOH) and health equity that are driven by, or in partnership with, MCOs to inform the Robert Wood Johnson Foundation (RWJF) and its grantees. In addition, the series provides MCOs, community-based organizations, states, and other key stakeholders with examples of successful models of organizations working together to advance health equity.

This "Spotlight" explores a unique partnership between an MCO and a local government housing division, where the MCO's financial support helps the plan's Medicaid members find, obtain, and maintain affordable housing units. Other health plans seeking innovative solutions to support Medicaid members experiencing unstable housing and prevent homelessness could consider this type of partnership.

Safe and affordable housing enhances quality of life, which can influence health outcomes.<sup>1</sup> Given the growing need for affordable housing and housing support among Medicaid members, Medicaid MCOs are increasingly investing in this critical area. While some MCOs are

implementing housing programs for their members to fulfill a contractual requirement with their state, many are investing in housing because they recognize that tackling this SDOH leads to healthier members, decreased costs, and ultimately a return on investment.

<sup>1</sup> Centers for Disease Control and Prevention. (n.d.). Social Determinants of Health|Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

**Children's Community Health Plan (CCHP)** is a nonprofit health plan in Wisconsin that operates in 28 counties on the eastern side of the state. **The Milwaukee County Housing Division (MCHD)** provides housing assistance and services that support the well-being of individuals and families who need safe, affordable housing.

NORC's Medicaid MCO Managed Care Learning Hub recently spoke with staff from both CCHP and MCHD about their partnership, including the background, services offered, contractual structure, and goals.\*

## Background

### Q: Can you tell us about Children's Community Health Plan and the population served?

**CCHP:** Our health plan started from scratch in 2006 with enrollment of zero. We focused exclusively on the Medicaid population. We have grown steadily since that time to our current membership of just over 160,000 members, serving the state's BadgerCarePlus Medicaid program; youth in Out of Home Care (i.e., Foster Care) in southeastern Wisconsin; and individuals in the Marketplace both On and Off Exchange. The majority of membership is comprised of members in the Medicaid program. About 60 percent of our Medicaid members are children, with the remaining 40 percent either parents or childless adults, the latter group comprising about 17,000 members at this time. The majority of our membership is in Milwaukee County and surrounding counties in southeastern Wisconsin. Payment and claims processing is outsourced to Dean Health Plan in Madison for Medicaid populations and UPMC Health Plan for our Marketplace population. CCHP manages all operational, product and program management and clinical functions, including provider relations, credentialing, payer contracting, physical and behavioral health utilization management, case management, reporting and analytics, quality, health promotion services, community and member engagement, and other essential functions. Due to our commitment to our members and favorable reputation in our community, we've seen significant growth from a small plan to the second largest Medicaid plan in the state, along with serving additional populations in foster care and as a Qualified Health Plan in the Marketplace both "On and Off Exchange."

## SHIFT TOWARDS SDOH AND HOUSING

**CCHP:** We've become increasingly focused on SDOH over the years. We've evolved from ensuring we're successfully handling all of the core functions like paying claims and managing care, to doing more to address the SDOH needs of our members. We recognized that many of our members who were frequently using high-cost services such as the ED and inpatient admissions were struggling with housing insecurity. We felt that by addressing this need we would both improve the health and well-being of members while also cutting down on costs incurred from these expensive claims. Our approach has been to offer SDOH services within the health plan or in close collaboration with community-based organizations to ensure a strong connection with the member. As we started to think about how best to address housing instability, we realized there was a lot to learn and we needed help and guidance. With complex housing rules, funding options and sources, and the intricacies of obtaining affordable housing, we felt uncomfortable telling our members to just call a phone number.

## Partnership between Children's Community Health Plan and Milwaukee County Housing Division

### Q: How did CCHP form a partnership with the Milwaukee County Housing Division?

**CCHP:** We met with Jim Mathy and Eric Collins-Dyke at MCHD in summer 2018 to learn more about the services they offered and pretty quickly realized we needed to partner with them to address the housing needs of our members. We learned about Housing First, which is the idea that individuals can't effectively address substance use, mental health, or physical health conditions until they have stable housing. Eric, Jim, and their team at MCHD are the housing experts with proven impact and results, and we wanted that type of partnership to support our members.

We agreed to cover the salary and benefits of a housing navigator within MCHD, to provide housing navigation and support services to CCHP members. Our housing

navigator, Carly Mikkila, can assist our members with a variety of housing-related needs such as locating available housing, connecting members to housing vouchers, interfacing with landlords, or providing temporary rent assistance. We didn't feel like we were the experts in these areas so it made sense to have Carly take on this role, and we've also been fortunate to learn a great deal by working with her, Eric, and the MCHD team.

**"Our CCHP-funded housing navigator is like an extension of our care management team and it's so helpful. That personal relationship has gone a long way and she's able to help connect us to resources in the community. Finding low-income housing is hard. It's incredibly challenging. She's also taught us so much. She instilled a 'teaching someone to fish' type philosophy—from the start that's what we wanted to do." — CCHP**



#### INDIVIDUALS SERVED FROM 2019 THROUGH 2020

- In total, the program has served 802 individuals, 436 of whom have been children.
- Of the 802, 607 have been impacted by navigation services and 195 impacted by housing placement.

## VISION AND FUNDING

In 2018 CCHP entered into a formal agreement with MCHD for providing housing navigation and housing placement services to identified CCHP enrollees. CCHP's initial investment of \$200,000 in 2019 covered housing navigation services and dedicated dollars for housing placement or rental "slots" for CCHP enrollees. Due to the success of the program, CCHP increased its investment to \$300,000 annually in 2020 and has continued that same commitment for 2021. Referrals for CCHP enrollees in need of these services are provided to MCHD by CCHP and Children's Hospital and Health System (CHHS) staff, including Children's Wisconsin, Children's Medical Group, and Children's Service Society of Wisconsin.

As described by Mike Boeder, CCHP's Executive Director of Health Plan Operations, "CCHP and CHHS recognize that clinical care accounts for only 20 percent of the overall health of a person. Traditionally, insurance and health care providers have primarily focused on this 20 percent. That's not enough and we want to do more to enhance health and

well-being. We are committed to addressing the socioeconomic and environmental factors as well."

This approach has been successful across the country. CCHP wants enrollees to receive the benefit of stable housing, increased preventative services, and decreased need for crisis intervention. This leads to improved health outcomes, lower costs, and increased savings to Wisconsin's Medicaid program. The investment was also made due to the success of MCHD's Housing First Initiative, which has led to a large decrease in homelessness in Milwaukee County.

As stated by CCHP's Chief Operating Officer, Mark Rakowski, "Housing is an essential human need that must be met before an individual's health can improve. CCHP and CHHS understand that this work cannot be done without community partners. CCHP has a collective vision for a healthier community, and that includes quality, affordable housing." CCHP believes that housing stability will allow more reliable use of preventative services and a decreased need for acute and emergency services. Once housing is established, CCHP is in a better position to support its enrollees by connecting them to other health resources and services that support transportation, education, and employment needs.

## Q: What services are delivered through this partnership?

### HOUSING NAVIGATOR

**CCHP:** Paying for the salary and benefits of an MCHD staff member dedicated to CCHP enables her to provide an array of housing navigation services to our members, including finding available housing units and providing advocacy services.

**MCHD housing navigator:** I have really consistent contact with CCHP staff and there is an excellent program flow and referral process for this initiative. When CCHP care managers assess that a member has a current housing need or an impending housing crisis, they can make a housing referral for resource consultation.

If a case is more acute and needs more assistance, then I can immediately get involved. I'd also note that through all of our communication and coordination with CCHP about housing options for their members, a lot of knowledge and know-how has been shared, which CCHP can then disseminate to its Medicaid members through their care managers. Since we started the program, we've remained flexible in our approach to serving our members. Our funding is flexible enough to provide short-term support,

connection to long-term resources, or services that address the unique needs of large families.



### HOUSING NAVIGATOR ROLE (an MCHD employee funded by CCHP)

- Finding available rental units
- Facilitating referrals for subsidized supportive housing programs
- Assisting with acquiring and completing the necessary documents for housing referrals
- Tenant/Landlord mediation
- Leasing processes
- Other advocacy services

## HOUSING SLOTS FOR MEMBERS

We also provided what we call “housing slot” dollars for up to 20 slots in 2020. Housing slot funding can be used for application fees, security deposits, furniture, and household supplies. This holistic approach encourages housing success because the members have essential supplies upon move-in. We’ve also used our slot dollars to prevent evictions and maintain stable housing.

CCHP prioritizes members for this program based on their risk of poor health outcomes, which may include medical risk factors or social challenges such as youth aging out of foster care. However, what also makes CCHP’s approach unique is its willingness to support members who are at risk of housing instability. These members are generally not high utilizers in terms of medical cost expenditures. However, CCHP commits to investing in a housing intervention for these members regardless of their utilization history as a means of preventing a poor outcome for the entire family. These members are often mothers with children.

Overall, members only need short-term financial support to obtain stability, and MCHD’s Housing First program also procured additional Housing and Urban Development (HUD) MCO vouchers as a match for the CCHP population.

**MCHD:** We allocate a portion of our Section 8 vouchers to housing slots that are being funded. As we move forward as a division, we’re much more interested in this model given how effective it is; how CCHP examines individuals with housing needs before they’re homeless (the preventative approach); and the model helps meet a basic human need. Our partnership has demonstrated the

success this type of initiative can have on the lives and health of Medicaid members.

## Challenges and Lessons Learned

### Q: What were early challenges and lessons learned?

**MCHD:** The government contractual process took a long time to finalize, although the agreement with CCHP helped to expedite the review and approval given their commitment to funding the project. There are just a lot of pressure points on both the plan and county housing systems when it comes to cost and considerations.

**“We did appreciate how the CCHP team approached partnering with us. They didn’t just come to us and say here’s X amount of dollars, let’s do a contract. We’ve been a part of all of the early and ongoing conversations; they came to us with a plan to focus on their members and the cost really came second. That holistic approach will lead plan and government partnerships to really good outcomes, even while it’s hard work to set up and operationalize this work.” — MCHD**

**CCHP:** From a technical standpoint, developing the agreement was a challenge but once we established the framework we were able to move forward with implementation planning. Both of us are large, complex organizations representing both public and private sectors. This is a unique partnership in that we as the private organization are the payer and the public partner in Milwaukee County is the service provider. Once we knew we needed to focus on affordable housing for our members, we started making some calls to partners/organizations in our community and partnering with MCHD was an easy choice. **Our strategy and vision were good fits for each other.**

Then we spent a lot of time developing our guardrails and processes, including what we were measuring and why, and how the housing funding would be spent, in addition to developing the actual referral form. The referral form included research on how we would identify those members in need of this service and how we at the health plan would receive and triage the referrals from the various

business entities within the Children's Wisconsin Health System (e.g. hospital emergency department, primary care offices, community service division and CCHP's departments). We also continue to explore and refine our approach and methods.

We have a senior health plan data analyst dedicated to this program and have created a housing dashboard as of December 2020, using Tableau, with real-time analytics on the outcomes of this partnership. We continue to update the types of data included in the dashboard and share the outcomes with staff, board members, interested partners and others on a regular basis; this dashboard is critical for measuring outcomes and informing our decision-making process.

We also have a steering committee—comprising leaders, case managers, our medical director, and the senior health plan data analyst—that meets three to four times a year to discuss progress and provide input on the initiative's processes and direction. Steering committee decisions are made collaboratively between CCHP and MCHD, including lessons learned that could lead to modifications to the program.

## Funding the Services

### Q: How are you able to fund these services and are there any outcomes to date?

**CCHP:** One of the challenges for all Medicaid managed care health plans is figuring out how to fund social service initiatives. Health plans have both medical and administrative revenue and expenses. While the costs associated with our housing initiative cannot be included as part of our reported medical expenses, the Wisconsin Department of Health Services recognizes that the spending on housing is part of our "administrative expenses, and will have a significant impact on medical expenditures."

Within the first year of this program we knew we wanted to invest more on housing in the second year. One of the lessons learned is that when assessing ROI you need to closely track health care utilization before and after a member receives support services. Our mission really is to improve the health of members and we're not here to make money. Yet, it is critical—perhaps even more because we are a tax exempt plan—to be fiscally sound and show the chief financial officer that there is a return on this type of investment. We also know that this type of investment can

also be preventive, and that type of ROI is a lot more difficult to quantify. When we find safe, affordable housing for a young pregnant mother, we're impacting the lives of that mom and her children for a long time. We're impacting not only health outcomes but also educational, employment, and even criminal justice metrics for the members we serve. While we do not have an open checkbook, we're certainly demonstrating the effectiveness of this type of initiative, and are always looking for new and better ways for our data to capture our impact. **(See the Appendix for a PowerPoint slide on early outcomes to date from the initiative).**

## Future of the Partnership

### Q: What does the future of your partnership look like?

**CCHP:** We need to continue and expand. There are many members with housing needs that we have not yet identified. We want to find all of our members who need this support and help connect them to services.

**MCHD:** Currently our division's budget is frozen and not increasing, but we are definitely interested in expanding the initiative and bringing resources to the table. We're going to need to be creative with our vouchers and services provided, and this is the type of partnership we need to expand to meet the growing need.

### CONCLUSIONS

- **Ensure a shared vision:** Forming a shared vision and a win-win partnership with a local housing authority where both organizations benefit is key to long-term partnership and success.
- **Anticipate contract negotiations and delays:** Establishing contracts between health plans and local county housing divisions can be time intensive and may require negotiation; both sides should work to mitigate contract delays and meet in the middle.
- **Fund housing navigation services:** Establishing health plan funding for a county housing division employee to provide housing navigation support to members, and to build knowledge and skills within the health plan's staff, can greatly aide effectiveness of the program.
- **Track outcomes:** Tracking health utilization outcomes from providing housing-related services to Medicaid members may be helpful for building a business case



for additional investment by the health plan and other organizations, and for future discussions with Medicaid agencies.

\*Interview has been edited for length and clarity. **Last updated on March 12, 2021.**

#### ABOUT NORC MEDICAID MCO LEARNING HUB

The key goal of the NORC Medicaid MCO Learning Hub is to serve as a source of information, expertise, and best practices to support managed care organizations in moving forward with system reform. NORC and its partner organizations identify, develop, and disseminate promising approaches and emerging opportunities for MCOs to improve the physical health, behavioral health, and social needs of their members.

Your ideas and opinions are important to us. We welcome your feedback on future Medicaid MCO Learning Hub work or programs you are working on to better serve your needs.

We want to hear from you. Please contact us at [MCOLearningHub@norc.org](mailto:MCOLearningHub@norc.org) to start the conversation or join our distribution list.

[www.norc.org/Research/Projects/Pages/medicaid-managed-care-organization-learning-hub.aspx](http://www.norc.org/Research/Projects/Pages/medicaid-managed-care-organization-learning-hub.aspx)

## Acknowledgements

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#### NORC'S PARTNERS



# Appendix

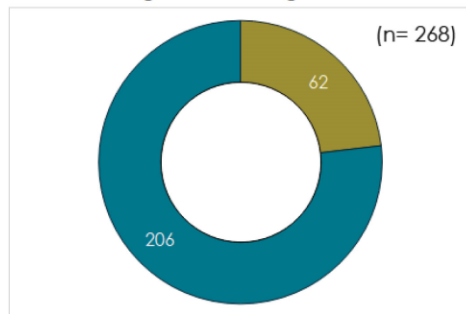


## Housing Navigation Program MCHD and CCHP Partnership

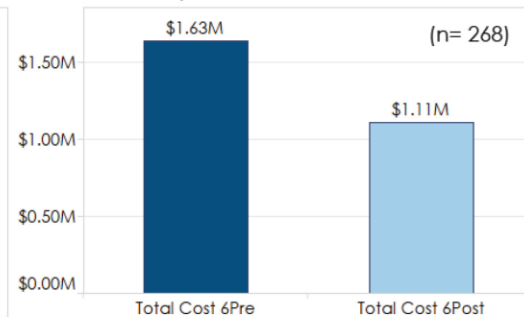


Final Outcome  
 ■ Housed  
 ■ Navigation Only  
 \*Data from members w/  
 post-intervention month's  
 completed between  
 5 to 23  
 and Null values

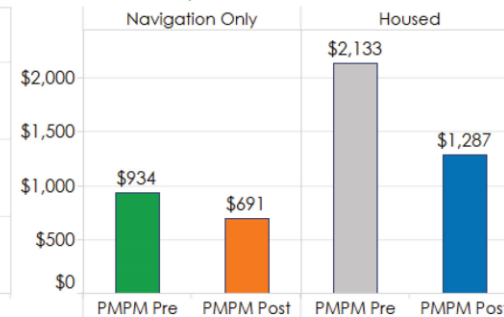
Navigation/Housing Services



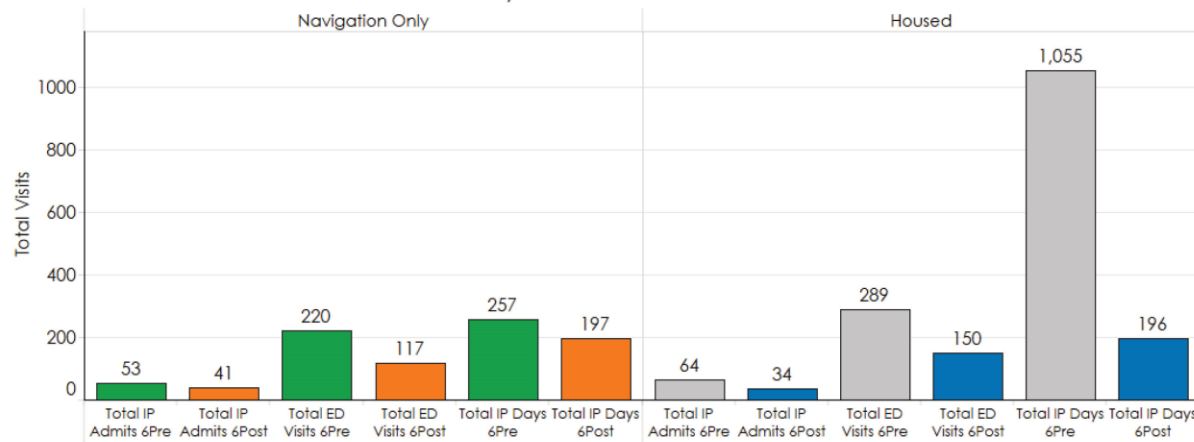
Early Total Cost Outcomes



Early PMPM Outcomes\* (n=222)



Early Utilization Outcomes\* (n=222)



### "Jerry's" Success Story

Jerry became a CCHP member August 2018 (**housed** February/2019):  
 - His challenges included chronic physical needs, chronic mental health needs, homelessness, and substance abuse

Pre	Post
45 ER Visits	5 ER Visits
11 Hospital Admissions	0 Hospital Admissions
\$10,915 cost per month	\$416 cost per month

**After housing,** Jerry's health was effectively addressed & improved:

- Attending primary care & mental health appointments
- Ostomy supplies delivered to home
- Consistent contact with CCHP Case Manager
- Providing peer support to recipients via Milw. City Housing 1st
- Ongoing cost reduction: 12 month post housing PMPM = **\$291.8**

^All Pre/Post comparisons visualized are statistically significant at the 95% confidence level. Wilcoxon signed-rank paired difference test used to determine statistical significance. Hypothesis testing completed on entire category (i.e. Admissions, Ed Visits, etc.) pre vs. post with both categories of "navigation only" and "housed" included.

6  
MONTH