Allegheny County Department of Human Services

Area Agency on Aging

USAging

From Concept to Care: Creating Sustainable Housing Solutions with Managed Care Organizations

Hannah E. Hardy, PhD, MPA
Michael Kroeker, MA

Monday, July 20
1:15-2:15 pm, Session # W87
Focus Area: Aging Well in Community: Housing Transportation and More

When does an idea become a program?

It is NOT always when you find funding.

It is usually when you assemble the right team.

If your CEO walked in tomorrow and said, "We're going to develop a program to house people with a lot of barriers to housing in partnership with our managed care provider, who do we need to have on the project team?"

If you had to build a team tomorrow, which one of these roles could your organization *not* easily fill?

Session Overview

Start With Our Story

- Identifying the Need
- Alignment with Regional Priorities
- Existing Partnership

Research & Development

- Build Internal Team
- Define Roles
- Cost Modeling

Partnership & Negotiation

- Intervention
- Steps in the Process
- Rates
- Non-negotiables

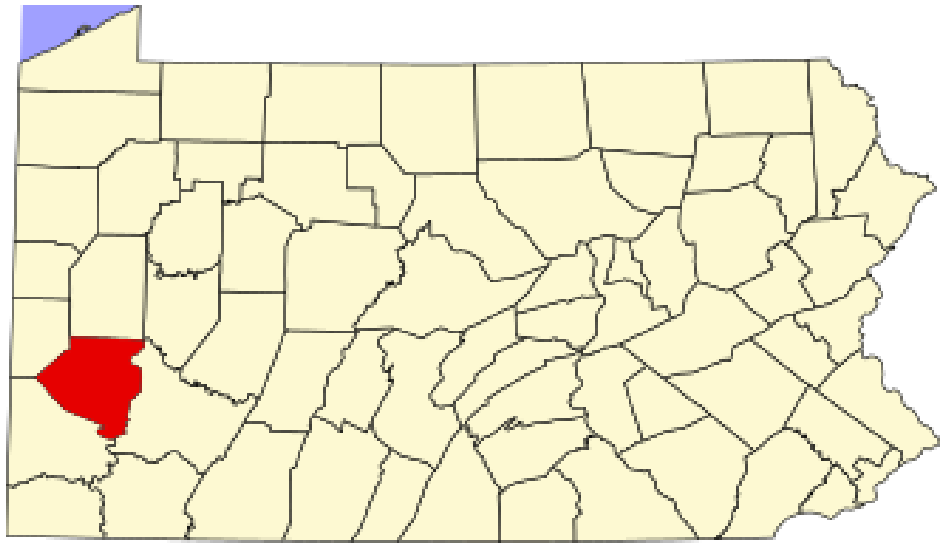
Year 1 & Tools to Share

Discussion

- Challenges
- Lessons Learned
- Success Stories

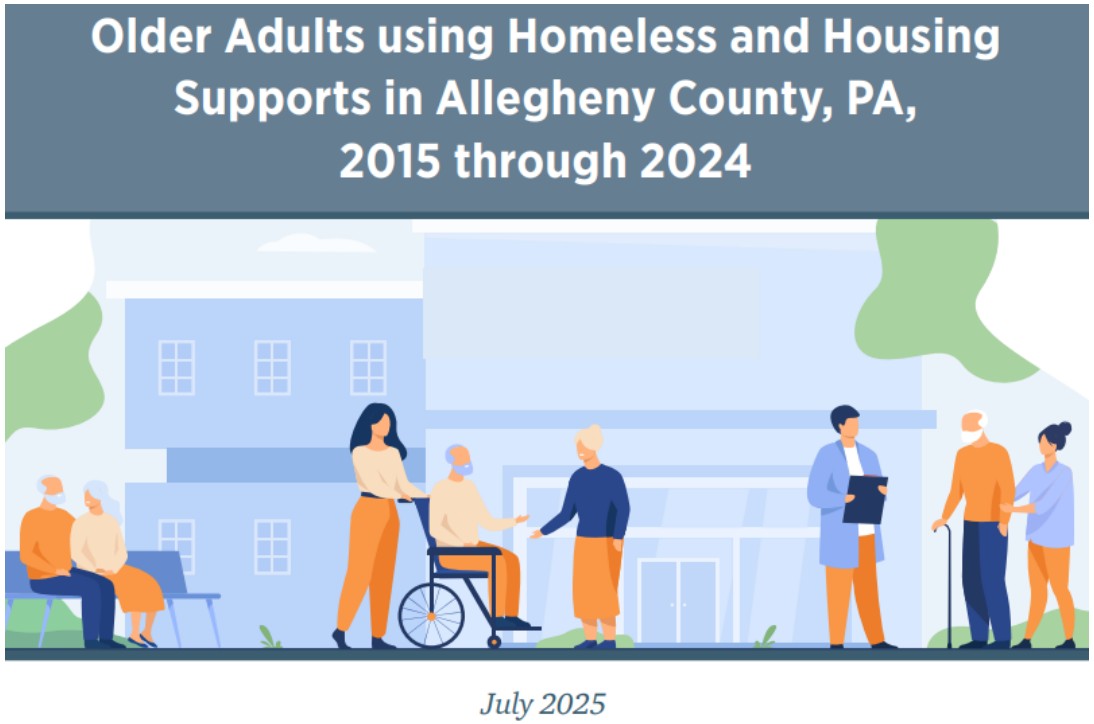
Who are we?

- Allegheny County is in southwestern, PA and encompasses the City of Pittsburgh.
- Population of ~1.2 million people.
- Has the highest concentration of older adults in the state and ranks high nationally.
- AAA mostly funded by the PA Lottery, which brings in an unchanging budget.



Identifying the Need

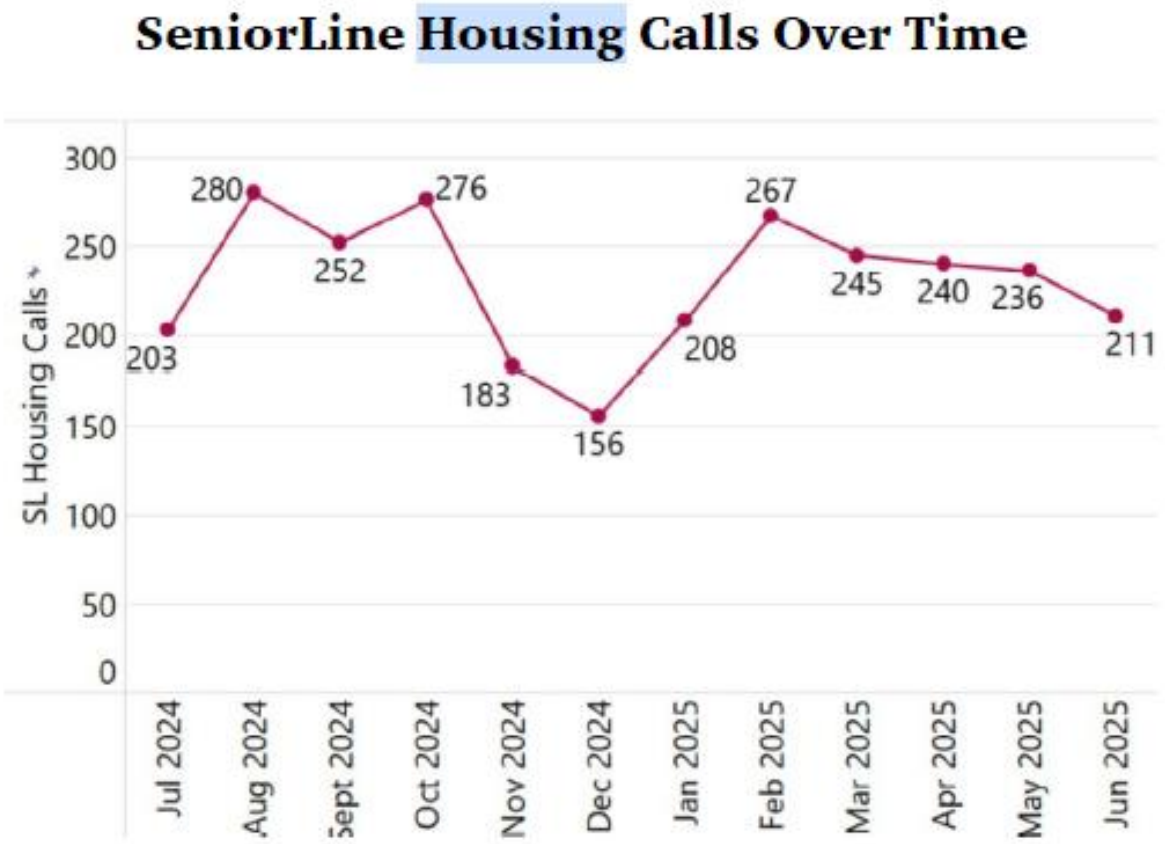
Increasing housing instability of older adults.



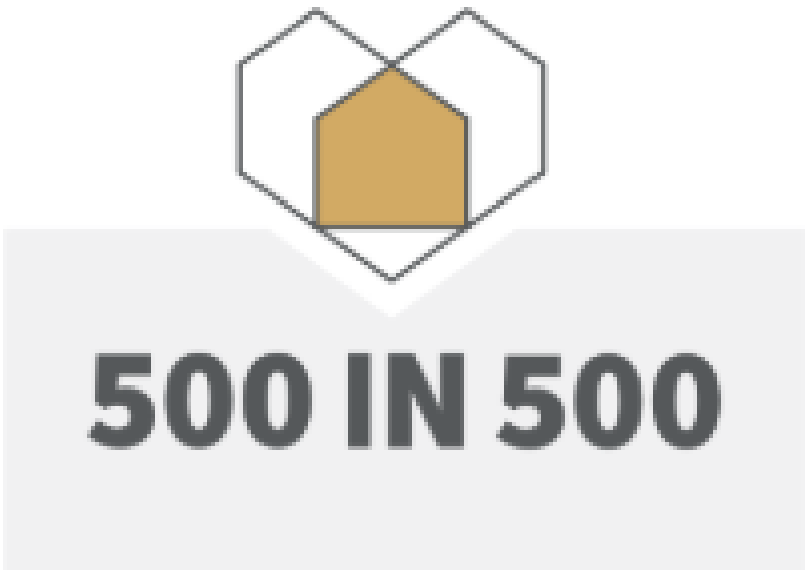
- The number of older adults in shelter more than tripled between 2015 and 2024 (from 58 to 191 clients).
- Point in Time Count
  - 2025 75 ppl 65+
  - 2026 92 ppl 65+

https://analytics.alleghenycounty.us/2025/07/11/older-adults-using-homeless-and-housing-supports/

We get an average of 230 calls/month to our SeniorLine about housing needs.



Alignment with Regional Priorities



- **Because nobody should live in emergency shelters or on the street.**
- 500 in 500 is an initiative, launched in June 2024, to help people out of homelessness by making 500 affordable housing units available in Allegheny County in 500 days.

https://500in500.alleghenycounty.us/

Department of Human Services 2025 Strategic Initiatives

2025 GOAL

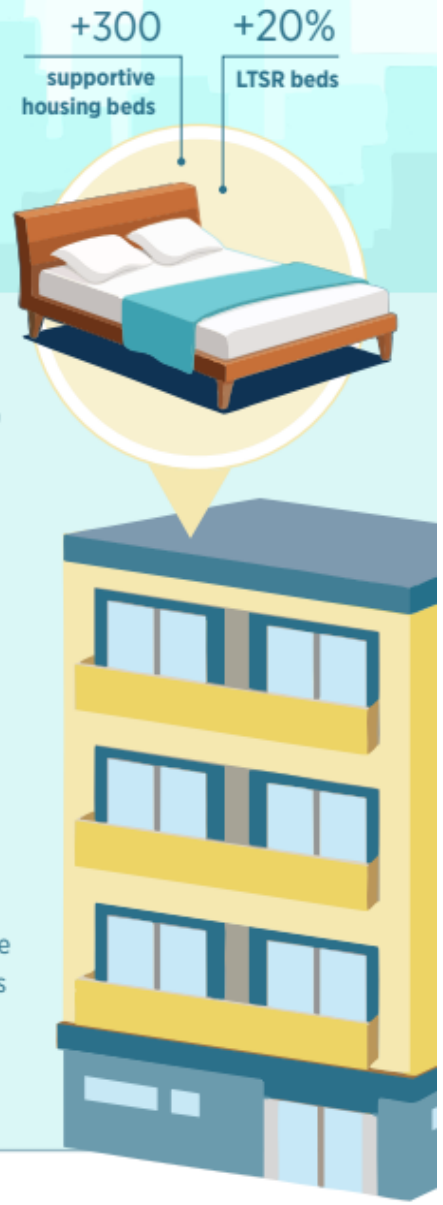
Increase Access

1. Provide Service Beyond 9-5

Make human services available for people whose work and family duties limit their availability during traditional hours. DHS will alter its service schedules to extend beyond the core 9–5 hours, through in-person, phone/text/chat, and self-service options. We will add these options and replace low-volume times of day/week with higher-volume ones.

2.Increase Access to "Housing + Services"

Expand the supply of supported housing for individuals with very significant needs. DHS provides housing + services to over 2,000 people, but many others need access to the healing and stability that this kind of housing provides. We aim to **add 300 supportive housing beds** for people in recovery and those who have been homeless or in the justice system. We also will issue a solicitation to **increase our Long-Term Structured Residences (LTSR) beds by 20 percent.** LTSR is a secure level of care that helps people with histories of trauma, behavioral health needs or forensic involvement and who also may have intellectual disabilities.



Existing Partnership

The Community Care Transitions Program (CCTP)

- Evidence-based model
- Coach patients to self-management over 30-days
- Prevents hospital readmissions
- Began in 2012 with CMS Pilot and has grown over time

John Hartford Award Winners

Received national award in 2024 for saving our partner an estimated cost savings of over **$9.9 Million** in 2022 & 2023 and significantly lower readmission rates (8% vs.16% average)

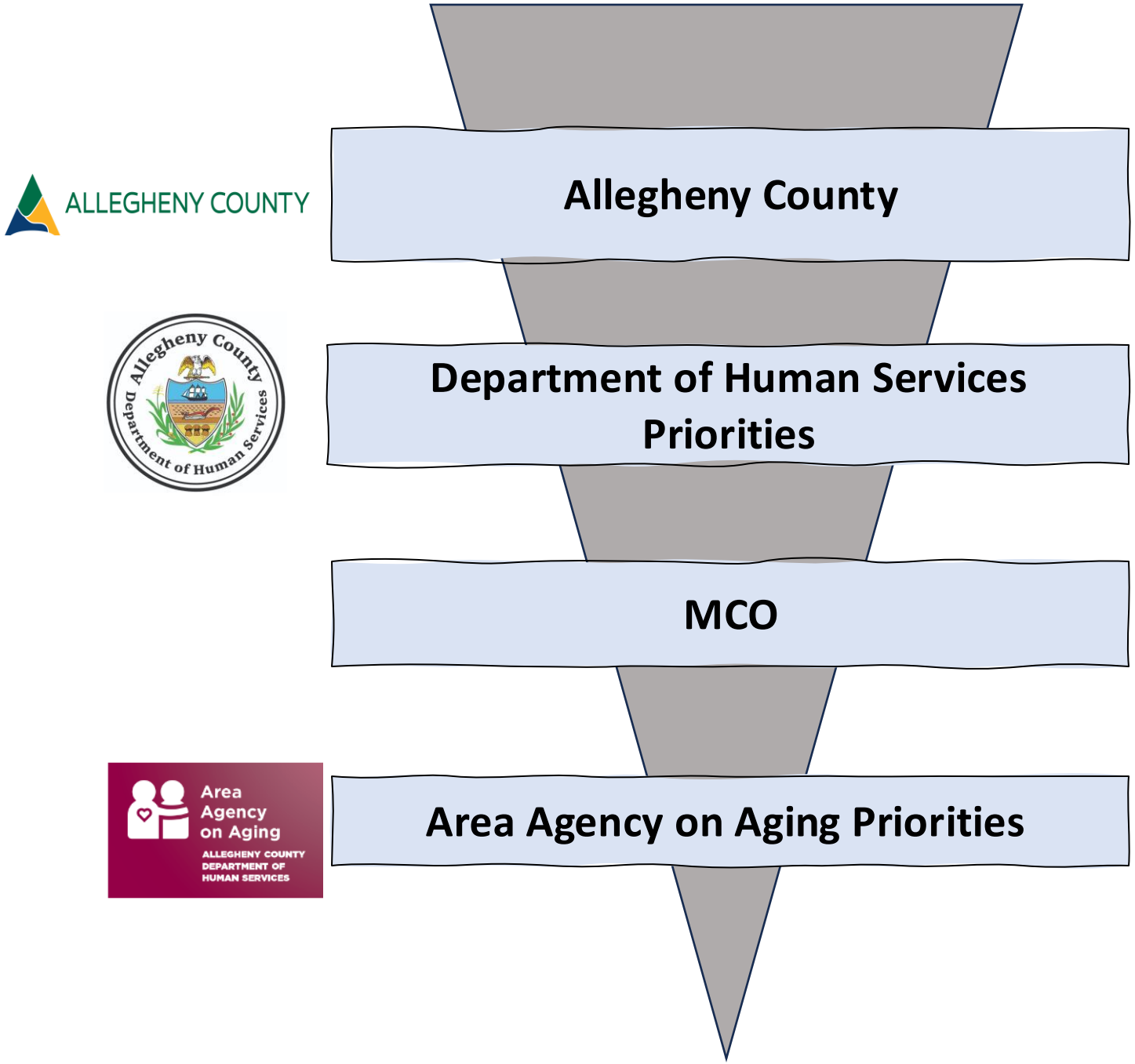
https://aginganddisabilitybusinessinstitute.org/building-collaborative-contracts-with-health-care-allegheny-county-area-agency-on-aging-and-highmark-wholecare/

Opportunity

- To create a Pilot Program at the Allegheny County Department of Human Services/Area Agency on Aging (AC DHS/AAA) to seek and secure housing for clients of a medical respite shelter.
- This system will be created through a partnership with AC DHS/AAA and MCO.
- The AC DHS/AAA will work with MCO Members to assist them in finding housing through complex case management.

Agency Research and Development

Made the case to our team to help us outside of their JDs that helping develop this pilot was a priority



Research and Development

- Convened bi-weekly workgroup of all agency folks who previously worked in housing
- Created list of non-negotiables
- Engage Senior Leadership
- Wrote Pitch
- Cost Modeling

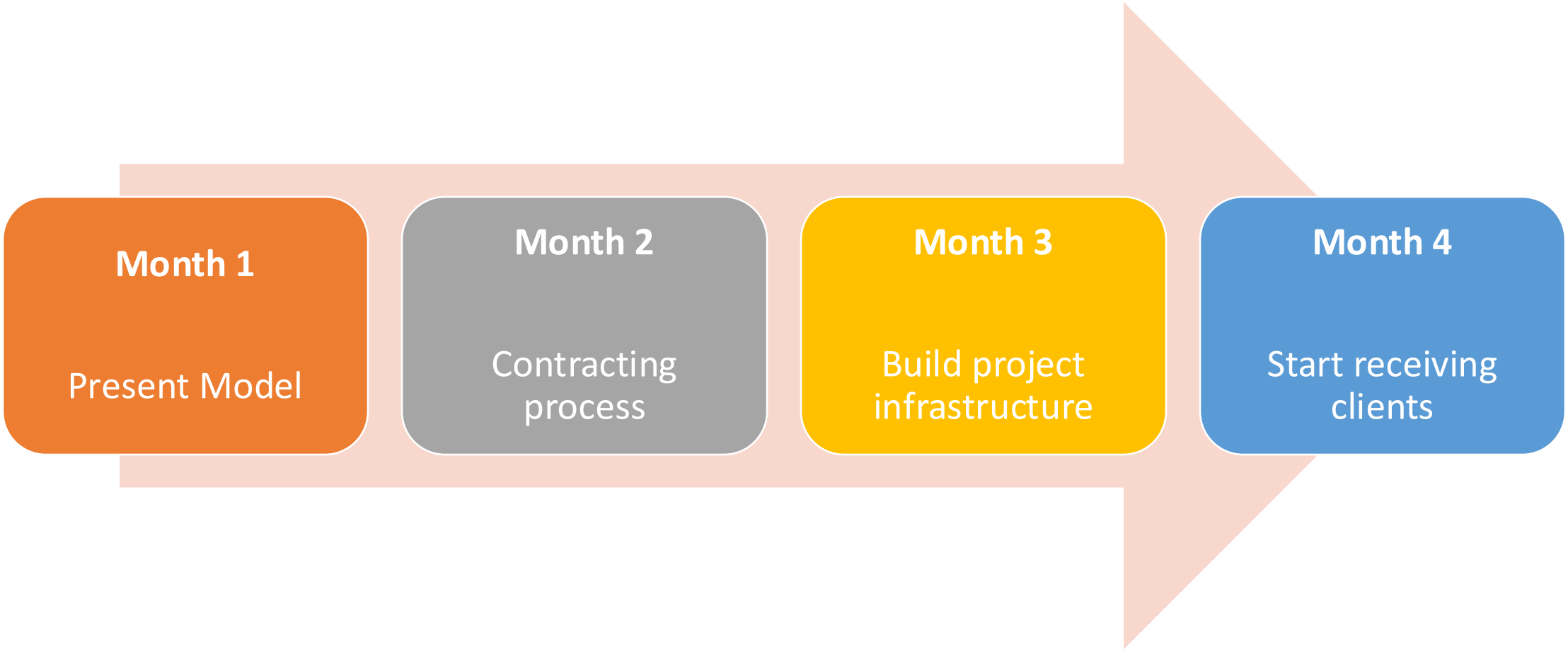

BIG PICTURE PLANNING / CONTRACT NEGOTIATOR
SUPERVISORS OF HOUSING WORK
FOLKS WITH HOUSING EXPERIENCE
PROJECT TEAM
ADMINISTRATION / SECRETARIAL WORK
SOCIAL WORKERS
DATA ANALYSIS / COST CALCULATION
PROJECT MANAGER
Coordinates the team and keeps the project on track and on time.

Partnership Development and Negotiation

- Intervention Development
- Steps in the Process
- Rates
- Non-Negotiables

Intervention

Steps in the Process



Rate Recommendation

Billing Service	Hours per Service	Interval per Intervention
Initial Visit	4	One time
Obtaining Identification	2	Two times
In-person Visits	2	Weekly
Application Completion and Outreach	2	Weekly
Furnishing	7	One time
Move-in Day	7	One time

Non-Negotiables
Contingency Funds

The AC DHS/AAA staff will provide the intensive case management needed to transition the client into permanent housing. To achieve placement, the AC DHS/AAA will need a contingency fund for each client to cover expenses related to the intervention which includes, but is not limited to:

- Application Fees
- Fees to obtain identification to apply for housing
- Groceries
- Purchase furnishings and essential supplies (dishes, sofa, bed, bedding, curtains, lightbulbs, etc.)
- First and last month rent
- Utility deposits
- Transportation for the client to tour housing

Year 1 & Tools to Share

- Year 1
- Tools
- Success Stories
- Challenges & Lessons Learned

Housing Application Checklist

Application Name	Date of Application	Emailed /Online	Mailed	Faxed	Confirmation #	Date Sent	Date Received
DOM Care	5/6/25	☒	☐	☐	None	6/17/25	6/17/25
Share Program	5/12/25	☒	☐	☐	None	5/12/25	5/12/25
ACHA: Golden Towers	5/21/25	☐	☐	☐	ACH0581412130309522	5/21/25	5/21/25
Acha: Millvue Acres	5/21/25	☒	☐	☐	ACH0581412130309522	5/21/25	5/21/25
ACHA: Sheldon Park	5/21/25	☒	☐	☐	ACH0581412130309522	5/21/25	5/21/25
Hilltop/Parkview	6/4/245	☒	☐	☒	Received email confirmation from housing	6/5/25	6/5/25
Action Housing: Pitcairn Apartments	6/4/25	☒	☐	☐		6/5/25	6/5/25

Check Off Sheet

Identification:

☐ Driver's License/State ID

☐ Birth Certificate

☐ Social Security Card

☐ Green Card

Income:

☐ Social Security

☐ Social Security Disability

☐ Pay Stubs

☐ Public Assistance

☐ Bank Statements

Household Information:

☐ Housing History (Landlords Names, Addresses, and Phone Numbers)

☐ Criminal Background Check

A Path to Home SAMS Manual

TABLE OF CONTENTS

- Integrated pilot into our existing state-mandated consumer database tool (SAMS).
- Involved coding new ways to create service and care plans and create new forms of service delivery.
- Once that was completed, staff worked with the technology team to create an easy-to-follow manual for future staff.

Success Story

Managed Care + Housing + Case Management = Better Outcomes

ONE PARTICIPANT'S JOURNEY

HOSPITALIZATION & HOMELESSNESS
Facing serious health challenges and living without stable housing.

MOBILITY DISABILITY CREATED BARRIERS
Wheelchair user with accessibility needs faced significant housing obstacles.

MANAGED CARE, PROVIDER, AND HOUSING PARTNERS COORDINATED SERVICES
Case manager collaborated with medical providers and housing partners to align resources and support.

ADVOCACY REMOVED ACCESSIBILITY BARRIERS
CM advocated and toured units to ensure Mr. F's needs could be met.

STABLE HOUSING ACHIEVED IN LESS THAN THREE MONTHS
Approved for an accessible SRO in the Hill District and moved in.

HEALTH, INDEPENDENCE, AND HOPE RESTORED
A safe home has improved his health and renewed his outlook on life.

> *"They didn't just help me find a place— they believed in me and helped me make it happen.*
>
> *– Mr. F*

A safe home.
Support that lasts.
Hope for the future.

Housing isn't just a social service— it's a healthcare intervention.

CHALLENGES

COMMUNICATION CHALLENGES

Coordinating with shelters and partners can be difficult and time-consuming.

CONSUMERS WITH NO INCOME

A new challenge—learning the SSI and disability system.

BEHAVIORAL HEALTH ISSUES

Complex needs that can impact housing stability and engagement.

SUBSTANCE USE DISORDER

Adds another layer of complexity to housing and recovery.

SEVERE HEALTH ISSUES

Serious medical conditions increase the level of care and support needed.

Complex needs. Multiple barriers. One goal: Safe, stable housing and better health.

LESSONS LEARNED

COMMUNICATION:

- Do not neglect internal communication.
- For us, this included working with other parts of our agency that are focused on housing.

CULTIVATE RELATIONSHIPS:

- With landlords, for many AAAs these are new relationships.
- With shelters, for some people we needed to get people in short-term shelter.

CONSUMER PREFERENCE:

Some individuals who even have a small income did not want to spend their money on income.

LEARNING THE DISABILITY SYSTEM:

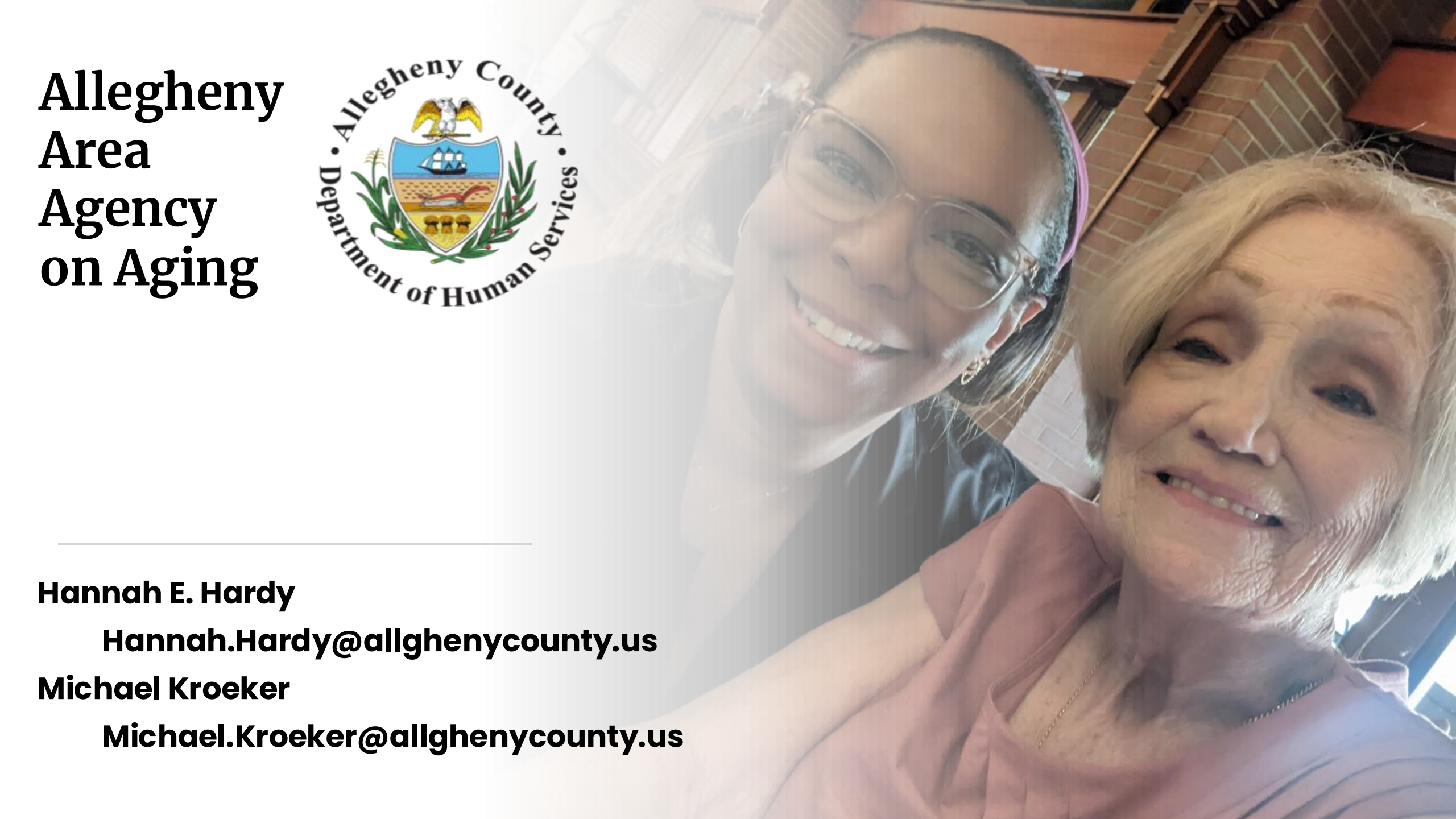
To get them signed up if they have no income.

TIME & PATIENCE:

This all takes a lot of time. Go into work like this understanding that you will be working with them for a while.
Typical close closure time frames can't be assumed in a case like this.

Strong partnerships, clear communication, and patience lead to lasting housing stability.

Allegheny Area Agency on Aging



Hannah E. Hardy

Hannah.Hardy@allghenycounty.us

Michael Kroeker

Michael.Kroeker@allghenycounty.us