

Using Housing as a Platform to Improve Health

March 31, 2016 1:00 pm Eastern

Cosponsored by Funder Together to End Homelessness

Andrea Iloulian, The Conrad N. Hilton Foundation

Russell Johnson, HealthSpark Foundation

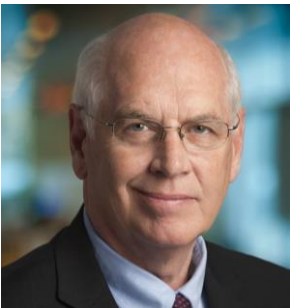
Fred Karnas, The Kresge Foundation



Andrea Iloulian
The Conrad N. Hilton Foundation



Russell Johnson
HealthSpark Foundation



Fred Karnas
The Kresge Foundation

Philanthropy's Role in Connecting Health and Housing

Fred Karnas, The Kresge Foundation

Context: The Housing and Health (Re)Connection

- Housing as a service delivery portal: Supportive Housing
- Housing as prevention: Addressing Substandard Housing
- Comprehensive Neighborhood Development: Affordable Housing

Opportunities

- Medicaid Expansion
- ACA
- State efforts to address health costs and quality of service
- New more comprehensive approaches to housing and community development
- Affirmatively Furthering Fair Housing
- Disparate Impact

The Role of Philanthropy

- Build the Evidence Base
- Change the Narrative
- Advance Policy Change
- Support Community Engagement
- Build Bridges Across Sectors
- Accelerate Innovation
- Build Capacity

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Ending Chronic Homelessness Strategic Initiative





Housing is Healthcare



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

HOUSING AND URBAN HEALTH CLINIC

234 Eddy Street, S.F., CA 94102 Tel. (415) 353-5095

NAME	Don Bernizk	DATE	9/22/11
ADDRESS		ZIP	
		AGE	

Rx

1 supportive housing
unit

LABEL AS SUCH

refill (0) 1 2 3

(PLEASE CIRCLE)

as directed —

J Bamberger M.D.

Joshua Bamberger
License No. | DEA #



Housing is Healthcare

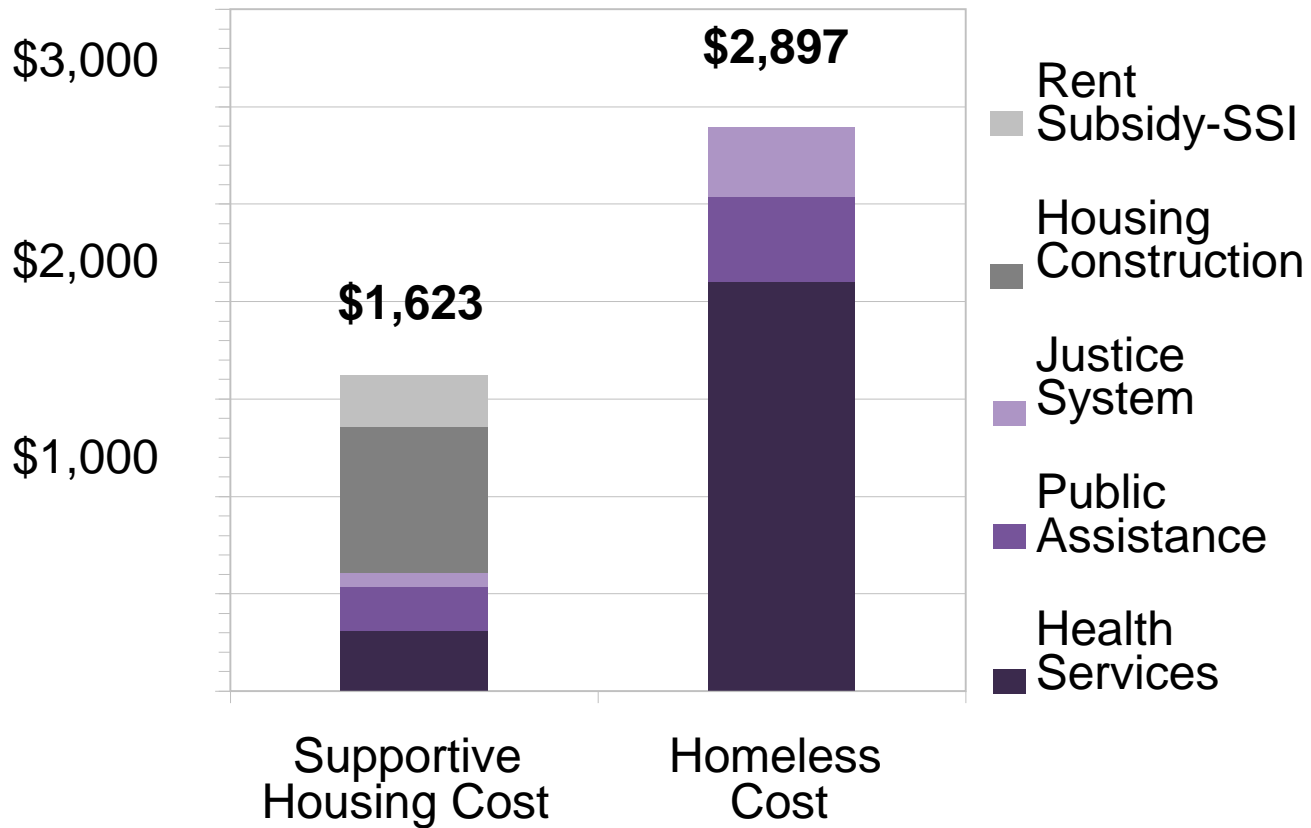
Los Angeles Frequent Users Systems
Engagement (FUSE) Program

Los Angeles Flexible Housing Subsidy Pool

- Los Angeles County Department of Health Services –
Housing For Health

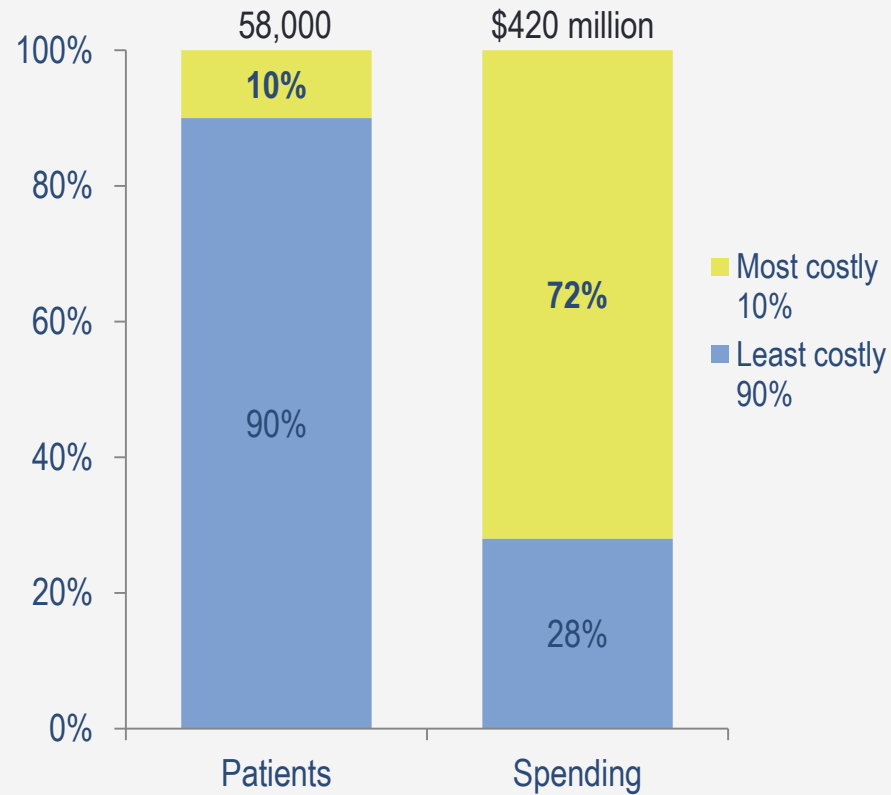


Monthly Cost Reduction in Supportive Housing in Los Angeles



Highest-Need, Highest-Cost 10%

Los Angeles: Homeless Individuals 10% use 72% of healthcare resources



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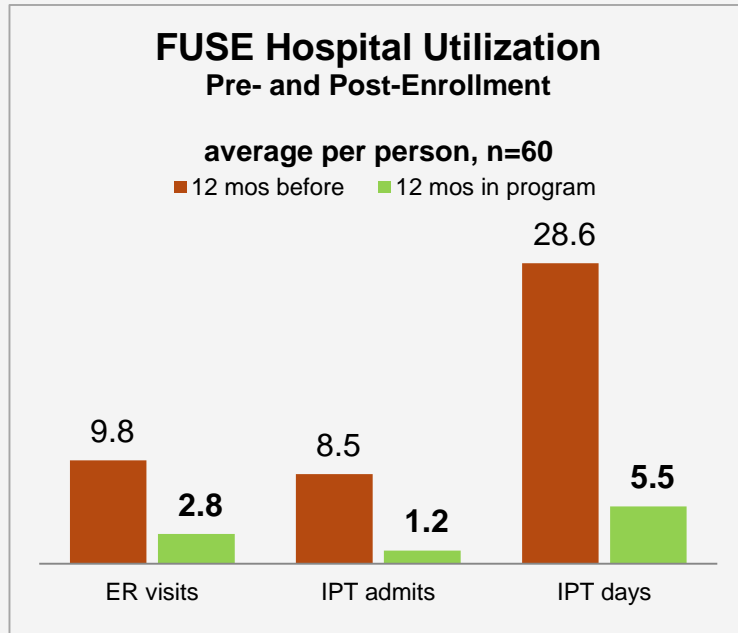


Los Angeles Frequent Users Systems Engagement Program (FUSE)

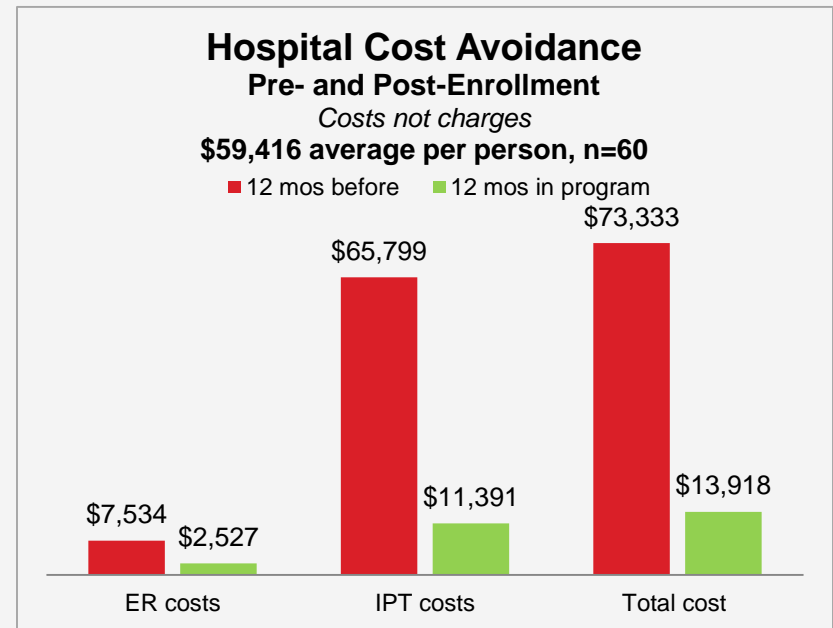
FUSE/SIF Hospital Utilization and Cost Avoidance (Actuals)

81% Average Decrease In Total Costs Per Client Per Year

ER utilization down **71%**
Hospital readmissions down **85%**
Inpatient days down **81%**



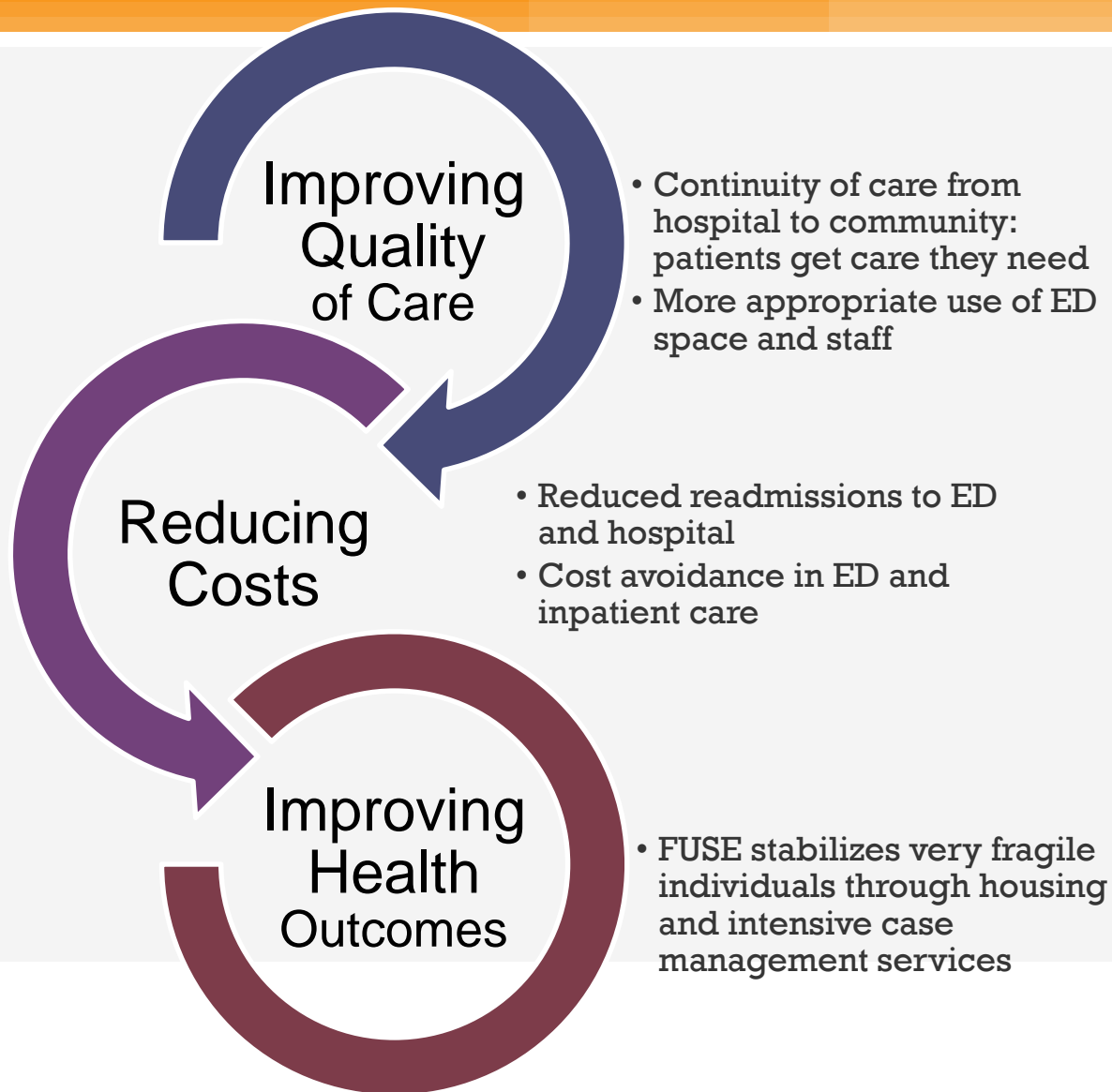
ER costs down **66%**
Inpatient costs down **83%**
Total costs decreased **81%**



Average cost avoidance per person: **\$59,415**
Largest individual cost avoidance: **\$2.2 million**
25% of the cohort avoided costs in excess of \$100,000

Source: FUSE/SIF hospital cost data, September 2013

Triple Aim alignment



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Flexible Housing Subsidy Pool

89.3 KPCC

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Dr. Mitch Katz and the quest to cure LA's health

Rina Palta

August 10 2015



WHY HOUSING MATTERS TO DHS

- **\$70 million/year** inpatient costs for homeless patients
- **\$32,000** cost savings per year post housing
- **Reduction in hospital utilization by homeless before and after housing:**
 - **77% reduction** in emergency room visits
 - **77% reduction** in inpatient admissions
 - **85% reduction** in inpatient days

NEW RENTAL SUBSIDY PROGRAM

- **Launched:** January 2014 by Housing for Health
- **Mission:** Quickly and effectively house homeless
- **Initial Funding:** \$18 million (w/ \$4 million from Conrad N. Hilton Foundation)
- **Housing Types:** Supportive; Affordable; Private market housing
- **Product Types:** Single unit; blocks of units; entire buildings



YOUR WAY HOME
MONTGOMERY COUNTY

Your Way Home Montgomery County

Building a Public/Private Partnership

Funded in part by:



The Core Partners

Public Sector

- County Departments of
 - Behavioral Health
 - Housing
 - Child Welfare
 - Veteran's Affairs
 - Aging & Adult Services
 - Community Connections
- Housing Authority

Private Sector

- Foundations
- Nonprofit Housing Providers
- Housing Resource Centers
- 2-1-1
- Landlords

Our Beginning



YWH emerged from a collaboratively funded community needs assessment that found that consumers had difficulty accessing the county's homeless system; and that the homeless service provider community also experienced difficulties working together to end homelessness for their clientele.

Why a Health Foundation Invests in Housing

HealthSpark had a health and human services grants portfolio that invested in:

- Capacity building
- Program development to design, test and launch high quality, cost-effective programs and services

Grantees told us that people experiencing poverty needed 5 things to sustain health, recovery from trauma and illness, and exit poverty:

1. Stable housing
2. Access to healthy foods and nutrition
3. Access to affordable healthcare
4. Access to training and education
5. Sustainable wages and reliable sources of household income

We refocused our systems change grants portfolio in 3 areas: Health, Housing, and Food.

Scanning the Community Landscape

- Five county agencies were unilaterally deciding how to deploy local, state and federal funds resulting in a confusing landscape for service providers and housing developers
- Several foundations supporting direct services to homeless people; but none investing in building/improving the service delivery system
- No philanthropic funds were available to “follow the client”; they were all site specific
- County using HUD rules and guidelines to design and operate its homeless system

Scanning the Community Landscape



- Number of people presenting as “homeless” was growing
- Economy in crisis – Worldwide Recession
- Not one direct service provider was trained to use any evidence-based or promising best practice case management or client vulnerability assessment tool
- The ‘Continuum of Care’ was fragmented and clogged with consumers unable to exit the system

Our Initial Focus

- Figure out how to maximize revenue in the context of an economic recession
- Explore political will to consolidate government funds and develop a cohesive funding strategy
- Determine how to serve homeless population in a cost-effective, high quality/high impact way
- Ascertain who was being served and why
- Establish how to use data to inform the discussion
- Identify evidenced-based tools and promising best practices
- Locate communities where desired outcomes were occurring and potentially replicable

Beginning Partnerships and Activities

Partnerships

- HealthSpark Foundation, Community Foundation and County Dept. of Housing & Community Development
- Four homeless provider agencies
- Provider Collaborative Membership Organization

Activities

- Hired a consultant to identify communities with promising practices and demonstrated outcomes
- Hosted community stakeholder conversations to solicit feedback and explore adopting evidence-based tools and/or promising best consumer engagement practices
- Conducted a multi-stakeholder site visit to Alameda County to visit Everyone Home, also a public-private partnership built during the recession in response to HUD's Homeless Prevention and Re-Housing Program (HPRP)
- Launched a series of small pilot initiatives to test out new models of service delivery and widely shared results
- Shared lessons learned with members of Philanthropy Network (regional association of grantmakers)

Community Goals

- Improve the housing crisis response system
- Embrace *Housing First* principles and service delivery models
- Increase supply of permanent housing and align use of subsidies
- Build infrastructure and support for a strong *local* team to drive sustainable changes in the housing system

Core Values



- Safe and affordable housing is a fundamental human need
- Homelessness is both a housing and a population health issue
- Consumer-directed services
- Serve consumers in their own homes and community whenever stability supports exist
- Promoting housing stability improves the quality of life and builds stronger communities

YWH Strengths



- Coordinated entry system
- Open HMIS and data sharing
- Diversion counseling (homeless prevention)
- Rapid Rehousing as a core intervention
- Partnerships among public and private stakeholders
- Coordination with behavioral health, employment services, landlords and child care providers
- Housing voucher priority system
- Learning collaborative
- Leveraged cross-sector funding (government/philanthropy)

Roles for Philanthropy



- Environmental Scan
- Learning
 - Site visits (external and internal to system)
 - Training (cost of trainers, training materials, meeting materials, etc.)
 - Learning collaborative (independent facilitation, meeting materials, etc.)
- Funder Collaborative
 - Shift from individual provider investments to pooled fund with resources that follow the consumer; landlord risk mitigation fund;
 - Capacity building, scaling impact, research and evaluation
 - Support for fiscal sponsorship role
- Evaluation (Continuous Quality Improvement; Process Improvement, etc.)

Fiscal Sponsorship

- Pooled funds require a fiscal sponsor to manage
- Heavy burden to convince funders to pool their funds
 - Overcome individual funder grant application, reporting and oversight processes
 - Consider historical relationships with grantees
 - Preservation of investments supporting general operations
 - Additional investments to support client outcomes
- Sponsor's relationship with donors and supported organizations

Advantages of Pooled Funds

- Reduced transactional costs for funders and grantees
- Ready access to pooled funds supporting timely delivery of financial assistance (Rapid Re-housing especially benefits from this pool)
- Enhanced impact (Providers have aligned goals, processes and quality benchmarks)
- Funds are not linked with or restricted to the provider serving the consumer (clients move)

Advantages of Public/Private Partnership

- Coordinated agenda, mutually agreed upon priorities and shared vision fosters improved coordination across behavioral health, employment and child care systems, landlords, municipalities, businesses and others
- Positive system outcomes data and achievement of milestones attracts more and diverse sources of investment
- Covering gaps in public dollars shortens temporary housing stays and helps ensure timely and successful rehousing in affordable housing
- Coordinated effort reduces the burden on clients to find assistance

HealthSpark Foundation

A small asset, community-focused foundation investing in healthy communities

Russell Johnson

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Q&A

- More webinars on this topic?
- New topics you want to tackle or learn more about?
- Innovative work that you want to share?
- A question you want to pose to your colleagues?

Contact GIH at equity@gih.org. Contact Funders Together at lauren@funderstogether.org.