



CENTRAL CITY CONCERN

HOMES HEALTH JOBS

Housing is Health Collective Impact Initiative

Sean Hubert, Chief Housing and Strategy Officer

February 8, 2018

Overview

- Our work
- Describe the Housing Is Health Collective Impact Initiative
- Provide context that supported development of this collaboration
- Understand financial drivers for collaboration + Social ROI



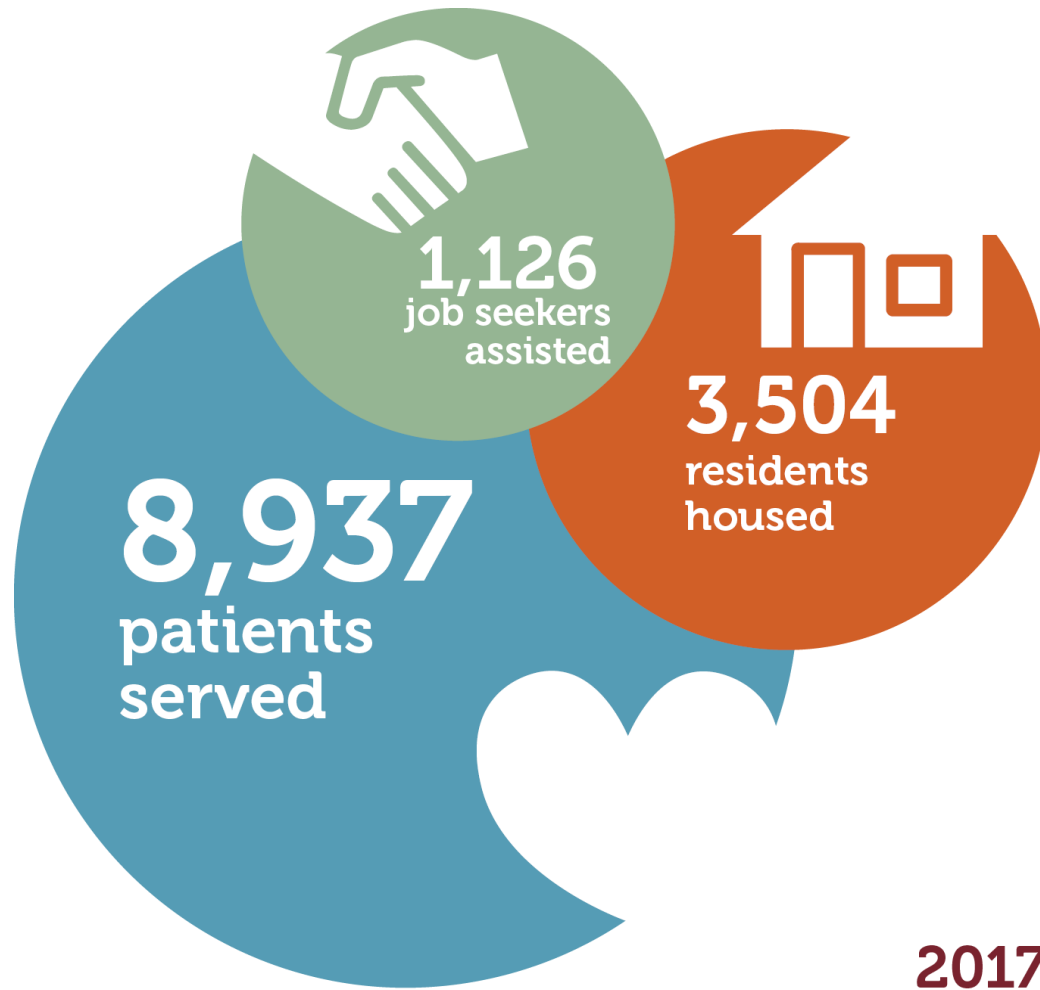
CENTRAL CITY
CONCERN

HOMES HEALTH JOBS

CCC's Mission: How we pursue it

- Central City Concern meets its mission through equity-based, comprehensive strategies that foster health and social and economic strength for people experiencing disproportionate barriers to success.
- Together, we venture on a journey of personal and community transformation, embracing:
 - Direct access to **housing** which supports lifestyle change.
 - Integrated **healthcare** services that are highly effective in engaging people who are often alienated from mainstream systems.
 - The development of **peer relationships** that nurture and support personal transformation and recovery.
 - Attainment of **income** through employment and/or accessing benefits.

Central City Concern's Scope



1700 APARTMENTS IN 24 BUILDINGS



- Transitional housing
- Permanent supportive housing
- Family housing
- Housing first and harm reduction programs

EMPLOYMENT SERVICES



- One-on-one supported employment services specific to individual and community needs
- Volunteer opportunities that build confidence and work skills
- Training through transitional jobs in social enterprises

13 FEDERALLY QUALIFIED HEALTH CENTER SITES



- Integrated primary & behavioral health care
- Community mental health services
- Subacute detoxification
- Inpatient and outpatient recovery services
- Acupuncture & naturopathic treatments
- Pharmacy

SOBERING SERVICES



- Transportation and stabilization services that protect the health and safety of the downtown community
- Harm reduction for individuals experiencing public intoxication

Making headlines: Housing is Health

- \$21.5 million donation from six health systems toward 379 units of housing and new health center announced in Fall 2016.
- National news including ***New York Times***, ***Washington Post*** and ***ABC News***.
- Generated interest from industry leaders from:
 - CSH
 - Mercy Housing
 - LIIF
 - The Kresge Foundation
 - and more.



Health and Housing Collaborative



“In health care, we are moving from a focus on caring for disease and acute illness toward ongoing care and treatment of a patient’s overall needs. We know that access to housing helps stabilize people’s lives—and as a result, puts them in a better position to get the best level of care to keep them well.”

-Dave Underriner, Chief Executive, Providence Health & Services – Oregon

HEALTH AND HOUSING RESULTS

- Three new buildings that will add 379 units of affordable housing to the Portland area
- Includes a new health clinic in East Portland

Coming in 2018-19



Charlotte B. Rutherford Place
51 units



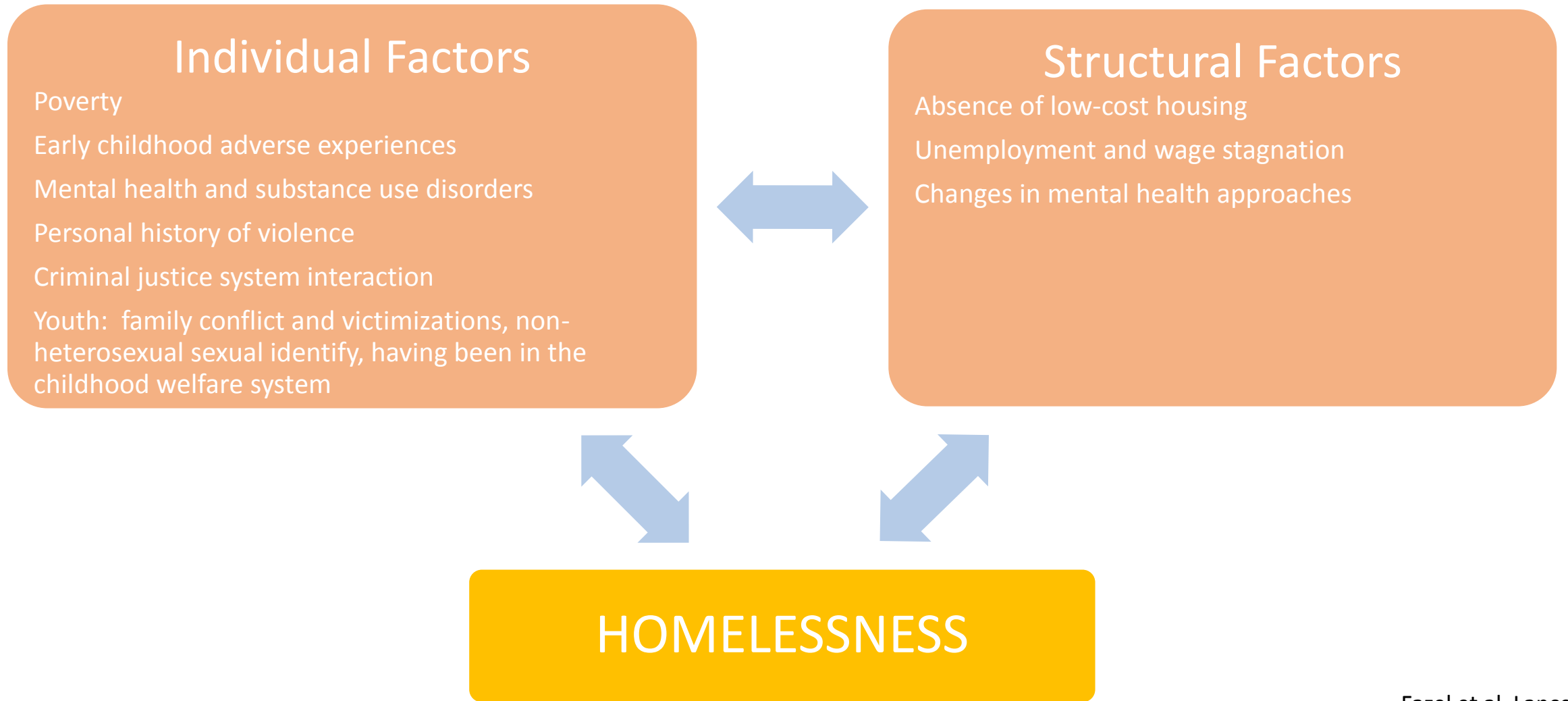
Stark Street Apartments
153 units



Blackburn Building –
Housing: 175 units
Integrated Health Clinic

Providing Context: How Did We Get Here?

Why are people homeless?



Fazel et al Lancet 2014

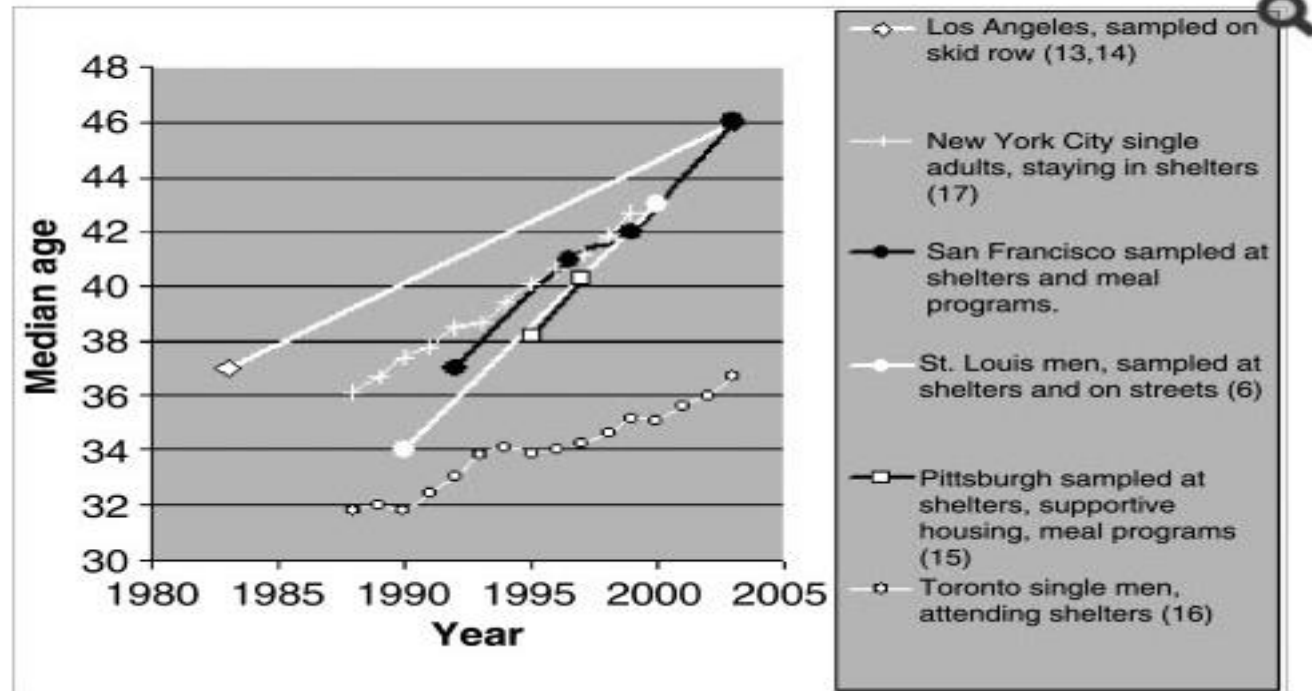
The current housing paradigm

- Shortage of affordable housing: 120,000 state / 30,000 Portland
- Oregon has the 4th highest rate of per capita homelessness in nation
- What the market is building: less than 1% affordable
- What the public funders are building: 80%+ affordable at 50% MFI and above
- **Very Low Income and highly vulnerable population needs are not being met**
- **Health Systems high utilizers housing needs impacting healthcare costs and outcomes**



The homeless are aging

FIGURE 1



“People over 50 are the fastest growing segment of the homeless population, and they are battling more chronic physical and mental conditions that homeless people in the previous generation.”

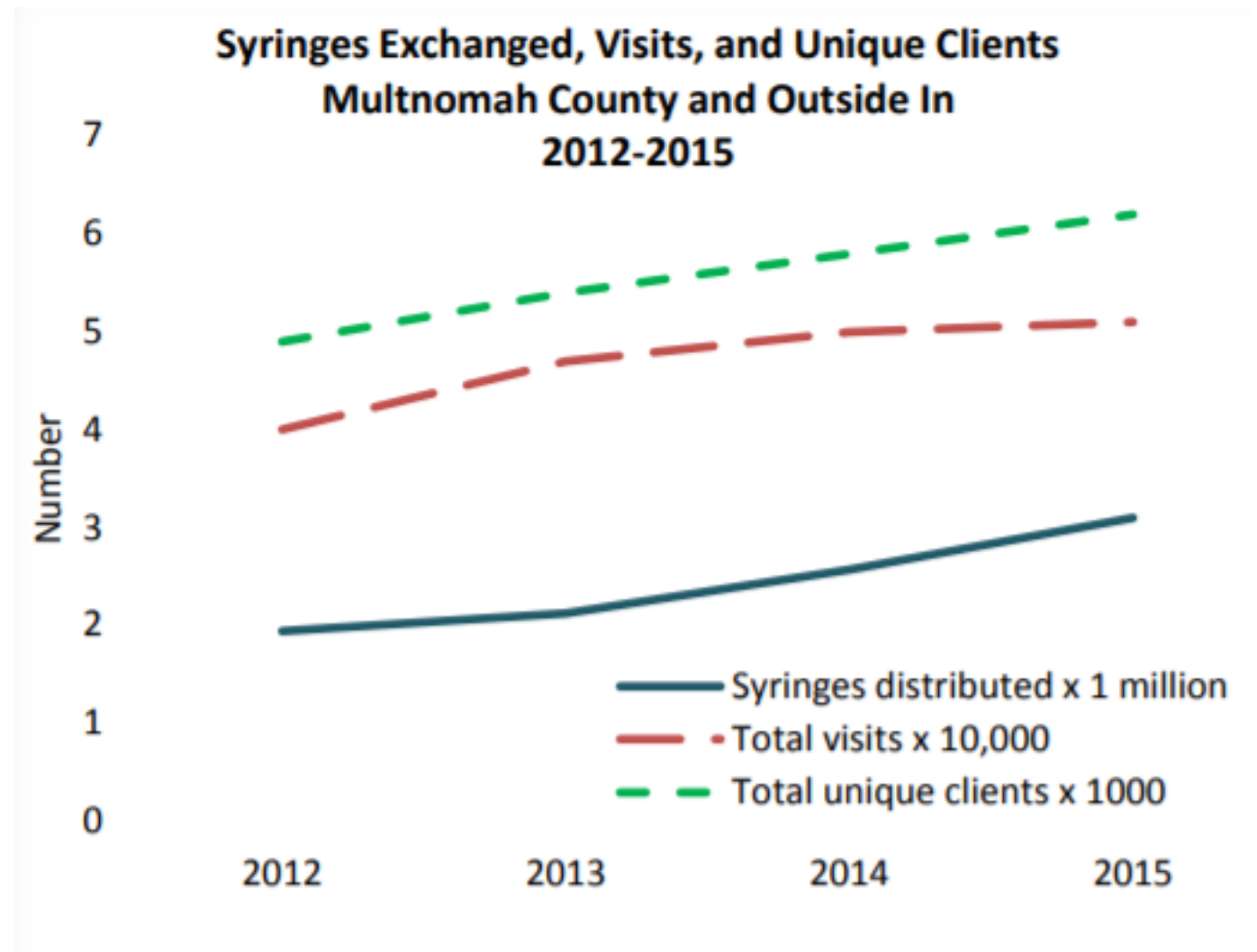
-Carla Bezold, from *With the population on the streets aging, homelessness mimics a chronic disease*, Council for the Advancement of Science Writing, 2015

Source:

Hahn, J.A., Kushel, M.B., Bangsberg, D.R., Riley, E., Moss, A.R. (2006). Brief report: The aging of the homeless population: Fourteen-year trends in San Francisco. *Journal of General Internal Medicine*, 21 (7), 775-778.

The opioid epidemic and homelessness

- More than 3 million syringes exchanged in 2015, a 59% increase since 2012
- More than 6,000 unique clients served in 2015
- **40% of syringe exchange clients were homeless; an additional 27% reported an unstable housing situation**
- More than half of heroin users surveyed wanted to quit or cut down but report many barriers to treatment

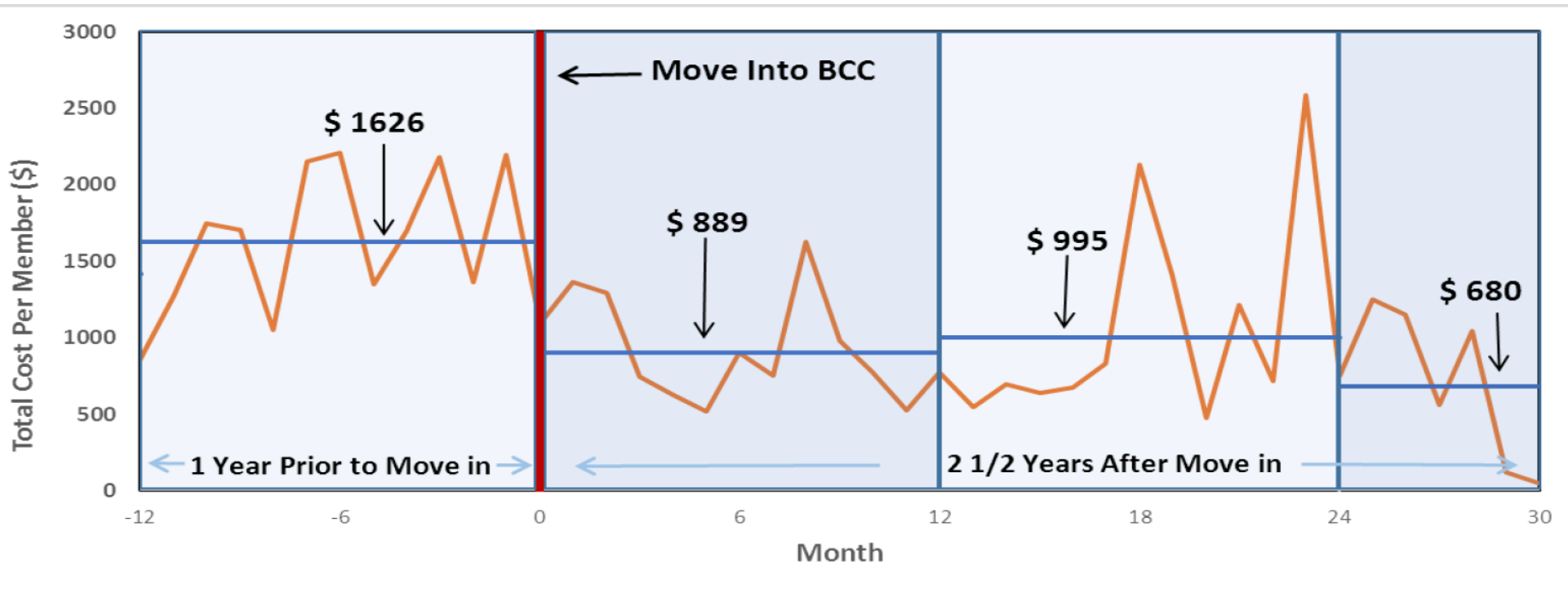


Developing the Financial Case + Social ROI

LEARNING FROM LOCAL MODELS: BCC

From Providence Center for Outcomes Research & Education:

Exhibit 2. Total Costs Per Member Month (PMPM) Before and After Moving in to BCC



NOTES: The orange line represents actual total costs per member per month. The blue line (and associated numbers) represents the average (mean) cost for each indicated time period (one-year increments). The red line indicates the date each individual moved into BCC.

Learning From Local Models: RCP

Medical Respite Programs Decrease Hospital Readmissions

| Central City Concern, Recuperative Care Program | | | | |
|----------------------------------------------------------------------|-----------|-----------|-----------|--|
| <i>Stays Discharged from October 1, 2014 to September 31, 2015**</i> | | | | |
| <i>Cumulative Readmissions After Discharge from RCP</i> | | | | |
| <i>Readmission Within XX Days of RCP Discharge</i> | | | | |
| n=50 | 30 | 60 | 90 | |
| 0 Admissions | 94% | 86% | 80% | |
| 1 Admission | 6% | 14% | 16% | |
| 2+ Admissions | 0% | 0% | 4% | |

****NOTE:** Many studies have demonstrated that a typical readmission rate for individuals experiencing homelessness is 50%.

Learning From Local Models: CCC Recovery Housing

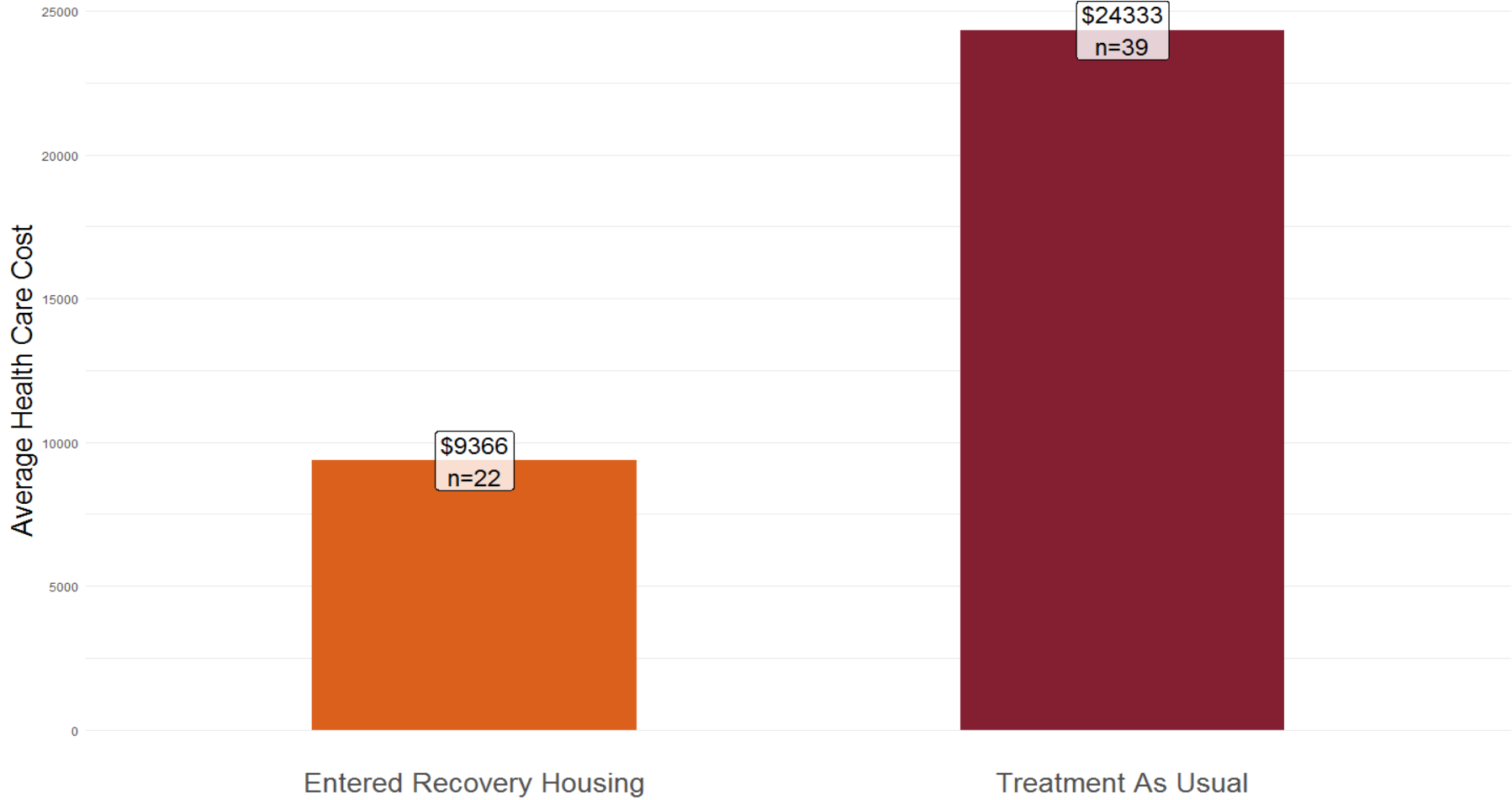
Clients who entered Recovery Housing after detox were:

3 times as likely to complete SUD treatment

10 times as likely to engage in primary care at OTC

Learning From Local Models: CCC Recovery Housing

Lower Total Health Care Cost with RH



Differences are statistically significant, but sample size is small; average cost for 12 calendar months following month of decedent's admission

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THE PITCH

- Collective investing could impact the gap in need and care
- Collective investing could be catalyst for additional private investment + public policy shift
- Private investment leverages additional funding –\$1 private investment could leverage \$3+ from other sources
- Collective investment could make a dramatic difference in the lives of vulnerable populations; reduce repeat hospitalizations and other public costs; improve coordination, care and outcomes; stabilize lives; build self-sufficiency

TIE TO OUTCOMES RESEARCH

Providence Center for Outcomes Research and Education (CORE) at Providence Portland Medical Center and the Center for Health Research at Kaiser Permanente :

CORE

Center for Outcomes
Research and Education

- Housing retention
- Employment Outcomes
- Clinical Outcomes
- Healthcare Utilization and Total Cost of Care
- Opportunity for other cross sector evaluation:
 - Education (School Days Missed)
 - Criminal Justice (Jail Days, Recidivism)

Eastside Housing and Health Center

- Integrated health center with 175 units of housing
- Serve medically fragile people, people in recovery from addictions and mental illness
- 52 beds providing medical and mental health respite care
- 10 units providing palliative care housing
- 133 units recovery housing
 - 90 SROS – Transitional
 - 34 Studios – Permanent
- **Leverage 175 beds into 3,500 people served every 5 years**



Campus Legal Structuring



Eastside Financial Overview

| Sources | Condo A - (floors 4,5,6) | Condo B - (floors 1, 2, 3) | Total | Uses | |
|--------------------------------------|-----------------------------|-------------------------------|----------------------|------------|----------------------|
| Low Income Housing Tax Credit Equity | \$ 8,060,393 | \$ - | \$ 8,060,393 | Hard Costs | \$ 37,700,000 |
| New Market Tax Credit Equity | \$ - | \$ 7,893,600 | \$ 7,893,600 | Soft Costs | \$ 10,411,525 |
| Health Care Investment | \$ 9,842,191 | \$ 10,157,809 | \$ 20,000,000 | Land | \$944,681 |
| CCC Cash Contribution | \$ 849,874 | \$ 152,886 | \$ 1,002,760 | | |
| Solar Tax Credits | \$ 250,000 | \$ - | \$ 250,000 | | |
| Weatherization Program | \$ 150,000 | \$ - | \$ 150,000 | | |
| Energy Trust of Oregon | \$ 100,000 | \$ - | \$ 100,000 | | |
| Permanent Debt | | \$ 5,800,000 | \$ 5,800,000 | | |
| Multnomah County Fund | \$ 1,700,000 | | \$ 1,700,000 | | |
| Oregon Community Foundation | \$ 150,000 | | \$ 150,000 | | |
| Oregon Health Authority-NOFA Grant | \$ 2,500,000 | | \$ 2,500,000 | | |
| Meyer Memorial Trust | \$ 180,000 | \$ 320,000 | \$ 500,000 | | |
| Deferred Developer Fee | \$ 684,295 | \$ 265,158 | \$ 949,453 | | |
| TOTAL* | \$ 24,466,753 | \$ 24,589,453 | \$ 49,056,206 | | \$ 49,056,206 |
| * Includes NMTC Fees (\$2MM) | | | | | |

Questions and discussion

Thank you!

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