



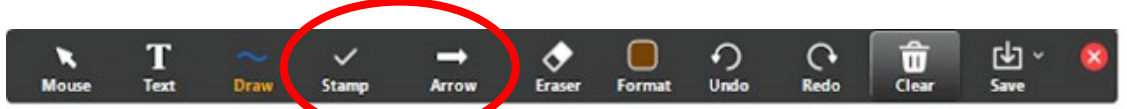
Forging Healthcare and Housing Partnerships

A presentation for the PA Eastern
Balance of State CoC

May 30, 2024

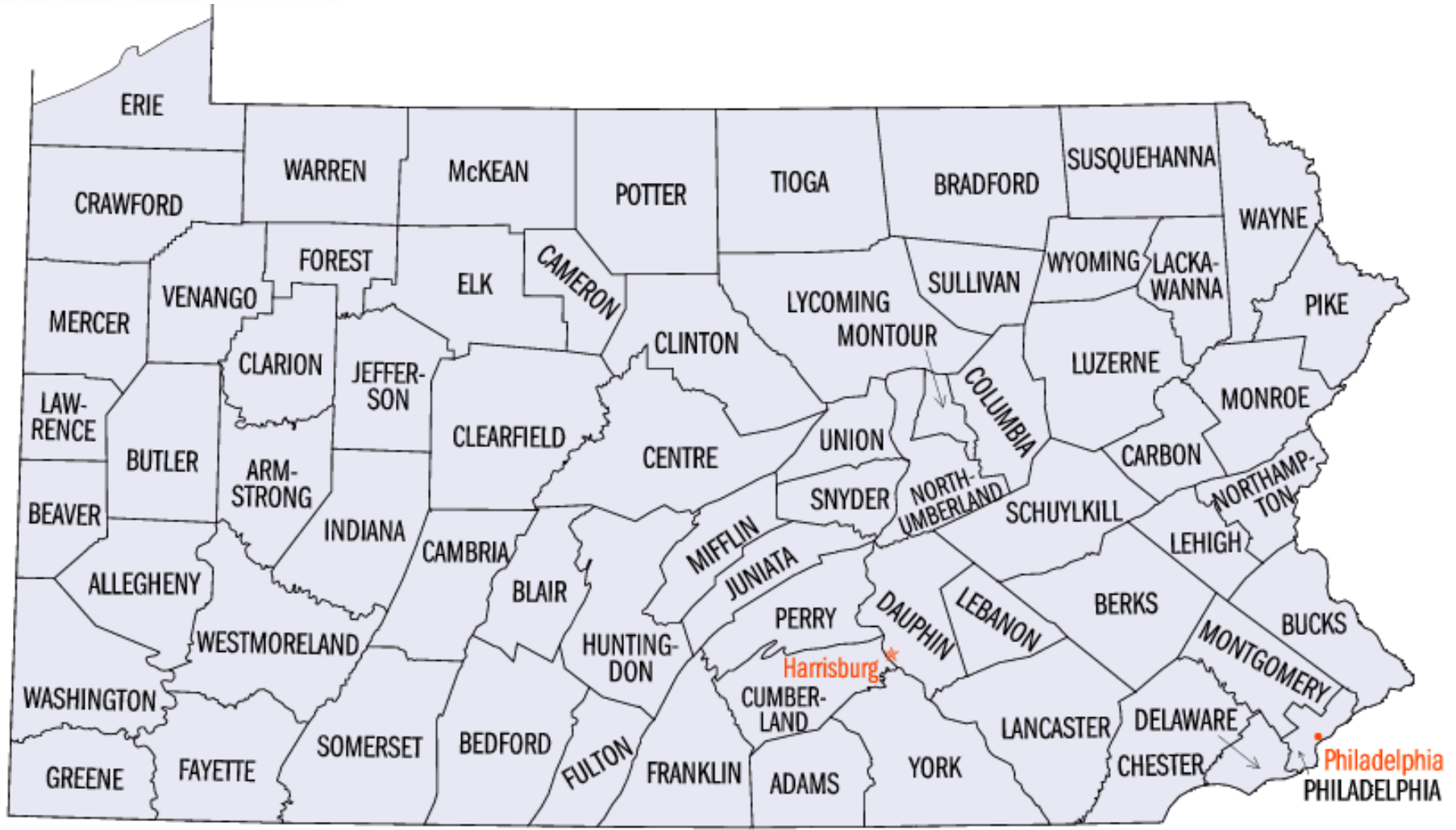
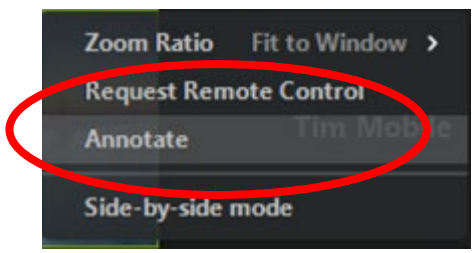


Where are you located?



Annotation Tools
(top of Zoom window)

You are viewing Tim Ng's screen View Options





About CSH

CSH is 501c3 nonprofit intermediary organization and CDFI that advances **supportive housing** as an approach to **help people thrive**.

Since our founding in 1991, CSH has distributed more than **\$1.7 billion in loans and grants** that has created over **467,000 homes for individuals and families** exiting homelessness.

What We Do

CSH takes action through our three lines of business

Policy & Advocacy

We promote concrete policies and strategies that advance more supportive housing development.



Community Investment

We are a CDFI and invest resources to increase availability and sustainability of quality, affordable housing aligned with services.

Strengthening the Field

We provide training, technical assistance and thought leadership to the housing and services sectors.

Audience Poll



How would rate your knowledge/comfort level with establishing and maintaining partnerships with healthcare providers to meet the needs of your clients and tenants?

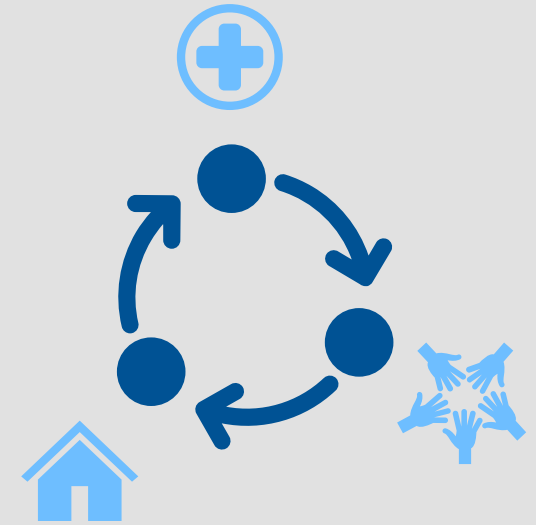


Today's Objectives

- Participants will gain insight into the intersection of health and housing and how that can inform the strengthening of partnerships at a community level.
- Participants will be provided with an overview of the health and housing ecosystem at the Federal, State and Local Level
- Participants will have the opportunity to learn about challenges and successes in establishing healthcare partnerships from their peers
- Participants will learn strategies to engage healthcare partners and establish meaningful partnerships.

Health and Housing

Why does the conversation persist and what does it mean for our current efforts to prevent and end homelessness?



A public health perspective aligns well with work on homelessness and housing instability



Driven by Values



Systems Focused



Centering Race Equity



Limited Resources



No One Left Behind



Data-Driven



Evidenced-Based Approaches



Enhanced by Partnerships



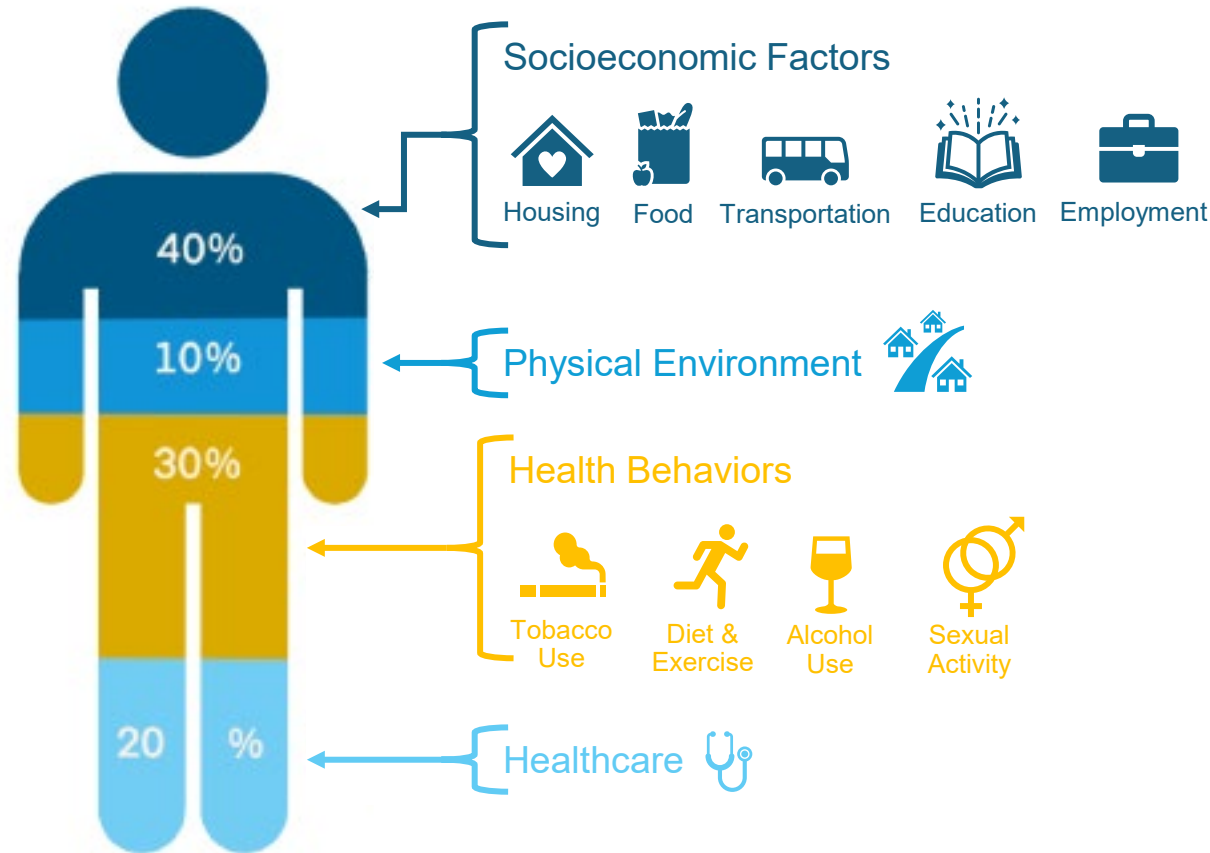
[Click to learn more: CSH on Aligning with Public Health](#)

[csh.org](https://www.csh.org)

Social Determinants of Health

Impact of Social Determinants of Health

Social determinants have a tremendous impact on an individual's health regardless of age, race, or ethnicity



SDOH Impact

- ✓ 20% of a person's health and wellbeing is related to access to care and quality of services
- ✓ The physical environment, social determinants, and health behaviors drive 80% of health outcomes

Housing as a Determinant of Health

High housing cost burden is associated with negative outcomes including higher rates of self-assessed fair/poor health, mental distress, and HIV prevalence.

People cannot focus on their physical and mental health when their housing is not safe and secure.

Evidence shows correlation with stable housing and improved health outcomes.

Links Between Housing and Health



Housing quality

Housing that is safe, dry, clean, maintained, adequately ventilated, and free from pests and contaminants, such as lead, radon, and carbon monoxide, can reduce the incidence of negative health outcomes such as injuries, asthma, cancer, neurotoxicity, cardiovascular disease, and poor mental health.

Housing affordability

Affordable housing enables people to pay for other basic needs such as utilities, food, and medical care, which can reduce the incidence of negative health outcomes such as malnutrition, diabetes, anxiety, and depression.

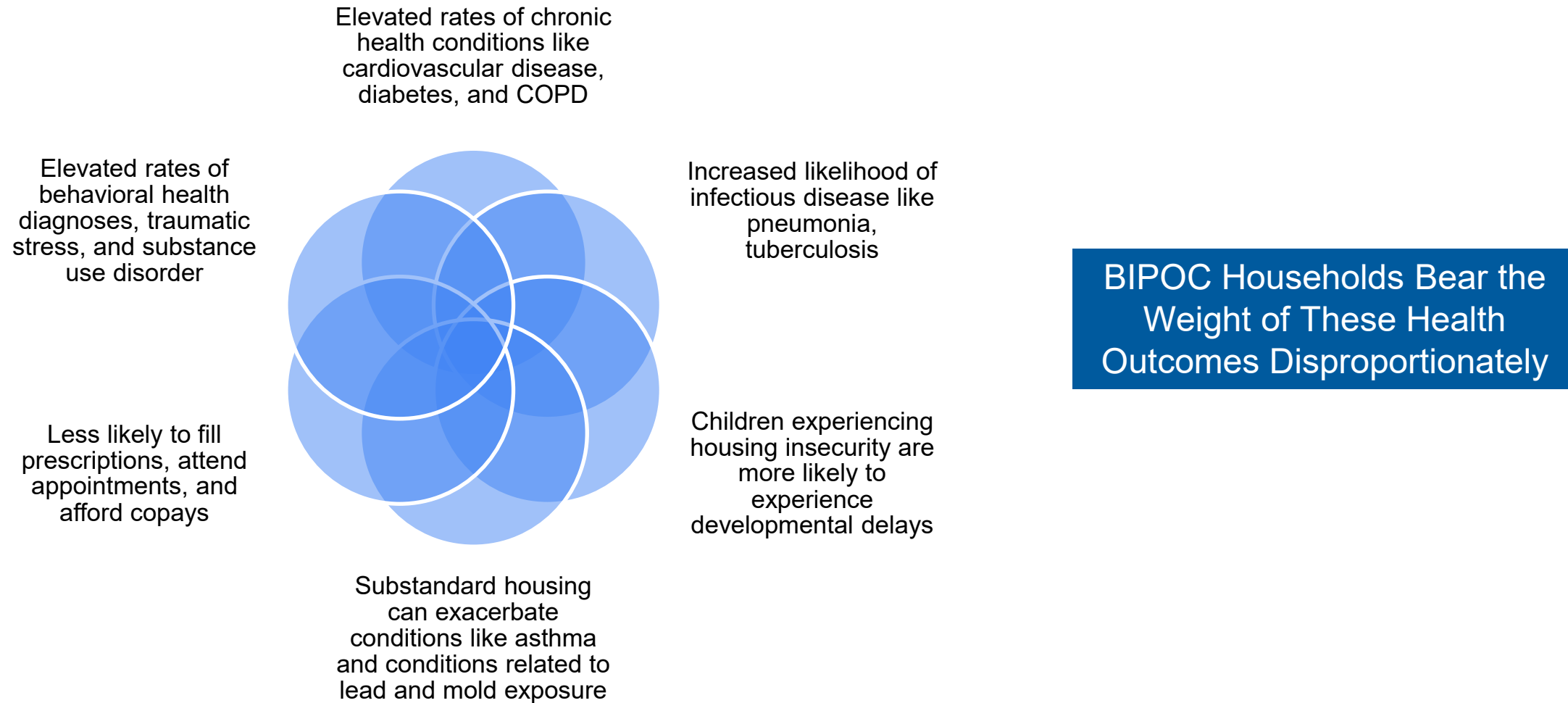
Housing community

Neighborhoods free from segregation and concentrated poverty, and in which residents have close and supporting relationships with one another, can improve physical and mental health by reducing stress and exposure to violence and crime as well as improving school performance and civic engagement.

Housing location

Easy access to public transportation, parks and recreation, quality schools, good jobs, healthy foods, and medical care can help reduce the incidence of chronic disease, injury, respiratory disease, mortality, and poor mental health.

Health Impacts of Homelessness and Housing Insecurity



American Hospital Association Housing and the Role of Hospitals: <http://www.hpoe.org/Reports-HPOE/2017/housing-role-of-hospitals.pdf>

HUD FY23 CoC NOFO



U.S. Department of Housing and Urban Development

Community Planning and Development

Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care
Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants
FR-6700-N-25
09/28/2023

- HUD COC NOFO in FY23 allotted 14 points for coordination with healthcare
- Included how the CoC works with providers to coordinate with healthcare providers (2 Points)
- CoC coordinates with public health agencies to respond to and prevent infectious disease among people experiencing homelessness (5 Points)
- Leveraging health care resources (7 Points)

HUD NOFO – Leveraging Health Care Resources

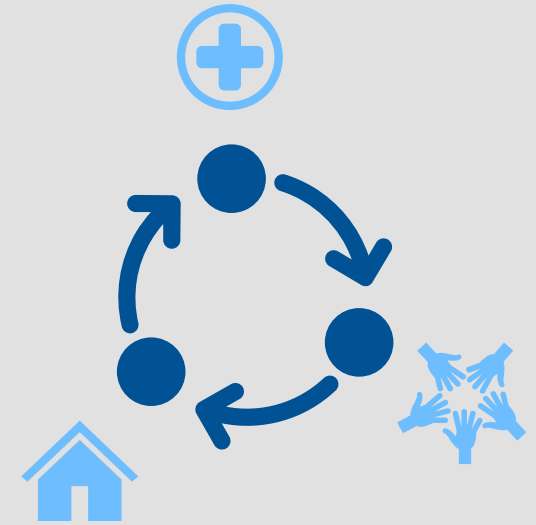
- These points are available for CoCs that apply for at least one PSH or RRH project that utilizes healthcare resources to help individuals and families experiencing homelessness. Sources of health care resources include:
 - Direct contributions from a public or private health insurance provider to the project (e.g., Medicaid), and
 - Provision of health care services by a private or public organization (e.g., Ryan White funded organization) tailored to the program participants of the project.
 - Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the health care service provider.
- CoCs must demonstrate through a written commitment from a health care organization that:
 - (i) in the case of a substance use disorder treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or
 - (ii) the value of assistance being provided is at least an amount that is equivalent to 25 percent of the funding being requested for the project, which will be covered by the healthcare organization.
- Acceptable forms of commitment are formal written agreements and must include:
 - Value of the commitment, and
 - Dates the healthcare resources will be provided.
- In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.
- CoCs can receive less than full points for demonstrating commitments less than the threshold described above.

Breakout Discussion:

- What are your/your agency's goals for healthcare collaboration?
- What are the barriers that get in the way of achieving these goals?
- What have been some successes you've experienced toward achieving these goals?

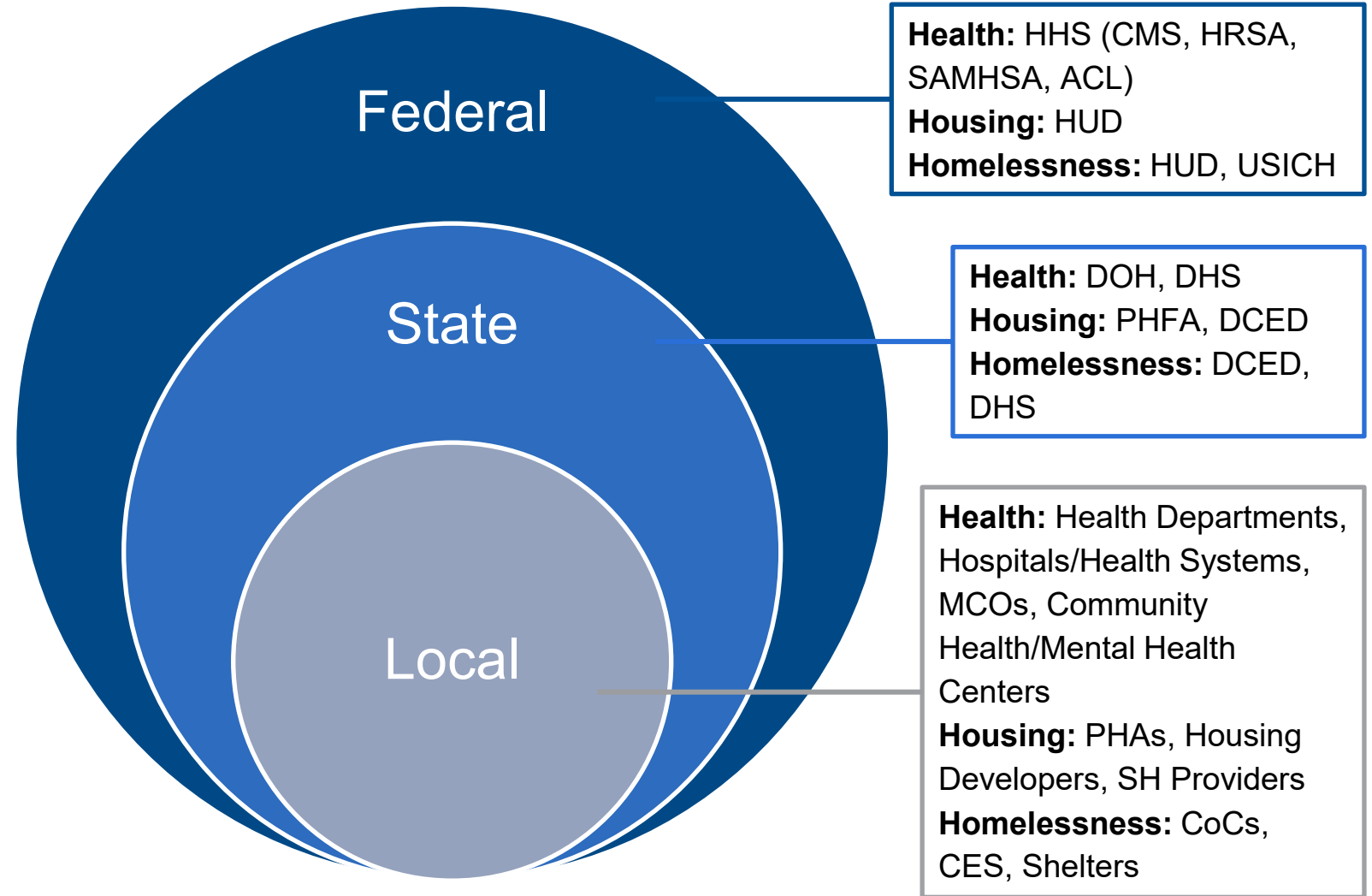
Health, Housing, and Homelessness Ecosystem

Who are the stakeholders? Who do I partner with?
What resources do I leverage?



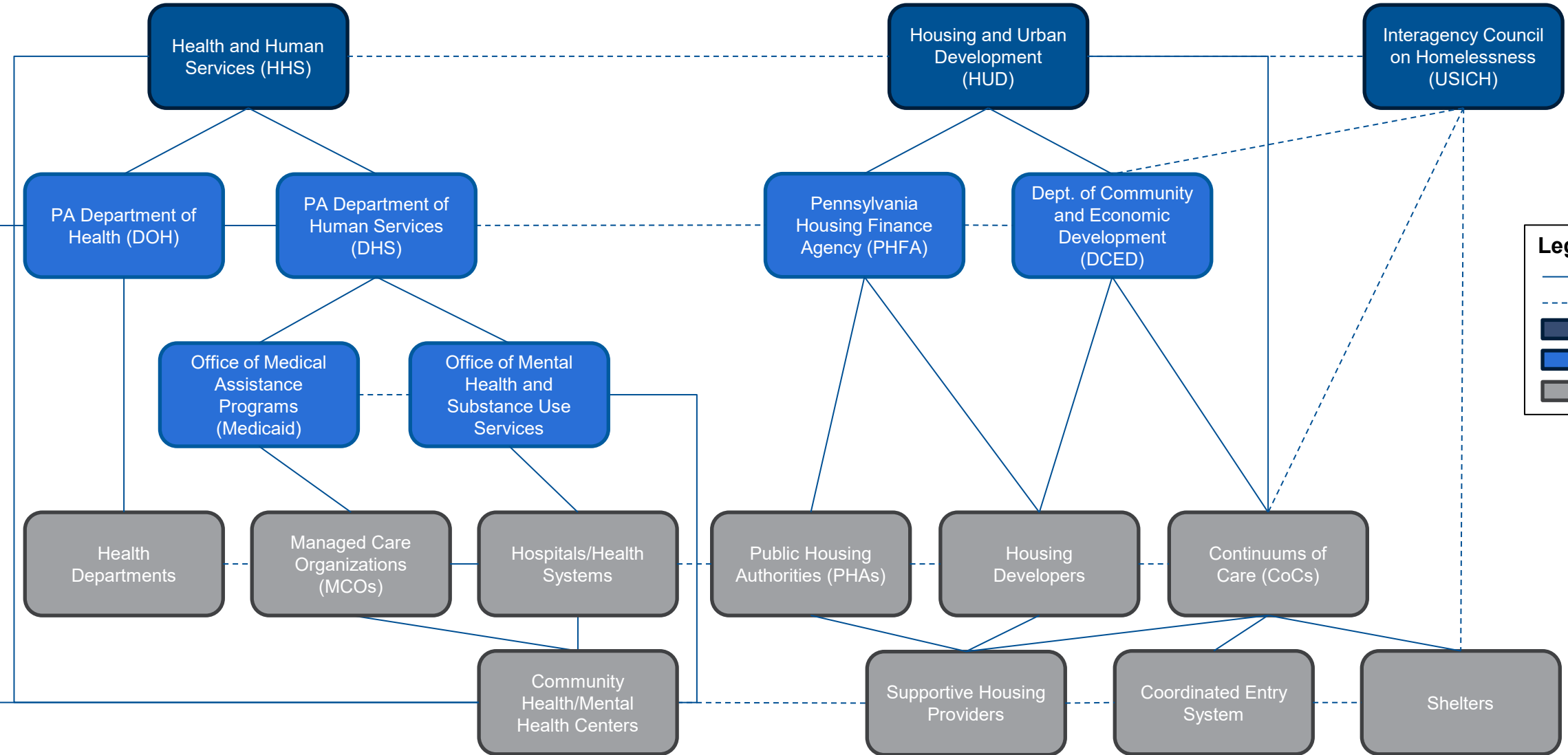
Overview of the Ecosystem:

Understanding the stakeholders to develop appropriate partnerships



Health & Human Services System

Housing & Homelessness System



Federal and State Stakeholders

Federal

Housing

- HUD: Funds rental assistance, housing authorities, and housing development

Homelessness

- HUD: Funds homeless system and housing services through CoC funding
- USICH: Drives and implements nationwide homelessness strategy

Healthcare

- HHS: Funds health and services (and limited rental assistance) through the following agencies:
 - Centers for Medicare & Medicaid Services (CMS)
 - Health Resources and Services Administration (HRSA)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Administration for Community Living (ACL)

Pennsylvania

Housing

- PHFA: Funds affordable housing development, LIHTC, PHARE
- DCED: Distributes Community Development Block Grants (CDBG)

Homelessness

- DCED: Collaborative applicant for the CoC Balance of State, administers Emergency Solutions Grants (ESG)
- DHS: Prevents homelessness through the Homeless Assistance Program (HAP), applies for PATH grants from SAMHSA

Healthcare

- DOH: Oversees public health operations across the state, funds community health centers
- DHS: Funds health and human services through the following offices:
 - Office of Medical Assistance Programs: Medicaid
 - Office of Mental Health and Substance Abuse Services (OMHSAS): Behavioral health services and PATH grants
 - Office of Long-Term Living: Home and Community Based Services (HCBS)

Local Stakeholders

Housing

Public Housing Authorities

Housing Providers

Housing Developers

Redevelopment
Authorities

Homelessness

CoCs (Eastern BOS)

Coordinated Entry System

Shelters

Community Based
Organizations

Health

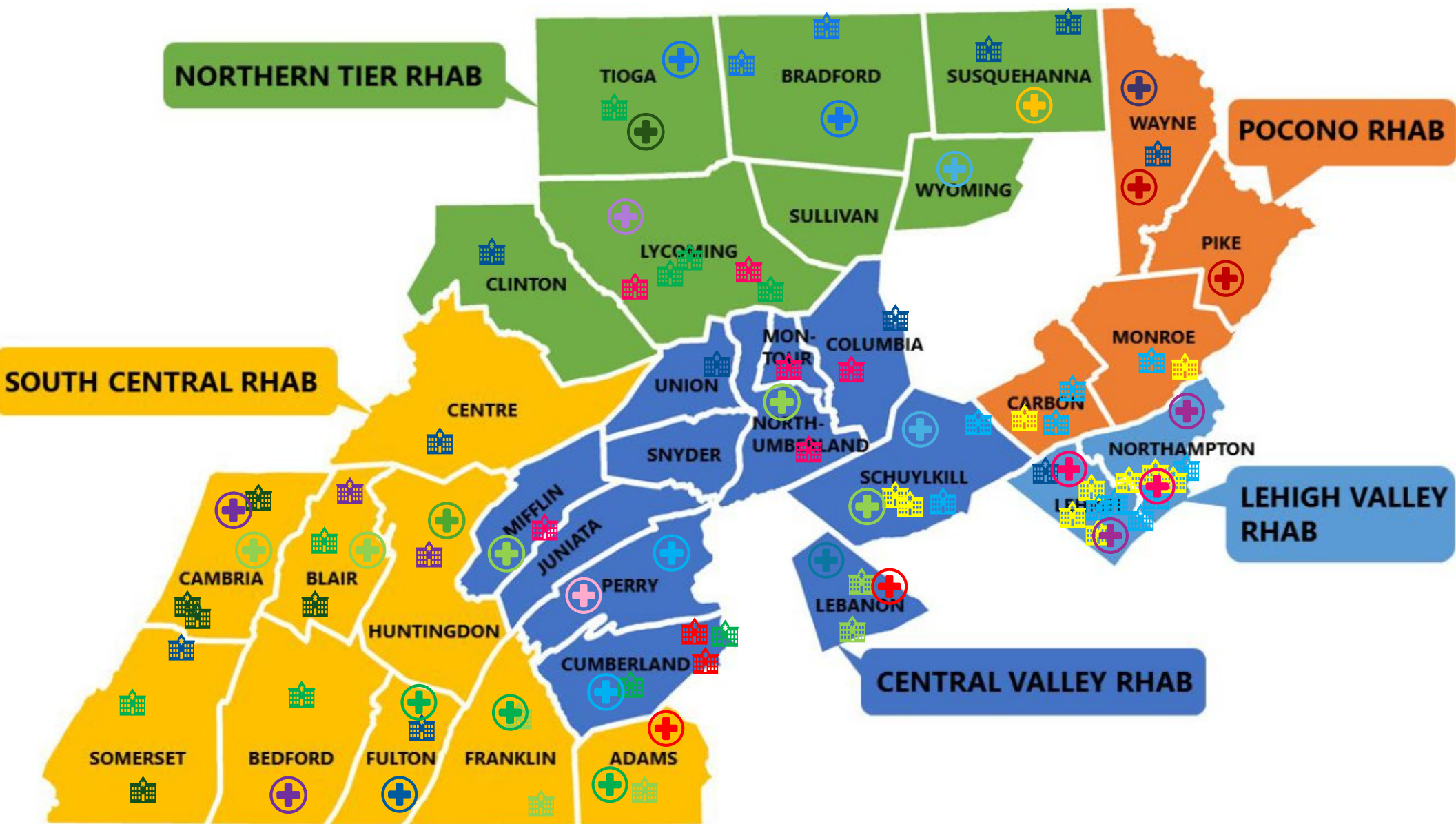
Hospitals and Health
Systems

Community Health/Mental
Health Centers

Managed Care
Organizations (MCOs)

City/County Health
Departments

Healthcare in the Eastern BoS

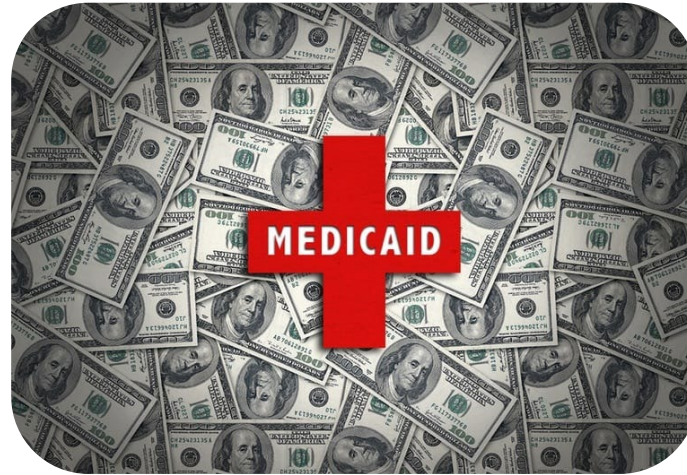


- Hospitals/Health Systems**
- Penn State Health
 - UPMC
 - Lifepoint Health
 - Penn Highlands Healthcare
 - Guthrie Clinic
 - St. Lukes
 - Lehigh Valley Hospital
 - Geisinger
 - Wellspan Health
 - Other/Independent
- Community Health Centers**
- Family First Health
 - Keystone Health Center
 - Primary Health Network
 - Hyndman Area Health
 - North Penn Comp. Health
 - Sadler Health Center
 - Tri-State Community Health Center
 - Broad Top Area Med Center
 - Union Community Care
 - Neighborhood Health Centers
 - River Valley Health
 - Hamilton Health Center
 - Wayne Memorial
 - Rural Health Corp. of NE Pennsylvania
 - NEPA Community Health Care
 - Star Community Health

How the healthcare system can support housing and homelessness



Invest in
Housing Stock



Finance
Services

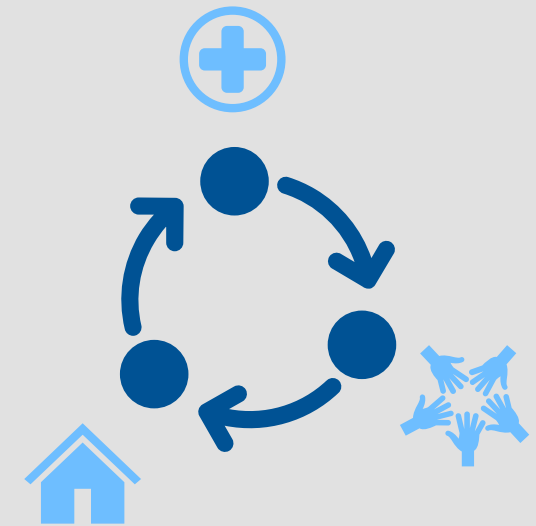


Partner in
Service Delivery

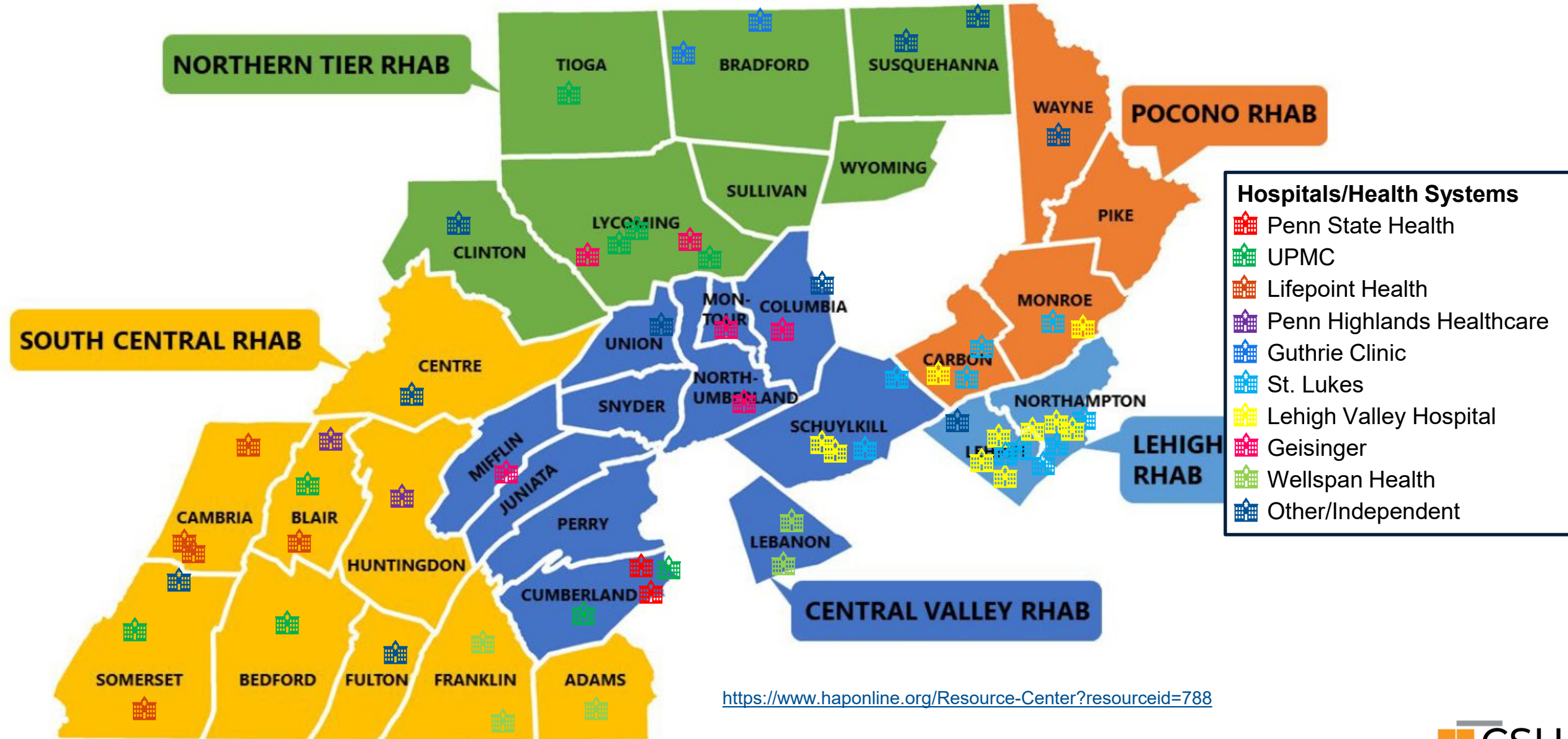
Healthcare Who's Who



Hospital and Health System Partnerships



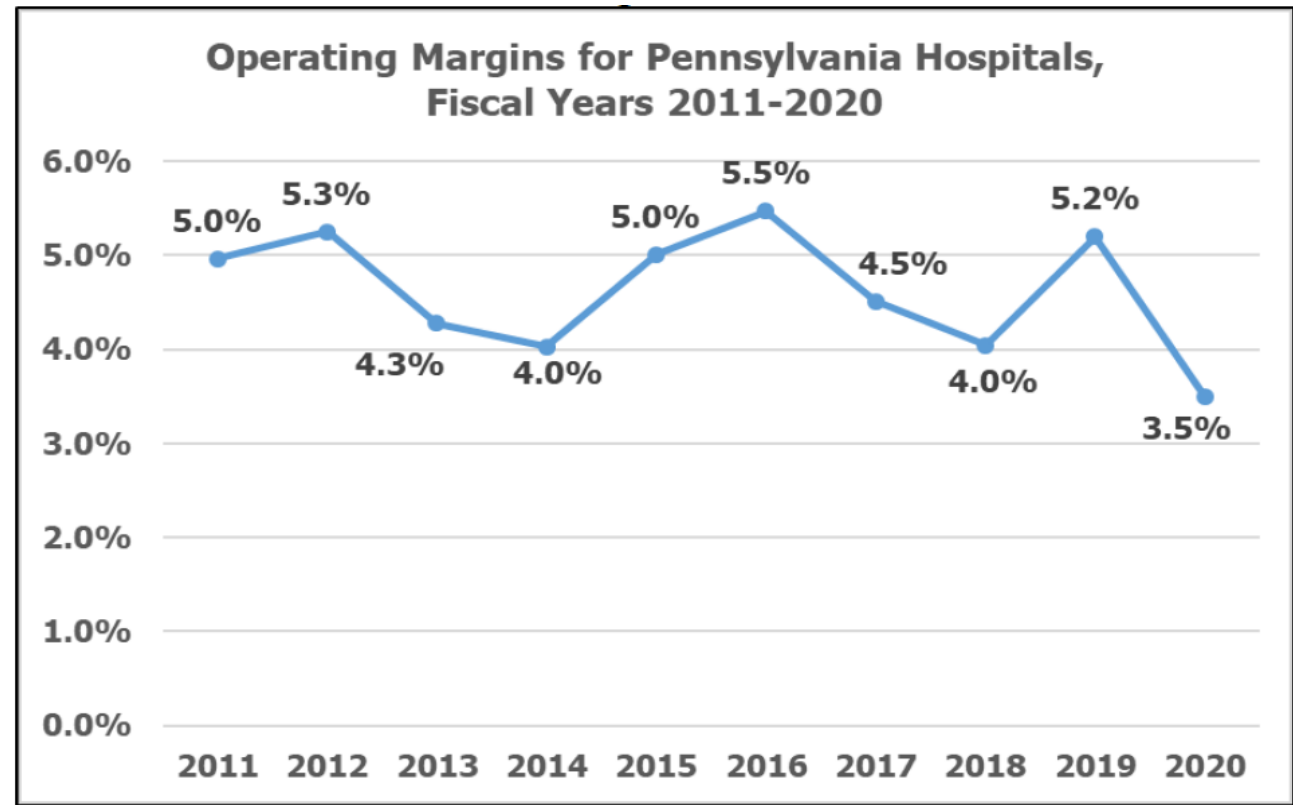
Hospitals in the Eastern BoS



<https://www.haponline.org/Resource-Center?resourceid=788>

Hospitals in PA

<https://www.haponline.org/Resource-Center?resourceid=788>



Breakdown of COVID-19 Related Expenses and Revenue Losses for Pennsylvania Hospitals, through September 2021

Expense & Revenue Loss	Pennsylvania Total
Staffing Expenses	\$794,993,894
Testing Expenses	\$264,477,008
Supplies & Equipment Expenses	\$524,417,054
Construction Expenses	\$27,631,307
Housing Care Expenses	\$7,980,494
Other Expenses	\$346,105,113
Revenue Loss	\$4,959,664,279
Total	\$6,925,269,148

Incentives for Hospitals to Invest and Partner on Housing

Reduce hospital/health system's operating costs

To improve community's health outcomes, especially for those with complex health challenges

Healthcare's Triple Aim:

1. Improve Care
2. Improve Population Health
3. Reduce Costs

To address health disparities

To fulfill their role as an anchor institution in the community

Shifting Costs

National Costs

- Patients experiencing homelessness are 5x more likely to be admitted and stay on average four days longer
- Hospital spends about \$44K annually for a "high utilizer"

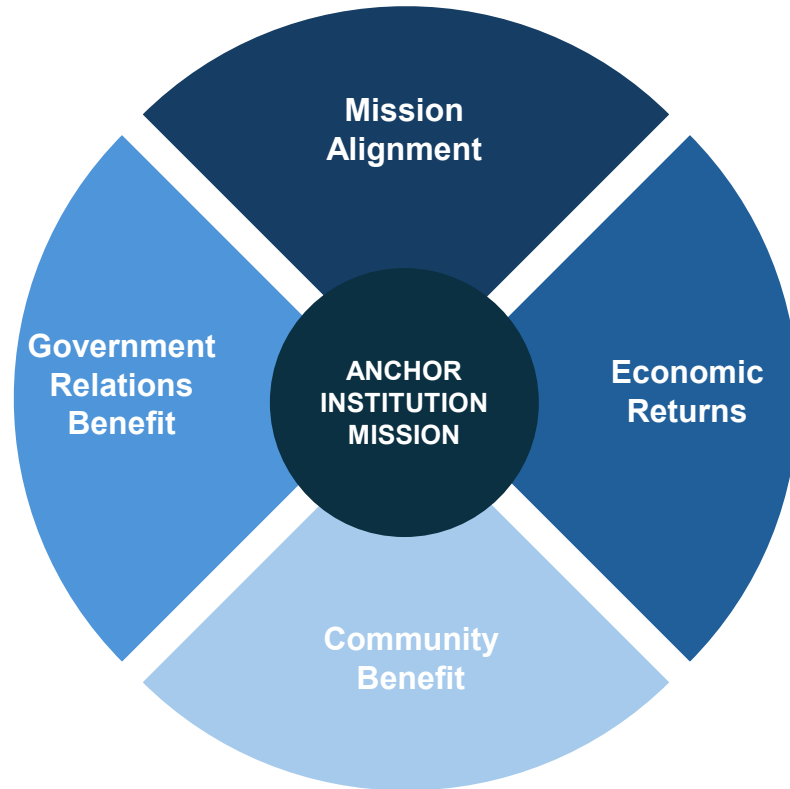
Denver Health Study

- Denver Health spends **\$2,700** a night to keep someone in the hospital
- Patients experiencing homelessness stay on average an **extra 73 days** for a total cost to the hospital of **nearly \$200,000**

Tenancy Costs: ~\$10,000 per year
Hospital Costs: ~44,000 per year

<https://kffhealthnews.org/news/why-hospitals-are-getting-into-the-housing-business/#:~:text=It%20costs%20Denver%20Health%20%242%2C700%20a%20night%20to,to%20house%20a%20patient%20for%20a%20year%20instead.>

Anchor Institutions



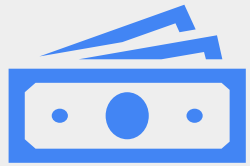
An anchor institution seeks to utilize hospital economic and human capital to revitalize local communities. Housing investment, meanwhile:

- Aligns with a **hospital's mission**;
- Generates **economic returns** to both the community and institution;
- Helps satisfy its **community benefit** requirements to the federal government; and
- Provides an opportunity for a hospital to justify its tax exemption and **reduce the financial burden** to local governments.

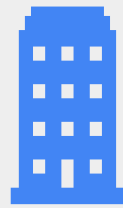
<https://www.csh.org/resources/health-system-investments-in-housing-a-development-guide/>

How Can Hospitals Engage in Partnership?

Invest in Housing Stock



Financial Investment or Donation



Donating Underutilized Hospital Assets

Partner in Service Delivery



Community Benefit Funds



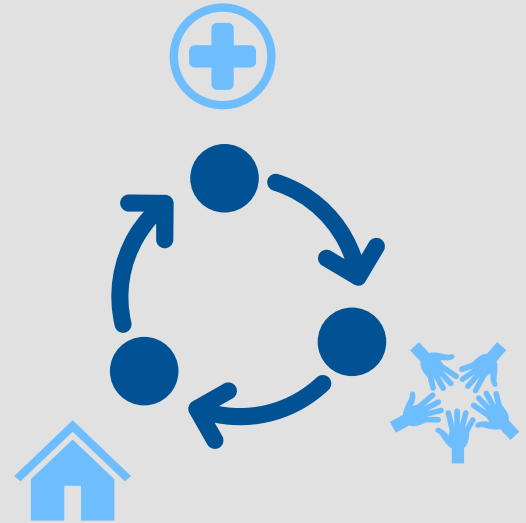
Screening, Assessments, Data Sharing



Referrals, Care Coordination, Navigation

Finance Services

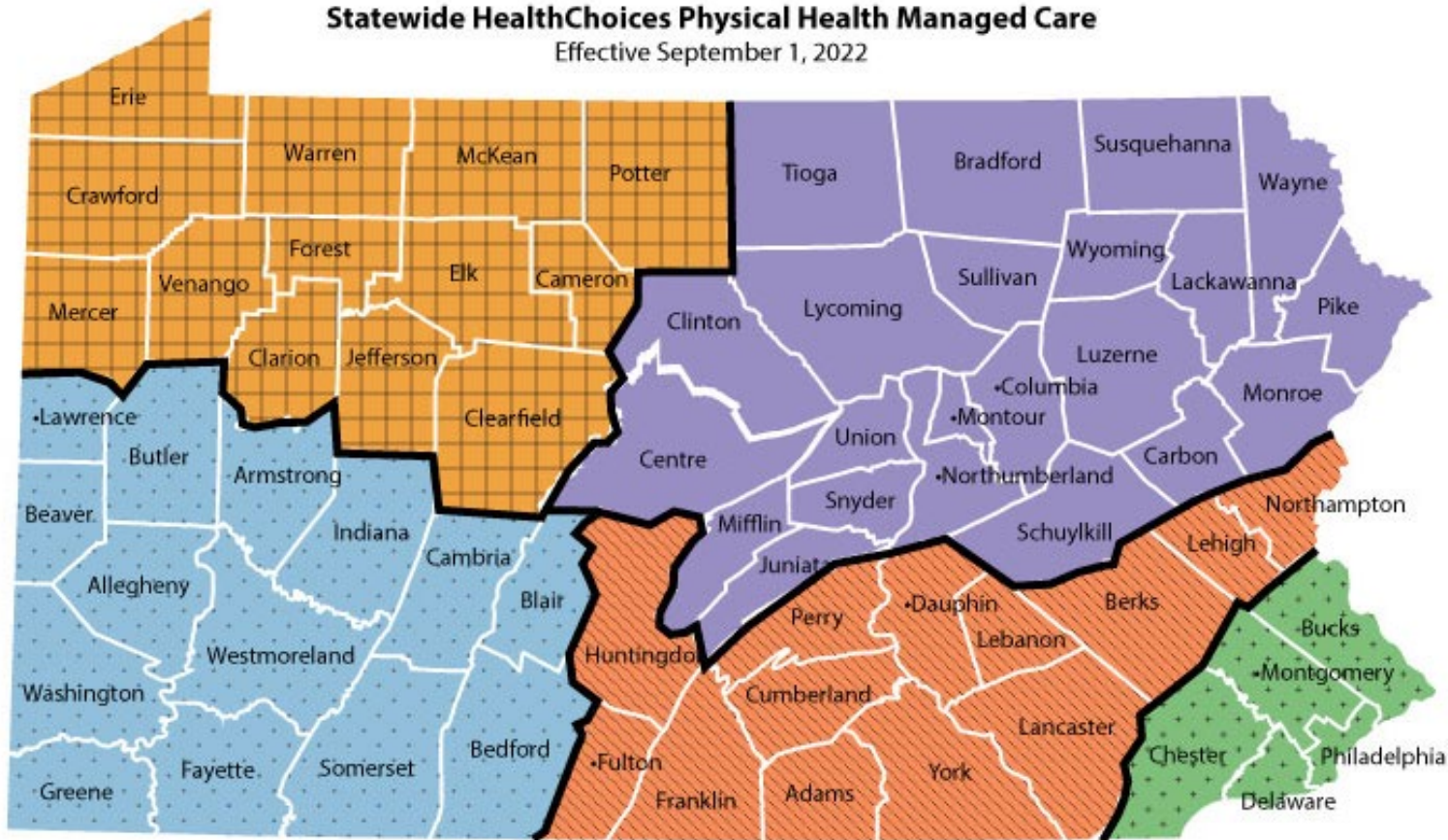
Managed Care Partnerships



Managed Care Organizations (MCOs) in PA

Statewide HealthChoices Physical Health Managed Care

Effective September 1, 2022



HealthChoices Northwest

AmeriHealth Caritas PA, Geisinger**, Health Partners**, UPMC



HealthChoices Northeast

AmeriHealth Caritas PA, Geisinger, Health Partners**, UPMC**



HealthChoices Southwest

Geisinger**, Health Partners, Keystone First, United, UPMC**



HealthChoices Lehigh/Capital

AmeriHealth Caritas PA, Geisinger**, Health Partners**, Highmark Wholecare (formerly Gateway), UPMC



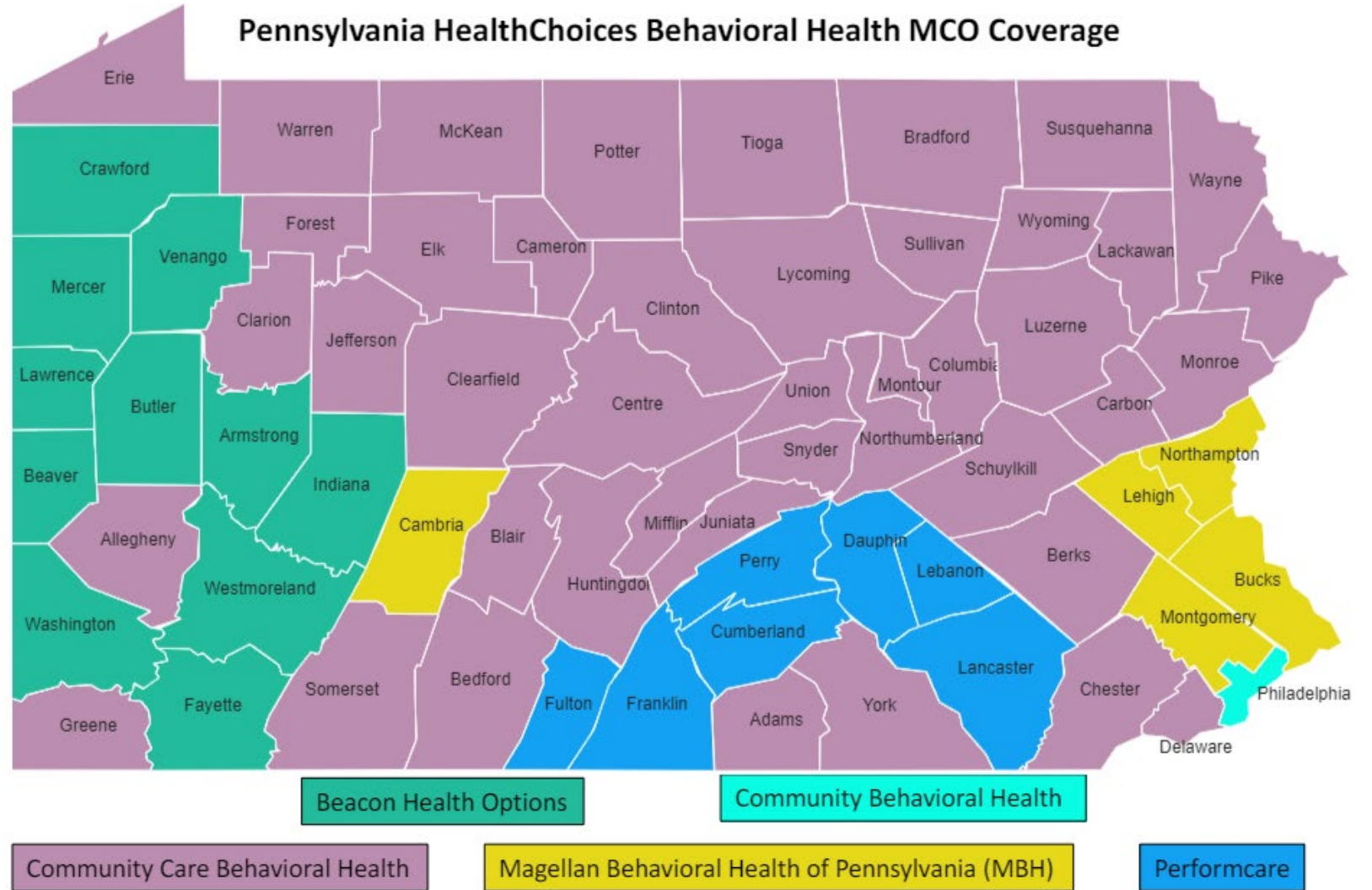
HealthChoices Southeast

AmeriHealth Caritas PA**, Geisinger**, Health Partners**, Highmark Wholecare (formerly Gateway), UPMC

** New MCO in Zone

Behavioral Health MCO Carveout in PA

Pennsylvania HealthChoices Behavioral Health MCO Coverage



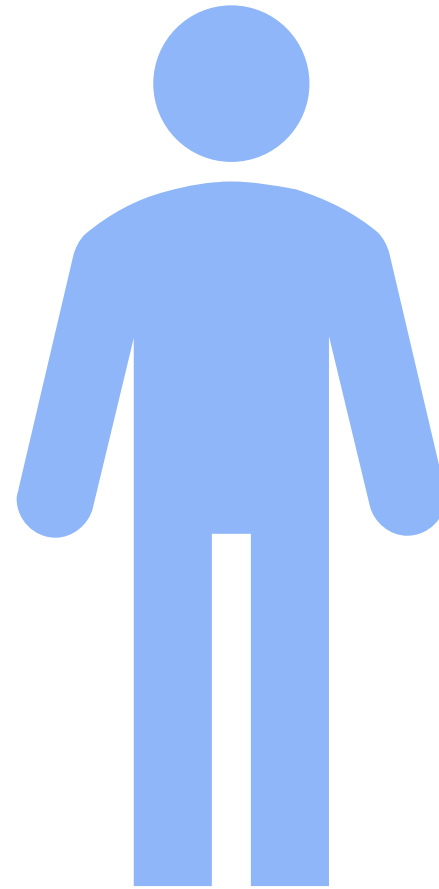
Reasons for Managed Care Investment in Housing: UnitedHealthcare Study

40% found better access to Care

38% found better quality care

PCP visits went up 20% and ED visits down 18%

Expenditures decreased \$115 member/month and decreased 0.43 visits/year



How can MCOs Engage in Partnership?

Invest in Housing Stock



Capital Investment of
Low-Income Tax
Credits



Reinvestment Plans
(BHMCO)



Profit Sharing
Agreements



Funding
Subsidies/Subsidy
Pools to sustain
operating/affordability

Finance Services

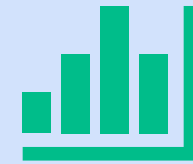


Value Based
Payment
Arrangements



Pilot projects with
housing and
homeless sector
partners

Partner in Service Delivery

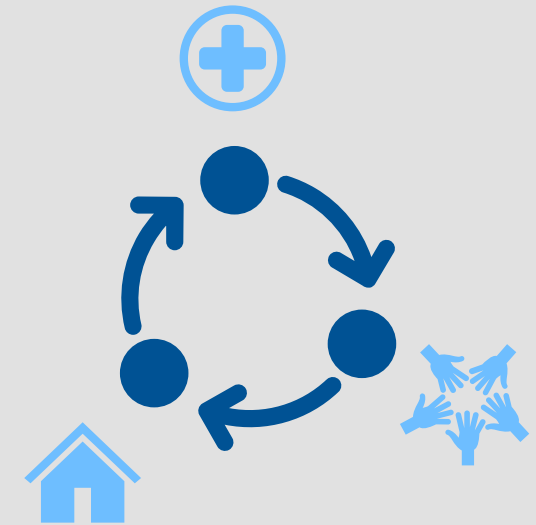


Data
Sharing/Coordination

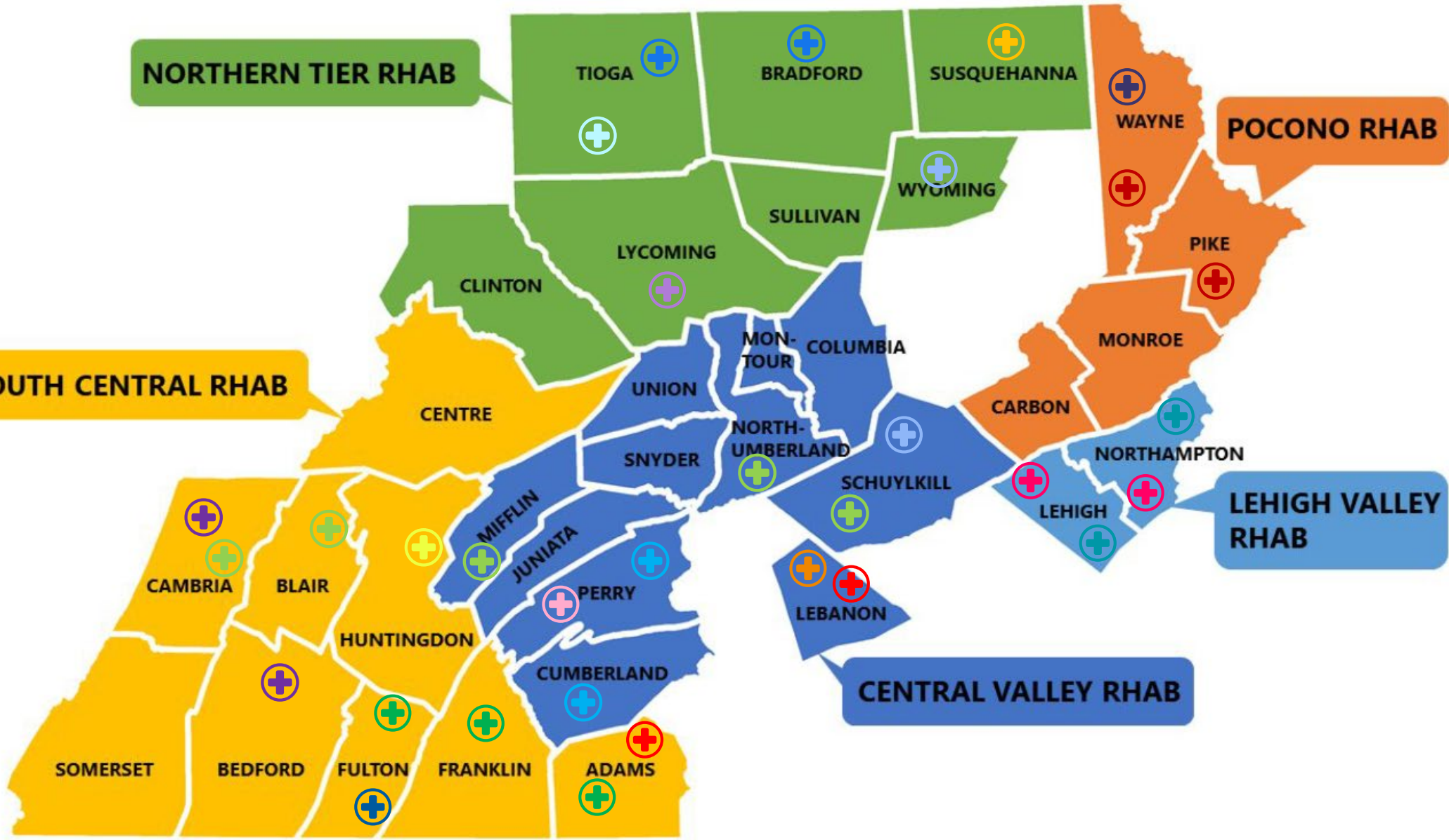


Coordinating
Care/Access to
Specialized Services

Partnerships with Community Health and Mental Health Centers



Community Health Centers in the Eastern BoS



- Community Health Centers**
- Family First Health
 - Keystone Health Center
 - Primary Health Network
 - Hyndman Area Health
 - North Penn Comprehensive Health Services
 - Sadler Health Center
 - Tri-State Community Health Center
 - Broad Top Area Med Center
 - Union Community Care
 - Neighborhood Health Centers
 - Star Community Health
 - River Valley Health
 - Hamilton Health Center
 - Wayne Memorial
 - Rural Health Corporation of NE Pennsylvania
 - NEPA Community Health Care
 - Charles Cole Memorial RHC
 - The Wright Center

Reasons for Community Health and Mental Health Center Partnerships with Housing and Homelessness



Mission and values-driven



Promotes health equity and addresses disparities



Special funding opportunities for serving the homeless population



Partnership requirements for certain behavioral health center designations



How can Community Health and Mental Health Centers Engage in Partnership?

Invest in Housing Stock



New Market Tax Credits for co-location of housing and health center

Partner in Service Delivery



Health and behavioral health services provided in shelters, supportive housing

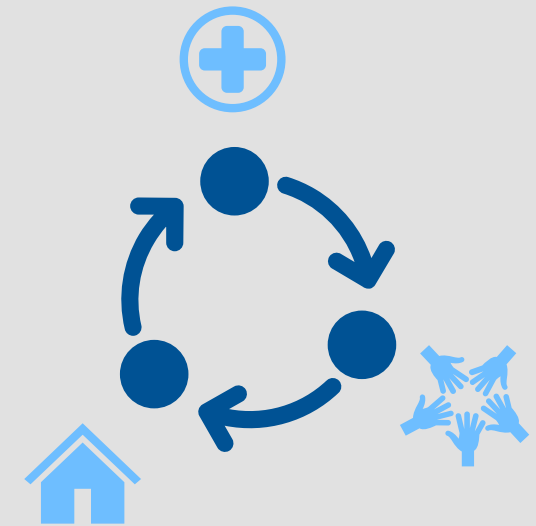


Screening, assessments, and data sharing

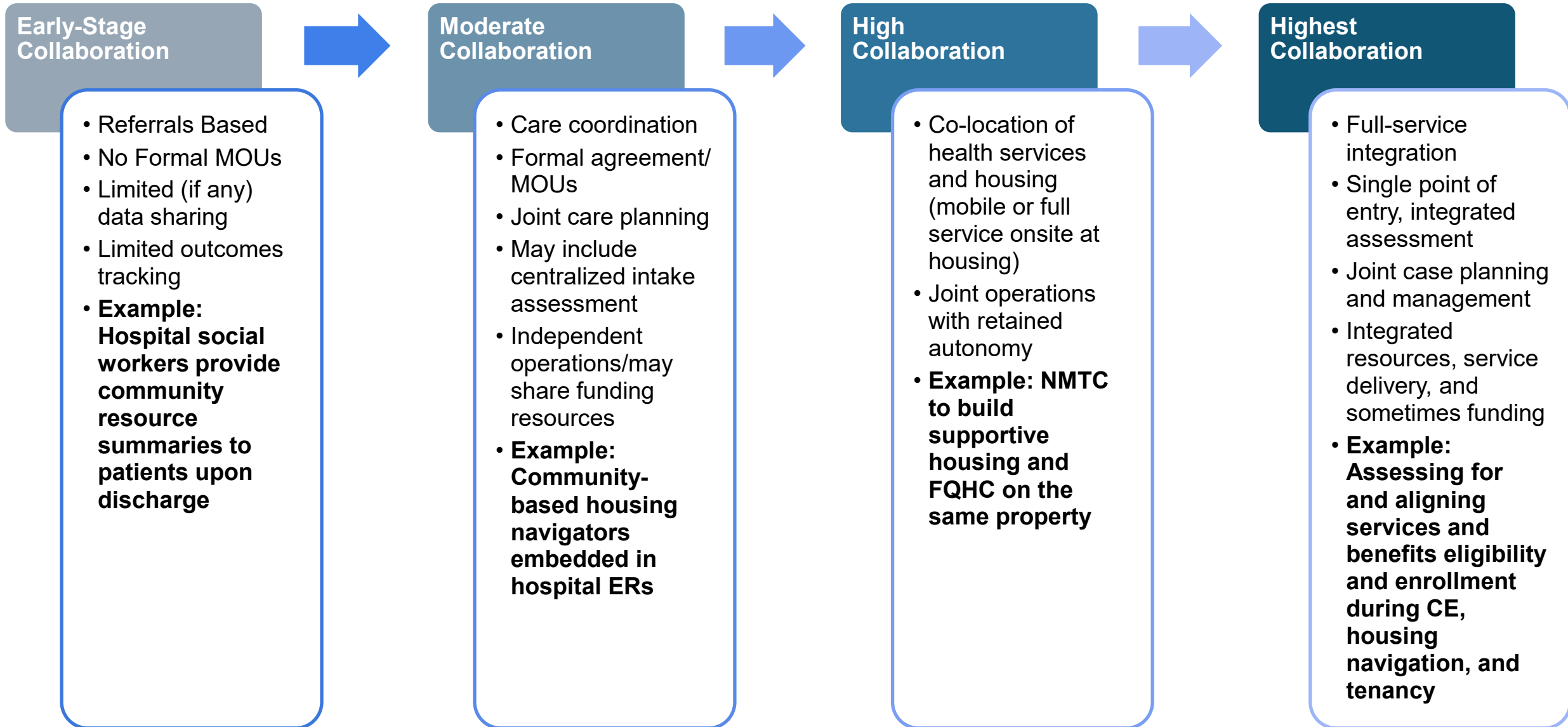


Referrals, care coordination, CHWs, and navigation

Implementing Health & Housing Partnerships



Levels of Partnership between Health and Housing



What are your partnership goals?



Invest in Housing Stock

- Hospitals donating underused assets
- Hospitals investing in housing stock through LIHTC, Community Benefit Fund
- NMTC: Co-locating housing and health centers
- Hospitals, MCOs funding subsidies for rental assistance (ex: Flexible Housing Pools)



Finance Services

- Medicaid for housing support services, behavioral health services
- Value-Based Payment arrangements with MCOs
- Respite care service and funding supports



Partner in Service Delivery

- Hospitals, MCOs, health centers screen and refer for housing needs
- Health centers provide health/BH services in shelters, supportive housing
- NMTC: Co-locating housing and health centers
- Shared data systems
- Assessing for housing and service eligibility at CE Access Points
- CE Access Points in emergency rooms, health centers

How to engage your healthcare partners

Hospitals and Health Systems:



Managed Care Organizations:



Community Health Centers:



Data Sharing's Role in Healthcare Partnerships - Data Sharing Tips



MOUs and Data Sharing Agreements



Build a team that includes Homeless Services, PWLE, and Health System Representation



Engage third party i.e. researcher/university or public health entity



Data match, create eligibility criteria, grant access to healthcare partners



Incorporating data sharing into releases of information signed by participants.



Limited access to HMIS to healthcare partners

Data Sharing Agreement Examples and Resources

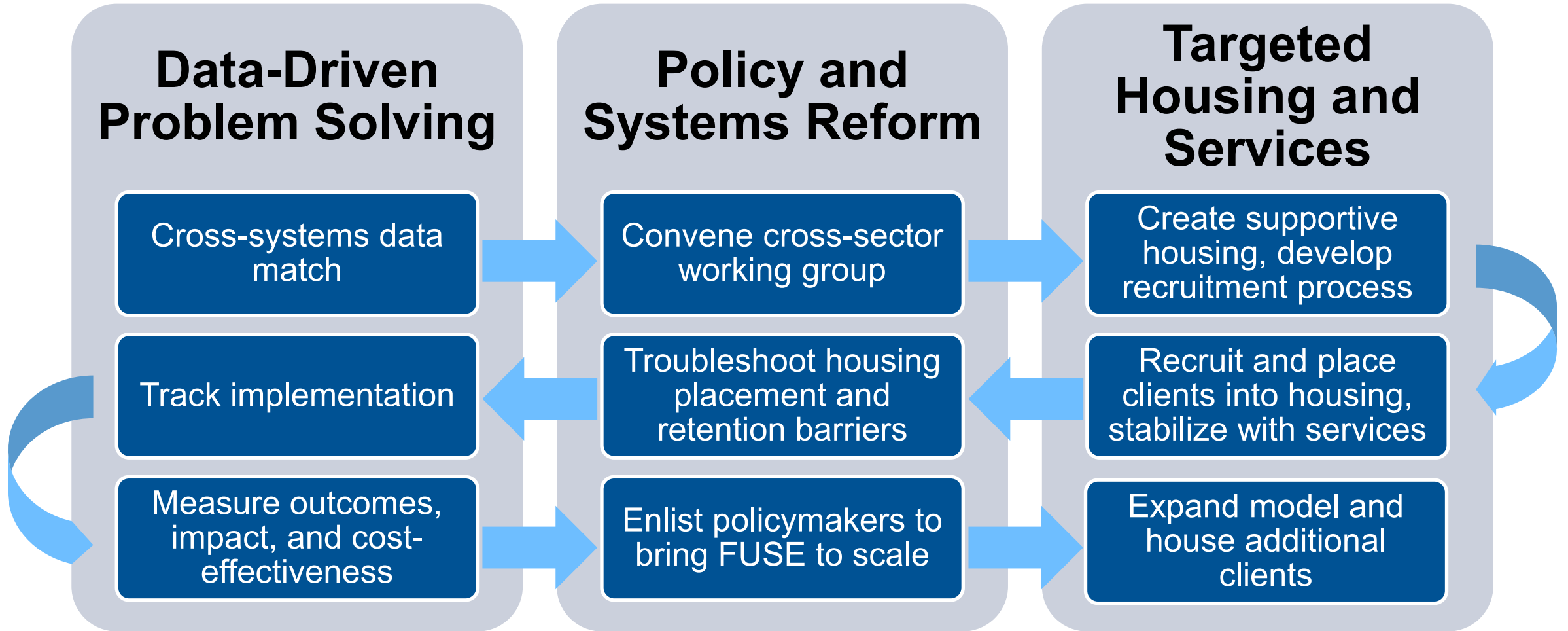
https://familiarfaces.naco.org/resource_tax/data-sharing-examples/

<https://community.solutions/research-posts/learning-brief-data-sharing-between-homelessness-and-health-systems/>

<https://www.chcf.org/wp-content/uploads/2022/05/HowShareDataPracticalGuideHealthHomeless.pdf>

<https://files.hudexchange.info/resources/documents/Homelessness-and-Health-Data-Sharing-Toolkit.pdf>

Data-Sharing Example: FUSE



FUSE Evaluations Show Success

NYC FUSE

- 40% reduction jail days
- 91% fewer shelter days
- 50% reduction in psych. inpatient
- 86% housed after 2 years

San Diego Project 25

- 67% reduction in total public costs after 2 years
- 60-80% reduction in ambulance, ER, hospitalizations, arrests, jail days
- Net savings of over 200% after paying for housing+services

MeckFUSE (Charlotte)

- 50% fewer arrests
- 87% fewer shelter days
- 24% less ambulance service charges
- 43% less hospital charges

Other Health + Housing Partnership Examples

Central City Concern, Portland, Oregon

Health and Housing Partnerships

- 5 Hospital Systems
- Nonprofit Healthcare Plan
- Housing Developers
- Nonprofit Housing Provider + FQHC

Financing Structure

- Hospitals and healthcare plan donated \$21.5M
- Philanthropic funding bringing initial investment to \$22.6M

Housing Model

- The creation of 379 units of affordable housing, supportive housing, and transitional housing

Healthcare Model

- Onsite FQHC providing integrated care and other health services
- Supportive housing units for individuals with BH needs

Other Health + Housing Partnership Examples

Flexible Housing Pool, Cook County, IL

Health and Housing Partnerships

- Cook County Health
- City of Chicago
- Chicago Housing Authority
- Hospitals
- MCOs
- Philanthropy

Financing Structure

- More than \$12M contributed to date

Housing Model

- Housing subsidies for 750 high need individuals

Healthcare Model

- Hospitals prioritize their high risk/high utilizer population

An Exciting Time for Healthcare Investment in Housing in PA!

Capital – PHFA Health For Housing Investment (HHI)

- Low Income Housing Tax Credits (LIHTC) Set Aside
- PHARE Matching Funds
- Capital Investments & Donated Land

Services – DHS 1115 Medicaid Waiver Application

- Medicaid Waiver Services
- Medicaid Billed Services

MCO Incentives

- Emphasis on Profit Sharing and Investments in SDOH
- Examples of BHMCO reinvestment in housing/services

Cross Systems Collaboration

- Dept of Aging new strategic plan includes emphasis on addressing housing needs

CSH Resources: Creating Health and Housing Partnerships

[Health and Housing Partnership Guide Publication](#)

[Health and Housing Partnerships - Making Them Work | Online Tutorial](#)

[New: Health Center Role in Housing Innovations: Pay for Success Models – CSH](#)

[Guide to Attracting Funding Resources to Address Social Determinants of Health Needs – CSH](#)

[Homelessness and Public Health: A Focus on Strategies and Solutions](#)

[Homeless and Health Data Sharing Toolkit](#)

[Health Systems Investment in Housing: A Development Guide](#)

CSH PA Contact

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brian.mcshane@csch.org

617-913-2638

Questions?



Thank You!

Please Participate in a Brief Feedback Survey!

<https://forms.office.com/r/4r69LeVkjJ>

Forging Healthcare and Housing
Partnerships: DCED Eastern
Balance of State CoC presentation

