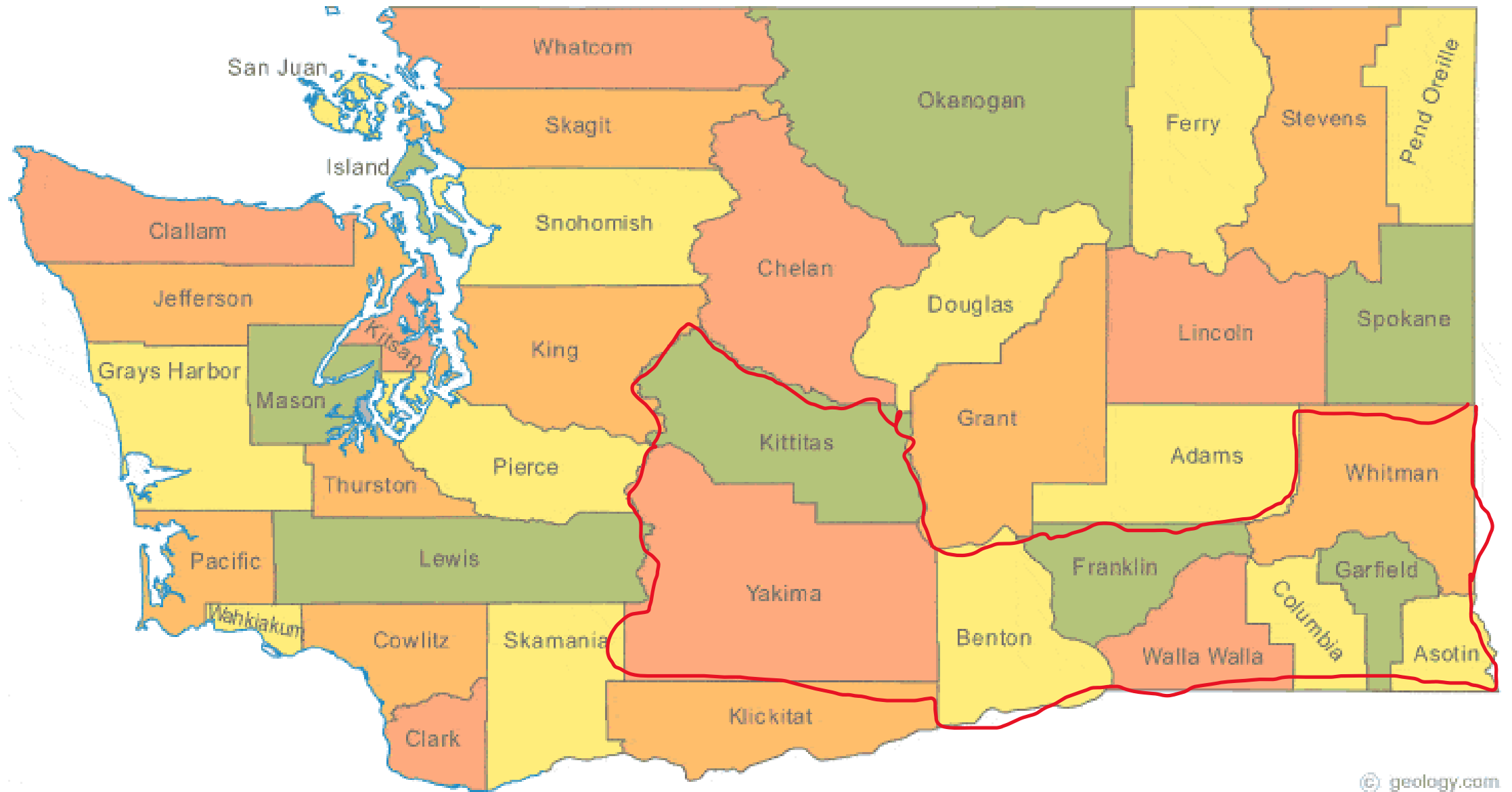




Welcome and Introductions

- Please pick up your lunch and sit at assigned table.
- Introductions at your table:
 - Name
 - Agency
 - What you do at your agency
 - *What type of job or profession did you think you would have when you were younger?*





Agenda

- Welcome and Introductions
- Context and Purpose
- Operating and Services: Two Legs of the Stool
- Greater Health Now: An ACH Approach in the Columbia Region
- Health and Housing Partnership: Yakima Neighborhood Health Services and Yakima Housing Authority
- Development and Financing: A Roadmap
- Community Conversations
- Next Steps and Closing

Purpose of being here

- learn about health and housing partnerships, the successes and needs in the Greater Columbia Region
- share information about finances, programs, and partnerships
- gain perspective from community
- assist communities in planning for health and housing projects
- improve health and housing equity outcomes



Three Legs of the Stool

- Development
- Operating
- Services





Three Legs of the Stool

Debbie Thiele, Managing Director Western Region

September 20, 2023

Three Legs of the Stool

- Development/Construction
- Operating
- Services



Permanent Supportive Housing

- Why PSH?
- Why Operating and Services are important?
- How many and how much?



Permanent Supportive Housing

Being without a stable home is detrimental to one's overall health and wellbeing

Supportive housing combines affordable housing and housing assistance with voluntary health care and supportive services to address the needs of the individuals otherwise experiencing homelessness or unstable housing

Improves housing stability

Improves physical and behavioral health outcomes

Evidence of cost effectiveness

Federal

Health and Human Services					
CMS	CDC	HRSA	ACL	SAMSHA	ASPE

Housing & Urban Development		
USICH	Congress	IRS

State

State Legislature	Governor's Office	WSHFC					
Department of Commerce					Department of Social and Health Services		
Housing Trust Fund	Homelessness	Apple Health & Homes & PSH	Office of Homeless Youth	Housing & Essential Needs	ALTA	Behavioral Health	Developmental Disabilities
Health Care Authority		Department of Health			Department of Children, Youth, & Families		
FCS	Behavioral Health	Licensing, Permits, & Certificates	Temporary Worker & Migrant Farmworker Housing	HIV Community Services - HOPWA	Housing and Homeless Prevention		

Local

County Planning	County Housing	County Public Health	Public Housing Authorities	Continuum of Care
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Providers

Physical Health	Behavioral Health	Social Services	Housing Services and Operators	Housing Stock
<ul style="list-style-type: none"> • Primary and Acute Care • Oral Health • Care Coordination & Connection with Benefits • Tenancy Support Services 	<ul style="list-style-type: none"> • MH and SUD • Peer Support Services • Crisis Services • Tenancy Support Services • Case Management • Employment, Education & Housing Supports 	<ul style="list-style-type: none"> • Employment, Education & Housing Supports • Nutrition and Meals • Connection with Benefits • Case Management • Tenancy Support Services • Transportation 	<ul style="list-style-type: none"> • PSH Operations • Emergency Shelters • Tenancy Support Services • Homelessness Outreach and Engagement • Peer Support Services • Employment, Education & Housing Supports • Case Management 	<ul style="list-style-type: none"> • Property Owners and Managers • Landlords • Housing Developers

How Operating and Services Work

Budget Provisio, 2021-2023
Biennium Operating Budget



Stated purpose of Washington's
investments in affordable,
supportive, and youth housing

- Ensure Washington residents who are experiencing chronic homelessness have quality housing and services
- Reduce institutional burdens (hospitals and criminal justice)
- Improve individual outcomes
- Contribute to systemic financing approach that provides:
 - Continuity and assurance to housing providers
 - Flexibility for shifting and targeting funds, and
 - Continual practices for quality improvement
- Contribute to thriving state

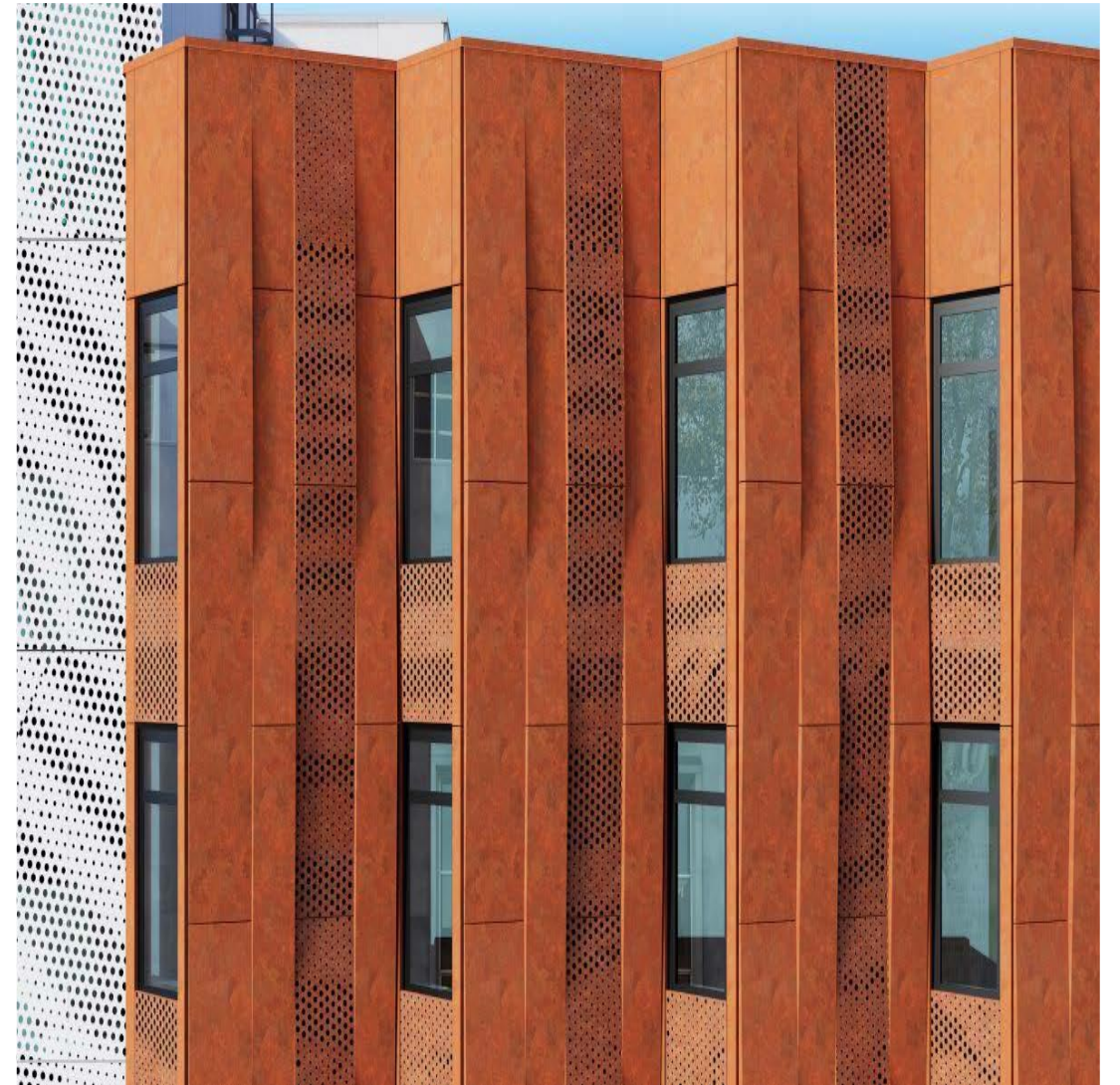
Purpose of the Study

- Identify financial operating deficits experienced by PSH providers
- Evaluate operating and service costs of PSH, and model projected growth
- Propose benchmarks and best practices
- Collect and analyze data to estimate PSH production
- Evaluate various revenue sources that enable PSH to thrive



Key Findings of Study

- Insufficient revenue to support the operations and services of the pipeline of new supportive housing with state funds. Address this deficit with collaboration with partner funders, maximize FCS program, and dedicate source for housing operations
- Reduce admin burdens and measure housing stability rates and tenant satisfaction, disaggregated by race, to ensure equitable outcomes
- Use same eligibility criteria and tenancy support services definition for all its investments in supportive housing



Recommendations



Operating costs include all industry standards for operating PSH



Tenancy-sustaining services should be distinguished in project budgets



Set statewide benchmark for operating costs of \$17,000 per unit per year and \$10,000 per unit per year



Allow estimated 3% inflation annually



One rate for tenancy support services across departments



Blend at the state level to cover gaps and assure providers have revenue needed to successfully operate PSH



Recommendations



Explore ways to support partnerships between tenancy support and ancillary service providers, and encourage funders of ancillary service providers to increase their funding/services



Dedicate source of ongoing revenue for housing operations and services for the current and future capital pipeline



Increase FCS utilization to stretch operating and service funds



Greater Health Now

Sharon Brown, Executive Director

Becky Betts, Chief Operating Officer

Nicole Matthews, Manager of Innovations

Sascha Burckhardt, Care Coordinator, Kittitas County Health Network

Greater Columbia Region

Committing to collaborations to improve population health





Greater Health Now

- Greater Health Now, established in 2015 is one of 9 regional Accountable Communities of Health(ACH) funded by the Center for Medicaid Services (CMS) through the WA State Health Care Authority (HCA). Each ACH is an independent 501C3 organization, not a state agency.
- ACHs were established under the CMS Medicaid Transformation Project to develop innovative strategies to increase population health outcomes.
- Greater Health Now is the largest ACH in the State of WA by territory, serving 9 counties throughout Southeast WA, and the third largest in the state by Medicaid lives served.
- 1. Healthier Here (Seattle area) 2. North Sound ACH at 15%. 3. Greater Health Now at 14%



Collaboration is Crucial

- Common themes
 - Cross sector collaboration and partnerships
 - Identify and address community specific needs
 - Support Health Related Social Needs (HRSN)
 - Not a new concept
 - We are all impacted
 - "No one person or organization can do it alone"
 - "Leave your egos at the door"



Collaboration in Kittitas County



KCHN VISION

All people in
Kittitas County
are supported in
achieving health
and well-being.



KCHN MISSION



To improve
population health
through cross-sector
collaboration and
systems integration.

Care Coordination and "A-Team"



"A-Team" is a group of care providers from different agencies in the community who coordinate care for:

- People considered "high-utilizers" of the local health care system
- Have complex health & social needs
- Are living in a state of crisis or are at high risk of crisis due to unmet health and social needs
- Need access to other health or social resources

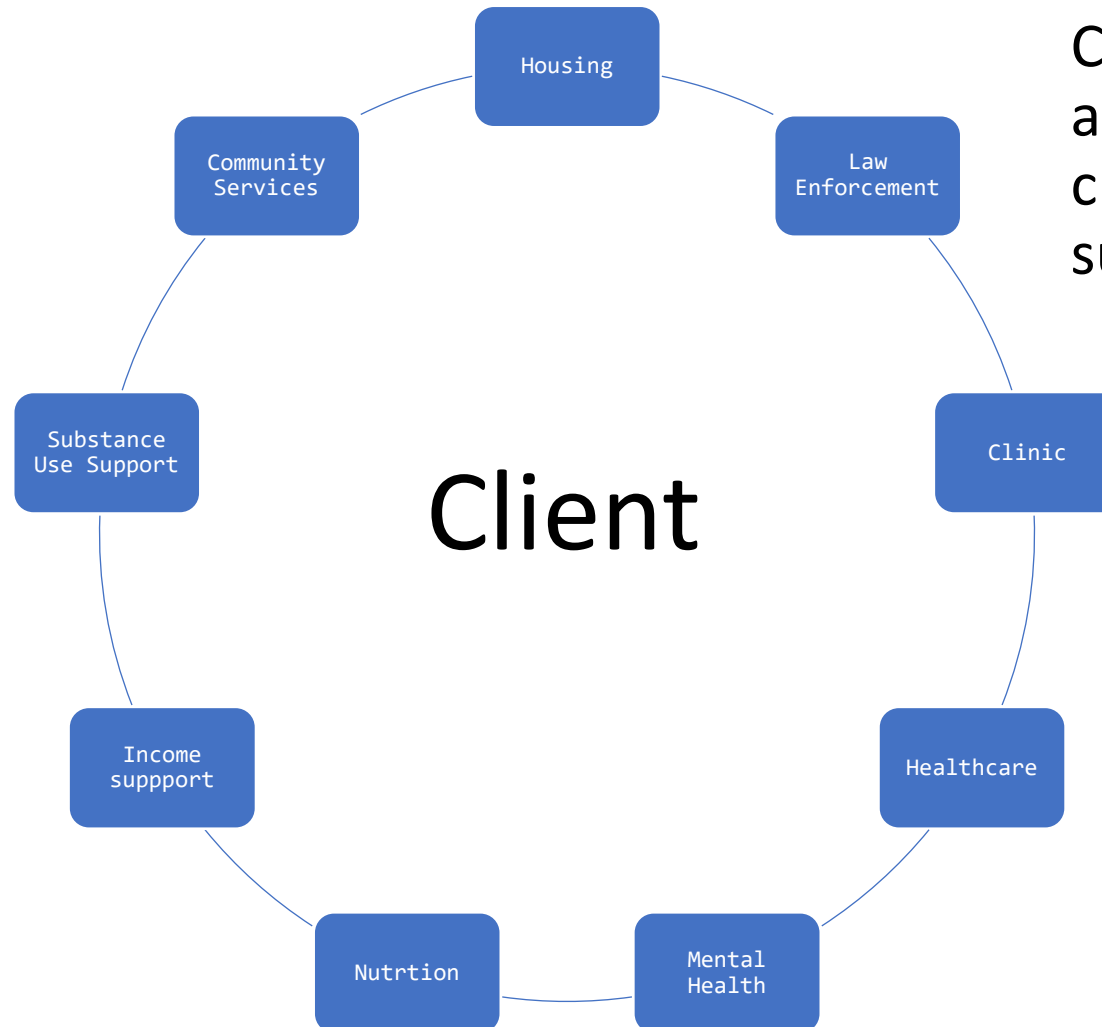
Long Term Outcomes

- Decrease overutilization of emergency services such as 911 calls, emergency department visits, and hospitalizations
- Decrease in clients with uncontrolled chronic disease
- Decrease in clients with unmet self-identified behavioral health concerns
- Increase in clients with self-identified wellness goals met
- Increase in self-reported health status scores
- Increase in clients who report the ability to live independently
- Decrease in clients who have unmet social determinants of health needs

Client Success stories

Housing is essential
in working toward
stability

Collaboration
relieves stress on
other agencies so
they can "do
their job"



Continuous HRSN support
and collaboration is
crucial for long term
success for everyone!

Client A

Client lost housing due to an apartment fire. Through our assessments, we had determined that he also was suffering from dementia and a host of other health issues.

The collaboration involved:

- Ellensburg Police Department
- Adult Protective Services
- HopeSource
- KVMA
- DSHS
- Kittitas Valley Healthcare
- Aging and Long Term Care

Outcome: The client was able to be placed in a care facility, receive medical treatment and get access to EBT and other support services.

Client B

This client was struggling with substance use, uncontrolled diabetes, mental health issues, and in danger of losing housing.

The collaboration involved:

- HopeSource
- Comprehensive Healthcare
- Merit Resource Services
- Ellensburg Police Department
- Kaleidoscope Community Services
- Community Health of Central Washington
- DSHS
- FISH Food Bank
- Kittitas Valley Healthcare

Outcome: Client was able to be supported in taking care of his health and began to take small steps forward. Eventually after losing his housing he was able to be moved into an adult family home.

Health and homelessness are inextricably linked.

- Homelessness is a **PUBLIC HEALTH CRISIS**.
- On a given night in 2022, 25% of the homeless population had a diagnosed severe and persistent mental illness, 35% with a substance use disorder.
- Chronic conditions such as diabetes and heart disease are found at higher rates in the unsheltered population, three to six times than that of the general population.
- The average life span of a homeless person is 17.5 years less than the general population.
- Homelessness is known to increase the risk for infectious diseases such as viral hepatitis, tuberculosis, HIV, and COVID-19.
- While health care entities do all they can to mitigate the effects of the streets, no amount of health care can substitute for stable housing.

Health Related Social Needs (HRSN)Related

- HRSN is a **NEW** acronym Centers for Medicare and Medicaid Services (CMS) is using for the conditions people experience outside of the health care system that are harmful to their health, such as food insecurity and housing instability.
- HRSNs are the cause of higher utilization and spending in health care, while also being a large contributor to adverse health outcomes.
- HRSNs like nutrition, **housing**, transportation, and social supports deeply affect the health of Medicaid enrollees

**59% OF AMERICANS ARE
ONE SINGLE PAYCHECK AWAY
FROM HOMELESSNESS.**

That means that something as minor as an emergency room visit or a transmission failure could take three out of five employees from making ends meet to catastrophe.

A hand is shown from the bottom, holding a miniature model of a two-story house with a brown roof and a balcony. The house is positioned in the center of the frame. The background is a dark, blurred gradient. The title text is overlaid on the house model.

A Health and Housing Partnership

Lowel Krueger, Executive Director
Yakima Housing Authority

Rhonda Hauff, Executive Director
Yakima Neighborhood Health Clinic



From Silos to Collaborations – Supporting a Health and Housing Partnership and Investment Strategy

- Lowel Krueger, Executive Director
- lowel.krueger@yakimahousing.org



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What is Public Housing?

History of Public Housing

- 1935 – Techwood Homes build in Atlanta
- 1937 – U.S. Housing Act of 1937
- 1965 – HUD becomes Cabinet-level agency
- 1972 – Pruitt-Igoe public housing buildings demolished in St. Louis
- 1973 – President Nixon declares moratorium on housing and community development assistance
- 1998 – Faircloth amendment limits construction of new public housing
- 2012 – Rental Assistance Demonstration created to redevelop public housing

Public Housing Programs

HUD Programs

- Public Housing (Section 9)
- Housing Choice Vouchers (Section 8)
 - Project Based Vouchers
 - Specialty Vouchers (FUP, FYI, VASH, NED, Stability)
 - Mainstream Vouchers
 - Emergency Housing Vouchers
- Project Based Rental Assistance (also Section 8)
- Family Self-Sufficiency

USDA Rural Development Programs

- Farm Labor Housing (Section 514/516)
- Rural Housing (Section 515)

About the Yakima Housing Authority



Established in 1977 by the City of Yakima Resolution No. D-1575



Operates in accordance with Washington State Revised Code Chapter 35.82



Resources received from U.S. Departments of Housing and Urban Development and Agriculture's Rural Development



Annual budget of approximately \$17 million

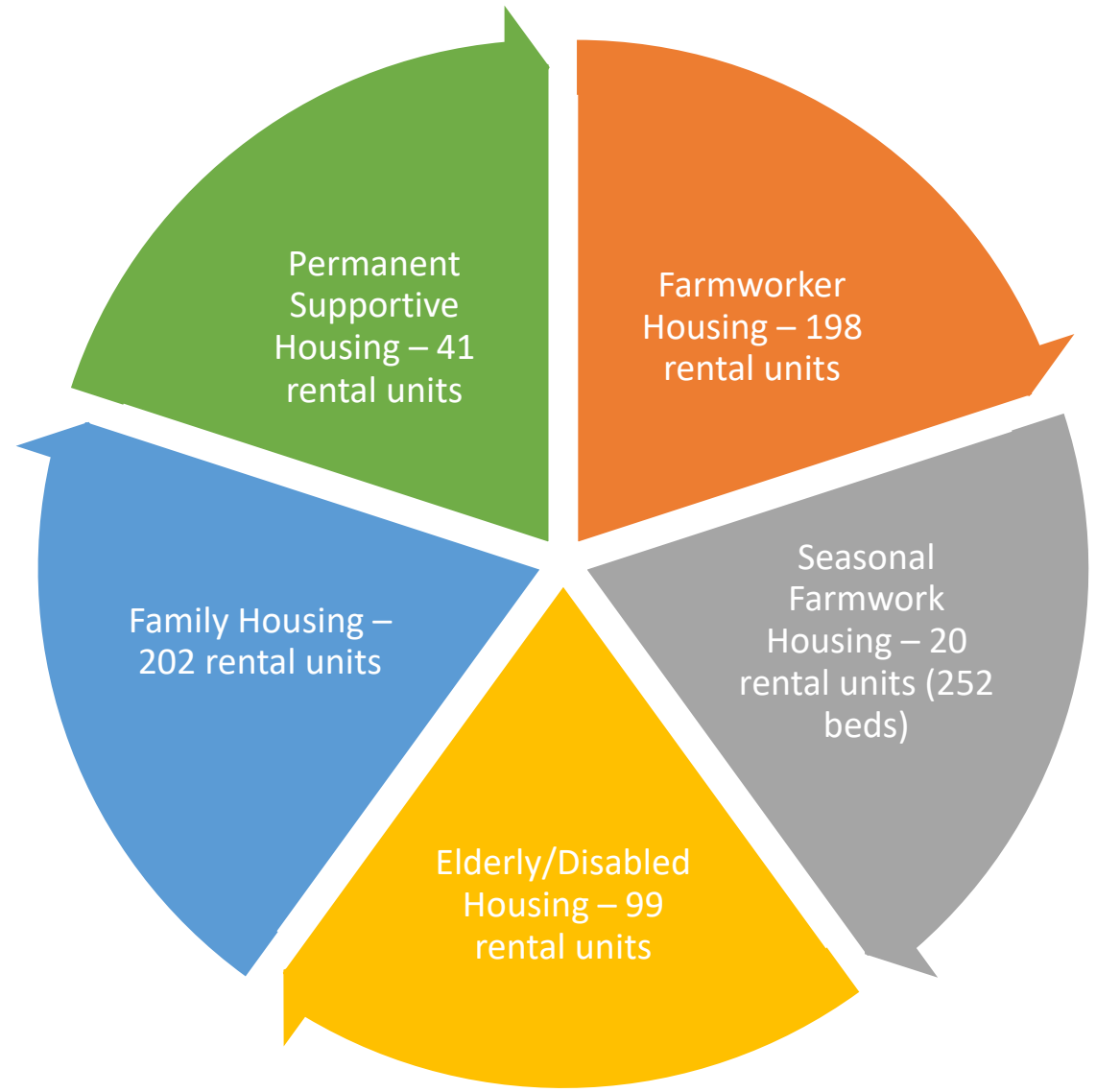


Serving nearly 3,000 residents throughout Yakima and Kittitas Counties

Housing Choice Voucher Program

- Over \$8 million invested in our community through housing assistance payments
- Approximately 1,400 individuals served
- Administer 1,308 vouchers (Annual Contributions Contract)
 - Mainstream – 115 vouchers
 - Veteran Affairs Supportive Housing – 113 vouchers
 - Non-Elderly Disabled – 15 vouchers
 - Foster Youth Initiative – 5 vouchers
 - Stability – 10 vouchers

Rentals Owned by the Agency



Additional Agency Programs

Other Service Provided to Residents

- Self-Sufficiency Program – 115 residents enrolled
- Supported Employment – 15 residents enrolled

Housing Development and Preservation

- New Affordable Housing Development
 - Fruitvale Housing – 54 rental units
 - Cosecha Court II, Phase III – 64 beds for seasonal farmworkers
- Acquisition and Preservation
 - Rainier Vista – 40 rental units
 - Zillah Gardens – 24 rental units
 - Meadows Annex – 20 rental units

Partnering with YNHS

- Washington Families Fund
- Resident Health Clinics
- Winter Shelter – Cosecha Court
- Foster Youth Initiative
- Onsite Clinic – Chuck Austin Place
- Referrals for Emergency Housing Vouchers
- Stability Vouchers



Why Partner with a Health Center?



HOUSING –
HEALTHCARE –
EDUCATION



SERVING THE SAME
CLIENTS



LONG-TERM
SUSTAINABILITY



LIMITED
RESOURCES



HOUSING IS
HEALTHCARE



Thank you!

Any questions?



Our mission is to improve quality of life and equity in our communities by providing accessible and integrated health and social services, ending homelessness and offering unique learning opportunities for students of health professions.

Medical Respite & Permanent Supportive Housing

Our North Star

Patients

- Medical Respite Care – “We Need a Place to Be When We’re Sick”

Providers

- Permanent Supportive Housing – “If You Want Us to Make a Difference in their Health...”

"It's What's On the Inside That Matters"



Safe, Affordable Housing + Case Management = Permanent Supportive Housing 2022



- Services:

- Connection to primary care
- Behavioral Health / Substance Use Tx
- Tenancy Support
- Basic Needs (food, clothing, household goods)
- Life skills
- Housing stability (food prep, budgeting, social skills)
- Parenting support
- Family re-unification

- 109 households served
(191 people, includes 70 children)
- 100% Chronically homeless

- Housing Partners:

- HUD McKinney CoC
- Document Recording Fees
 - State & County
- Consolidated Homeless Grant
- Housing Authority / DCYF
- **Apple Health & Homes !!**

Financing is Not for the Faint of Heart

Support
Services

	capital	operations	leasing	support services	notes
Housing Trust Fund	x	x			Developers - Office of Rural & Farmworker Housing, Enterprise
Federal Home Loan Bank	x				Federal system that supports mortgage interests & community investments
Apple Health & Homes	x	x	x		WA Legislature created
Commerce O&M		x			WA State
County 2163	x		x		document recording fees
HUD		x	x	x	McKinney Vento Housing
HUD Stability Vouchers				x	HUD Stability Vouchers
Foundational Community Supports				x	Medicaid FFS
Medicaid				x	Health Home, respite, BH, MCOs
Private / Other	x	x		x	Foundations, Banks,
Inkind / discretionary	x	x	x	x	

Foundational Community Supports

- Supportive Housing / Supported Employment
 - Evidence Based Practices based on Motivational Interviewing, Harm Reduction, Housing First Principles
- Last Year @ YNHS
 - 246 FCS participants, 10,879 encounters
 - Mostly PEH, chronically homeless,
 - 40% still unhoused, many on HEN with housing vouchers, no housing available

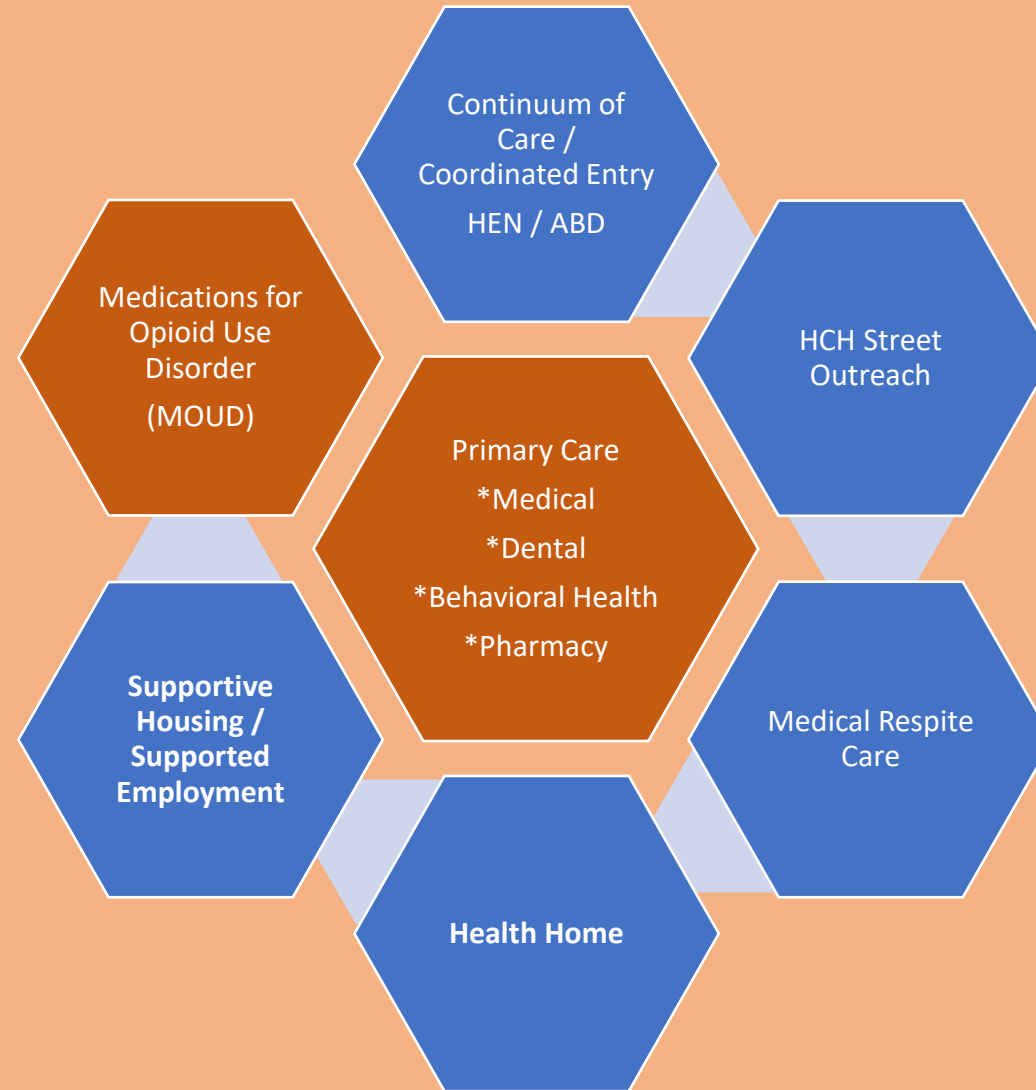
Housing IS Health Care



- Improving rate of successful connection to primary care
- Increasing rate of compliance with care plans
- Improvement in chronic disease measures (e.g. A1c scores, BP measure)
- Reduction in communicable disease (e.g. Influenza, TB, STDs, Hep C)
- Reduction in behavioral health crisis episodes
- Medications are better managed
- More likely to obtain and maintain employment or education
- Greater success for recovering SUD recovering patients in supportive housing

- ✓ Avg 46 visits per year per participant
 - ✓ (6 medical visits per year avg)
- ✓ Better diabetes control (76%)
 - ✓ (General CHC rate = 70%)
- ✓ Better hypertension control (57%)
 - ✓ (General CHC rate = 64%)
- ✓ Increase in flu vaccines (32%)
 - ✓ (general CHC rate = 21%)
- ✓ Fewer behavioral health crises needing EMS response
- ✓ Greater success in medication adherence

Housing is Health Care



DEVELOPMENT AND FINANCING: A ROADMAP TO AFFORDABLE HOUSING



WASHINGTON STATE
HOUSING FINANCE
COMMISSION

Opening doors to a better life

1 Organizational Capacity,
Understanding, and
Preparedness



2 Pre-development and
Feasibility



3 Capital and Financing



4 Development

(Point of no return)

5 Operations

Five Phases of Development



What is Affordable Rental Housing?

- Targets different income groups based on Area Median Income (AMI) (census data)
 - 0 – 30% = Extremely Low Income
 - 30 – 50% = Very Low Income
 - 50 – 80% = Low Income (60% is maximum for tax credits)
- Targets different populations with different needs
 - Shelter – night to night or permanent beds
 - Permanent Supportive Housing
 - Farm worker / Seasonal worker
 - Older adults
 - “Workforce Housing” – usually at 50% to 60% AMI



What is Affordable Rental Housing?

WSHFC Income Limits (2023): 3 person household/rent for 2 bdrm unit

	30% AMI	50% AMI	60% AMI
Benton/ Franklin	\$24,960 \$624	\$41,600 \$1,040	\$49,920 \$1,248
King/ Snoho	\$36,990 \$924	\$61,650 \$1,541	\$73,980 \$1,849

Who Develops Affordable Housing?

- Housing Authorities and PDAs
- Nonprofit organizations
- For-profit developers



Community Conversations

- What are other examples of health and housing partnerships in the communities?
- What is needed? What are you seeing as housing needs in your county?
- What are the priorities of the county or community?
- What other information or action is needed or missing?

