Connecting Supportive Housing and Health Systems to End Chronic Homelessness among People with Disabilities

Lessons from Central City Concern in Portland, OR

To end chronic homelessness among people with disabilities, we must work together across the public and private sectors to expand the supply of supportive housing opportunities for people with the most intensive needs and connect individuals to the health and behavioral health supports necessary for promoting their housing stability. This and the other case studies in this series were developed to highlight innovative community partnerships between the homelessness services system and health systems.

Focus of this case study	This case study describes a partnership between the health system and supportive housing providers in Portland, Oregon, that led to the creation of 375 new units of housing and a new clinic/services space**,** important stakeholders who made it possible, what brought the health sector to the table, they challenges faced, and advice for other communities seeking to develop partnerships like it. It also highlights the sustainability of these efforts and the role that partnerships between health and housing systems play in ending homelessness in America.
Can you describe the relationship between hospitals/health care systems and supportive housing in your community?	Central City Concern (CCC) has provided housing and addiction services since the late 1970s. The organization was first created to assist individuals experiencing homelessness who were struggling with alcoholism and a lack of permanent, stable housing. CCC is a somewhat atypical low-income housing organization because it not only owns and manages real estate for people with low income and individuals and families experiencing homelessness (approximately 2,000 units), but also provides health and behavioral health care as a Federally Qualified Health Center (FQHC) at several sites, which include housing. In 2001, CCC assumed operation of the Old Town health care clinic and began to develop it as an integrated clinic operation with the assistance of the major health care systems in the Portland area. In 2003, Old Town Clinic became a FQHC. In 2007, CCC co-developed the Recuperation Care Program (RCP) with two area hospital systems. Within a few years, all major health care systems in the metro area were partners in the RCP. RCP provides care transition for individuals experiencing homelessness from hospital settings to Old Town Clinic for ongoing care and in CCC housing for stabilization and long-term housing placement. In 2012, CCC was invited to participate in a group, including the CEOs of all the health care entities and the directors of the three public health departments in the metro area, that was investigating the possibility of jointly creating a Coordinated Care Organization (CCO). This was a very intensive effort that included weekly meetings for over a year. During this process, relationships between these leaders were

	formed and strengthened. This group, including the CEO of CCC, became the founding members of Health Share of Oregon, which would serve some 300,000 people eligible for Medicaid under Medicaid expansion in Oregon. The Affordable Care Act (ACA), as it was implemented in Oregon, also resulted in new requirements for health care entities to serve as "medical homes" responsible for long-term health outcomes and reductions in unnecessary hospitalizations and emergency department visits. It also encouraged new approaches that address the social determinants of health. The ACA went into effect in 2014 and, by the end of 2015, the impact of homelessness on the efficacy of the medical home approach was becoming ever clearer. In early 2016, CCC and Legacy Health invited the CEOs of the hospital systems and the major Medicaid MCO to a meeting to discuss the potential for a significant capital investment in low-income housing and new clinical operations. Within three months, an initial decision was made to collectively invest a total of $21.5 million to build the three projects, which would result in 375 units of housing and a new clinic/services space. This capital contribution would leverage more than $60 million in local government, foundation, philanthropy, news market, and low-income housing tax credits. It took another three months for the initial commitments to work their way through each entity to final approval. The CCO became Health Share of Oregon, which services Medicaid beneficiaries in three counties and supports implementation of the requirements of the ACA.
As you developed this partnership, who were the most important stakeholders to have at the table?	Important stakeholders included: • Adventist Health • Kaiser Permanente • Legacy Health • Care Oregon • Oregon Health Science University • Providence Health Systems
What prompted the hospitals/health care systems to get involved in supportive housing?	The implementation of the ACA provided incentives for hospitals and health care systems to focus on long-term health outcomes. The governor of Oregon was also supportive of health care organizations participating in the formation of Health Share Oregon, which brought together the housing and health care communities. The decrease in uninsured individuals from Medicaid expansion also made additional financial resources available. Several of the health care systems had internal research and evaluation departments that had confirmed independently the importance and impact of housing on health care outcomes, including that individuals with stable housing are more likely to have a primary care home and to engage in preventative services. There was additional

	data available on the impact of stable housing on Medicaid expenditures, so the relationship between health care and housing was not in dispute. Hospitals were also seeing an increase in patients with lower incomes who had substance use disorders and/or chronic medical conditions and different needs than their previous patient base.
What challenges did you have to overcome to develop and implement this partnership?	It was important to focus on the pressures health care systems were facing and the populations and issues they wanted to focus on, rather than try to "sell" them on an idea developed by the supportive housing community. The organizations were only willing to provide funding if everyone involved "bought in" to the program, which required getting approval from five different organizations with different approval processes. While high-level staff from CCC assisted in their internal conversations, staff were not involved in the final decision-making.
Looking back, what would you do differently? What advice would you give to others?	A major aspect of developing this partnership was the long-standing relationships that CCC had with health care organizations. It is important to develop and maintain strategic relationships within the community, and to recognize how interacting with a large health care system may differ. It's also very important to find out who has credibility with these organizations and ask for their help in bringing people to the table. Organizations need to: • Be prepared to do a lot of groundwork establishing and building relationships. • Find champions within the health care systems. • Understand the decision-making process of the organizations you are working with. • Look for how to align and understand the intersections where you can build a collective effort. • Be strategic – ask your partners what issues they want to address and how you can help them do so. • Discover the reasons that individuals got involved in health care and their desire to be more deeply connected to the community. • Understand that organizations may be leery of working together when they are coming from a very competitive environment.
How are you planning for sustainability?	At this time, two of the buildings are complete and fully occupied. These comprise 204 of the housing units affordable at 0%-60% of Area Median Income (AMI). They are performing as planned. The third project includes 197 affordable units at 0-30% of AMI and a new multidimensional clinic. There is a significant unmet demand for this housing. Adequate rental subsidies have been invested into the developments to make them financially feasible, but more units could receive such subsidies. The clinic operation will be part of the CCC FQHC portfolio and will be managed accordingly. A project operation team involving members of the Health is Housing collaboration has

	been assisting with the planning. A comprehensive research and evaluation component of the project has been implemented and very important to ongoing quality improvement and sustainability.
What is the role of this type of partnership in helping to address and end homelessness?	Research has shown, and continues to show, the positive impact that stable housing has on health. Most laypeople don't know that developments termed "affordable housing" are not necessarily available to individuals and families experiencing homelessness because a minimum income and/or rent is required in order for such developments to be financially sustainable or "pencil out." A large capital infusion reduces debt load and extends the impact of limited rent subsidies as the subsidies do not have to be as deep per unit to house very low to zero income residents. Hospitals and health care systems have resources that housing providers need, and vice versa – but they may not know that about each other. It is vital to create a strategic relationship between the two to provide the best care and assistance possible to this target population. In the wake of the funding of these projects, the Health is Housing Collaboration decided to continue to explore future initiatives to address homelessness. They also added three major Oregon foundations and the largest metro area business association to the collaborative. Recently, the decision was made to engage a project team consisting of CSH, the Providence Center for Outcomes Research and Evaluation, EcoNorthwest and the CCC CEO to develop a strategic framework for future collaborative investments. It will focus on supportive housing capacity. A final draft of the plan framework has been submitted for review.