

Developing an Integrated Healthcare & Housing Facility

National Healthcare for the Homeless Conference

May 17, 2023

12:45-2:00pm



Today's Presenters from Colorado Coalition for the Homeless

Lisa Thompson, Chief Operating Officer

Jennifer Cloud, Chief Real Estate Officer

Miriah Nunnaley, Director of Recuperative Care





Agenda

- Overview of Colorado Coalition for the Homeless
- Planning and designing projects
- Project Development and Financing
- Assessing needs and aligning services
- Delivering services
- Integrating services and property management
- Questions

Learning Objectives

- Describe key programming and design considerations in an integrated housing and healthcare facility.
- Identify specific financing resources to cover the costs of construction, ongoing operations and healthcare and supportive service delivery of an integrated housing and healthcare facility.
- Explain the value of integrating healthcare and supportive housing services in a single location and understand the methods and resources that can be adapted and applied to a variety of different project types.

Colorado Coalition for the Homeless

Providing Lasting Solutions to Homelessness Since 1985

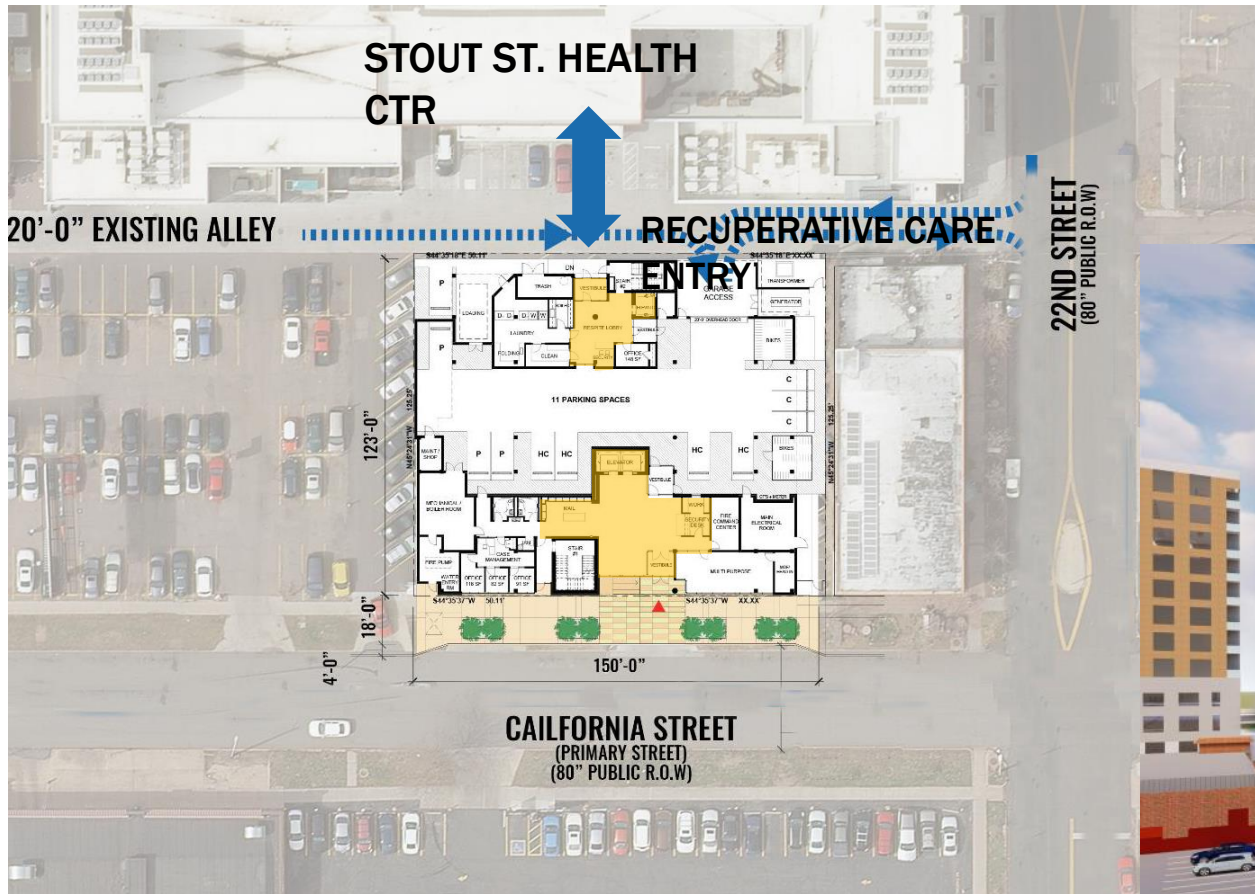
- ❖ Integrated Health Care
- ❖ Permanent Housing
- ❖ Supportive Services
- ❖ Housing Development
- ❖ Community Partnerships
- ❖ Education & Advocacy



Integrated Housing and Recuperative Care Center



Vision



Possibilities

- ❑ NMTC eligible site
- ❑ Zoning allows Up to 20 stories
- ❑ Zoning Uses
- ❑ FQHC
- ❑ Transit-rich and central to CCH services
- ❑ Funding availability for new housing development



From 3 to 9 stories



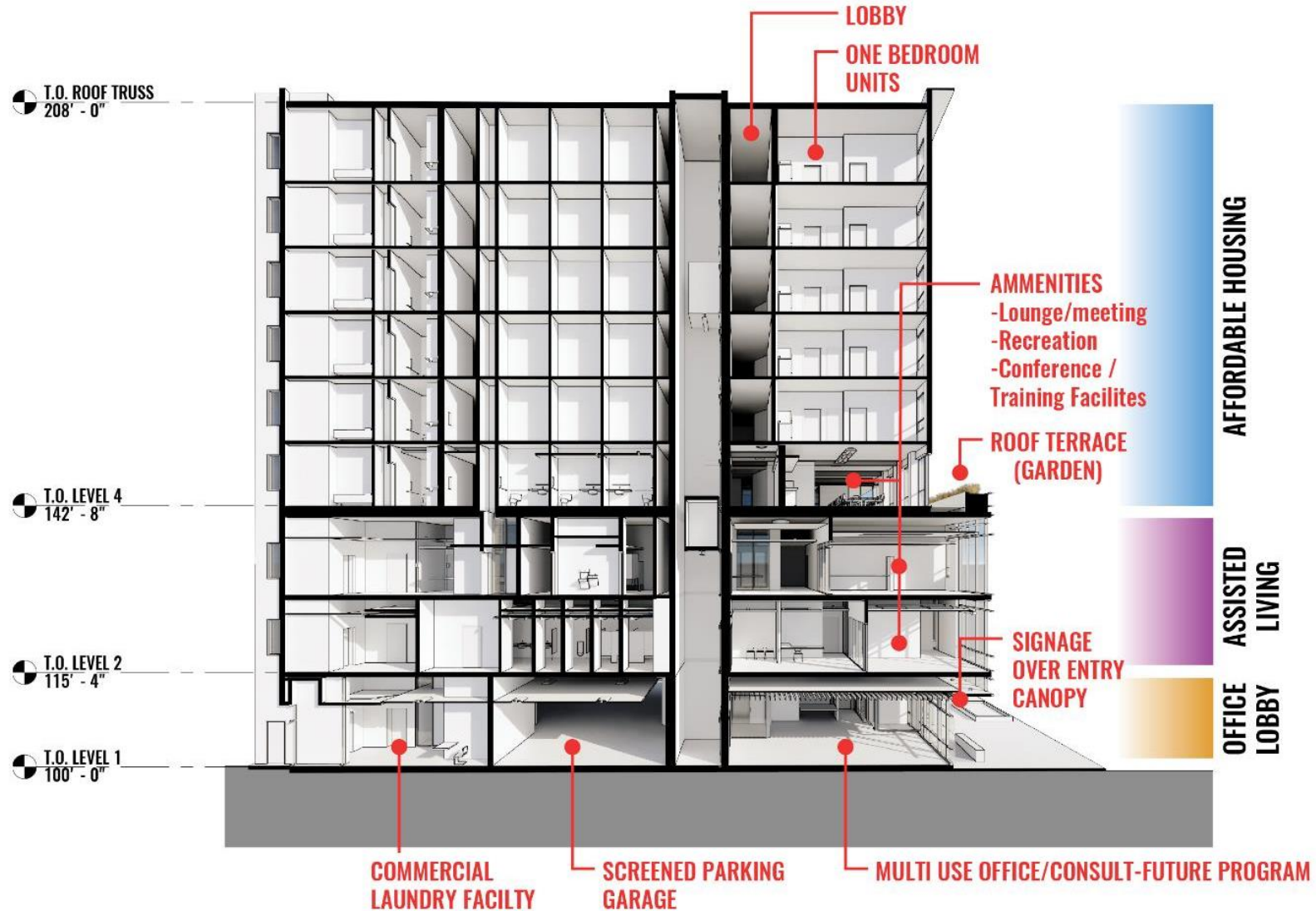


Construction Considerations



- High Rise Construction
- 2 Lobbies, Separate Entrances and elevator access
- Concrete lower floors / Infinity upper floors

Design and Programming



Program of Building



Level 2 Recuperative Care

- Mens / Womens Pods
- Counseling
- Community + Deck
- Dedicated Lobby / Elevator / Security



Level 3 Recuperative Care / 14 suites

- Suites
- Offices
- Commercial kitchen
- Dining facility
- Dedicated lobby / Elevator / Security



Level 4 Supportive housing (13 1BR units)

- Laundry
- Community lounge
- Rec / TV room
- Terrace overlooking neighborhood

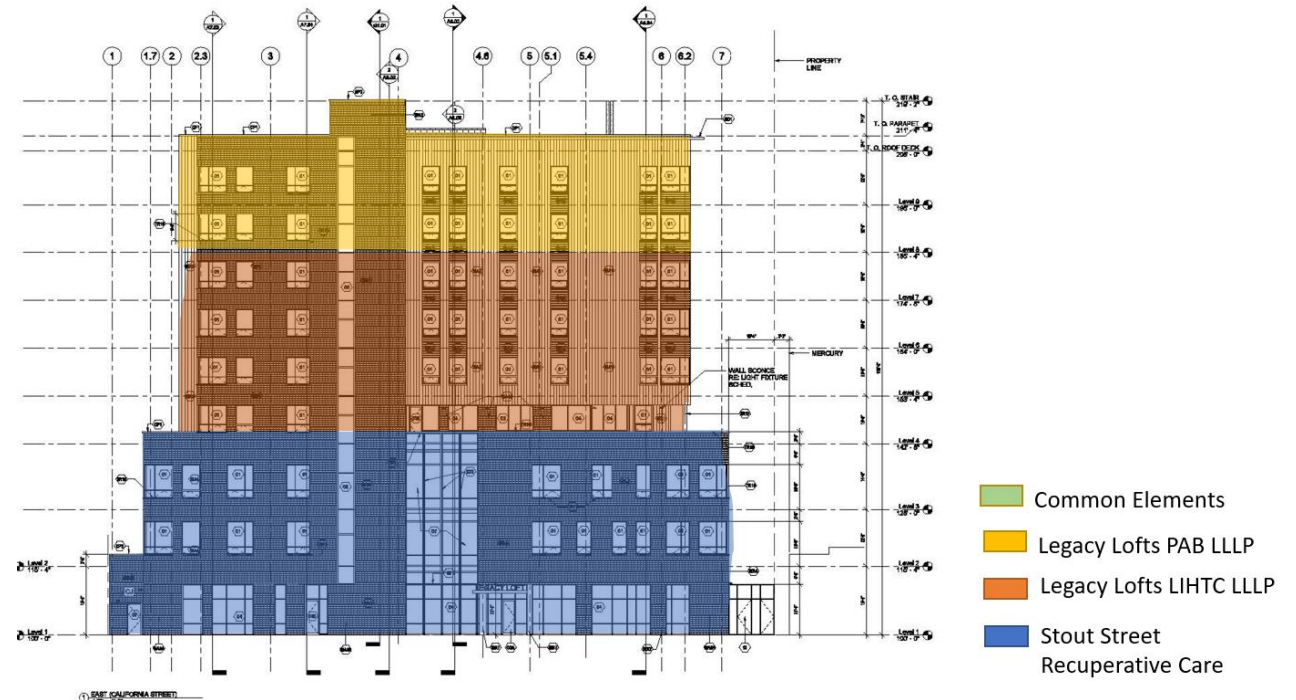


Level 5 - 9 Supportive housing (17 IBR Units)

- Common laundry
- Offices / Program storage

Key Considerations

- ❑ Land Availability
- ❑ Mixed Use - Planned Community Association with three ownership entities
- ❑ Complex Financing
- ❑ Highrise construction
- ❑ Importance of partnerships:
 - ❑ 4% PAB supported additional 34 PSH Units
 - ❑ 9% LIHTC supported additional 64 PSH units
 - ❑ NMTC and foundations supported Recuperative Care Center including 75 beds for medical related shelter



Financing

Project Sources		
Stout Street Recuperative Care (NMTC)	Legacy (LIHTC)	Legacy (PAB)
QLICI Loan Funded by:	FirstBank Perm Loan	FirstBank Perm Loan
HOST	9% LIHTC	4% LIHTC
CDOH	HOST	CDOH
DHA D3 proceeds	FHLB Topeka AHP	HOST
Colorado Health Foundation	GP Equity	DHA D3 proceeds
The Anschutz Foundation	Deferred Developer Fee	FHLB Topeka AHP
Wells Fargo Foundation	HUD PBVs (DHA)	GP Equity
Fidelity Foundation	DHA SLP	Deferred Developer Fee
Estate of James Hubbell		HUD PBVs (CDOH)
Jay and Rose Phillips Family Foundation of CO		HUD PBVs (DHA)
Colorado Access		DHA SLP
Additioanl Private Donors		
Ground Lease with DHA		

Setting the Benchmark – Poor Outcomes and Homelessness

- PEH are more likely to have poor access to healthcare
- Demographics and social determinants of health both intersect and influence homelessness heavily
- PEH who hospitalize have outcomes that are significantly worse compared to the general - housed population
- > 45% - Readmit within 90 days
- 17- 35% - Readmit within 30 days
- Age 54 - Life expectancy of the chronically unhoused; approximately 17.5 years shorter than that recorded for the general population



- Housing **IS** Healthcare!
- CCH bridges access to Healthcare and Housing
- Recuperative Care = Medical Respite Care
- Supports PEH with acute medical needs

The John Parvensky Stout Street Recuperative Care Center Opened 10/22 75 low-barrier, split-program beds



Stout Street Recuperative Care Center (SSRCC)



- 75 Recuperative Care Beds in split-level design
- Primary care, including 24/7 Nursing Support
- Case management – focused on permanent supportive housing and resource navigation



- Peer and health navigation
- MAT² for clients with SUD³ – focused on recovery, discharge planning, & OD⁴ prevention
- Clinical Pharmacist medication management
- Behavioral health, therapy, and psychiatry



Level 2 – Men / Women Pods



- Focus on building a healthy community
- Multiple groups a day to cover an array of needs/interests
- Routine client feedback on program structure and activities

Outpatient Clinic on second floor of SSRCC

- Integrated healthcare outpatient clinic
- Funds clinical portion of the SSRCC budget
- Support provided by PCMPs, psychiatry team, behavioral health providers, nurses, and PharmDs.



The SSRCC Financial Model

- Construction financed through New Markets Tax Credits, Philanthropic, City and State funding
- Clinical Costs – Reimbursed through Medicaid and insurance
- Operating Costs – “Room and Board” financed through Hospital MOUs for discharge reservation, City contracts, grants, and philanthropic support

The SSRCC Is Cost-Effective

- Average inpatient day = \$3,153
- SSRCC daily Cost is ~ \$99
- SSRCC= **90%** cost reduction



The Data – What Happens When Housing = Healthcare

- Recuperative Care Settings

- Decrease:

- Cost by 90% - 95% compared to inpatient stay
 - 30 - day hospital readmissions 30%-50%
 - 90 - day ED visits by 38%

- Increase:

- Treatment with primary care teams post-discharge w/>92% show rate
 - Health-related quality of life improvement
 - Hospital discharge options for individuals into appropriate level of care



Additional Benefits of Recuperative Care

- **Better discharge options!**
- Rapport and time with peers and case management helps solidify relationships in patient lives.
- Pilot partnership with Colorado Department of Health Care Policy & Financing (HCPF) – SWSHE grant
- Goal of SWSHE is to put MVPs into housing and hypothesis is they will access inpatient and emergency services less.



Renaissance Legacy Lofts

**Supportive
Housing – 98 units**

Resident Services
Coordinator

Services/property
management
collaboration

Clinical and life
skills groups onsite

**Activities and
community
engagement** for
residents

Resident Council
governing body

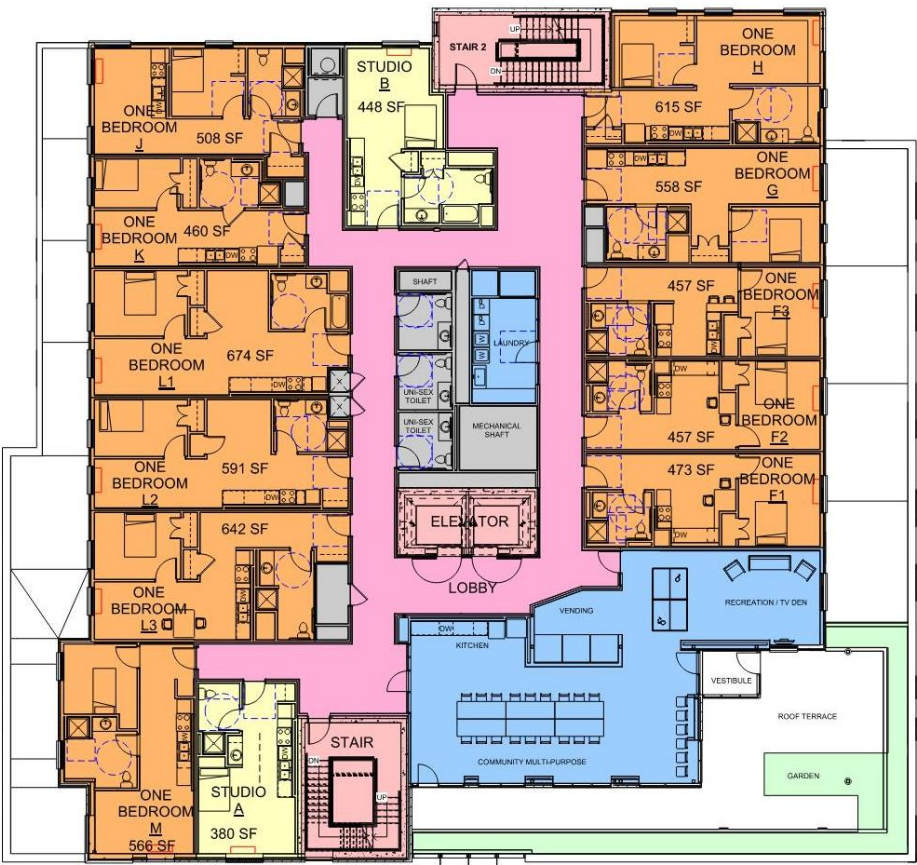
Good Neighbor
Incentive Program

Housing Retention
Committee
**(eviction
prevention)**





Separate building entrance from Recuperative Care
1-bedroom and studio units, Full private bathrooms, kitchens
Pre-furnished with necessities upon move in
Durable flooring, Over the Stove Fire Extinguishers



Level 4 Housing + Amenities

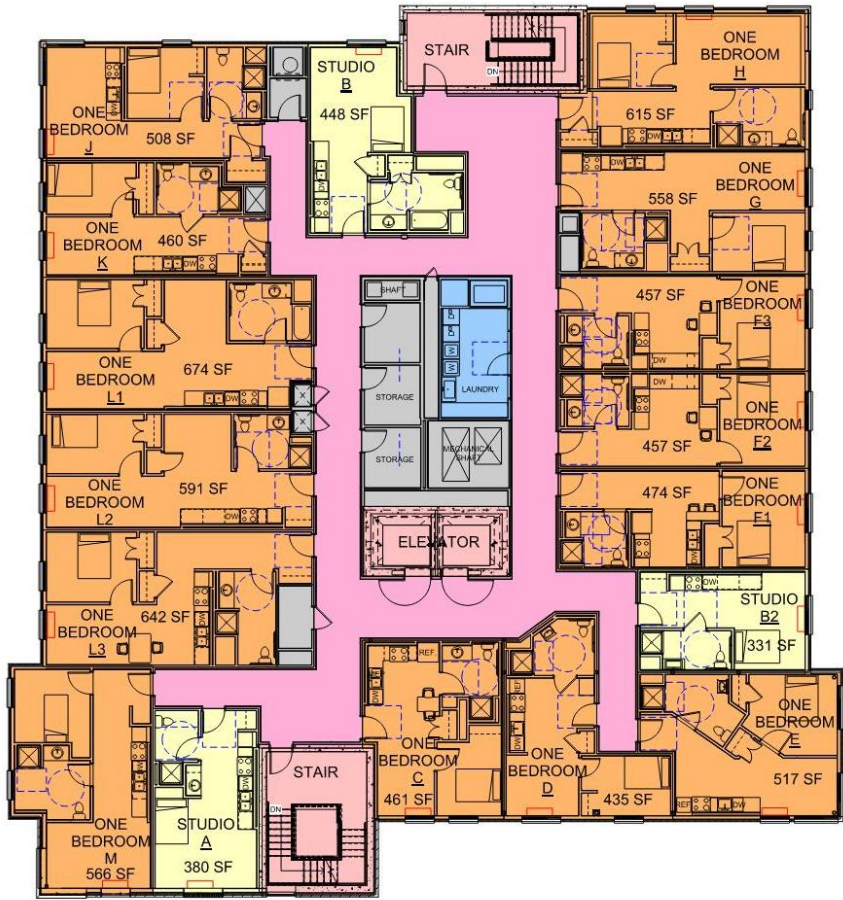


Community room + Terrace + Landscape + City views

- Kitchen
- Computer lab
- Rec / TV
- Multi-purpose w/ city views + terrace access



One bedroom prototype



Levels 5 – 9 Housing
17 1BR Units / Floor / Panorama views



Terrace for residents overlooking city

Housing First + Assertive Community Treatment (ACT)

Interdisciplinary Team of professionals who provide **intensive wrap around treatment** including:

- Case Management
- Initial and ongoing assessment
- Nursing care
- Benefits Acquisition
- Individual and group therapy
- Psychiatric treatment & Medications
- Substance treatment Services
- Peer Mentoring and Support
- Long-term ongoing care



Assertive Community Treatment (ACT)

- 75% of services provided occur **in the community**.
- **Team approach**—staff work with all/most clients.
- Support an individual's **ability to live successfully** in the community based on client-centered goals.
- **Harm Reduction**—reducing the overall negative consequences associated with substance use.

Supportive Housing Works

Denver Social Impact Bond*

At one year, **86%** of participants remained in stable housing at one year; at three years, **77%** remained in housing.

People in supportive housing used less emergency health care and received more office-based care on average than people receiving usual services.

Housing + services works

**Urban Institute, 2021*

40%
Fewer Arrest

65%
Reduction in Detox Use

40%
Fewer ER Visits



SIPPRA (Social Impact Partnerships to Pay for Results Act)

Pay for Success designed to save federal government money – Centers for Medicaid and Medicare (CMS)

125 persons to be served- Robust Randomized Control Trial.

PSH for high utilizers of health systems and jail systems.

Service funding for ACT and PSH Services from Social Investors.



Lessons Learned & Key Considerations



Vision can evolve

Partnerships with external agencies

Neighborhood context and relationships

Understanding site limitations and mixed-use planning



Funding model

Hospital partnerships

Open vs. Closed program

Parking considerations

Frontline pebbles



Planning time for staffing ramp up

Resident Services Coordinator

Safety challenges

Access control

Communication, Communication, Communication

Connect with Us at Colorado Coalition



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