Robert Wood Johnson Foundation

Published: July 8, 2011
Program Results Report
Grant IDs: 43050, 51162, 53649, 59348, 66288, 65868

Taking Health Care Home

A national initiative to reduce chronic homelessness through the creation of supportive housing

SUMMARY

Most chronically homeless individuals have a serious substance abuse or mental health challenge, and many also suffer from other chronic illnesses, according to the Corporation for Supportive Housing (CSH), based in New York City. Such individuals cycle repeatedly through hospital emergency rooms, mental health treatment centers, shelters, detoxification centers and jails, and use a disproportionate share of these resources.

In 2002, CSH set a goal of creating 150,000 units of permanent supportive housing nationwide within 10 years. Such housing, which includes intensive services, requires system changes to encourage government agencies, housing developers and providers of health care and social services to share information, resources and clients.

As one strategy for pursuing its goal, CSH created Taking Health Care Home, a national effort from 2002 to 2010 to expand the pipeline of permanent supportive housing for homeless people with chronic disabilities, such as HIV/AIDS, long-term substance abuse and severe mental illness. The project entailed providing grants, loans and technical assistance to states and communities to coordinate and streamline the way they organize, deliver and fund housing and health and human services.

CSH, which has offices throughout the country, also worked through the Partnership to End Long-Term Homelessness—later called Funders Together—to expand federal, state, local, foundation and corporate funding and commitment to providing supportive housing and ending homelessness.

Key Results

Project staff and the project evaluator reported these results:

- Through lending, grantmaking and technical assistance, CSH's Taking Health Care Home initiative spurred the creation or addition to the pipeline of more than 22,000 units of permanent supportive housing for chronically homeless individuals and families. Other CSH programs created an additional 33,600 units of such housing

through those activities, and the organization's public policy efforts led to the creation of almost 84,000 units, for a total of just under 140,000 units.

- Taking Health Care Home spurred changes in federal, state and local policy and funding designed to tackle long-term homelessness through supportive housing. For example:
  - U.S. departments of Housing and Urban Development and Health and Human Services have created a demonstration program to provide vouchers for rental housing with services for chronically homeless individuals and families.
  - Portland/Multnomah County in Oregon created a 10-year plan to address homelessness, and the state legislature approved $16.4 million in lottery-backed bonds and interest earnings in 2007 for supportive housing.
  - Seattle/King County created a local tax to pay for supportive housing services. The county also established the Homeless Housing Funders Group, a public-private collaboration to coordinate capital, service and operating funds for supportive housing and create a pipeline of new units for adults and families.
- CSH offices and public agencies in five states used $900,000 in matching funds to leverage $7.5 million in public and private investment in supportive housing.
- In 2007, the U.S. Department of Housing and Urban Development reported a 30 percent drop in chronic homelessness.[1] "That is a huge impact," said Nancy Barrand, special advisor for program development at the Robert Wood Johnson Foundation (RWJF) who spearheaded this work at the Foundation. "We can't show cause and effect, but we see a strong correlation."

Funding

RWJF provided four grants totaling $16.7 million to CSH for Taking Health Care Home from 2002 to 2010.[2] RWJF also awarded $1 million in matching funds to CSH in 2005 to leverage financing for supportive housing through the Partnership to End Long-Term Homelessness,[3] and $125,000 to Funders Together through a grant to the Melville Charitable Trust in 2009.[4]

CONTEXT

The Corporation for Supportive Housing took root in 1991 with funding from RWJF, Pew Charitable Trusts and the Ford Foundation, with the goal of ending long-term

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[1] Swarns RL, "U.S. Reports Drop in Homeless Population," *The New York Times*, July 30, 2008. Available online.

[2] ID#s 43050, 51162, 59348, and 65868

[3] ID# 53649

[4] ID# 66288

homelessness. Their work started in New York City and then expanded to other parts of the country. In each of the communities in which they work, CSH serves as both a catalyst, bringing together people, skills and resources, and as a thought leader, designing new programs and policies, creating demonstration models, educating the public, private and nonprofit sectors and serving as a leading national advocate for supportive housing. As a precursor to the Taking Health Care Home initiative, CSH created the Health, Housing and Integrated Services Network in Oakland, Calif., in the 1990's, and then expanded it to five California counties.

The network brought together more than 35 public and private agencies to coordinate services and housing for formerly homeless adults with mental illness, HIV/AIDS or other chronic illnesses. Researchers from the University of California at Berkeley found that the network reduced participants' use of hospital emergency rooms by 58 percent, and hospital stays by 57 percent. (See Program Results Report.)

CSH also facilitated planning in the 1990s that led to Minnesota's Hearth Connection, which provided housing and intensive services to homeless adults and families. A five-year, RWJF-funded study found that program participants transitioned successfully from homelessness to stable housing; had fewer symptoms of mental illness; and reduced their use of alcohol and drugs. Services for each participant cost an average of $4,200 per year, compared with $6,300 before the program began.[5]

Meanwhile researchers at the Center for Mental Health Policy and Services Research at the University of Pennsylvania followed almost 5,000 mentally ill people in New York City before and after they received permanent supportive housing. In a 2001 article, the researchers reported that while homeless, services for mentally ill people cost public systems $40,000 a year, whereas providing permanent supportive housing, which ends their homelessness and improves their health and quality of life cost, no more to the public.[6]

RWJF's Interest in This Area

Taking Health Care Home is the culmination of 18 years of RWJF investments to help people who are homeless, including the creation of CSH and subsequently the support of CSH to develop the Health and Housing Integrated Services Network.

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[5] The National Center on Family Homelessness. *The Minnesota Supportive Housing and Managed Care Pilot*. March 2009.

[6] Corporation for Supportive Housing. *The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals*. May 2001. The study was published in *Housing Policy Debate*, 13(1): 2002.

The network was developed as part of RWJF's *Building Health Systems for People With Chronic Illnesses*, a national program that encompassed a broad range of initiatives covering the full spectrum of medical, mental health and supportive service needs of people with disabilities and chronic health conditions, 1992–2002.[7]

RWJF's funding for supportive housing is reviewed in a chapter in the *Anthology*, Volume X. For more on RWJF's work in supportive housing, see *More Than a Place to Live: A Special Report About Supportive Housing and Its Impact on Chronically Homeless Populations* and a video story about a homeless man who gained a new life starting with his supportive housing in New York City.

RWJF has also provided support to CSH for its work in supportive housing for AIDS/HIV patients; see Program Results Report. A CSH campaign to gain local financial support for supportive housing is covered in another Program Results Report. As of 2011, RWJF is supporting CSH's work to provide housing for former prisoners re-entering society.[8]

THE PROJECT

From 2002 to 2010, CSH pursued Taking Health Care Home, a national effort to expand the pipeline of permanent supportive housing for homeless people with chronic disabilities, such as HIV/AIDS, chronic substance abuse and severe mental illness. The project entailed providing grants, loans, and technical assistance to states and communities to create systems-change that streamlines the way they organize, deliver and fund housing with health and human services.

CSH also worked through the Partnership to End Long-Term Homelessness—later renamed Funders Together—to expand federal, state, local, foundation and corporate funding for supportive housing as a way to end chronic homelessness.

Taking Health Care Home

Under the first of three RWJF grants for Taking Health Care Home,[9] CSH awarded funding to six sites to develop strategies for creating supportive housing that agencies and service providers could replicate on a national scale. These grants ranged from $200,000 to $700,000 over two years.

CSH awarded two of the grants to its own offices in two regions:

- CSH–Southern New England, which served Connecticut and Rhode Island

[7] For more on the Building Health Systems, see the Program Results Report.

[8] Grant ID#s 065899 and 068764

[9] Grant ID# 043050

- CSH–California, which set up an office in Los Angeles

CSH awarded the other four grants to sites without a CSH office:

- Kentucky Housing Corporation
- Maine State Housing Authority
- City of Portland, Oregon Bureau of Housing and Community Development, which served Portland and Multnomah County
- Seattle Office of Housing, which served Seattle/King County and Spokane

CSH and its partners at these sites pursued four key strategies:

- Inspiring commitment to supportive housing
- Building agency and provider capacity to provide supportive housing
- Organizing and sharing information and research
- Making major investments in communities poised for change

The sites targeted homeless people who met several criteria:

- They had been homeless for one year or more, or had cycled repeatedly among the streets and temporary housing.
- Their income was less than 20 percent of area median income.
- They had chronic health problems such as HIV/AIDS, substance abuse and addiction and severe mental illness or other barriers to housing stability, such as domestic violence or other trauma.
- They needed tightly linked services to maintain stable housing.

Under its second RWJF grant,[10] CSH provided more resources to five of the six sites (Kentucky did not continue its participation.), and added two more: CSH–New Jersey and CSH–Ohio.

With its third grant,[11] CSH also provided "opportunistic funding" to meet specific needs at 12 sites, including some with CSH offices and some without in California, Connecticut, Illinois, Indiana, Michigan, Minnesota, New Jersey, New York, Ohio, Rhode Island, Texas and Washington, D.C. CSH also used this grant to promote systems change at local, state and national levels.

[10] Grant ID# 51162

[11] Grant ID# 59348

Strengthening the CSH Model

CSH used its fourth RWJF grant to identify opportunities to strengthen its structure and programming in order to expand its reach to the chronically homeless population.[12]

Under an associated grant from RWJF to CSH, the Bridgespan Consulting Group was hired to gather information, identify challenges and make organizational and business recommendations. Research and fact-finding activities included:

- Conducting interviews with CSH at offices around the country
- Surveying all 89 CSH staff members
- Reviewing organizational and financial documents
- Establishing a workgroup of about a dozen staff members that met monthly to discuss findings

The recommendations are described in the Afterward section of this report.

Expanding Funding for Supportive Housing

In 2004, RWJF challenged CSH to convene other funders to combat chronic homelessness. After several strategy sessions, five national foundations, two financial institutions and two nonprofit organizations created the Partnership to End Long-Term Homelessness, housed at the Boston-based Melville Charitable Trust, to advance the goal of building 150,000 units of supportive housing. The founding groups were:

- Fannie Mae Foundation
- Conrad N. Hilton Foundation
- Robert Wood Johnson Foundation
- Melville Charitable Trust
- Rockefeller Foundation
- Deutsche Bank
- Fannie Mae
- Corporation for Supportive Housing
- National Alliance to End Homelessness

These partners committed more than $37 million in grants and loans to CSH and other organizations promoting supportive housing, and aimed to leverage $30 million from

[12] Grant ID# 65868

other sources. To help achieve that goal, RWJF provided $1 million as a challenge grant to CSH in 2005.[13] CSH used $100,000 of that grant to support communications designed to spur systems change and expand funding for supportive housing.

As the Partnership to End Long-Term Homelessness evolved into Funders Together, it took on the broader mandate of building relationships among funders investing in homelessness initiatives across the country. These organizations "began to see the power and benefit of belonging to a network," said Anne Miskey, CEO of Funders Together. "We believe funders need to collaborate, communicate and work together where possible."

By 2008, Funders Together had a membership of 120 funders and had expanded its mission from a focus on homeless individuals to include families with children, youth and veterans.[14] In 2009, a $125,000 RWJF grant[15] enabled it to create a website as a one-stop resource for funders tackling homelessness.

In 2010, Funders Together became an independent nonprofit 501(c)(3) organization, reflecting the organization's recognition that it "had a real opportunity to be the advocate for homelessness issues in the philanthropic world" at a time when federal policy is turning to supportive housing, said Miskey. "We are more nimble—there is more we can do."

Evaluation

Martha Burt, Ph.D., at MRB Consulting evaluated Taking Health Care Home under a subcontract. She produced four reports on the evolution of permanent supportive housing in participating communities and two capstone reports. See results for findings, and the Bibliography for more information. (All the reports are available online.)

Other Funding

Dozens of public agencies and philanthropic groups provided funding for Taking Health Care Home, according to Nancy McGraw, chief development officer of CSH. These included Fannie Mae, the Conrad N. Hilton Foundation, Melville Charitable Trust, the Butler Family Fund, the Nicholson Foundation, the California Endowment, the New Jersey Department of Community Affairs, the Open Society Institute and the Jacob and Valeria Langeloth Foundation.

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[13] Grant ID# 53649

[14] RWJF also made two grants to CSH (ID#s 58836 and 68897) totaling $884,153 for Keeping Families Together, a model of family preservation using supportive housing where children are at risk of abuse and neglect.

[15] Grant ID# 66288

RESULTS

CSH President and CEO Deborah De Santis and Burt, the evaluator, reported these results:

- **Through lending, grantmaking and technical assistance, Taking Health Care Home spurred the creation or addition to the pipeline of more than 22,000 units of permanent supportive housing for chronically homeless individuals and families.** Other CSH programs created an additional 33,600 units of such housing through those activities, and the organization's public policy efforts led to the creation of almost 84,000 units. The total created was almost 140,000 units.

  In 2007, the U.S. Department of Housing and Urban Development reported a 30 percent drop in chronic homelessness.[16] "That is a huge impact," said RWJF's Barrand. "We can't show cause and effect, but we see a strong correlation."

- **The results of Taking Health Care Home informed federal policy.** "By showing the effectiveness of supportive housing in many communities, Taking Health Care Home fostered federal interest in reprioritizing funding to serve the chronically homeless," according to CSH's De Santis.

  For example, said De Santis, "the secretaries of Housing and Urban Development and Health and Human Services now attest that housing is a platform for improving health outcomes, and the model they look to is supportive housing. That is a huge change." Those agencies have also created a demonstration program to provide vouchers for rental housing with services for chronically homeless individuals and families.

- **CSH distributed $900,000 in challenge grant funds to five sites, which used them to leverage an additional $7.5 million in public and private investment in supportive housing**.

  Funds were distributed to three sites with existing CSH offices and two locations that developed them later:

  — Michigan received $250,000 and leveraged $1.1 million.

  — New Jersey received $200,000 and leveraged $2.6 million.

  — Ohio received $100,000 and leveraged $1.6 million.

  — Texas received $200,000 and leveraged $2 million. (CSH established an office there during the grant period.)

  — Washington, D.C., received $150,000 and leveraged $250,000. (CSH established an office there during the grant period.)

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[16] Swarns RL, "U.S. Reports Drop in Homeless Population," *The New York Times*, July 30, 2008 Available online.

- **The results of Taking Health Care Home spurred changes in local and state policy and funding designed to tackle long-term homelessness through supportive housing.** For example:
  - Portland/Multnomah County Oregon created a 10-year plan to address homelessness, and the state legislature approved $16.4 million in lottery-backed bonds and interest earnings in 2007 for supportive housing.
  - Seattle/King County created a tax to pay for supportive housing services. The country also established the Homeless Housing Funders Group, a public-private collaboration to coordinate capital, service and operating funds for supportive housing and create a pipeline of new units for adults and families.

    Both Portland/Multnomah County and Seattle/King County now prioritize hardest-to-serve homeless people for the next available unit of permanent supportive housing.
  - Five state agencies in Indiana developed a strategic plan for a Permanent Supportive Housing Initiative, and the state funded a CSH office, training in supportive housing and specific projects.
  - Texas targeted $20 million for supportive housing services in its eight largest cities, and made it easier for projects to tap a low-income housing tax credits.
  - Los Angeles created three revolving loan funds for predevelopment activities designed to stimulate supportive housing.
  - In Ohio, the governor and multiple state agencies adopted the Cross-Disability Permanent Supportive Housing Policy Framework, which establishes common definitions, standards and principles for supportive housing.
  - Texas changed its Low Income Housing Tax Credit to reduce barriers to using the credit to develop supportive housing. The Austin City Council passed a resolution making the production of 350 units of supportive housing a priority.
  - Indiana's Division of Mental Health made supportive housing a priority in its Mental Health Transformation Plan, and revived a planning council to coordinate state and local resources.
  - Connecticut's Department of Mental Health and Addiction Services launched the nation's first comprehensive quality-assurance system for supportive housing, requiring contracted service providers to participate in a CSH-administered system.
- **Taking Health Care Home states and communities expanded their focus beyond chronically homeless individuals.** For example:

- Portland, Ore., Seattle and Los Angeles provided convalescent care for homeless people leaving hospitals, and some of these initiatives connected people to supportive housing.
- The Maine Department of Corrections invested in transitional housing for inmates facing homelessness upon release.
- Partners in King County, Wash., expanded funding for homeless veterans.
- Project staff in Multnomah County, Ore., worked with the sheriff to identify inmates with disabilities and move them into supportive housing upon their release.

- **CSH built capacity for creating supportive housing among public agencies, housing developers and service providers through some 1,300 trainings for more than 50,000 participants.** These efforts included:
  - Supportive Housing Institutes, which taught teams of local agencies how to create and run supportive housing. Eight CSH offices sponsored the training, which lasts 6–10 months and results in a project proposal.
  - Five national, four regional and several state Supportive Housing Leadership Forums, which convened policy-makers and other leaders to share information and experiences.
  - Peer-to-peer visits, which entailed bringing local officials and service providers to communities with highly developed supportive housing and strong local support.
  - Hundreds of one-day or shorter training sessions at local and national conferences and other events.
  - Technical assistance for communities, ranging from extensive interaction over many months to making presentations and facilitating discussions.
- **CSH added information on best practices in developing supportive housing and integrating funding to its website.** Those resources include:
  - Analysis and strategy documents, including *Laying a New Foundation*, which describes essential systems change
  - Publications about the use of Medicaid and other funding for supportive housing services
  - Toolkits and other training materials
  - Evaluations of supportive housing initiatives
  - *My Story: A New Life Through Supportive Housing*, a DVD featuring interviews with six formerly homeless individuals

- **Advocacy by CSH spurred the National Council of State Housing Agencies and the National Association of State Mental Health Program Directors to sign a memorandum of understanding to collaborate on supportive housing**.
- **Funders Together reported that it had redesigned its website as an interactive hub for case studies, research and trends in philanthropy about supportive housing and homelessness, and the efforts of foundations to tackle it.** "We saw this as essential to our mission of connecting with funders and connecting them to one another," said Funders Together CEO Miskey.

SIGNIFICANCE OF THE PROJECT

Taking Health Care Home raised the visibility of chronic homelessness and clarified who it affects and how to address it, according to RWJF's Barrand. "Chronically homeless people with special needs are now a recognized subset of the homeless population, and supportive housing is seen as the solution."

Before the initiative, mental health and other agencies that provided services to homeless people may have understood the importance of supportive housing, but agencies involved with housing, finance, health, veterans and corrections did not, CSH Chief Operating Officer Connie Tempel observed. The project enabled CSH and the sites to bridge those relationships, and to mirror that work at a national level.

LESSONS LEARNED

1. **Champions are essential to creating supportive housing on a large scale and ensuring systems change.** At least one leader at each site helped rally peers. These champions needed information on the cost-effectiveness of supportive housing, and on how to finance it and scale it up. (Project Director De Santis; Evaluator Burt)
2. **Career public officials who act as "boundary spanners" are critical in creating systems change.** These individuals build bridges across agencies and identify ways to align policies, systems and funding. (Project Director De Santis)
3. **Peer learning among government officials helps turn skeptics into champions.** Interactions among public officials at CSH-led events allowed them to share nitty-gritty details on how to revamp housing and support services and spawned "aha" moments. (Project Director De Santis)
4. **Personal relationships are essential to expanding the supportive housing pipeline.** The accomplishments of Taking Health Care Home reflected relationships that CSH staff built with local champions and agencies, as well as relationships among public and private leaders. (Project Director De Santis)
5. **A major philanthropic investment can spur communities to take the final steps to align systems and funding for supportive housing.** This push should occur only

after public officials and nonprofit leaders have agreed on the importance of investing in supportive housing. (Evaluator Burt)

6. **A combination of large grants and smaller "opportunistic" funding allows states and communities to meet needs as they arise.** "It was nice to have both kinds of resources available," said CSH's Tempel. Grants made through the formal request-for-proposal process "can have a big impact," but CSH also found it helpful to provide "walking-around" money in response to opportunities.

7. **Systems change requires turning crises into opportunities.** In Connecticut, for example, a state budget crisis prompted CSH and its partners to recast supportive housing as a way to reduce the deficit. (Project Director De Santis)

AFTERWARD

Informing Federal Policy

In 2010, the United States Interagency Council on Homelessness released *Opening Doors: A Federal Strategic Plan to Prevent and End Homelessness*. "The plan includes ideas we had been experimenting with that had produced good results," said CSH's McGraw. For example, it includes the strategy of calling for agencies to jointly track the most frequent users of public services.

Strengthening and Expanding

CSH received a three-year $700,000 grant from the Conrad N. Hilton Foundation to implement many of Bridgespan's business and organizational recommendations for strengthening the organization:

Key recommendations, and CSH responses, include:

- **Reach more communities and fully implement a regional structure.** CSH is taking steps to deploy its field staff more effectively, and seeking new resources to expand into high-need or high-innovation communities.
- **Manage to outcomes and employ a project-based approach.** Next steps include training staff on project management skills, developing more robust systems for tracking time and outcomes and implementing a fee-based model of providing services.
- **Improve communications infrastructure.** With support from consultants, CSH is reviewing its communications capacity, developing compelling messages for disparate audiences and revamping its website.
- **Advance the industry via research and innovations.** CSH continues to promote supportive housing as a primary solution to many of the issues faced by vulnerable populations and to pilot, evaluate and replicate proven models.

- **Diversify funding base for long-term sustainability.** CSH is pursuing a number of strategies to increase its resources, including more contract-based work and new grants from local and national foundations and from individual donors.

  Among the initiatives for which it is pursuing public and private support:

  — Integrating supportive housing with Federally Qualified Health Centers (FQHCs), which provide services that are typically reimbursed by Medicaid

  — Developing models of supportive housing specifically for frequent users of emergency health services

  — Promoting the development of local 10-year plans to end homelessness

  — Expanding veteran supportive housing

New Grants for Funders Together

Funders Together has received funding from the Melville Charitable Trust and Fannie Mae for 2011, and grants from the Bill and Melinda Gates Foundation and the Conrad Hilton Foundation are pending.

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Grant ID# 66288, 65868, 59348, 53649, 51162, 43050
RWJF team: Vulnerable Populations

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