



**HOUSING
DEVELOPMENT**
consortium

Housing and Health Partnerships Forum

The [Housing Development Consortium of Seattle-King County's](#) newly launched "Housing and..." series aims to explore the obvious and not-so-obvious intersections between housing and other key issues facing our community, including housing and health partnerships. Throughout 2015, HDC will partner with member organizations leading the work in their sector to motivate our members, and community residents, to action. It is HDC's hope that through these necessary conversations across sectors, current strategies will be reevaluated to provide better and more streamlined services to those in our community seeking care.



It is now widely understood that 20% of our overall health is determined by clinical healthcare services, and the other 80% is influenced by our health behaviors, the physical environment, and social and economic factors. While the United States spends more on healthcare than its peer nations around the globe, it ranks near the bottom of this group in health outcomes. One explanation is that the US spends proportionately less than most of these countries on social services and prevention. While recent expansion of health coverage has been critical and is, sometimes for the first time, allowing people better and more streamlined access to services, we can no longer ignore the enormous role that our environment – where we live and work – as well as nutrition, physical activity, and factors such as tobacco use plays in overall health.

For more information on the intersection of housing and health, HDC encourages you to review the following resources:

- HDC's [Housing and Health Resource page](#)
- The National Housing Conference's [Affordable Housing's Place in Health Care](#)
- [Health Beyond Health Care: Housing](#) – Robert Wood Johnson Foundation
- Building Changes' ["Accountable Communities of Health: Housing Voices Needed"](#)
- Building Changes' ["Connecting the Dots Between Housing, Homelessness and Health Care"](#)

Up until recently, housing and health partnerships have been somewhat sporadic. Now, in recognition of the health benefits that stable housing and wrap-around services can have on a community's overall health, in addition to improvements in healthcare services and funding through the ACA, organizations, healthcare centers, and local government are more frequently embracing an upstream approach.

On **June 24, 2015**, the Housing Development Consortium hosted a forum highlighting existing best practices and innovative partnerships and programs for housing and health collaborations. Through presentations and discussion, attendees gained a more comprehensive understanding of some new upstream approaches, and why these approaches are so critical to community health. The event program included brief presentations from key players and groups already focused on streamlining housing and health services including:

Janna Wilson, *Director of Health Policy and Planning, Public Health – Seattle & King County*
Cheryl Markham, *Strategic Policy Advisor, with King County DCHS*
Vy Le, *Lead Community Health Promoter, Mercy Housing Northwest*
Andrew Calkins, *Evans School of Public Affairs, Graduate*
Andrew Desmond, *Evans School of Public Affairs, Graduate*
Kate Baber, *Homelessness Policy and Advocacy Specialist, WA Low Income Housing Alliance*
Bill Rumpf, *President, Mercy Housing Northwest*

This event was moderated by **Anna Markee**, Senior Manager with Building Changes. We have included notes from our forum below. Copies of all the presentations, along with additional health and housing collateral, can be found at the end of this report. Thanks to [KCHA](#) and their partners for hosting our group at [Seola Gardens](#), and thank you to [Walsh Construction](#), our event sponsor.

Opening Remarks: Marty Kooistra, *Executive Director, Housing Development Consortium*
We want to get to the next level of understanding: How do we begin to combine our efforts to build healthy places and affordable housing? How do we go upstream and deal with these issues?

Welcome and Introduction to Housing and Health: Dow Constantine, *King County Executive*

- This forum brings together so many of the issues at the forefront of our region: ending homelessness, housing affordability, improving health and economic opportunity for all.
- Everyone needs access to quality health care, but that's just one piece. Today, we are looking upstream. This is key.
- As a community, we worked hard through the Affordable Care Act to bring insurance coverage to **more than 200,000 people in King County**.
- We know well that one of the first challenges many children face is economic.
- A sad truth in America today is that a top predictor of a child's success in life is the income of the household in which that child is raised.
 - The impacts of this inequity tend to be greatest in communities of color, where below-poverty, working-poor households are disproportionately concentrated.
 - Our goal must be to break this connection between incomes and outcomes.
- King County has already embarked on one path to achieving this vision:
 - Thanks to the support of The Seattle Foundation and Living Cities, King County is making its first investments in **Communities of Opportunity**.
 - COO connects high need communities to resources, services and programs that they need to build prosperity, which builds prosperity throughout the county.
 - King County is working in several neighborhoods where health, income and quality of life inequities are highest to create healthier communities and begin to close the gaps between those ZIP codes.

- If King County is to continue to prosper, we must find new ways to give all of our children — regardless of race, or family income, or developmental disability — the best start in life we can.
- **Best Starts Initiative:** an initiative that will invest in proven and promising strategies that will put every child in King County on a path toward lifelong success.
- The groundbreaking research at the UW's Institute for Learning Brain Sciences, shows that we have an even greater opportunity than we ever realized to put our children on a positive trajectory.
- That science tells us that early experiences — positive and negative — have a dramatic impact on the physical shape and organization of the brain — experiences that help determine not just what we learn, but our capacity to learn and succeed.
- King County will be the first metropolitan region in the nation to create the comprehensive approach needed to deliver the outcomes we all want to see.
- The Best Starts Initiative will focus on:
 - Investing intensively in a child's first five years of life
 - Providing support throughout school years
 - Identify disabilities and mental health challenges early
 - Communities of Opportunity- ensuring every community can support their children in being successful through access to nutritious food, and safe, walkable, well-connected neighborhoods, maximizing investments.
 - Monitoring progress and measuring success through an established infrastructure.
- King County Council is currently reviewing this proposal for placement on the ballot in November.
- Everyone benefits from Best Starts for Kids. Failure to put children on the right path early means we all continue to pay for more-expensive, less-effective interventions later in life.

Moderator Opening: Anna Markee, Senior Manager, Building Changes

- A couple of years ago people were just starting to think about the intersection of health and housing. Now there are countless partnerships working at this intersection
- Building Changes started out as AIDS Housing of Washington, and still operates today under the motto: "Housing is health care."
- As Executive Constantine note, we've done a great job of getting people signed up for expansion of health care. The challenge we face now is: How do we go beyond getting people signed up for health insurance, but using it to work for them? How can we impact other health outcomes?
- Building Changes is working on a policy level, along with others, to establish performance measures on housing stability in the health care system so that health care providers can understand the benefit of housing stability to health.
- Building Changes' evaluation of Permanent Supportive Housing for families found increases in families' housing stability, family reunification, and access to behavioral health services but increased use of emergency rooms.
- To access information on recent Building Changes findings, we recommend you review:
 - The Washington Youth & Families Fund High-Needs Family Program: Outcomes for Families [One-Pager](#)
 - [An overview](#) of families' challenges to accessing care
 - A [Glossary of Relevant Health Terms](#)

Presentations:

Jana Wilson, *Director of Policy and Planning, Public Health-Seattle & King County*

Initiative: Health Systems Transformation and Accountable Communities of Health (ACH)

- The Public Health Department and community partners have been focused on health reform and getting residents to take advantage of new health insurance coverage opportunities through the Affordable Care Act (ACA)
- Over 414,000 people in King County are now on the Medicaid program
- The uninsurance rate in King County has dropped from 12% (2013) to 7% (2014)
- Health insurance provides financial protection for individuals. Historically, medical debt has accounted for 62% of personal bankruptcies and is a driver of homelessness.
- But, access to health care doesn't cure all ills. Incentives in healthcare delivery system are beginning to change, focused more on keeping people healthy than just paying for when people are sick. There are opportunities now to accelerate a reorientation to more preventative care and to partnerships outside of clinical care that affect health
- Under its innovation plan, the Health Care Authority has launched the Accountable Community of Health (ACH) initiative and is working to establish new cross-sector, regional entities across the state. Public Health is serving as the convening entity in the ACH design work for the King County region. In total, there are 9 ACH regions covering the entire state.
 - ACH aims to bring together cross-sector partners to work on initiatives that build the health of that region while simultaneously lowering costs in healthcare
 - There is a new King County ACH Leadership Council who will think about governance and other infrastructure needed to make ACH work. It was built from the previous King County Health and Human Services Transformation Plan initiative and groups, and housing system partners are involved.
 - Initiatives that are working in the community will help inform what ACH should look like (form should follow function)
- For more information on ACH visit the King County website [here](#).
- Interested parties can send an email to hhstransformation@kingcounty.gov and ask to be added to the transformation stakeholder list to receive updates. Questions and comments are always welcome.
- A general briefing (ppt presentation) on ACH planning from January 2015 can be found [here](#).

Cheryl Markham, *Strategic Policy Advisor, King County*

Program: Communities of Opportunity (COO)

- Background: In King County, where you live, how much you make, and the color of your skin are major predictors of your life experience and your chances of living well and thriving. **Health and social disparities** are increasingly marked in King County, Washington. While average measures of quality of life, and social and health factors are among the highest in the country, these averages mask stark differences by place, race and income. Significant portions of the county have been left behind as demographics have shifted and our region now experiences some of the greatest inequities among large US metropolitan areas. **Life expectancy ranges from 74 years in the lowest decile census tracts to 87 years in the highest**, smoking ranges from 5% to 20%, and frequent mental distress ranges from 4% to 14%.
- To help change our County's current trajectory, Communities of Opportunity (COO) is an effort launched by The Seattle Foundation and King County to improve health, social, racial, and economic outcomes by focusing on:
 - place, through partnerships with local communities to shape and own solutions
 - policy and system changes identified through COO partnerships.
- COO takes a prevention approach in addressing the intersections of housing, health and economic prosperity. Because inequities in these areas are complex challenges that involve many causes/systems, COO focuses on working more collectively with local communities and across sectors to achieve a collective impact.

- **6 core conditions** for collective impact:
 - community voice
 - continuous communication
 - backbone function (dedicated staff)
 - mutually reinforcing activities
 - shared measurement system
 - common agenda
- Approach:
 - **Identify 3 cities/neighborhoods** for focused co-design, partnership and investments over 3-5 years: Rainier Valley, White Center and Seatac/Tukwila;
 - Work on policy and system changes that address inequities impacting these and other similar communities in the County;
 - Use toolkits and a learning community model to support all areas of the county.
- COO is **not imposing the outcomes** on the participating communities, instead we are focused on the process of engaging with the communities and working together to develop the shared results framework and performance measures.
- Common themes from place-based sites:
 - Rainier Valley: housing market is heating up, concern about affordability and displacement, culturally appropriate health care (physical and behavioral health), food innovation district (Note – food innovation districts bring food, including healthy food, community and economic vitality/jobs together for the benefit of a community)
 - Global to Local/SeaTac/Tukwila: housing preservation and rehabilitation, need for new mixed income transit centered housing, food innovation district
 - White Center: foreclosure prevention, healthy food and activities for kids, educational attainment for youth
- COO is using Results Based Accountability to produce the framework for shared results and strategies across all COO sites and for each site independently. Cheryl recommends reading the book, *Trying Hard is Not Enough* by Mark Friedman. King County used it as model for developing the COO framework.
- For more information on COO visit their website [here](#).
- To access Cheryl's PowerPoint presentation, scroll to the appendix below (pgs 10 - 24).

Q&A

Moderator Question: What are opportunities for people to get involved in ACH?

Jana: Council meetings are open to the public. King County has [a website](#) with all the meeting info and updates. We also encourage you to get involved with community health workers and housing and health partners.

Audience Question: There was talk of a population-based in addition to a place-based strategy as elements of King County's Health and Human Services Transformation; did that materialize?

Cheryl: Yes, we have another early initiative called [Familiar Faces Initiative](#), which focuses on people that cycle through the King County jail four or more times per year and have behavioral health and/or physical health challenges. The intersections of these two initiatives are also leading us to look at issues such as health care deserts and culturally appropriate health care through community health workers.

Audience Question: It seems like there is an absence of environmental organizations participating in COO?

Cheryl: There could be many more partners asked to participate as COO moves forward, and we're interested in a broad base of partners, including environmental organizations where there is a good fit.

Audience Question: Will these efforts involve mental health service provisions?

Jana: Yes. In ACH. The state will look to ACH to accelerate the integration of support for people with mental health issues. This is a high priority.

Vy Le, Lead Community Health Promoter, Mercy Housing Northwest
Program: Bringing Health Home

- Community Health Promoters (CHPs) collect data, identify community health needs and assist community members to adopt healthy behaviors
- The CHPs develop ties in the community, conduct surveys to assess needs, enroll residents in health insurance, have conversations about health, connect residents to primary care providers, clinics and culturally appropriate and applicable health education
- The CHPs operate across 7 properties, in five languages: Vietnamese, Spanish, Somali, Russian and Amharic, and help develop **culturally appropriate** solutions to health and well-being.
- Mercy Housing Community Health Promoters partner with King County, [Interlm CDA](#), Public Health, Children's Hospital and [Global to Local](#). This work requires partners and a lot of collaboration.
- Since 2014, **CHPs have connected 1,420 residents to healthcare activities**
- Through a healthy cooking class women residents formed their own group called "Aspire for Health" to continue healthy eating education. These residents are passing on lessons to their family and community. The women will also take the training to become community health workers through King County.
- Year 2, the program will focus on diabetes prevention and management, fall prevention for seniors and breast, cervical, and colon cancer prevention
- Transportation costs, lack of information, language and cultural barriers are main barriers to immigrant and refugee community for accessing health care.
- To access Vy's PowerPoint presentation, scroll to the appendix below (pgs 25 - 39).

Audience Question: What advice would you give to others to start a similar program?

Vy: Good partnerships! Mercy Housing NW partnered with King County and the partners mentioned previously, and utilized community resources. Just do it. Don't be afraid to try new things out. If it doesn't work, you can always try something else.

Audience Question: How is program funded?

Vy: Funding is from Pacific Hospital Preservation Development Authority (PHPDA) and other philanthropic resources.

Audience Question: How were the surveys done?

Vy: They were done on paper in multiple languages. Staff can also translate the surveys verbally and sit with residents to ask the questions. That also allows staff to include additional and follow-up questions to get to the needs of the residents and community.

Andrew Calkins and Andrew Desmond, UW Evans School of Public Affairs
Topic: Improving Health and Housing in South King County

- Evans School research project and scope focuses on Auburn, Kent, Federal Way, Renton and Tukwila
- Unhealthy housing disproportionately affects low income populations and has high costs
- What are the causes of unhealthy housing?
 - Rental market: property owners don't have a strong incentive to maintain quality of units, insufficient protection for tenants
 - Rental and homeowners: lack of awareness between quality of housing and health
 - Homeowners: unable to afford costs of maintenance and repairs
 - Building codes are weak with reactive enforcement and it is often not profitable to make repairs

- **6 policy recommendations** based on research:
 - Local:
 - adopt the [National Healthy Housing Standard](#)
 - implement proactive rental inspection programs
 - enact just cause eviction ordinances- property owner must list reason for evicting someone (Seattle has this)
 - Regional:
 - Community Health Workers
 - Code compliance loans for multifamily rehab- low-interest loans for low-margin property owners for repairs
 - Regional Acquisition Fund- cities pool resources to help nonprofits acquire/rehab new affordable housing
- Many of the best practices function more effectively when **implemented jointly** and when there's synergy between existing and/or proposed programs (see ppt table).
- To access Andrew and Andrew's PowerPoint presentation, scroll to the appendix below (pages 40 - 51).

Audience Question: You alluded to Tukwila a few times as a model of a city "doing it right." What is Tukwila doing?

Andrew: Tukwila requires that every rental unit is inspected every 4 years. They offset the program costs through business license fees. This incentivizes proactive maintenance of rental housing.

Kate Baber, Washington Low Income Housing Alliance (WLIHA)

Topic: Creating a Permanent Supportive Housing Services Benefit in WA

- There are unique policy windows for health care reform in WA State right now. WLIHA is prioritizing the new Medicaid benefit for permanent supportive housing services.
- The Medicaid program is a partnership between the federal government and states to provide health care coverage to low-income individuals. As such, state Medicaid plans are unique to each state.
- Through the proposed benefit, supportive housing **services would be billable to Medicaid**. This includes services for people at risk or experiencing chronic homelessness- people need these services in order to retain permanent housing.
- It's promising that this will be passed. In 2014, we passed SB 6312, which granted WA State the authority to add this benefit to our state Medicaid Plan. Now, we must submit a waiver that will need to be approved at both the state and federal levels due to the nature of Medicaid and the state/federal partnership. There is potential for state funding through the 1115 Global Medicaid Transformation Waiver.
- Tentative Timeline: ongoing negotiations in the fall, a final decision will likely be handed down in early 2016, implementation planning would begin in 2016 and we would get **use of the benefit in 2017**
- WLIHA will organize a Medicaid billing academy for those people/organizations that provide services so they can become informed about how to become licensed to bill Medicaid.
- How to get involved: get Housing Alliance action alerts, ACH will monitor these developments as well.
- There is a white paper entitled "[Creating a Medicaid Supportive Housing Service Benefit: A Framework for Washington and Other States](#)" that includes information on the concept of creating a new Medicaid benefit in addition to the intricacies of the benefit.
- For more information visit the [WLIHA website](#) or contact Kate at kateb@wliha.org, 206-669-5524
- Since our meeting on the 24th, the federal Centers for Medicare and Medicaid Services released **an advisory bulletin to state Medicaid directors** in support of using Medicaid to pay for some housing services. You can access this document [here](#).

Moderator Question: For those excited about this, how should people contact their policy makers?
Kate: It's important to contact legislators so that they understand the intersection between health and housing, and what your programs do. Educating our legislators is key. Talk to HDC about interim advocacy visits in the fall.

Audience Question: Will local governments reduce funding for affordable housing as a result?
Kate: We're not sure. This won't cover every expense of supportive housing. Hopefully this will just add to the pot of funds available.

Cheryl: For King County, this won't reduce our resources going to housing

Bill Rumpf, President, Mercy Housing Northwest

Topic: System Opportunities and Closing Thoughts

- Poor health and poverty go hand in hand. Encouraging initiatives that improve access to health can reverse this.
- How do we make this scalable and sustainable?
 - Mercy's work is focused on the "Triple Aim Approach":
 - Improve patient experience of care
 - Improve community health
 - Reduce healthcare costs
 - Mercy Housing convenes a group called Affordable and Public Housing Health Care Partnership Workgroup that works to play a systems and convener role to develop a sustainable business model for the broader population of nonprofits to carry out housing-based health efforts.
- How do we organize the housing sector to achieve more scale?
 - Connect the data world (state's integrated client database) to see overlap of health and housing - systems become connected when it becomes widely known that these systems are serving the same people
 - Funding: hospital systems have community benefits, and need to get more involved in the framework of these initiatives
- We're housing people that are Medicaid eligible, so we **need to help make that connection** - housing stability is now widely understood at the State level to be a component of improving health care while reducing health care costs.
- For more information from Bill's closing remarks, we encourage you to review Mercy Housing's [June 2015 Partnership Status Report](#).

Ideas for Next Steps from the audience:

- Group Health's "[Living well with chronic conditions](#)" workshop is a great program. Something that is replicable?
- UW Evans students (Andrew Calkins and Andrew Desmond) should follow up on other research
- Housing providers should partner with agencies that can provide diagnosis that people need to be eligible for assistance
- Peer learning opportunities to spread the Mercy model. Maybe some kind of Health and Housing University conducted by Mercy Housing?

Appendix:
Presentations and Additional Materials



Communities of Opportunity 2014 Progress and 2015 Outlook

Cheryl Markham, Strategic Policy Advisor, Director's Office, King County DCHS

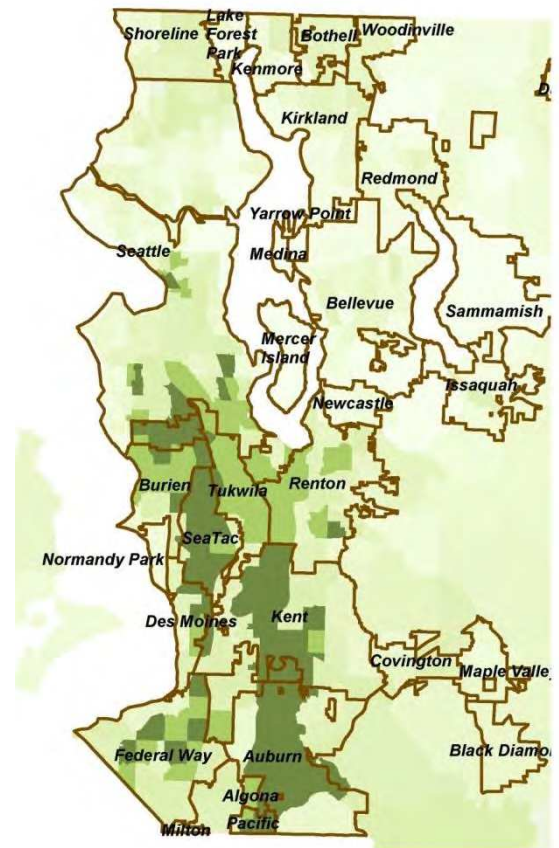
June 23, 2015

Communities of Opportunity

**A partnership of The Seattle Foundation,
King County and others**

**Goal: Improve outcomes in communities
with much to gain**

- Priority focus on 20% of the county with most disparate outcomes
- Work across sectors
- Use a prevention approach
- Intervene in the intersections of health, housing and economic development
- Create a toolbox and learning community
- Make policy & system changes and place-based improvements
- Leverage financing streams and catalyze investments



The Seattle Foundation Center for Community Partnerships

THE CENTER FOR COMMUNITY PARTNERSHIPS
AN ECOSYSTEM APPROACH

OUR GOAL

Greater economic and racial
equity in King County

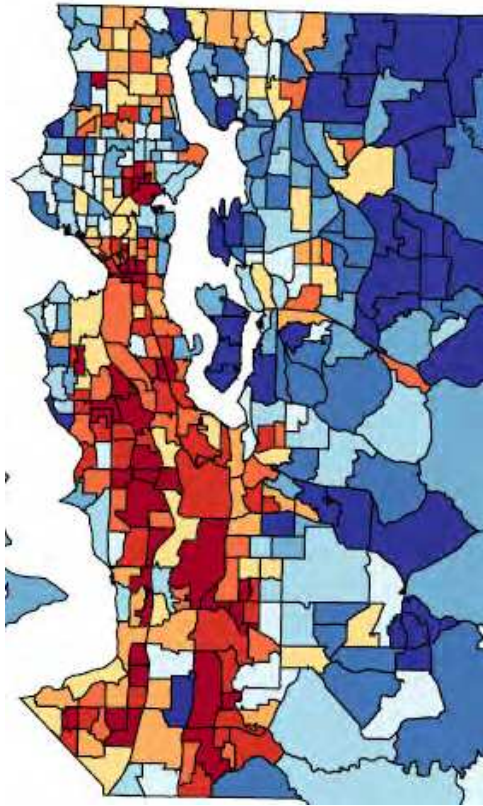
INITIATIVES & PROJECTS FOR LONG-TERM IMPACT

SMALL GRANTS TO CREATE GRASSROOTS CHANGE

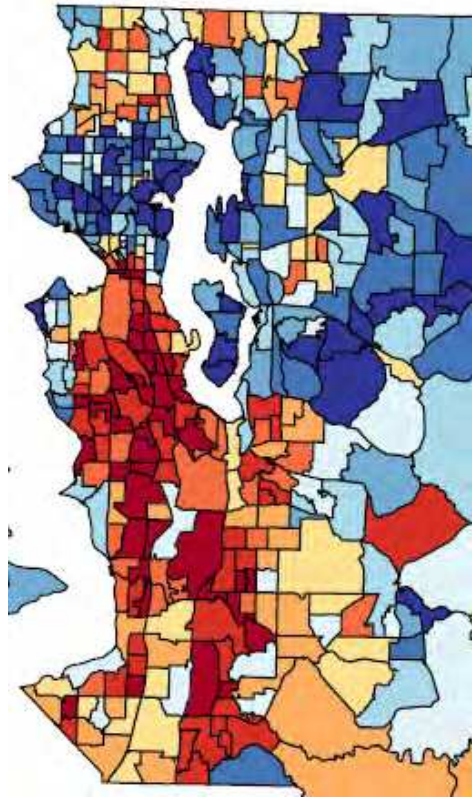
GROUNDED IN COLLABORATIVE RESEARCH AND LEARNING



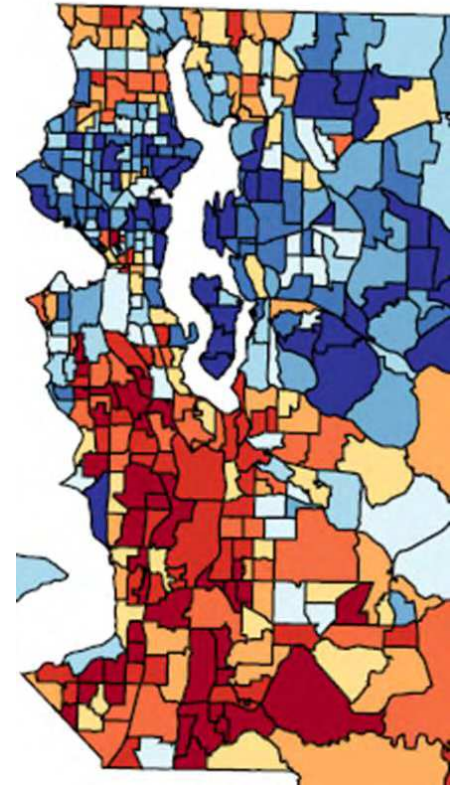
Same County, Two Worlds



**Income < 200%
poverty**



**No high school
degree**

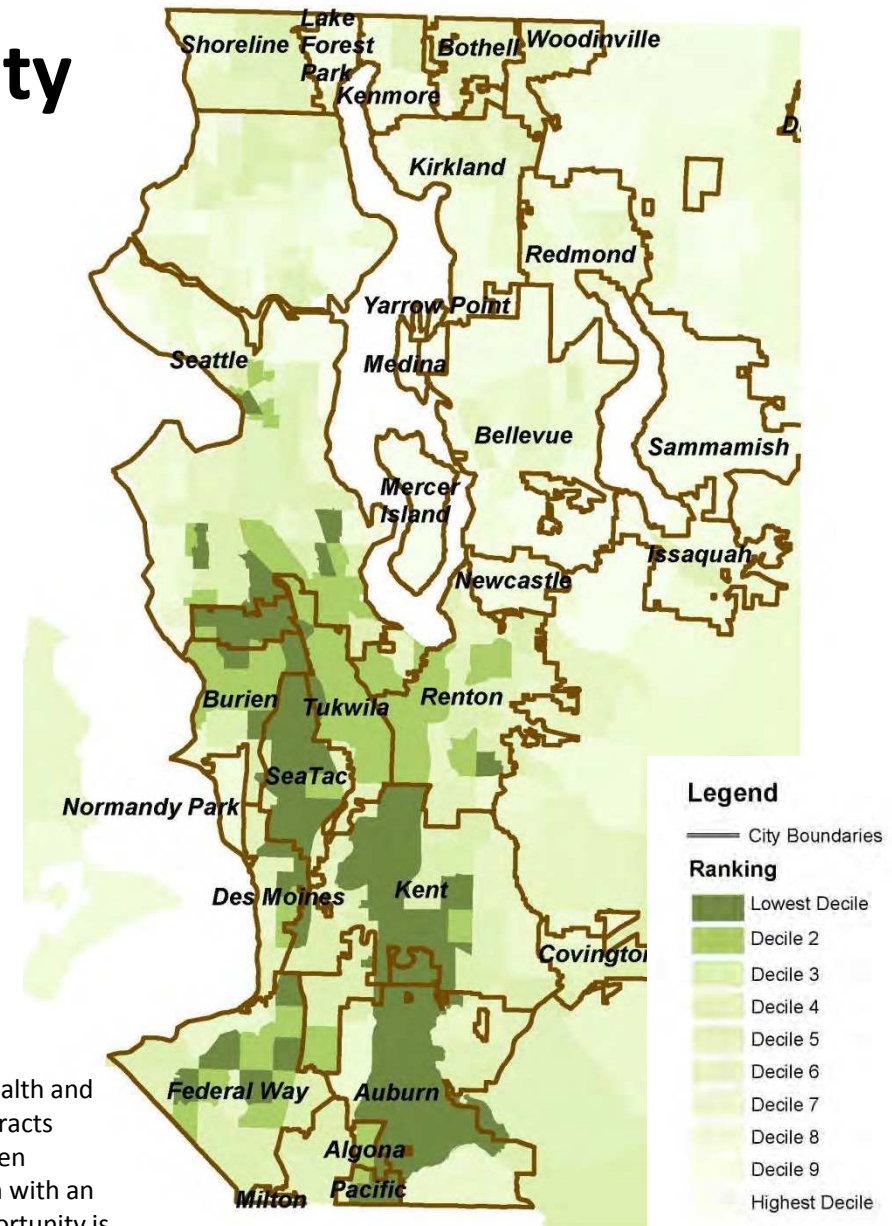


Overweight

Communities of Opportunity

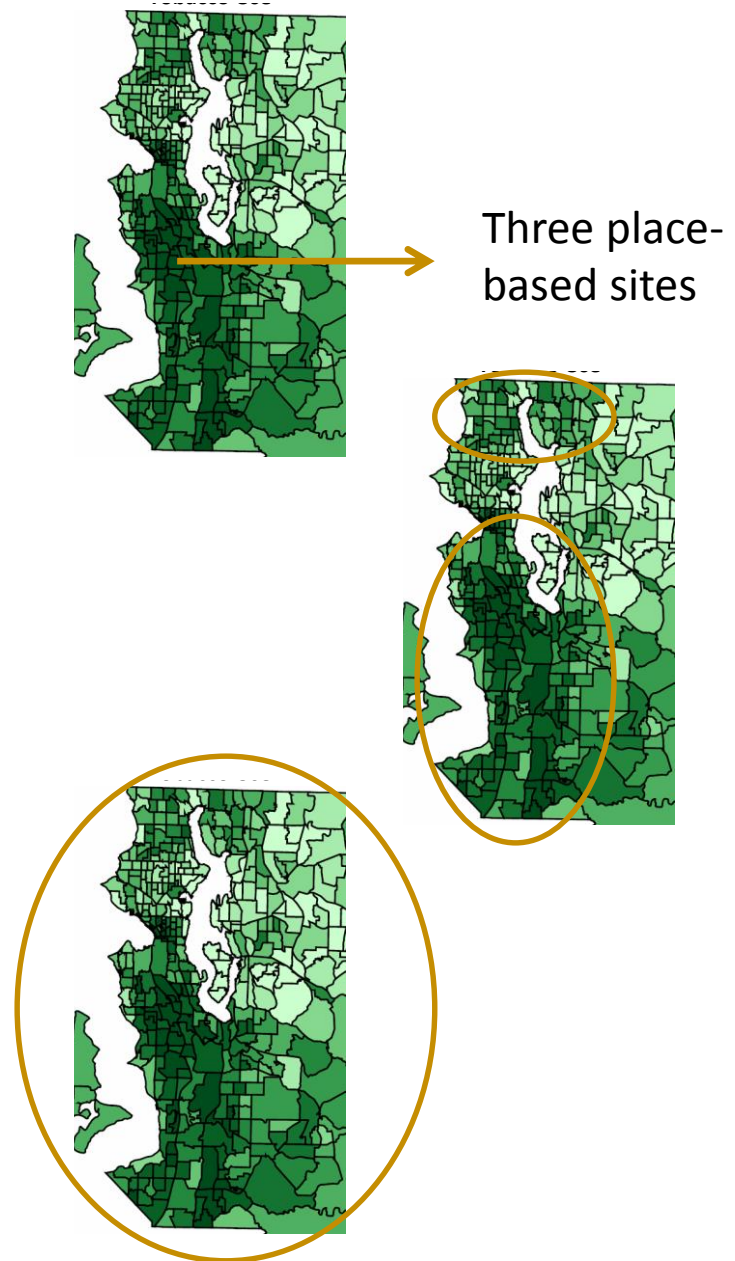
Population measures	Lowest 10% (dark green)	Highest 10% (light green)
Life expectancy	74	87
Adverse childhood experiences	20%	9%
Frequent mental distress	14%	4%
Smoking	20%	5%
Overweight	33%	14%
Diabetes	13%	5%
Preventable hospitalizations	1.0%	0.4%
Poor housing condition	8%	0%
Low-income, < 200% poverty	54%	6%
Unemployment	13%	3%

Communities of Opportunity is a place-based initiative that aims to improve race, health and socio-economic equity in King County. The initiative is working in the 20% of census tracts (highlighted in the two darkest shades of green) that rank lowest on an index of the ten measures in the table above. There are almost 400 census tracts in King County, each with an approximate population size of 5,000. More information about Communities of Opportunity is at www.kingcounty.gov/exec/HHStransformation/coo.aspx and <http://www.seattlefoundation.org/getinvolved/Pages/CommunitiesofOpportunity.aspx>.



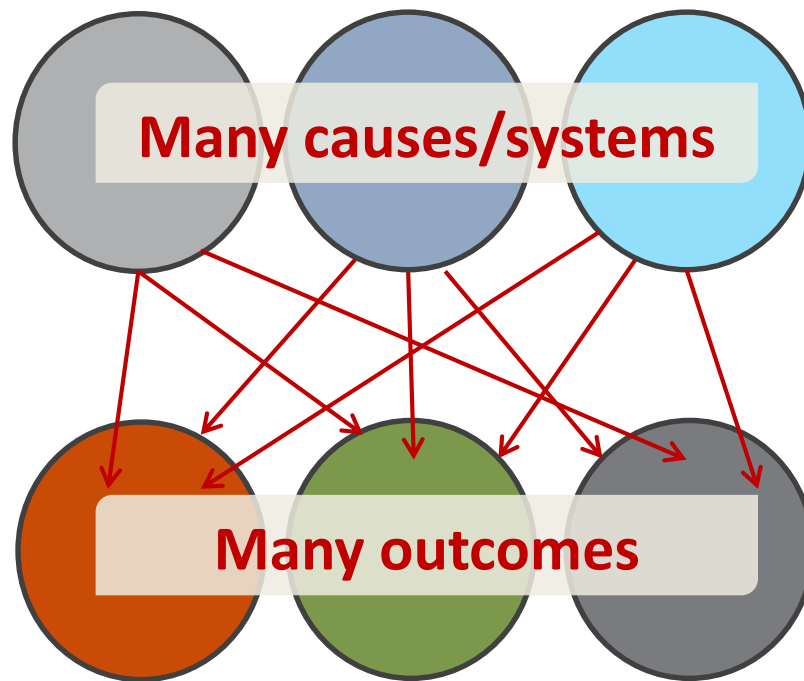
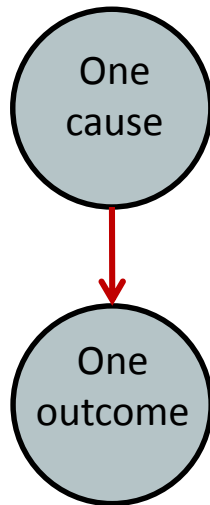
Three inter-locking parts

1. Use a co-developed selection process to **identify three cities/neighborhoods** for focused investment
2. Work on **policy and system changes** that have cross-cutting benefits across many “dark green” areas
3. Use **toolkits and learning community** to support all areas of the county



Complex challenges

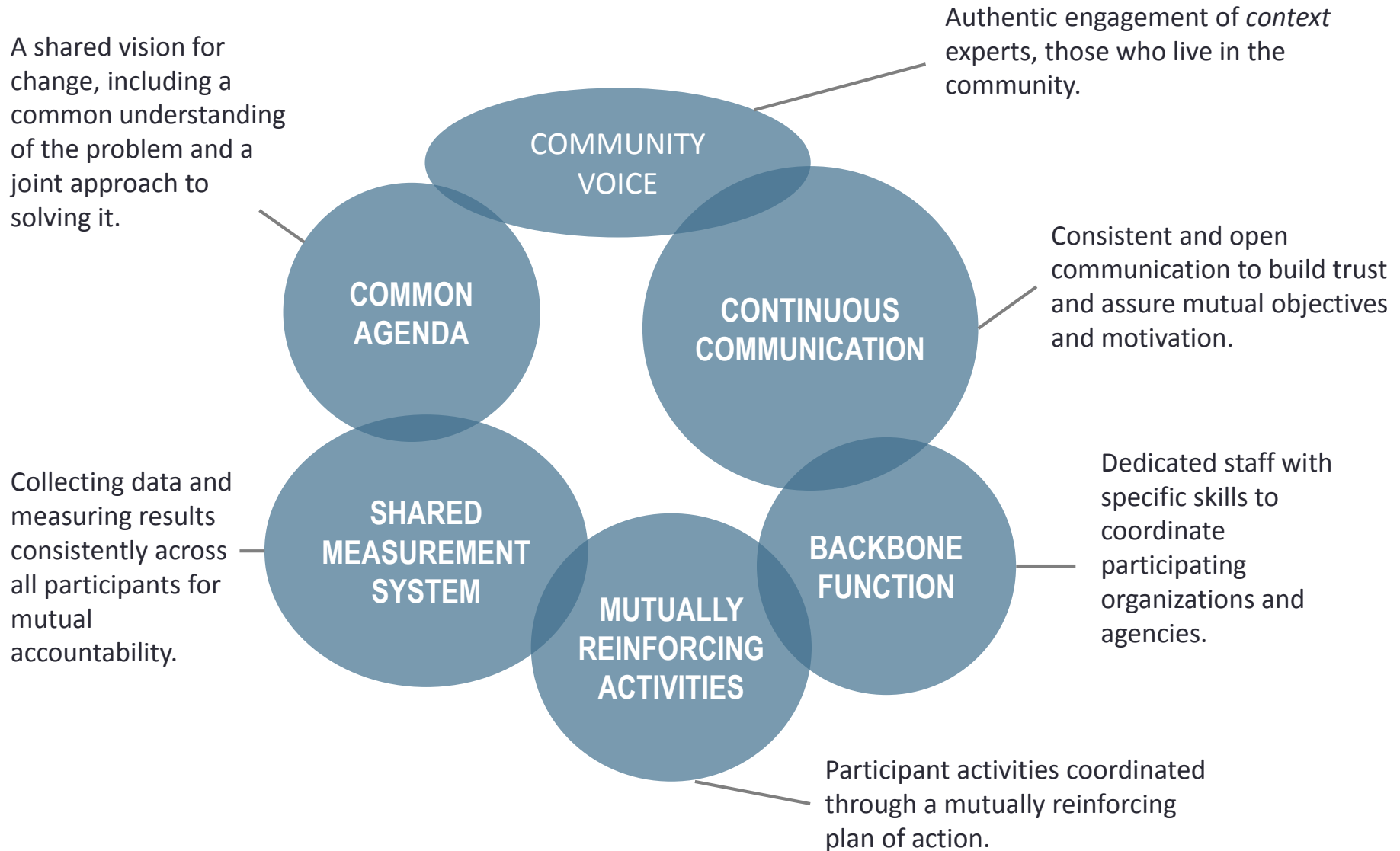
Not:



Collective action



Six core conditions of collective impact



Working on these complex issues is not new – it's also how we are working that is transformative

FROM less of . . .

- Acting in isolation
- Protecting status quo and current roles
- Imposing solutions
- Paying for outputs



TO more of...

- Embracing innovation and partnerships
- Sharing power and credit
- Community-led and owned solutions
- Paying for outcomes
- Data-driven; value-based

Community Partnership Lessons Learned

1. For complex problems first have to go slow to go fast
2. “Typical social sector mindset and behavior has it backwards. It is not about pre-determined solutions and emergent interactions and relationships; It is about pre-determined interactions and the relationships and solutions that will emerge.”

--John Kania, FSG, October 2014, Tamarack Collective Impact Summit, Toronto

3. Sharing food is important
4. Change happens at the speed of trust



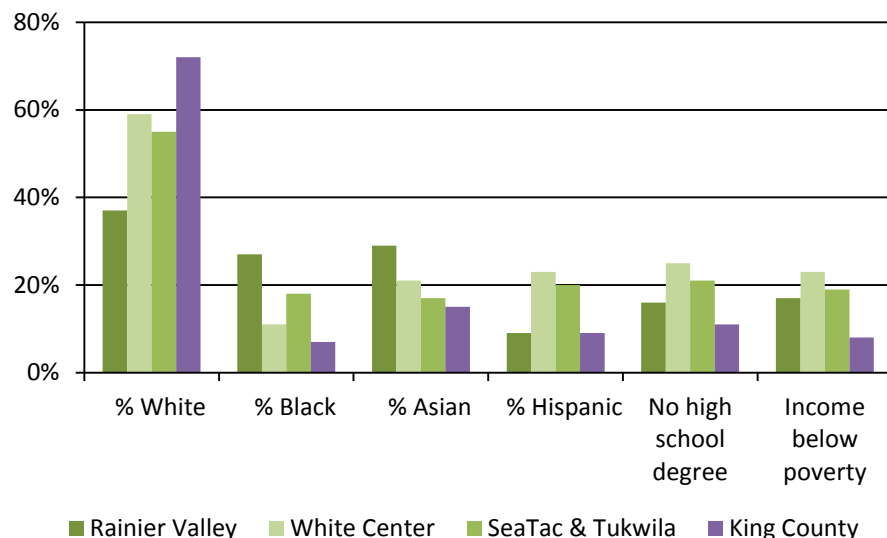
COO Governance

- Design Committee informed funding for 2014 systems & policy change grants and informed 2014 place-based Letter of Interest process
 - April to October 2014
- Interim Governance Group to recommend funding decisions and set up on-going governance
 - November 2014 to June 2015
- On-going Governance Group with members from three sites and from sectors of interest (businesses, including food business, housing, jobs, and others TBD)

12 system and policy awards in Oct 2014

1. African Americans Reach & Teach Ministry—will expand partnerships and capacity building to make healthy policy and systems changes within faith-based organizations;
2. Futurewise—will advance public health and equity objectives through comprehensive planning;
3. Global to Local—will strengthen the SeaTac/Tukwila Food Innovation District;
4. Got Green—will support young leaders in the green movement program;
5. The Mockingbird Society—will reduce homelessness among foster youth;
6. OneAmerica—will build leadership within immigrant and refugee communities;
7. Open Doors for Multicultural Families—will provide advocacy support for families with developmentally delayed children;
8. Public Defender Association—will expand housing options for ex-offenders;
9. Puget Sound Sage—will encourage equitable development;
10. Seattle Indian Health Board—will increase urban American Indian youth leadership development opportunities;
11. Skyway Solutions—will support community planning for King County comprehensive plan update
12. White Center Community Development Association—will strengthen community building and neighborhood revitalization.

Three sites' demographics and community assets

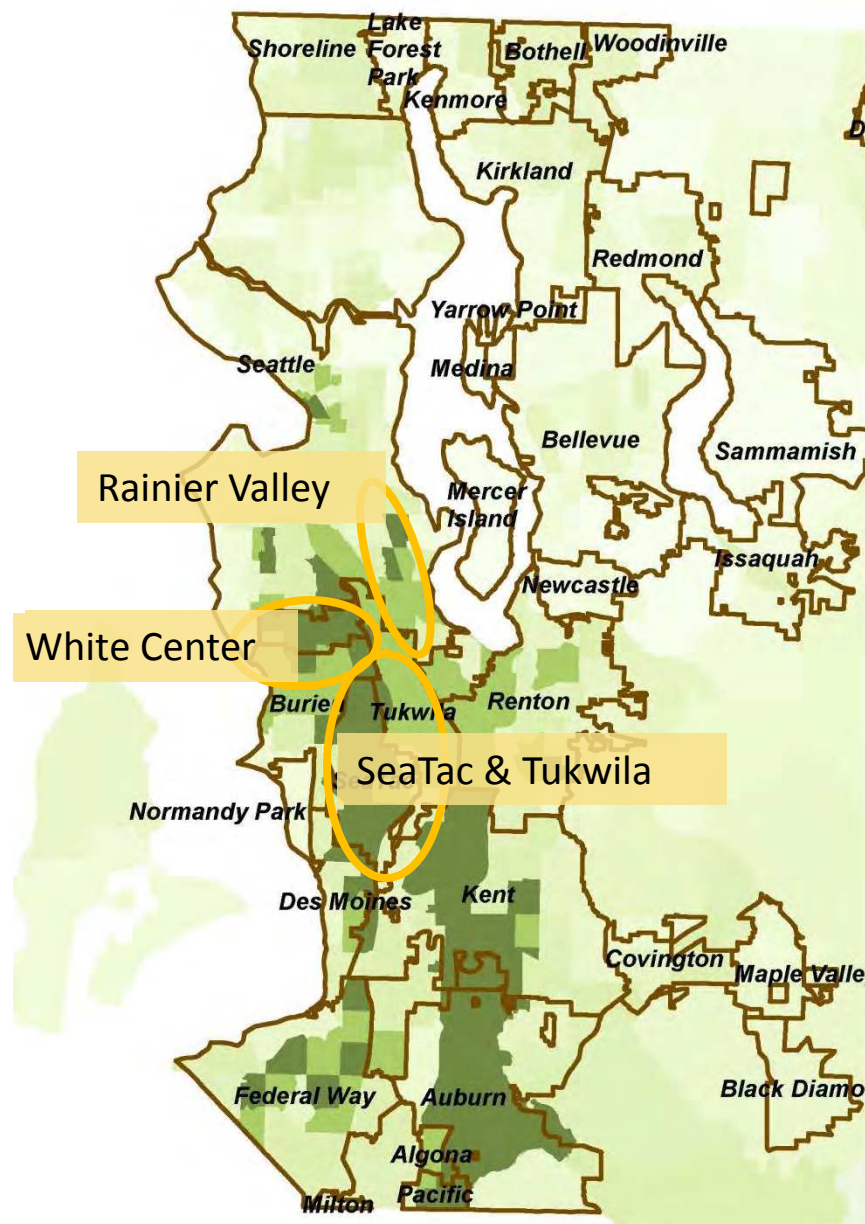


Community Assets

Rainier Valley, population 41,350: Active business association, a community with deep cultural roots and a mosaic of immigrant communities, 59 languages spoken, ethnic community centers, residents aim to prosper in place, youth initiatives.

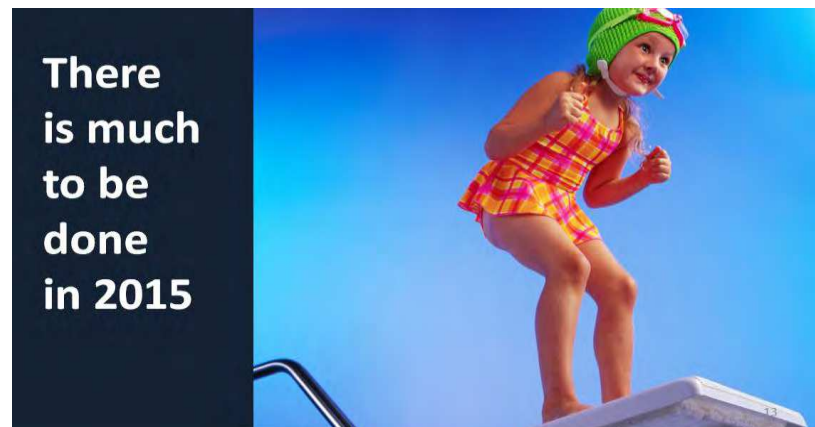
White Center, population 17,760: Engaged resident leaders, institutional partnerships in place, ethnically & culturally diverse community with a well-supported community development association network, vibrant multi-ethnic business district, two Hope VI communities, three parks, affordable housing.

SeaTac & Tukwila, population 46,321 : Diverse community, 70 languages spoken, Food Innovation Network in place to create entrepreneurial and employment opportunities, residents interested in catering, food processing, baking, food trucks and urban farming.



Next steps

- Monthly co-design meetings with teams from the three places
 - grants are 3 to 5 years
- Refining Results Base Accountability Framework and strategies as a shared system to measure progress in short term and long term
- Designing and scheduling the first Learning Community meeting, likely in September
- Moving to an on-going Governance Group in the fall
- Assembling baseline data, fund flow information, etc.





Mercy Housing Northwest

Bringing Health Home



Community Health Promoters

- Collect data to help identify community health needs
- Assist individuals and communities to adopt healthy behaviors
- Conduct outreach for medical personnel or health organizations to establish programs in the community that promote, maintain, and improve individual and community health
- Provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as physical activities, health screenings and chronic disease management
- And much, much more!

Mercy Community Health Promoters

- Employee team of three full-time Community Health Promoters (CHPs) and a Lead CHP with 3 additional MHNW support staff
- Partnership with:
 - King County Housing Authority
 - InterIm Community Development Association
 - Public Health – Seattle & King County
 - Global to Local
- Using CHPs to facilitate access to health care resources and improving health outcomes for residents of affordable housing in seven low-income housing communities throughout South King County and South Seattle, particularly those with cultural or linguistic barriers.

How Mercy Project is Unfolding

- Started July 1, 2014
- Assemble team
 - 5 languages
 - Various health focused backgrounds



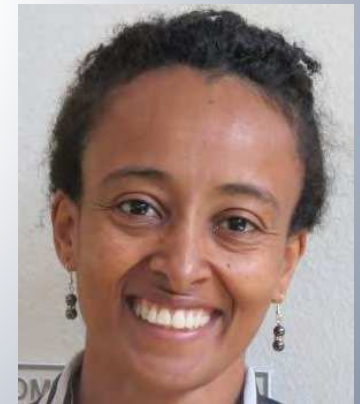
CHP Lead
Vy Le
(Vietnamese)



CHP
Jamila Farole
(Somali and Spanish)



CHP
Natalie Kotar
(Russian)



CHP
Fanaye Gebeyaw
(Amharic)

Where we had to start ...

- Develop ties within the communities:

Residents

Property Management

Community Partners



- Surveys:

Establish baselines

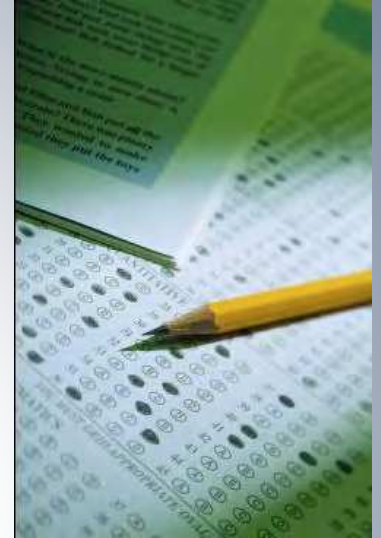
Community Needs Assessment



Surveys

The questions are about:

- Health insurance
- Primary care provider
- Routine check-up
- ER Visit / Hospitalization
- Healthy lifestyle
- Emotional Well-being



CHPs help residents become healthier through efforts like:

- Enrolling the residents into health insurance
- Opening conversations about health
- Connecting them to primary care providers, local community clinics or other resources
- Provide prevention education-culturally appropriate and applicable



Physical Activities



Dinner Made Easy – WSU EFNEP



75120 - Seattle Children's Hospital



Example of Monthly Calendar

Windsor Heights

Bringing Health Home

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 No Zumba	2 Autism Workshop # 4: Resources & Guardianship 5pm-7pm	3 Dinners Made Easy (EFNEP) 4:00pm-5:30pm	4 AFH Diabetic Prevention & Yoga class 10am-12pm 'Mercy Housing on the Move' Kickoff	5 No Zumba	6
7	8 Zumba 10am-11am	9 Planning meeting with women (Farsi/Arabic translation available) 2pm-3pm Oral Health Education for kids 4pm-5pm	10 Sea Mar Diabetes Workshop 12pm-1pm	11 AFH Diabetic Prevention & Yoga class 10am-12pm Dinner Made Easy (EFNEP) 12:30-2pm	12 Zumba 10am-11am	13
14	15 Zumba 10am-11am Somali Women's Community Café 12pm-2pm	16 Be Kind to yourself- Women Health (YWCA) / Massage Therapy 10:30am-12:30pm Health Screening 5:30pm-7:00pm	17 Dinners Made Easy (EFNEP) 4:00pm-5:30pm	18	19 No Zumba	20
21 Father's Day	22 No Zumba	23	24 Sea Mar Diabetes Workshop 5pm-7pm	25 CHP Office Closed	26 CHP Office Closed	27
28	29 No Zumba	30 Healthy Families Night Women's Health Party! 4pm-6pm	<div> <p>Need health & wellness resource assistance (doctor, dentist, health insurance and more)? Visit CHP office during walk in hours: Fanaye- every Tuesday & Thursday 10am-4pm or call at 206-450-7780 OR Jamila- Every Monday, Tuesday, Wednesday & Friday 11:00 am-2:00pm or call (206) 402-9542</p> </div>			

Since July 1, 2014...

- 1,420 residents were connected to healthcare activities.
- Residents engaged in a total of 12,304 health/wellness activities.



Aspire for Health



Year 2

- Diabetes Prevention and Management
- Fall Prevention for Seniors
- Breast, Cervical and Colon Cancer Prevention



QUESTIONS



Vy Le - Community Health Promoter Lead
vle@mercyhousing.org or 253-336-8050

Kate Parker – Regional Director; Resident Services
kparker@mercyhousing.org or 206-602-3485

A map of South King County, Washington, with various colored overlays in shades of red, orange, and yellow. The map shows geographical features like Puget Sound and surrounding areas. Labels on the map include "White", "Carnation", "Proctor", "McCrumb", "R. L. L.", "Barnes", "Black", and "D. L. L.".

Improving Health and Housing in South King County

**Presentation Prepared for the Housing Development
Consortium of Seattle-King County**

Andrew Calkins, Andrew Desmond & Andrew Wong

Agenda

- ❑ What is 'healthy housing' & Why it's a problem
- ❑ Why its occurring and the 'status quo'
- ❑ Recommended Solutions

What is Healthy Housing?

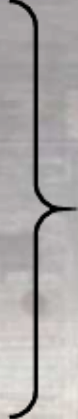
Healthy Housing: 7 Principles

- Dry
- Clean
- Ventilated
- Pest-free
- Safe
- Contaminant-free
- Well maintained



What is Healthy Housing?

Healthy Housing: 7 Principles

- **Dry**
 - **Clean**
 - **Ventilated**
 - **Pest-free**
 - **Safe**
 - **Contaminant-free**
 - **Well maintained**
- 
- No moisture and mold
 - No lead
 - Structural integrity
 - No cockroaches & dust mite control
 - Ventilation of noxious fumes
 - Good climate control

What is Healthy Housing?

Examples & Relation to Maintenance

- Broken or leaking pipes / plumbing fixtures
- Roofing Issues that allow moisture infiltration
- Cracks in walls that allow pest infiltration
- Inadequate or malfunctioning ventilation systems

Robust Connection to Health @ High Cost

- 21 – 40% of asthma cases related conditions in homes
 - Costs victims \$140 - \$2,584 dollars yearly
 - Billions in nationwide societal costs

Disproportionately Affects Low Income Populations

- Very low-income residents five times more likely to live in unhealthy housing in the U.S.
- 14% of low income renters with moderate/severe problems vs. 6% of all U.S. residents

Unhealthy Housing – Causes

PROBLEM IN WHAT MARKET?	PROBLEM	STATUS QUO PROGRAMS	EVALUATION
Rental Market	Insufficient Incentives to Maintain Property	<ul style="list-style-type: none"> • Building Codes, • Reactive Code Enforcement, • (landlord tenant act) 	Building Codes are weak w/ reactive enforcement May not be profitable to make repairs
	Insufficient protections for tenants	<ul style="list-style-type: none"> • State Landlord Tenant Act 	Insufficiently protects vulnerable tenants
Rental & Homeowner Market	Unaware of connection btw. housing quality and health	N/A	Missed opportunity
Homeowner Market	Some unable to afford cost of maintenance or repairs	<ul style="list-style-type: none"> • Home repair programs • Tax incentive programs • Weatherization & rebate programs 	Well-Covered
	Total Dilapidation (foreclosures, vacancies)	Unaddressed by this report	

Policy Goals

- **Improvements to Resident Health**
- **Preservation and Improvement of Existing Housing**
- **Financial Feasibility**
- **Political Feasibility**
- **Minimal to No Displacement**

Recommendations

Locally Implemented Solutions

- Adopt the National Healthy Housing Standard
- Implement Proactive Rental Inspection Programs to enforce NHHS
- Enact Just Cause Eviction Ordinances

Regional Housing Partnership

- Fund a Community Health Worker Program
- Create a Code Compliance Loan Program
- Operate a Regional Acquisition Fund

Locally Implemented Options

Adopt the National Healthy Housing Standard

- Adds more stringent requirements related to health
- Large impact on new housing, but little impact without enforcement

Implement Proactive Rental Inspection Programs

- Promoting proactive compliance by property owners
- Improves housing quality & health but may place very low income renters at risk of displacement
- ***Funding:*** *Business license & noncompliance fees, and CDBG*

Enact Just Cause Eviction Ordinances

- Protecting tenants from retaliatory evictions, allowing vulnerable residents to report health concerns
- Improves housing and health while minimizing displacement

Regional Housing Partnership

Community Health Workers

- In-home visitation services to identify health hazards and empower residents to make repairs and maintenance
- Improves health, equity, and minimizes displacement
- ***Funding:*** *Potential to use Medicaid or Social Impact Bonds to finance CHW visits*

Code Compliance Loans for Multifamily Rehab

- To assist low-margin property owners in financing repairs
- Improves housing in the rental market while preserving affordability
- ***Funding:*** *KC CDBG and HOME Funds, or local budget allocation*

Regional Acquisition Fund

- To assist non-profits in acquiring and rehabilitating properties
- Ensures permanently affordable and healthy units
- ***Funding:*** *Local CDBG or budget allocation*

Synergy and Referrals

Many of the best practices function more effectively when implemented jointly.

Policy/Program	Problem	Solution
Rental Inspection Programs	<i>Some property owners of non-compliant properties lack the resources with which to bring unit up to code.</i> <i>Units in between 3-4 year inspection cycles may avoid maintenance by evicting restive tenants that ask for repairs.</i>	→ Code compliance loans → Regional Acquisition Fund → Just cause eviction ordinance
Just Cause Eviction Ordinance	<i>Low-margin property owners will lack financial capacity to make repairs and may avoid doing so as a result.</i>	→ Code compliance loans → Regional Acquisition Fund

Future Research...

- **Mobile Homes**
- **Hoarding**
- **Concentrated Dilapidation and Foreclosed or Vacant Properties**
- **Tenant Relocation Assistance**

CREATING A PERMANENT SUPPORTIVE HOUSING SERVICES MEDICAID BENEFIT IN WASHINGTON

Kate Baber

Washington Low
Income Housing
Alliance

www.wliha.org

EMERGING OPPORTUNITIES TO ADDRESS HEALTH & HOUSING

- Medicaid expansion under the federal Affordable Care Act
- Adult behavioral health system reform
- Medicaid purchasing reform, including cross system performance measures
- State Innovation Model (SIM) Initiative, including Accountable Communities of Health (ACH)
- Global Medicaid transformation waiver

PERMANENT SUPPORTIVE HOUSING SERVICES MEDICAID BENEFIT

- **Policy Goal:** Add a new Medicaid benefit to our State Medicaid Plan. Our State Medicaid Plan is a contract with the federal Centers for Medicare & Medicaid Services (CMS) that dictates the scope of the health benefits provided by Medicaid in WA.
- **Population Scope:** Medicaid recipients who are experiencing or are at risk of chronic homelessness and have a physical and/or behavioral health disability.
- **Benefit Scope:** Medically necessary tenancy support and intensive housing case management services that help people experiencing/at risk of chronic homelessness access and retain permanent housing and appropriate physical and behavioral health services.

PROPOSED SCOPE OF SERVICES

TABLE 5: Supportive Housing Services

TENANCY SUPPORTS	HOUSING CASE MANAGEMENT
Outreach and engagement	Service plan development
Housing search assistance	Coordination with primary care and health homes
Collecting documents to apply for housing	Coordination with substance use treatment providers
Completing housing applications	Coordination with mental health providers
Subsidy applications and recertifications	Coordination of vision and dental providers
Advocacy with landlords to rent units	Coordination with hospitals/emergency departments
Master-lease negotiations	Crisis interventions and Critical Time Intervention
Acquiring furnishings	Motivational interviewing
Purchasing cleaning supplies, dishes, linens, etc.	Trauma Informed Care
Moving assistance if first or second housing situation does not work out	Transportation to appointments
Tenancy rights and responsibilities education	Entitlement assistance
Eviction prevention (paying rent on time)	Independent living skills coaching
Eviction prevention (conflict resolution)	Individual counseling and de-escalation
Eviction prevention (lease behavior requirements)	Linkages to education, job skills training, and employment
Eviction prevention (utilities management)	Support groups
Landlord relationship maintenance	End-of-life planning
Subsidy provider relationship maintenance	Re-engagement

BENEFIT DEVELOPMENT STEPS

- **SB 6312** (2014) provided statutory authority for Washington to add a PSH Medicaid benefit to our State Medicaid Plan.
- Washington needs to submit a federal Medicaid waiver request to CMS and identify funding for the state's share of Medicaid costs. Medicaid waivers are vehicles for states to test new ways to deliver and pay for health care services.
 - *Status Update: The state is planning to include PSH Medicaid benefit in its Global 1115 Medicaid Transformation Waiver.*
- CMS will need to approve the inclusion of a PSH Medicaid in Washington's 1115 waiver application request.
- Once approved by CMS, there will be an implementation period where the benefit details and contracts will be fully developed.

GLOBAL 1115 MEDICAID TRANSFORMATION WAIVER



Domain 1: Delivery System Transformation

This domain will focus on scaling and sustaining care delivery models across the State that integrate systems of care and support to address the needs of the whole person. This domain will also focus on bridging those care models out into the community to build the necessary clinical-community linkages.

Bi-directional integrated delivery of physical & behavioral health services	Transitional care focused on specific populations	Outreach, engagement, & recovery supports
Alignment of care coordination & case management to serve the whole person	Jail/Prison Institutions/Acute Care Stays	Multi-Disciplinary Community Health Teams Supportive Housing Supported Employment

Domain 2: Health Systems Capacity Building

This domain will develop capacity within the current workforce as well as support new workforce to optimally meet health care needs of Medicaid beneficiaries in a value based purchasing and payment environment. This domain will also focus on bridging the necessary structural supports, tools and technology to guarantee connectivity across the systems of care.

Workforce Development Capacity Development for community based teams Telemedicine/health Community Paramedicine	System infrastructure, redesign, technology & tools	Provider system supports to adopt value based purchasing and payment
--	---	--

Domain 3: Population Health Improvement

This domain will focus on prevention and health promotion activities for targeted populations that address and/or mitigate the underlying causes of the illness that drive institutionalization and the costs within the Medicaid system.

Trauma informed practice and community supports to address adverse childhood experience (ACES)	Diabetes and Pre-Diabetes Substance Use/Abuse (opioid)	High risk prenatal programs Tobacco Use Mental Health
--	---	---

Domain 4: Targeted Long Term Services and Supports

This domain will focus on targeting services to address needs while also reducing or delaying the need for more costly services. This includes ensuring targeted family caregivers' support and pre-Medicaid services and increasing nursing facility levels of care eligibility to be above community level of care eligibility.

Pre-Medicaid Supports, including Informal Caregiver supports

Figure 2. Medicaid transformation domains and corresponding activities.

■ 1115 Concept Paper:

http://www.hca.wa.gov/hw/Documents/1115_waiver_concept%20paper.pdf

■ 1115 Concept Paper Webinar:

<https://attendee.gotowebinar.com/recording/4072587036299781890>

■ Public Feedback Period: August 2015

HOW TO GET INVOLVED

- Housing Alliance Email Action Alerts

www.wliha.org

- Housing Alliance PSH Medicaid Benefit Stakeholder List

Email kateb@wliha.org

- Healthier Washington Initiative

<http://www.hca.wa.gov/hw/Pages/default.aspx>

- 1115 Global Medicaid Transformation Waiver

http://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx

- King County Accountable Community of Health

<http://www.kingcounty.gov/elected/executive/health-human-services-transformation/ach.aspx>

- Adult Behavioral Health System Taskforce

<http://leg.wa.gov/JointCommittees/ABHS/Pages/default.aspx>

QUESTIONS?

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206-669-5524