

Building Healthy Communities through Health Care and Affordable Housing Synergies

Front Range Case Studies

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This article discusses how various organizations are striving to create safer, healthier communities for all by meeting the housing and health care needs of the most vulnerable populations. It focuses on Front Range case studies.

Colorado, along with the rest of the United States, is experiencing record numbers of mass shootings and suicides, and homelessness is on the rise.¹ These issues impact everyone, regardless of socioeconomic and cultural backgrounds. Solutions for these problems can only be created by building healthy communities.

Building Healthy Communities

Healthy communities are filled with healthy residents. Some developers view healthy communities as those with structurally safe homes free of lead, asbestos, and other environmental contaminants. Other developers focus on access to good schools, restaurants, movie theaters, public transportation, and healthy foods, and offer amenities that encourage physical activity. Most market-rate developers prioritize features and amenities that will help them gain a competitive edge or increase their return on investment.

But building healthy communities involves more than constructing homes and offering amenities; it requires looking at the interactions with larger communities and setting development priorities accordingly. Healthy communities are holistic; they meet an individual's basic needs so each person has the opportunity to contribute to and integrate into the community in a positive way. Affordable shelter and permanent housing are imperatives in satisfying basic needs, and health care is essential to meeting an individual's physiological and safety needs. However, housing and health care are often viewed as separate needs and priorities within the communities, when meeting these basic needs is fundamental to physical and mental health. Access to affordable housing and health care are thus key to creating healthy communities.

Housing as a Public Health Crisis

A MacArthur Foundation study that followed 2,400 children, teens, and young adults aged 2 to 21 in Boston, Chicago, and San Antonio found that poor housing quality is one of the strongest predictors of emotional and behavioral problems in low-income children.² Residential instability adversely affects peer and school networks, impeding both the academic and behavioral success of children.³ When families cannot afford housing, other basic necessities such as food and medical care are also limited, and this lack of basic necessities is linked to lower emotional and behavioral functioning in young people.⁴ And housing instability is not limited to homeless children and families; as many cities become less affordable, the population of hidden homeless (i.e., those who temporarily live with others and lack prospects for accessing permanent housing)⁵ increases. Those lacking secure housing are characterized by multiple moves, overcrowding, and doubling up.⁶

Results from a six-year Children's Health-Watch study of 22,324 families in Baltimore, Minneapolis, Boston, Little Rock, and Philadelphia found that unstable housing is associated with adverse health conditions in both children and adults.⁷ Specifically, 34% of the individuals experiencing adverse health conditions in this study were behind on rent, had experienced multiple moves, or had a history of homelessness.⁸ By closely following these families, the study found that there is a strong connection between adverse health conditions and housing instability.

Hospitals and Health Care Organizations Take Notice

Linking health care dollars and political capital with affordable housing development efforts

is one tactic for providing stable housing to individuals, families, and children.

A 2015 study of 9,000 adults found that the availability of an on-site service coordinator such as a social worker at federally subsidized senior housing reduced hospital admissions by 18%.¹⁰ Accordingly, hospitals and health care providers around the country are starting to invest in housing projects and supportive services provided by housing developers by donating land and other financial resources to housing projects and participating in social impact funds.

In Massachusetts, Boston Medical Center committed to invest \$6.5 million in affordable housing to improve community health and patient outcomes while reducing medical costs.¹¹ In Oregon, six health care organizations contributed \$21.5 million to three housing projects designed to address Portland's pressing affordable housing, homelessness, and health care challenges.¹² And as described in the case studies below, Colorado affordable housing developers are collaborating with hospitals and health care organizations to provide co-located housing and services.

Public-Private Partnerships

Just as hospitals and health care organizations are starting to take notice of the benefits of investing in affordable housing, public-private partnerships (PPPs) are making a resurgence. Another vehicle for financing affordable housing, PPPs vary in structure, but generally are a collaboration between government and the private sector to finance, build, and operate large-scale construction projects that benefit the community.¹³ While PPPs have been touted in political circles as a financing solution to aging infrastructure, they have been used to

develop affordable housing since 1986 when Congress enacted the low-income housing tax credit (LIHTC) program. The LIHTC program creates an indirect subsidy to finance the construction and rehabilitation of low-income affordable rental housing by providing investors a matching dollar reduction in federal tax liability in exchange for such financing.¹⁴

When used solely as a financing tool, PPPs tend to be less beneficial to governments, because government can usually borrow money at a lower cost than private developers can.¹⁵ But when used for financing affordable housing, PPPs are highly successful for two reasons.

First, federal and state subsidized LIHTCs provide a financing structure that injects equity into a private housing development and lowers the debt on any given project, rather than financing the project entirely through a costly debt structure.¹⁶ Since their inception, LIHTC transactions have leveraged federal tax credits with private dollars to build or preserve more than 37,727 low-income rental housing projects and an estimated 2.3 million low-income rental housing units.¹⁷

Second, various other state and federal funding programs, such as state tax credits, Medicaid, and Community Development Block Grant (CDBG) and Home Investment Partnerships (HOME) funds available through programs administered by the U.S. Department of Housing and Urban Development (HUD), can all be leveraged with private funds to provide ongoing services to affordable housing recipients in connection with the affordable housing development. Such “permanent supportive services” (PSS) are discussed below in connection with specific case studies.

Social Impact Bonds

Social impact bonds are an example of new and innovative PPPs that provide returns for private investors who partner with local and state governments to deliver statistically proven results. Developers of affordable housing projects financed by social impact bonds either provide, or partner with local organizations to provide, PSS such as access to health care and addiction and psychiatric counseling to homeless individuals and families.

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In Denver, investors in social impact bonds (including the Denver Foundation, the Colorado Health Foundation, The Piton Foundation, and the Ben and Lucy Ana Walton Fund of the Walton Family Foundation) have invested in programs such as the Denver Social Impact Bond Program (the Denver SIB).¹⁸ Investors can earn a positive return on their investment if they meet specific goals measured by metrics set in their Denver SIB contract with the City and County of Denver.¹⁹

As part of the Denver SIB, organizations such as the Colorado Coalition for the Homeless and the Mental Health Center of Denver team up to provide housing and health care to Denver’s most vulnerable populations, who repeatedly burden the jail and hospital systems by their

repeat, but mostly preventable, visits. The Denver Crime Prevention and Control Commission estimated that these frequent users of societal resources spent an average of 59 nights in jail each year and visited detox facilities over 2,000 times in a given year.²⁰

In addition to the social and societal costs of crime and unsanitary conditions in communities, users who frequently interact with jails, detox facilities, and emergency care cost Denver taxpayers an estimated \$7.3 million each year.²¹ The Denver SIB uses Denver police arrest data to identify the most vulnerable people experiencing homelessness and helps them find housing and provides them with health care services, food, and other support.²²

The Denver SIB began in January 2016, and as of June 30, 2018, 85% of the original 285 participants remained housed.²³ While 56% of participants still had one jail stay after one year of being stably housed, on average, participants had spent less time in jail than before their participation in the Denver SIB,²⁴ and some of their jail stays were due to warrants issued before they entered the program.²⁵

PSS and Housing First

As discussed above, providing PSS such as counseling, nurses, and medical care in conjunction with affordable housing reduces crime, suicides, and homelessness. The Denver SIB incorporates permanent supportive housing (PSH) into its model, which has long been one of the bedrocks of affordable housing developments throughout the country.²⁶

PSH is used as a “Housing First” approach. Housing First “is a homeless assistance approach that prioritizes providing permanent housing to those experiencing homelessness” because by ending their homelessness, individuals can focus on pursuing their personal goals and improving their quality of life.²⁷ Housing First generally does not require participants to meet conditions to entry, such as sobriety; its premise is that once an at-risk individual is stably housed, positive results flow from there.²⁸ After a year in PSH, studies have found that participants have fewer days in jail and cities show favorable cost offsets due to the reduction of services used by these individuals.²⁹



Clinica Tepeyac.

Providing ongoing PSS to residents of affordable housing also results in measurable public service reductions with populations suffering from severe mental illness.³⁰ The Metro Denver Homeless Initiative (MDHI) point-in-time survey has identified an average of 11,550 homeless individuals within Denver in recent years, of which 4,635 are believed to be good candidates for PSS housing, but currently there are only 805 existing units available to serve this population.³¹

Case Studies

The following case studies are examples of PSS provided by housing authorities, nonprofits, and for-profit developers who work together to provide affordable housing to communities.

Stout Street Health Center and Lofts (Denver)

Colorado Coalition for the Homeless (CCH) was an early adopter of the housing first model. It has been addressing the medical and behavioral health care needs of Denver's homeless adults and children for decades by providing both housing and health services to the City's most vulnerable populations. To address these needs, CCH developed and operates the Stout Street Health Center.

The Stout Street Health Center provides primary care, behavioral health care, pediatrics, dental care, vision care, pharmacy services, respite, Medicaid, and health outreach services to more than 14,000 individuals annually.³² The mixed-use building provides health care services

and affordable and supportive housing in one location. The Stout Street Health Center and the Renaissance Stout Street Lofts was one of the first projects to recognize the importance of integrating health care and housing needs and relied on many stakeholders and layers of debt and equity to finance this innovative project.³³ In 2014, the Stout Street Health Center was expanded by combining New Markets Tax Credits (NMTC)³⁴ for the clinic with LIHTC for the Renaissance Stout Street Lofts.³⁵

Clinica Tepeyac (Denver)

A collaborative effort in the Elyria-Swansea neighborhood between the Urban Land Conservancy, Clinica Tepeyac,³⁶ and the master developer is currently in the planning stage of

development. It will provide comprehensive integrated health care services in connection with approximately 200 affordable workforce housing units in the first phase of an approximate 475-unit multifamily rental development. The final project is intended to provide at least 51% of the total multifamily residential units to affordable workforce rental housing for households earning up to a maximum of 80% of the Denver area median income (AMI) as established by HUD. The project will be located on a six-acre site at 48th and Race Streets and will include retail space, including space targeting fresh foods. The project will be funded in part by combined NMTCs and LIHTCs.

For nearly 25 years, Clinica Tepeyac has consistently demonstrated positive impacts on the health disparities and health outcomes of the most vulnerable in Metro Denver. Currently, Clinica Tepeyac's clinic covers about 5,000 square feet and serves approximately 4,500 individuals annually for primary care, radiology, lab testing, patient education, behavioral health care, health promotion, and some oral health care needs. The new clinic will be more than five times its current footprint and be able to serve more than 10,000 patients, thus tripling its current patient volume, including nearly 10 times the number of children it currently serves. The new clinic plans to expand its services to include comprehensive dental care, an on-site pharmacy, expanded pediatrics, expanded behavioral health care, and the ability to provide a better model of care that incorporates preventative health care and education.

More than 20,000 Medicaid patients in Elyria-Swansea and the surrounding neighborhoods lack medical services and do not have a stable medical provider. The mixed-use development will integrate affordable housing and health care to provide tangible benefits to a community that has been historically underserved in Denver. The integration of a comprehensive health care clinic in the projected three-phase housing project is anticipated to reduce health care spending due to reduced emergency room usage and preventable hospitalizations.



Tammen Hall lobby (above) and community room (right).

Tammen Hall Apartments (Denver)

Tammen Hall Apartments (Tammen) is a substantial rehabilitation and adaptive reuse of an existing vacant and boarded up eight-story building on the St. Joseph's Hospital campus in central Denver.³⁷ Built in 1930, the building originally served as the nurse's quarters for Children's Hospital. It had other uses over the years but has been vacant for the past 10 years. The rehabilitation is financed with 4% federal and state LIHTC, federal and state historic preservation tax incentive programs, Denver's Revolving Housing Loan Fund, a tax-exempt permanent loan, and significant financial support from the seller, SCL Health System, including a below market-rate ground lease and a subordinate loan.

Tammen has 43 one-bedroom units and six two-bedroom units. All units are LIHTC units and are targeted to senior households age 62 or older, with annual incomes below 60% AMI. Located on a 0.59-acre site at 1010 East 19th Avenue in Denver's Five Points neighborhood, its location is ideal for senior housing, as the building is situated on the St. Joseph's Medical campus and is within walking distance of numerous community amenities and transportation options.



Greenway Flats (Colorado Springs)

Springs Rescue Mission (SRM) and Norwood Development Group (Norwood) have recently completed construction of Greenway Flats, a 65-unit PSH rental housing property, located next to the SRM campus in Colorado Springs (the GF Project).³⁸ The GF Project serves persons who are homeless or at risk of homelessness in the Colorado Springs area. It is located 1.1 miles south of downtown Colorado Springs and abuts the SRM main campus immediately to the west.

SRM is a supportive housing services provider with more than 20 years' service to the community. It assists homeless or near homeless persons with numerous programs and services. Among its six homeless programs, SRM has Colorado Springs' largest residential addiction recovery program, which has successfully operated for over 17 years. The GF Project is

one part of an extensive program and services expansion that is in process at the SRM campus.

Norwood was founded in 1948 and has become a leading developer of commercial and residential real estate in Colorado Springs. Norwood's involvement allowed the GF Project to use an experienced and well-known real estate developer to create this PSH development in Colorado Springs.

The units in the GF Project are all efficiency types with a full bathroom, galley style kitchen, and sleeping area. Residents will pay 30% of their income as rent, and the GF project will pay all utility expenses. Of the 65 total units at the GF Project, 62 units will be very-low-income units at 30% AMI, and three will be very-low-income units at 40% AMI. However, all units will be dedicated to use by homeless or near homeless individuals.

The 62 units at 30% AMI will be supported by project based vouchers,³⁹ 32 of which are provided by the Colorado Springs Housing Authority and 30 by the Colorado Division of Housing. The three units at 40% AMI are dedicated to tenant-based voucher⁴⁰ holders (including HUD Housing Choice Vouchers⁴¹), who have a particularly high need for adequate housing near their supportive services.

The GF Project is adjacent to the existing SRM facilities and thus benefits from the overall SRM campus, which includes a resource center that provides access to 26 partner agencies, a kitchen with a dining hall, a food pantry, a clothing bank, a furniture bank, year-round homeless shelters, and the Mission Inn, a sober living home.

The GF Project's common amenities and security features include laundry facilities, security cameras, secured entries (including 24-hour controlled access), a community room, a picnic and barbeque area, a warming kitchen, a bike repair station, community gardens, and a library. The community room is multifunctional and includes offices for counselors and case managers. Additional amenities and services are offered at the existing portion of the SRM campus. The GF Project's tenant services include adult educational classes, case management, job training, medical services, meals, and scheduled transportation.

Sanderson Apartments (Denver)

The Mental Health Center of Denver (MHCD) is a nonprofit community health organization that has been providing mental health services and special needs housing since 1989.⁴² MHCD established Colorado's first social impact bond program, and it operates Sanderson Apartments, a 60-unit multifamily apartment complex in Southwest Denver. This project provides PSH to Denver's highest priority and most vulnerable

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homeless individuals, those who are the heaviest users of Denver's public safety net system.⁴³ Commonly referred to as “front end users,” these individuals are repeat offenders who, as a result of their homelessness and mental health issues, frequently commit low-level offenses and rely heavily on local services such as Denver's court system, detox facilities, and emergency rooms. Despite the challenges that more serious-level offenders pose for

the justice system, front end users equally tax county level services by consuming excessive resources from related agencies, including mental health providers, addictions services, and county public health agencies. Front end users often have other health-related issues that are exacerbated by their homelessness. Each front end user costs Denver, on average, \$38,000 per year.⁴⁴

Sanderson Apartments was made possible by a collaboration between the Governor's Office, Denver, Enterprise Community Partners, the Corporation for Supportive Housing, the CCH, and MHCD.⁴⁵ This pay-for-performance model is designed to yield public sector savings associated with the cost of addressing homelessness.⁴⁶ Known as the “Housing to Health SIB Initiative,” the collaboration closes the gap in funding for services for the chronically homeless individuals residing at Sanderson Apartments.⁴⁷

This prevention-focused reallocation of public funds is used to fund an Assertive Community Treatment (ACT) team, a model that ensures participants have access to the high-intensity services that have been shown to improve recovery, reduce reliance on social services, and end homelessness.⁴⁸ ACT is an evidence-based, multi-disciplinary practice that improves outcomes for those with severe mental illness who are most at risk for psychiatric crisis, hospitalization, and involvement in the criminal justice system by providing individualized treatments that address substance abuse, mental health, and vocational skills.⁴⁹

St. Francis Apartments at Cathedral Square (Denver)

Serving the homeless or those in danger of homelessness, the St. Francis Center at Cathedral Square (SFACS) uses the tried-and-true Housing First model to combat homelessness within Denver and provides PSS necessary to overcome chronic homelessness.⁵⁰

The St. Francis Center operates the 50-unit SFACS pursuant to a 55-year ground lease. Financing resources include 9% LIHTC and supportive grants from Denver and the CDH. In addition, all St. Francis apartments are supported by Housing Choice Vouchers. SFACS


is ideally located at the 1400 Block of North Washington St. in the heart of the Capitol Hill neighborhood. SFACS provides convenient services and amenities, such as easy access to public transportation, job opportunities, and health care to individuals and families. Its proximity to services and amenities is a key factor in its ability to assist the fight against homelessness.

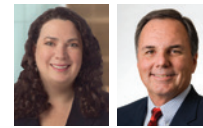
In an effort to efficiently deliver comprehensive services on an as needed basis, the St. Francis Center has established a collaborative referral process with numerous longstanding community partners, including MHCD and the Stout Street Center for health-related services, and Bayaud Enterprises for job training and skill enhancement services. Through a combination of direct services and referrals, the St. Francis

Center ensures that all tenants are served according to their needs.

The St. Francis Center provides individualized service plans through a client-centered, strengths-based approach. Case managers support tenants in establishing goal plans and taking steps toward accomplishing those goals.

Conclusion

Unhealthy communities exist where homelessness, unstable housing situations, and lack of access to health care are not addressed. By meeting affordable housing and health care needs in creative ways, partnerships are tackling the mounting societal and monetary costs resulting from the lack of affordable housing. These investments in our communities ensure safer, healthier communities for all. 



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We'd love your feedback on this affordable housing series. Email your comments to Susie Klein, sklein@cobar.org, or Christopher Bryan, cbryan@garfieldhecht.com.

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