Using Pay for Success to Scale Housing First Programs

Housing First Partners Conference April 12, 2018 10:00am to 10:50am







Panelist

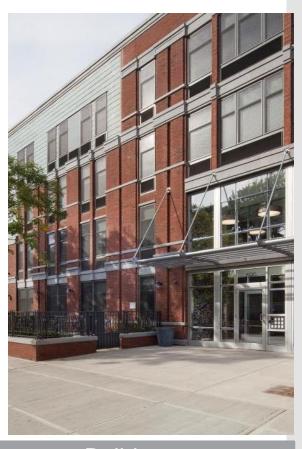
Introductions

- Carrie Craig Director of Housing First - Colorado Coalition for the Homeless
- Jessica Monge Coria Senior Program Manager – CSH
- Katie Bonamasso Program Manger – CSH
- Matt Mollica Director of Housing Intake & Placement – Colorado Coalition for Homeless









Improve lives of vulnerable people

Maximize public resources

Build strong, healthy communities

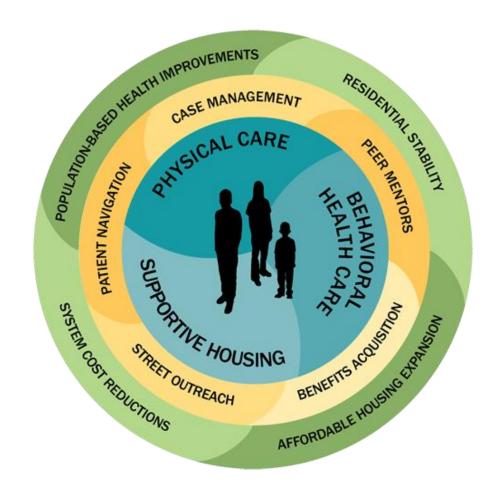






- Healthcare
- Housing
- Support Services
- Advocacy

CCH Integrated Care Model





Overview of Pay for Success

Pay for Success (a.k.a Social Impact "Bonds")

Two key features:

- Upfront Working Capital
- Pay for Success Contracts



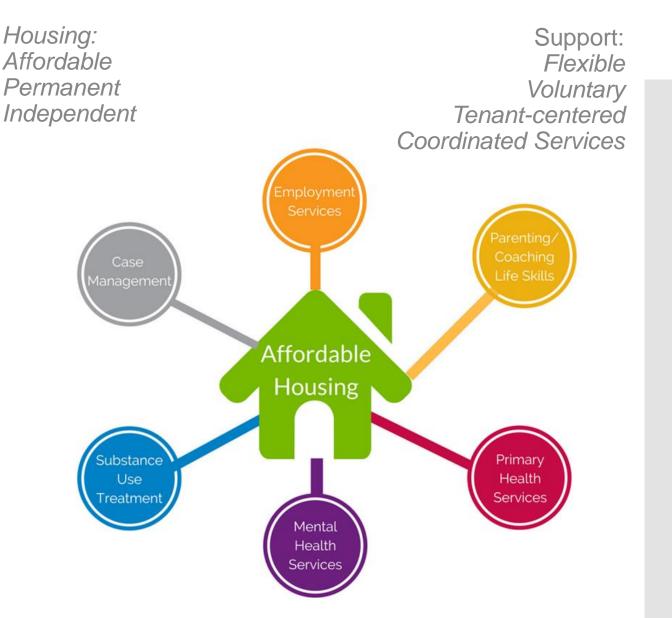
Why consider PFS?

- Expand and improve outcomes for vulnerable populations
- Shift government's focus to measuring and paying for outcomes, not just activities
- Leverage new financial resources to directly fund an evidence-based intervention
- Provide an opportunity to bring together diverse stakeholders focused on meeting the needs of a vulnerable population



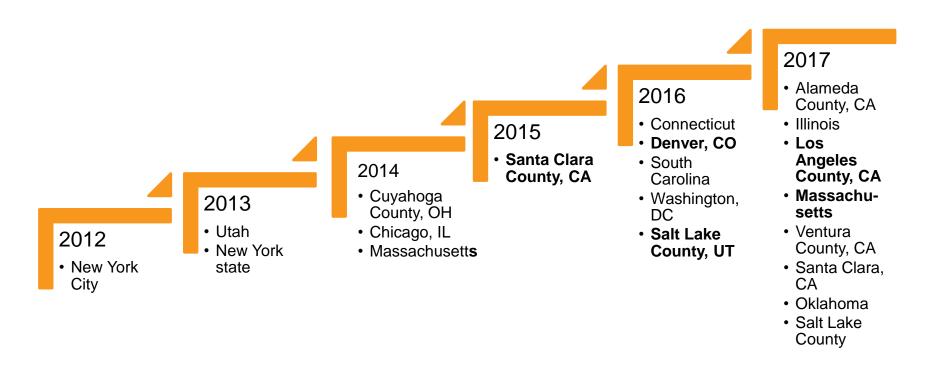
Why Supportive Housing?

It is an evidence-based intervention with a long track record of achieving outcomes

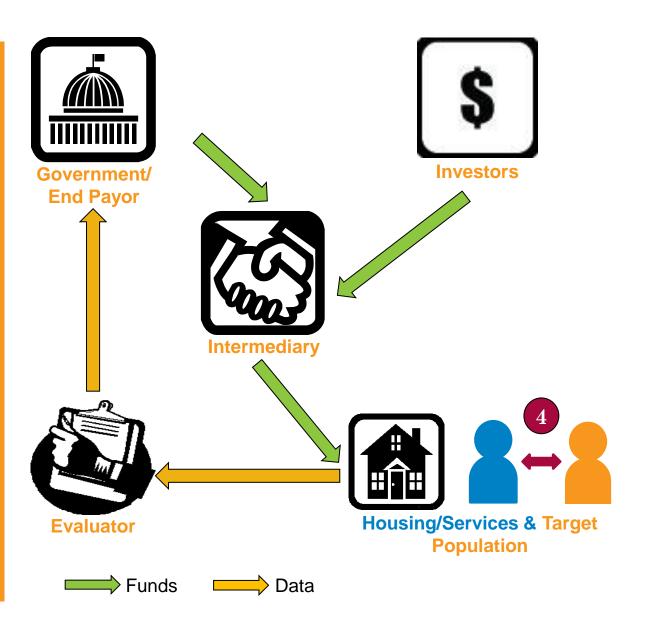




Completed Pay for Success Transactions in the US (20 total)



What does it look like?





Reasons to Pay for Outcomes

- Do more with what you already spend
 - Collect data to evidence impact
 - Pay only when outcomes achieved
- Shift your current spending to prevention
 - Decrease demand for acute services
 - Strengthen public relations
- Reduce what you spend in the future
 - Evidence avoided service usage
 - Evidence cost avoidance



PFS Initiatives: Supportive Housing Interventions Overview

Denver, CO

- 250 Homeless
 Frequent Users of Jails
- LIHTC financing for 160 units, projectbased vouchers
- Success metrics: stable accommodation, jail day reductions
- Project launched in February 2016

Los Angeles County, CA

- 300 Homeless Criminal-Justice Involved Individuals
- Supportive Housing Rental Subsidies paid by the PFS contract
- Success metrics: housing stability, reduction in rearrests
- Project launched in October 2017



Just in Reach Pay for Success

Project Overview	
Intervention	Housing and supportive case management to 300 individuals
Target Population	Currently incarcerated individuals who are homeless and have on or more co-occurring condition
Providers	Brilliant Corners (Housing Provider), Volunteers of America, Project 180, the People Concern & the Amity Foundation
Purchaser	Los Angeles County
Investors	Conrad N. Hilton Foundation and United Health Group
Project Term	4 years ending in 2021
Evaluation Metrics	Housing stability at 6 and 12 months; Reduction in rearrests over 2-year period
Leveraged Funding	CA Board of State and Community Corrections; HUD-DOJ

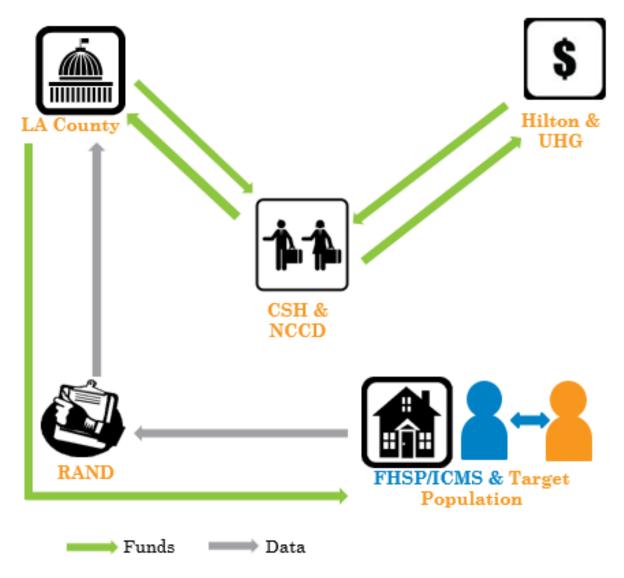


Why this Target Population?

- Los Angeles County is home to the largest jail system in the world (approximately 18,000 individuals)
- More than 57,000 homeless individuals in Los Angeles County
- 1 in 4 individuals incarcerated currently are in need of mental health services, many of whom have histories of homelessness
- In LA, the recidivism rate among the general jail population is 70% with potentially higher rates for homeless and chronically ill individuals
- Los Angeles County's jail system is also the country's largest inpatient mental health center



JIR PFS Transaction Flow





Just in Reach Project Successes

- Currently meeting monthly housing placement targets of 12-13 per month
- Clients are being placed when possible in units that are located near their community ties or preference
- Expansion of the pre-trial referral pathway to two courts, with plans to expand to additional courts
- Interim housing placements now have on-site prescription management
- All service providers now have hired a licensed clinician
- Enrolled participants are able to take advantage of additional services being funded by Los Angeles County including Benefits Application and Criminal Record Clearing



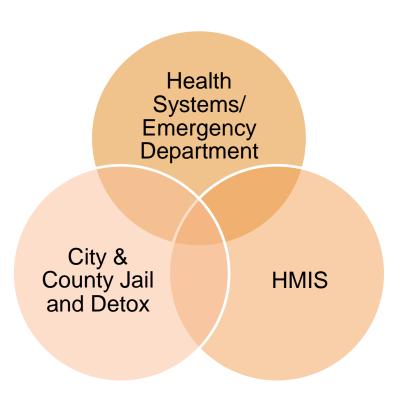
Denver SIB Initiative

Project Overview	
Intervention	Housing and supportive case management to 250 homeless individuals who are frequent users of the City's emergency services: including police, jail, courts and emergency rooms.
Target Population	Individuals who have at least 8 arrest over 3 years and identified as transient at the time of arrest; Eligibility list at approx. 2,300
Providers	
Purchaser	City of Denver
Investors	
Project Term	5 years ending in 2021
Evaluation Metrics	Randomized Control Trial: Increased housing stability; Reduced jail bed stays
Leveraged Funding	

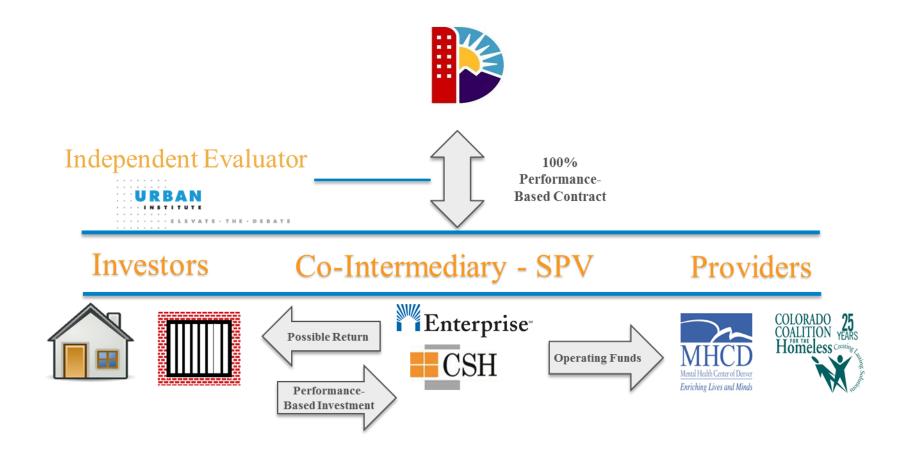
Why this Target Population?

- Each year, 250 chronically homeless individuals account four:
 - 14,000 days in jail
 - 2,200 visits to detox
 - 1,500 arrests
 - 500 Emergency Room visits
- Each year, the average cost to taxpayers per individual is \$29,000, resulting from jail days, police encounters, court costs, detox, ER and other medical visits.
- Each year, the City spends approximately
 \$7 million on 250 individuals to cover the expenses above.

Data Systems & Matching



Denver SIB Project Structure



Colorado Coalition for the Homeless

Perspectives from the Service Provider





HIPS & Housing First Departments

- Housing Intake and Placement Services (HIPS)
 - ORBHN Outreach Behavioral Health Navigator
 - Changes mid-stream due to challenges
- Housing First ACT teams
- SIB ACT teams
- Collaboration between HIPS and HF ACT teams



CCH Housing Stability Team



- Outreach & entry point into the program.
- Housing packet completed & suitable housing unit located.
- Identified initial case management needs, landlord recruitment, lease renewals, housing inspections.
- Linkage to basic necessities to housing stabilization, benefits acquisition, orientation into program.



Models of Care: Housing First + ACT

Interdisciplinary team of professionals who provide intensive wrap around treatment including:

- Case Management
- Initial and ongoing assessment
- Nursing care
- Psychiatric Treatment & Medications
- Educational and Vocational Services
- Benefits Acquisition
- Substance treatment Services
- Peer Mentoring and Support





Finding the Flow- Homeless to Housed Vital Docs, Clinical Services, Engagement, Reporting on the Dashboard



HIPS

- Initial outreach
- Collection of vital documents
- Housing Placement
- Engagement
- 30 Day intensive case management
 - Focus on basic needs (food, clothing, furniture, benefits)

SIB

- Initial outreach
- ACT case Management (Nurse, Peer Specialist, Case Manager, Substance Use Specialist, Clinical Case Managers, Payee)
- Long term stabilization



Denver SIB Project Successes

- Through mid-January of 2018, 258 people have been housed through the project.
- Most participants who have been housed in the project have been homeless for 3+ years
 - Longest homeless history: 32 years
- After 6 months of housing, 95% remained in the program
- After 1 year, 89% remained in the program
- On average this group spent 77 days in jail prior to enrollment in the program
 - After being in the program for 1 year or more, participants spent 8 days in jail





Provider Pros & Cons of PFS

Pros:

- Upfront capital to launch the program
- Adequate service funding
- Upside bonus from lead investor for high performance
- Relationships with new funders
- Reaching clients not already served by homeless system

Cons:

- Documentation requirements associated with RCT
- Randomization
- Lease Up Schedule
- Delays in new construction
- Unknown Medicaid landscape





Pay for Success Systems Change

- Cross Sector Stakeholder Engagement & Ongoing Partnership
- Use of data & evidence-based practices informed program development and are part of ongoing project management
- Health & Behavioral Systems
- Criminal Justice System
- Pushing Government to Invest in Outcomes and move toward Performance-Based Contracts





Questions?







THANK YOU!



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stay connected









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