Aligning Interests - Efforts to Increase Investments in Housing by Health Entities

PHFA Housing Forum
May 2, 2024

CSH

Department of Human Services

PHFA
PA HOUSING FINANCE AGENCY

Audience Poll

By Show of hands, who here is representing:

- A Public Housing Authority
- A Redevelopment Authority
- Housing and Community Development Corporation
- Municipal Government
- State Government
- Non-profit/Community Base Organization
- Healthcare
- Other?

What We Do

CSH takes action through our three lines of business.

Policy & Advocacy
We promote concrete policies and strategies that advance more supportive housing development.

Community Investment
We are a CDFI and invest resources to increase availability and sustainability of quality, affordable housing aligned with services.

Strengthening the Field
We provide training, technical assistance and thought leadership to the housing and services sectors.

CSH

csh.org

Snapshot of PA Housing

Homelessness

12.5k

People experiencing homelessness on a given night

Cost Burden

28%

Renter households that are extremely low-income (ELI)

Rental Home Shortage

265k

Shortage of rental homes affordable and available for ELI

Housing Quality

69%

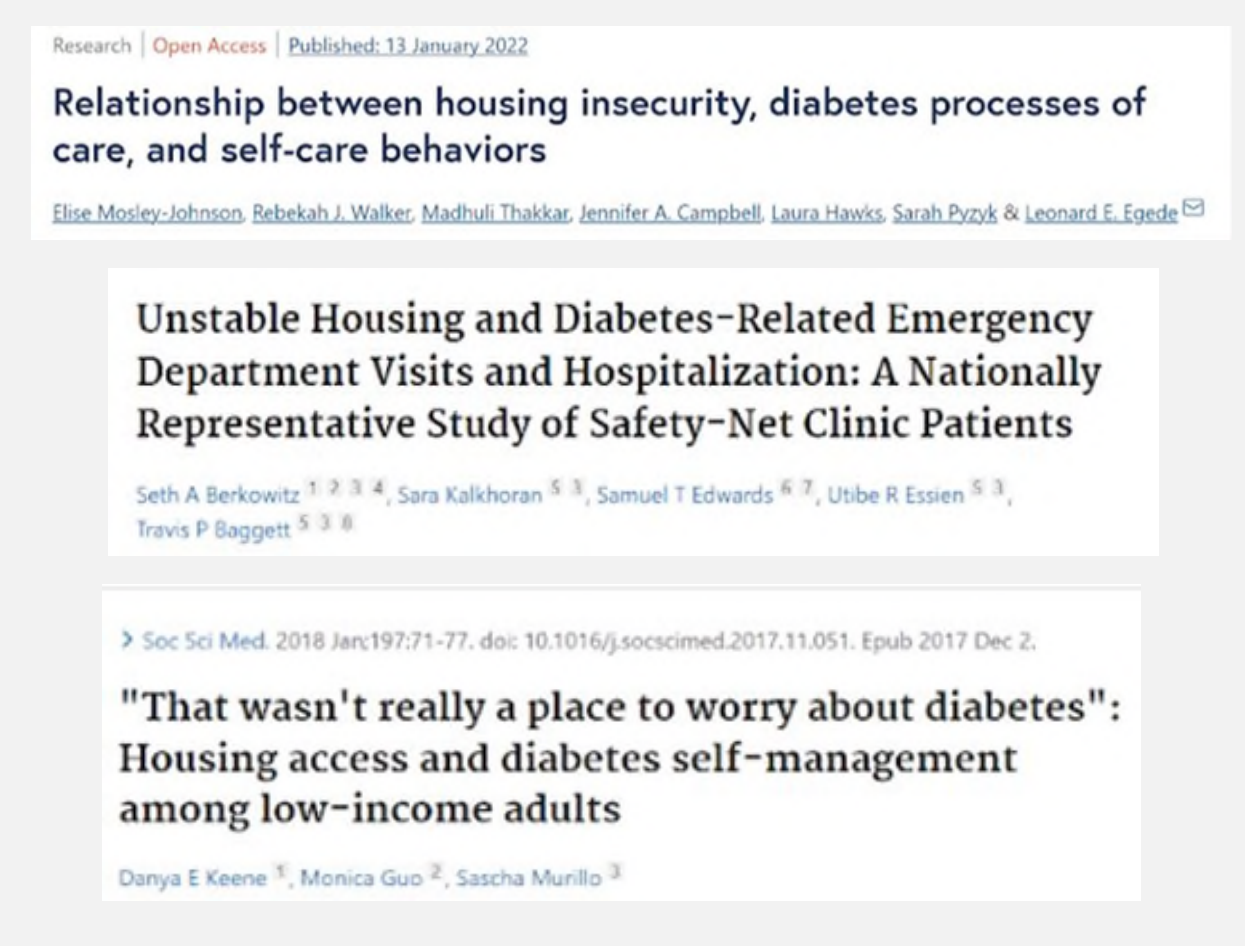
PA Housing was built before 1978, likely to contain lead-based paint

Housing as a determinant of health

High housing cost burden is associated with negative outcomes including higher rates of self-assessed fair/poor health, mental distress, and HIV prevalence.

People cannot focus on their physical and mental health when their housing is not safe and secure.

Evidence shows correlation with stable housing and improved health outcomes.



Research | Open Access | Published: 13 January 2022

Relationship between housing insecurity, diabetes processes of care, and self-care behaviors

Elise Mosley-Johnson, Rebekah J. Walker, Madhuli Thakkar, Jennifer A. Campbell, Laura Hawks, Sarah Pyzyk & Leonard E. Egede

Unstable Housing and Diabetes-Related Emergency Department Visits and Hospitalization: A Nationally Representative Study of Safety-Net Clinic Patients

Seth A Berkowitz [1 2 3 4], Sara Kalkhoran [5 3], Samuel T Edwards [6 7], Utibe R Essien [5 3], Travis P Baggett [5 3 8]

Soc Sci Med. 2018 Jan;197:71-77. doi: 10.1016/j.socscimed.2017.11.051. Epub 2017 Dec 2.

"That wasn't really a place to worry about diabetes": Housing access and diabetes self-management among low-income adults

Danya E Keene [1], Monica Guo [2], Sascha Murillo [3]

CSH

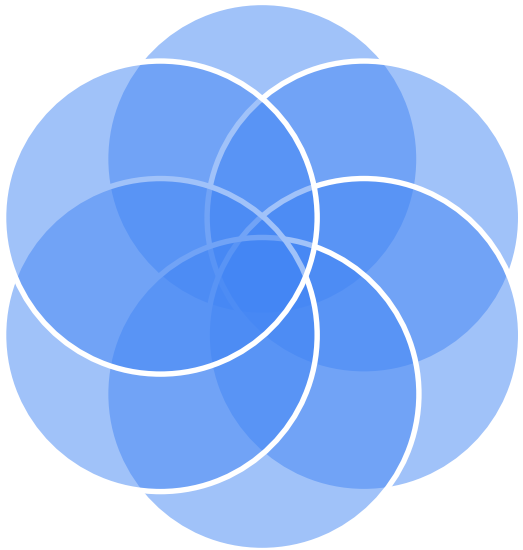
csh.org

Baxter, Andrew J., et al. "Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials." *J Epidemiol Community Health* 73.5 (2019): 379-387.

Health Impacts of Homelessness and Housing Insecurity

Elevated rates of chronic health conditions like cardiovascular disease diabetes and COPD

Elevated rates of behavioral health diagnoses, traumatic stress, and substance use disorder



Increased likelihood of infectious disease like pneumonia, tuberculosis

Less likely to fill prescriptions attend appointments and afford co-pays

Children experiencing housing insecurity are more likely to experience developmental delays

Substandard housing can exacerbate conditions like asthma and conditions related to lead and mold exposure

BIPOC Households Bear the Weight of These Health Outcomes Disproportionately

CSH

csh.org

American Hospital Association Housing and the Role of Hospitals: http://www.hpoe.org/Reports-HPOE/2017/housing-role-of-hospitals.pdf

Addresses Health Disparities

	White, non-Hispanic	Black, non-Hispanic	Hispanic	American Indian/Alaska Native
Life Expectancy at birth, 2014	79 years	75.6 years	Not provided	Not provided
Age-adj. Prevalence of diabetes (≥25yrs), 2015[vi]	8.1%	13.1%	12.2%	20.9%
Age-adj. death rate/100,000 from diabetes, 2014[vii]	18.6	37.3	25.1	31.3
Age-adj. prev. hypertension,(≥18yrs), 2007-10[ix]	28.6%	41.3%	27.7%	Not provided
Age-adjusted death rates per 100,000 from persons with coronary heart disease & stroke[x]	117.1	141.3	86.5	92
Estimated rate of HIV infection diagnoses per 100,000 population, (adults≥18years), 2010[xi]	9.1	84	30.9	13.5
Age-adj. death rate/100,000 from HIV, 2014[xii]	0.9	8.3	2.0	1.2

Fig.1 data pulled from multiple sources, see endnotes on each category for citations

Access to permanent housing improves access to quality healthcare and thus improves health outcomes.

CSH

csh.org

https://www.csh.org/resources/health-system-investments-in-housing-a-development-guide/

Health and Housing in PA

In 2013, Pennsylvania reports **over 18,000** inpatient hospitalizations due to asthma, costing the state over $496 million.

In Pennsylvania, **27% of children** live in households with a high housing cost burden, and **17% of children** live in poverty.

Unintentional falls were responsible for **1,611 deaths** among Pennsylvanians over the age of 65 in 2018.

6,585 Pennsylvania children tested had an elevated blood lead level (5 tg/dL or more); **1,776** of them had blood lead levels of 10 g/dL or more.

CSH

From National Center on healthy Housing: https://nchh.org/resource-library/fact-sheet_state-healthy-housing_pa.pdf

csh.org

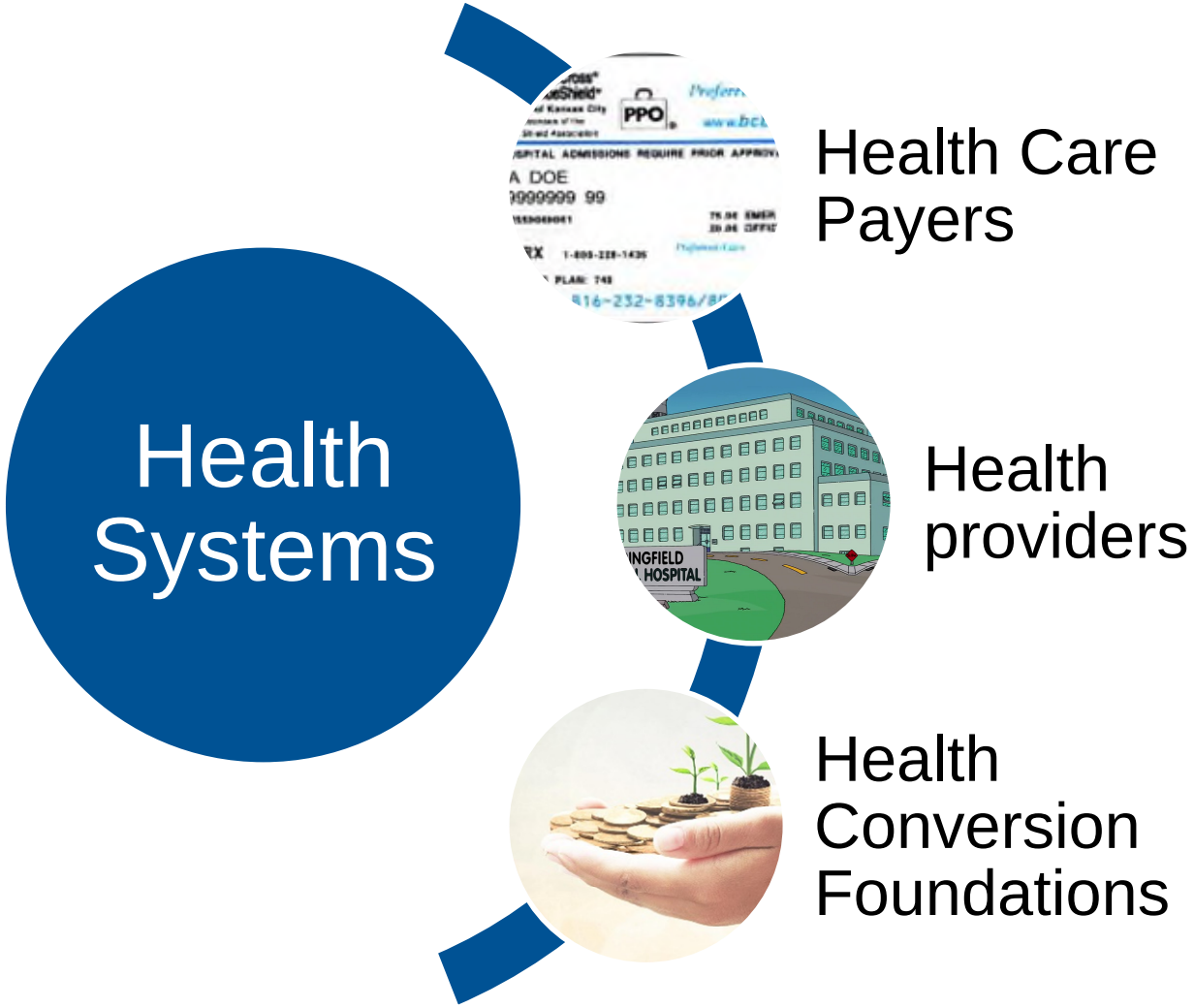
Challenges to Meeting Affordable Development Housing Needs in PA

- High Construction Costs
- Volume: 266K Affordable Units and 38K Supportive Housing Units Needed
- High rates of low income and extremely low income households
- Aging housing stock – most homes in PA built before 1978
- Limited Operating Subsidy
- Need to identify new Sources of Subsidy and Investment to meet growing costs and need

Hospital and Health System investment in housing

Why and How

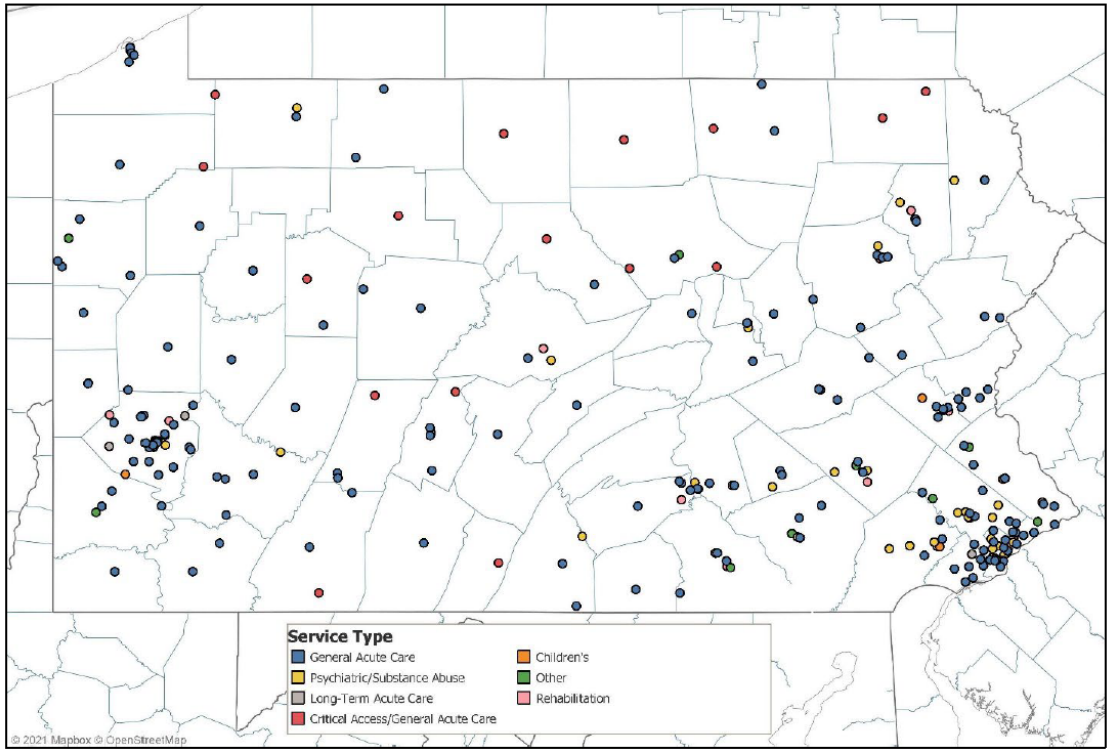
Health System: Who's Who



Hospitals in PA

https://www.haponline.org/Resource-Center?resourceid=788

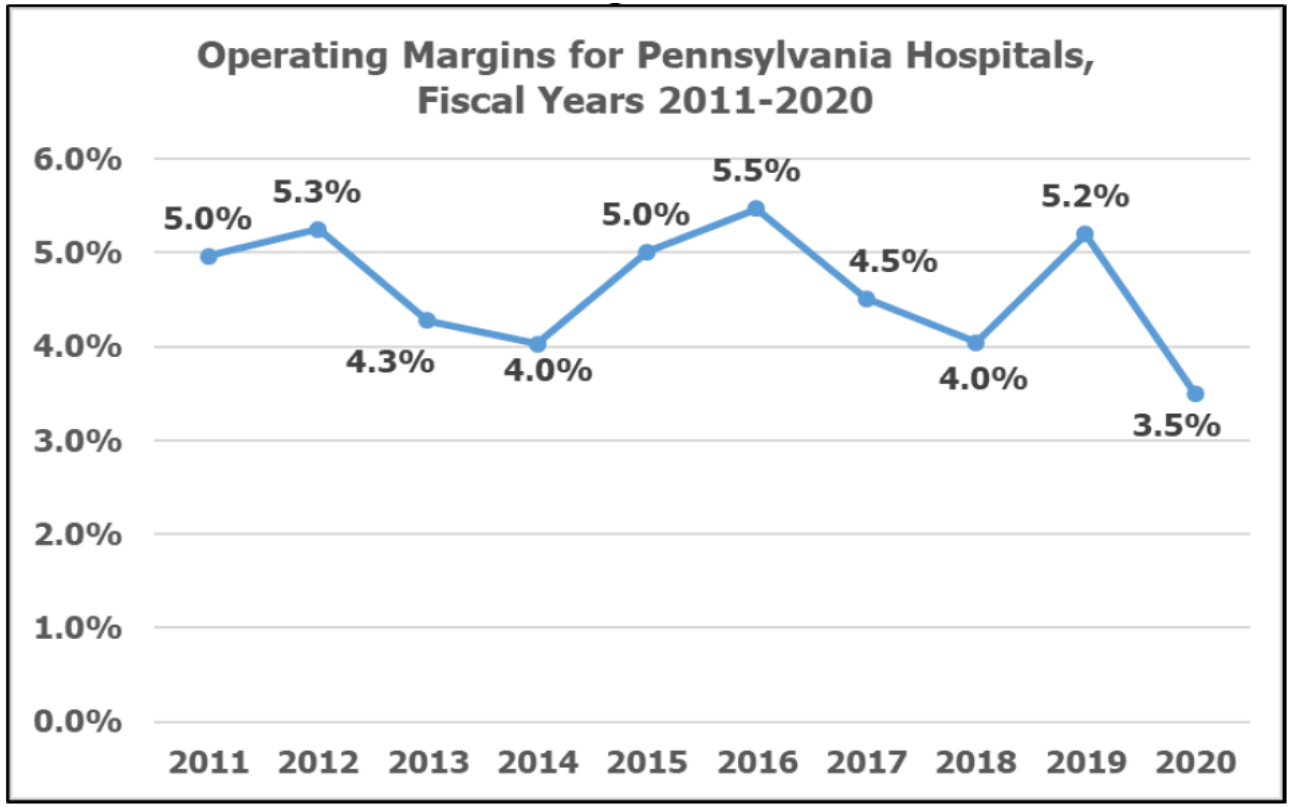
Map of Pennsylvania Hospitals



Service Type	Count	Percent
General Acute Care	161	60%
Psychiatric/Substance Use	31	11%
Rehabilitation	22	8%
Long-Term Acute Care	17	6%
Critical Access/General Acute Care	16	6%
Children's	10	4%
Other	14	5%
Total	**271**	**100%**

Hospitals in PA

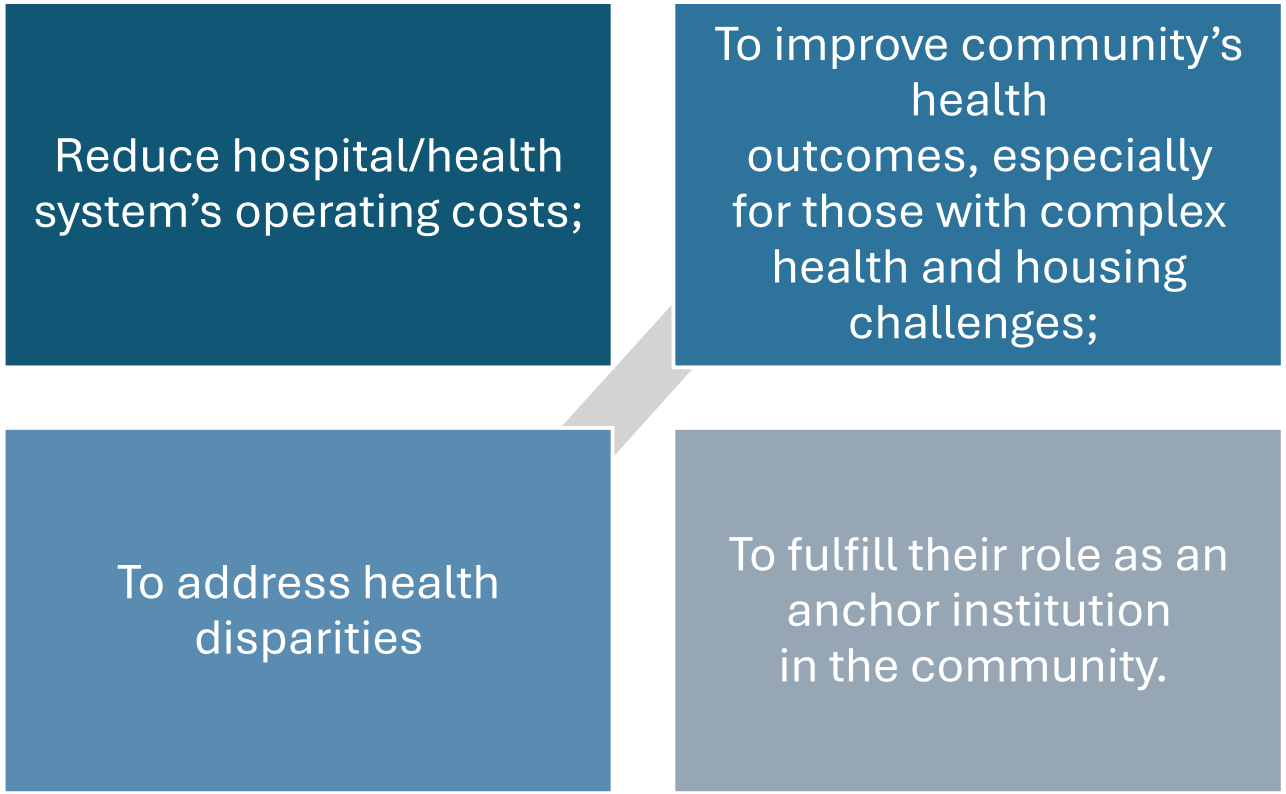
https://www.haponline.org/Resource-Center?resourceid=788



Breakdown of COVID-19 Related Expenses and Revenue Losses for Pennsylvania Hospitals, through September 2021

Expense & Revenue Loss	Pennsylvania Total
Staffing Expenses	$794,993,894
Testing Expenses	$264,477,008
Supplies & Equipment Expenses	$524,417,054
Construction Expenses	$27,631,307
Housing Care Expenses	$7,980,494
Other Expenses	$346,105,113
Revenue Loss	$4,959,664,279
Total	**$6,925,269,148**

Reasons for Hospital Investment in Housing



Shifting Costs

National Costs

- Patients experiencing homelessness are **5x more likely** to be admitted and stay on average **four days** longer.
- Hospital spends about **$44K annual** for a "high utilizer".

Denver Health Study

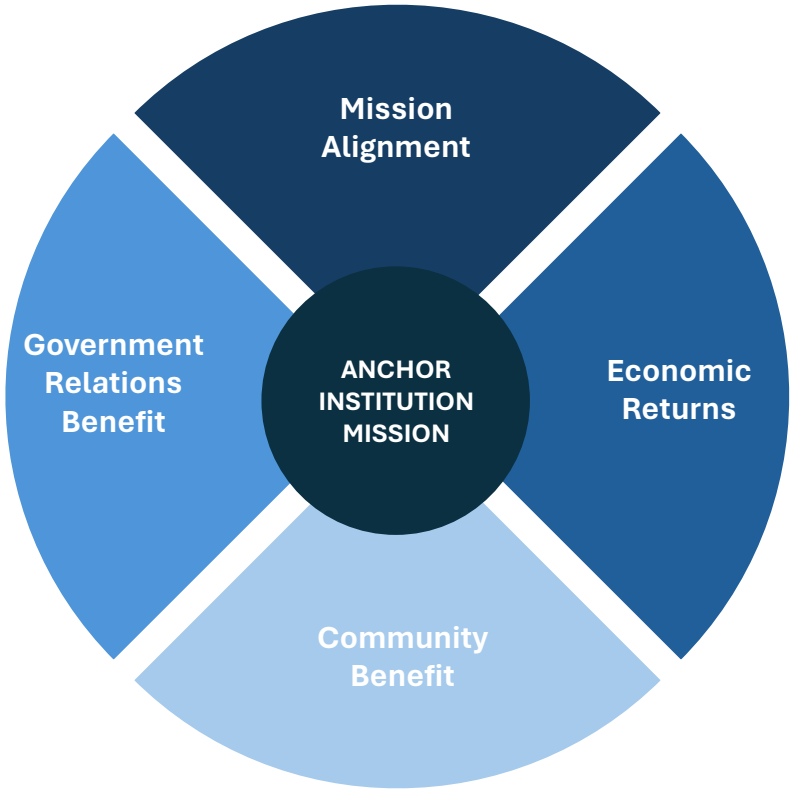
- Denver Health spends **$2,700** a night to keep someone in the hospital.
- Patients experiencing homelessness stay on average an **extra 73 days** for a total cost to the hospital of **nearly $200,000**.

It cost **about $10,000**, to house a patient for a year.

CSH

csh.org

Anchor Institutions

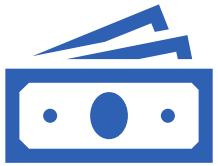


An anchor institution seeks to utilize hospital economic and human capital to revitalize local communities. Housing investment, meanwhile,

- aligns with a **hospital's mission**,
- generates **economic returns** to both the community and institution,
- helps satisfy its **community benefit** requirements to the federal government, and
- provides an opportunity for a hospital to justify its tax exemption and **reduce the financial burden** to local governments.

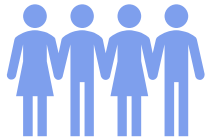
https://www.csh.org/resources/health-system-investments-in-housing-a-development-guide/

How can a Hospital Invest in Housing?



Financial Investment/Donation

Donating Underutilized Hospital Assets

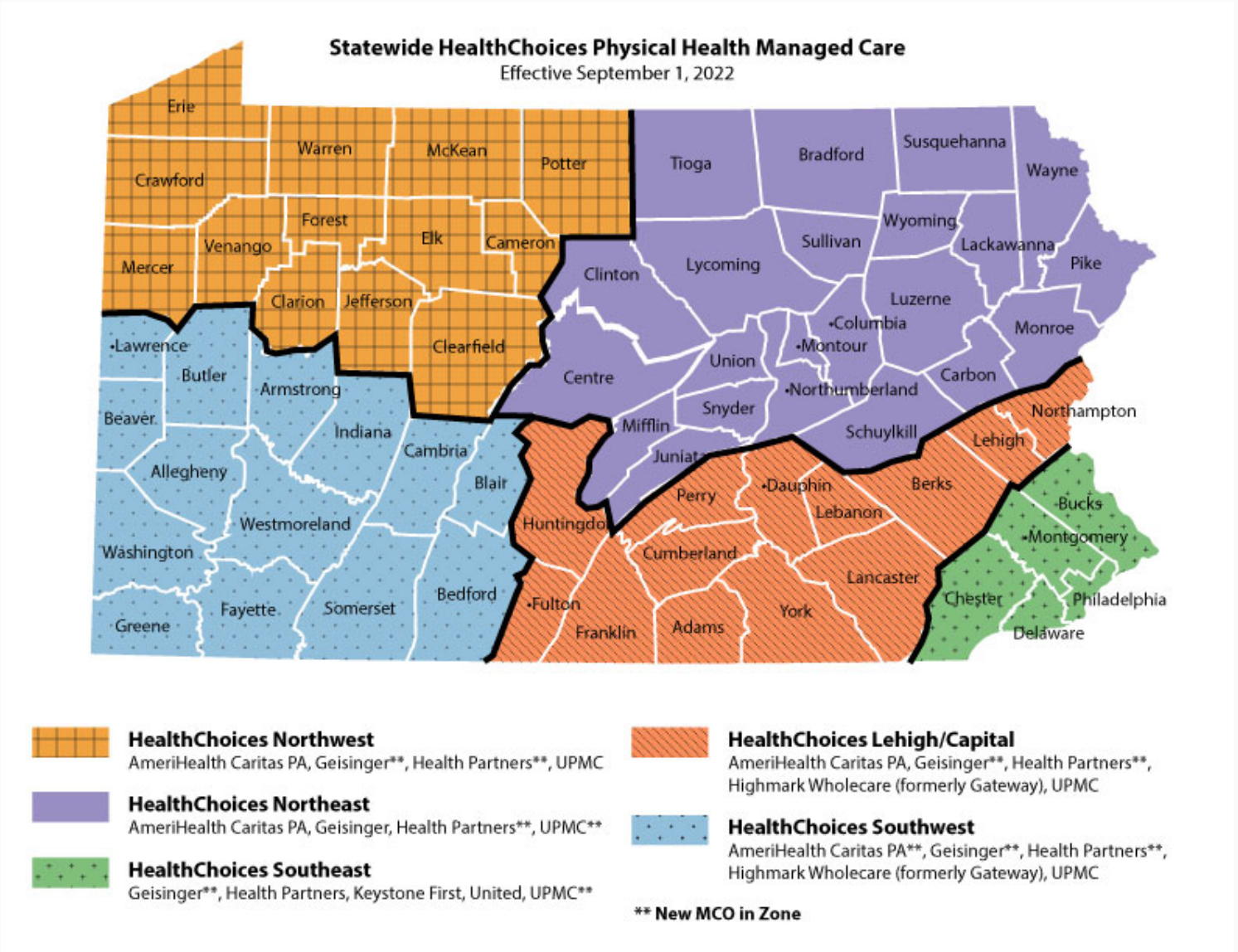


Hospital Community Benefit

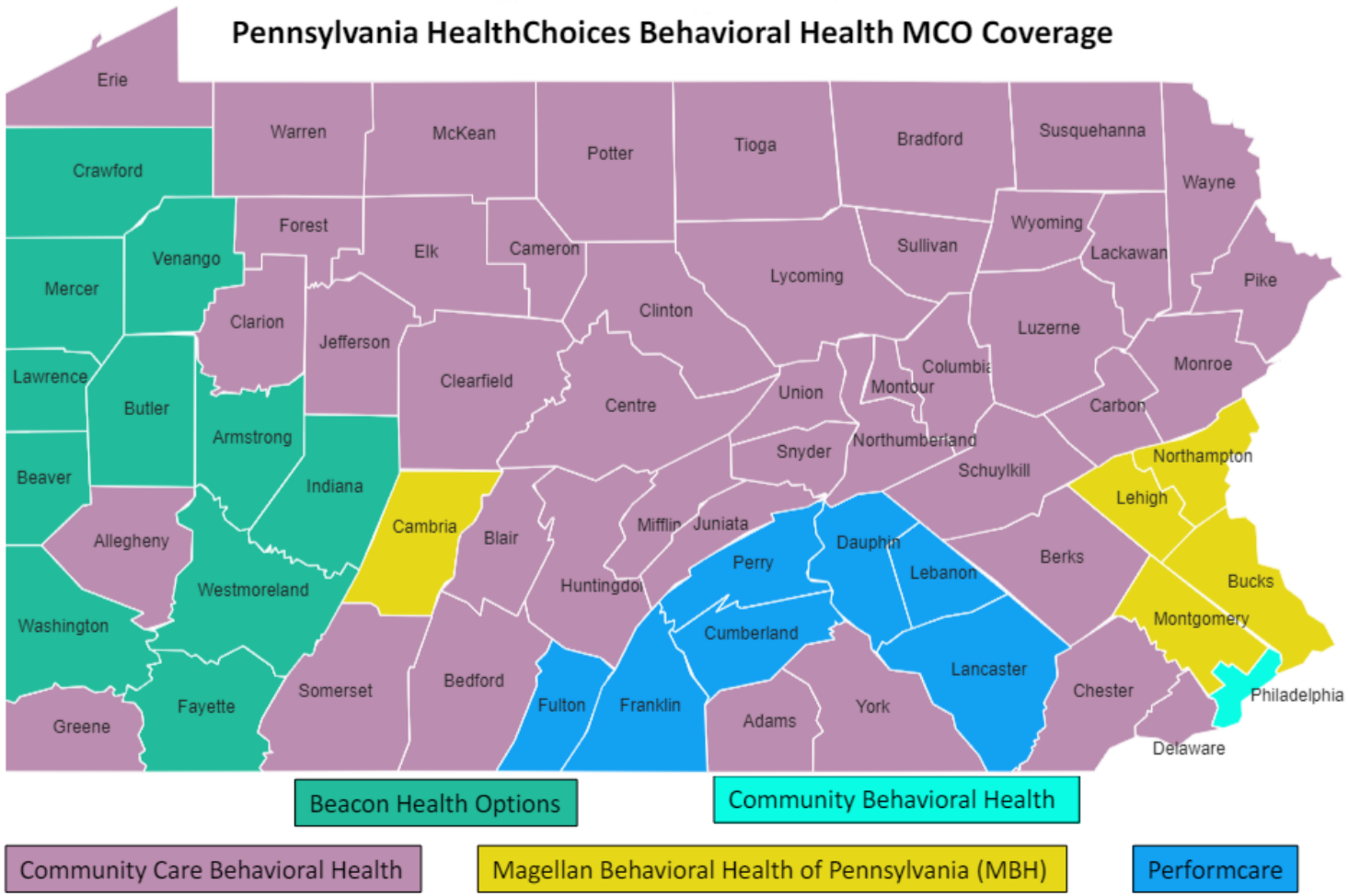
Managed Care Organizations in PA

Statewide Managed Care Map

Statewide Managed Care Map (Physical Health) and Managed Care Organization (MCO) Directory



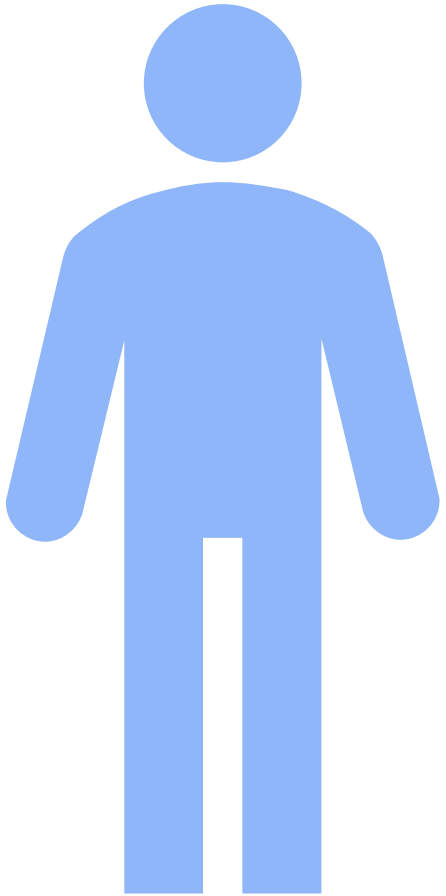
Behavioral Health MCO Carveout in PA



Reasons for Managed Care Investment in Housing: UnitedHealthcare Study

40% found better access to Care

38% found better quality care



PCP visits went **up 20%** and ED visits **down 18%**

Expenditures **decreased $115** member/month and **decreased 0.43** visits/year

CSH

csh.org

How can an MCO Invest in Housing?

Capital Investment of Low-Income Tax Credits

Pilot projects with housing and homeless sector partners.

1115 Waivers – Pending Federal Approval

Value Based Payment Arrangements

Funding Subsidies/Subsidy Pools to sustain operating/affordability

Profit Sharing Agreements

Reinvestment Plans (BH)

Embracing a Transformation Mindset for Partnerships

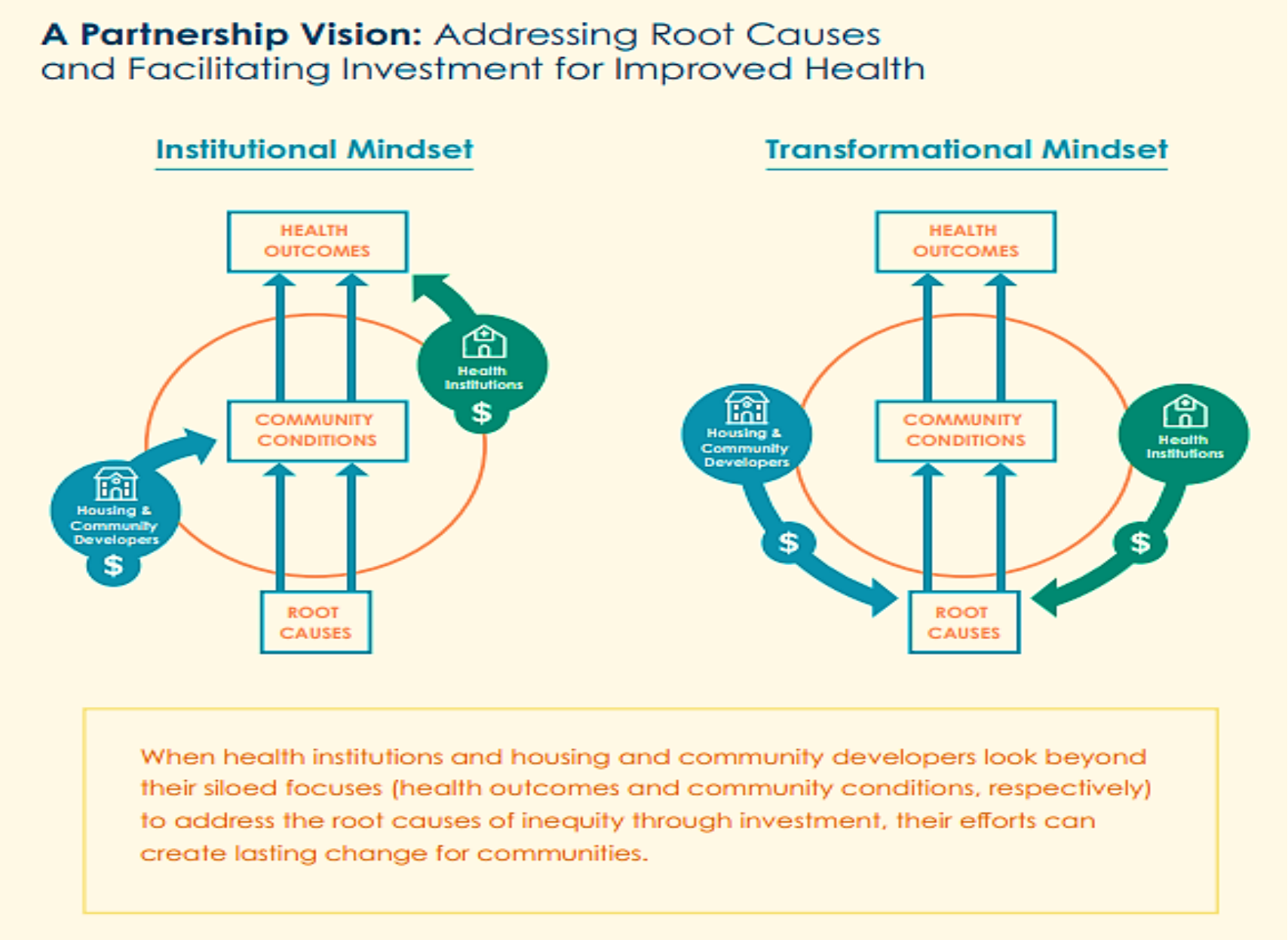


Image from Neighborworks “From Silos to Collaboration” Guide
https://www.neighborworks.org/getattachment/334ab487-e494-43eb-90f8-db5b99d00f95/attachment.aspx

What Do Different Partners Bring to the Table?

When developers and health institutions get together...

Developers can offer...

- Ability to execute important projects in disinvested or rapidly gentrifying neighborhoods
- Understanding of market forces and what is feasible
- Stabilization of neighborhoods around the medical campus
- Community ties
- Low-risk, high-impact mission investment opportunities
- Platform for improving health outcomes and reducing spending on unneeded health care services such as emergency room visits
- Development of workforce housing

Health institutions can offer...

- Land at below-market price
- Support (financial or in-kind) for resident services, including telemedicine, transport to health care providers, nutrition programs, etc.
- Influential support on policy and regulatory issues
- Anonymized data about local needs
- Financing—predevelopment, equity, guarantee, patient loan capital
- Anchor tenants or master leases for ground-floor spaces in new mixed-use developments

Image from Neighborworks “From Silos to Collaboration” Guide
https://www.neighborworks.org/getattachment/334ab487-e494-43eb-90f8-db5b99d00f95/attachment.aspx

Levels of Partnership between Health and Housing

Early Stage Collaboration

- Referrals Based
- No Formal MOUs
- Limited (if any) data sharing
- Limited outcome tracking

Moderate Collaboration

- Care Coordination
- Formal agreement/MOUs
- Joint care planning
- May include centralized intake assessment
- Independent operations/may share funding resources
- Healthcare partner(s) invest in housing cost

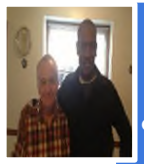
High Collaboration

- Co-location of health services and housing (mobile or full service onsite at housing)
- Joint operations with retained autonomy

Highest Collaboration

- Full-service integration
- Single point of entry, integrated assessment
- Joint case planning and management
- Integrated resources, service delivery and sometimes funding

What are your Health and Housing Partnership Goals?



Information Sharing and Referrals

- Share Service & Program Options
- Connected to CoC for data sharing, policy influence & client referrals
- Co-Create Community Resource Asset Mapping Platform
- Examples:
  - ✓CoC/Advisory Board
  - ✓FUSE
  - ✓Unite US, NC360

Care Coordination

- Centralized Intake & Assessment
- Housing Navigation
- Advocacy & Funding Collaboration
- Outreach and Mobile Health Services
- Examples:
  - ✓ MOUs and Service Subcontracts
  - ✓ Flexible Housing Pools
  - ✓ State Medicaid for housing & supports

Co-Development Housing Creation

- Satellite Health Clinic/Sub-Lease
- Co-Location Development
- Respite Care Service & Funding Supports
- Health System Investments in Housing
- Land Sale/Space Sharing

Partnering with Healthcare

- **Connect with local hospitals:**
  - Build alliances with hospital social work administration.
  - Collaborate on admission, discharge plan and discharge options.
  - Engage leadership: “c-suite” executives, government relations, heads of departments that interact with those experiencing homelessness
- **Obtain consent for any outpatient providers:**
  - This will allow the ability to discuss any treatment needs or care issues
  - Work with local Home Health Agencies
- **Develop relationships with MCOs**
  - Who's your tenant’s care manager? What services are available?
- **Data Sharing Agreements**

Healthcare and Housing Finance

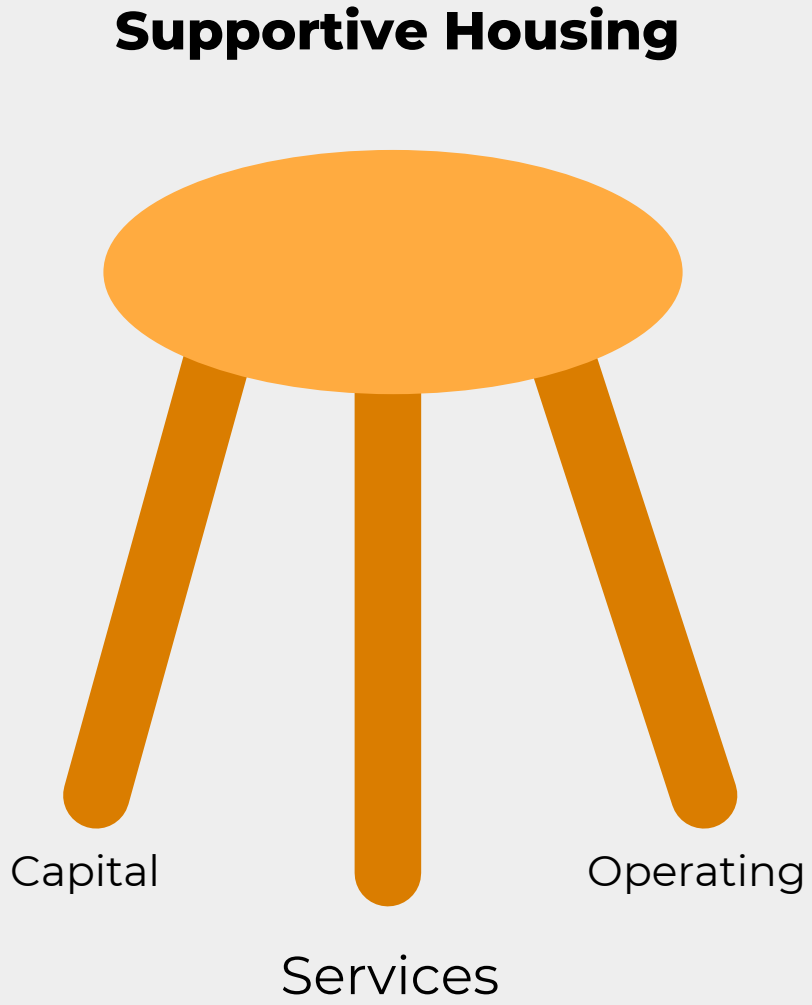
Identifying and filling gaps through collaborative partnerships

Funding Needs in an Affordable Housing Budget

CSH

csh.org

Funding Needs in an Supportive Housing Budget



CSH

csh.org

Supportive Housing Funding Categories

Capital

- Development
- Construction
- Renovation

Operating

- Staffing
- Programming operations
- Maintenance
- Compliance regulation

Services

- Behavioral health services
- Substance use services
- Aging services
- Case management
- Tenant services

Typical Funding Sources

Capital

- Low Income Housing Tax Credits
- National and Local Housing Trust Fund
- HOME
- Community Development Block Grants
- State and Local Housing Finance Agencies
- Local Community Development Agencies
- FHLB (Gap Funding)
- Capital Campaign (private donations)
- Donated Land and Extended Use Leases
- Conventional Debt

Operating

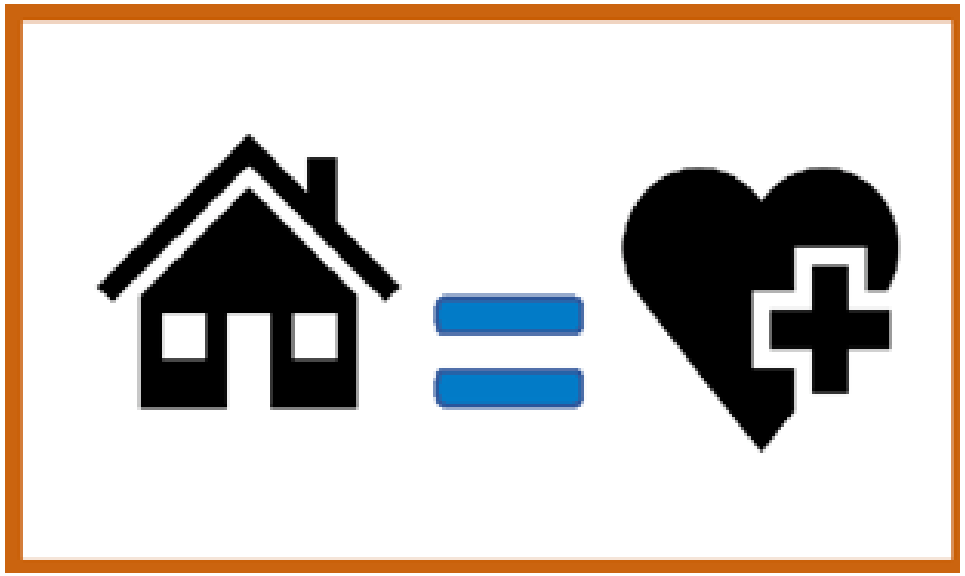
- HUD McKinney Vento Rental Assistance
- Public Housing Authorities and Vouchering Entities
- Housing Choice Vouchers
- State and Local Rental Assistance Programs
- HOME (configured as rental assistance)
- Capitalized Developers Fee
- Tenant Rent Contribution

Services

- CoC Services Grants (limited)
- Medicaid Waiver Services
- Medicaid Billed Services
- Community Service Block Grants
- State and Local Service Programs
- SAMHSA services: Assertive Community Treatment, Intensive Case Management, Health and Behavioral Health Services
- HRSA services: FQHCs, HCH and Full Service
- Justice Reinvestment

Government's Role in Health and Housing

- Incentivize investments in SDOH like housing
- Create a mechanism to structure those investments
- Profit Sharing Agreements and Reinvestment Plans
- Act as a convener to facilitate partnerships, data sharing, and education for health and housing stakeholders
- Leverage Federal resources like LIHTC and Medicaid to enhance housing resources and supportive services
- Coordinate health and housing efforts across agencies to ensure optimal braiding of resources



An Exciting Time for SH Funding Sources in PA!

Capital – PHFA Health For Housing Investment (HHI)

- Low Income Housing Tax Credits
- National and Local Housing Trust Fund
- State and Local Housing Finance Agencies
- Capital Campaign (private donations)
- Donated Land and Extended Use Leases

Services – DHS 1115 Medicaid Waiver Application

- Medicaid Waiver Services
- Medicaid Billed Services

CSH Resources – Creating Health and Housing Partnerships

[Health and Housing Partnership Guide Publication]

[Health and Housing Partnerships - Making Them Work | Online Tutorial]

[New: Health Center Role in Housing Innovations: Pay for Success Models – CSH]

[Guide to Attracting Funding Resources to Address Social Determinants of Health Needs - CSH]

[Using Medicaid Housing Related Services to Create New Supportive Housing]

[Summary of State Medicaid Actions]

CSH PA Contact
Brian McShane He/Him
Association Director for PA&NJ
Brian.mcshane@csh.org
617-913-2638

csh.org

Aligning Health & Housing: Services & Opportunities

DHS is committed to addressing social determinants of health, including housing. DHS approaches housing opportunities and challenges in Pennsylvania by:

- Connecting people with housing opportunities and services
- Partnering with counties, communities and stakeholders
- Utilizing data to measure progress
- Pooling resources and sharing ideas

Stephanie Meyer, Special Assistant to the Secretary
Christina Shull, Housing Program Representative

pennsylvania
DEPARTMENT OF HUMAN SERVICES

pennsylvania
DEPARTMENT OF HUMAN SERVICES

DHS Housing Services and Programs

The following are highlighted samples of housing services, programs, and resources.

Department of Human Services-Wide

- Bridges to Success: Keystones of Health for Pennsylvania
- 811 Supportive Housing for Persons with Disabilities
- Support of the Regional Housing Coordinator program

Office of Administration

- Mass Care and Emergency Assistance
- Support for communities after disaster

Office of Child Development and Early Learning

- Child Care Works
- Early Learning Resource Centers
- Pennsylvania Head Start State Collaboration Office, Early Childhood Homeless Stakeholders
- Continuums of Care and Head Start Working Together

Office of Children, Youth and Families

- Independent Living and Chafee Foster Care Programs
- Stable Housing Interventions in Facilitated Teams (SHIFT)
- Needs Based Budget

Office of Developmental Program

- Everyday Lives
- Lifesharing
- Housing Transition and Tenancy Sustaining Services

Office of Income Maintenance

- Homeless Assistance Program
- Low-Income Home Energy Assistance Program
- Emergency Rental Assistance Program
- Emergency Shelter Allowance
- Temporary Assistance for Needy Families Diversion
- Refugee Resettlement Program

Office of Long-Term Living

- Community HealthChoices
- Nursing Home Transitions Program

Office of Medical Assistance Programs

- Physical HealthChoices
- Community-Based Care Management

Office of Mental Health and Substance Abuse Services

- Reinvestment and Housing Strategies
- Behavioral HealthChoices
- SSI/SSDI Outreach, Access, and Recovery
- Projects for Assistance in Transition from Homelessness

HealthChoices in Pennsylvania

- Physical HealthChoices – Office of Medical Assistance Programs
  - Contracts with seven Managed Care Organizations (MCOs) in five regions
- Behavioral HealthChoices – Office of Mental Health and Substance Abuse Services (OMHSAS)
  - County-based contracts in partnership with five Behavioral Health MCOs (BH-MCOs)
- Community HealthChoices (CHC) – Office of Long-Term Living (OLTL)
  - Managed Long-Term Services and Supports for individuals with disabilities 21 and older, and older adults who are eligible for Medicare and Medicaid, or receiving home and community based services through Medicaid needing assistance with everyday tasks.

OMAP & Physical HealthChoices

- Medicaid managed care contract requirements to address social determinants of health and health related social needs.
  - Community Based Care Management (CBCM)
  - Value Based Purchasing & Partnerships with Community Benefit Organizations
  - Revenue Sharing – Initiatives such as investments in social determinants of health, community development, improving access and achieving health equity

  - CBCM Examples:
    - Licensed social workers and Community Health Workers (CHWs) working with county housing authorities or coalitions to address participant housing insecurity.
    - Eviction prevention, housing search and application assistance, mediation

- Value-Added Services to pay for commodities (such as rent subsidy) must be paid for out of excess revenue, unused capitation revenue or other non-capitation sources

OLTL & Community HealthChoices

Long-Term Services and Supports may include:

- Nursing Home Transitions (NHT)
- Community Transition services – furnishings, moving expenses, utility and security deposits
- Service Coordination
- Home Adaptations
- Home Delivered Meals
- Personal Assistance Services

Value-Added Services – Managed Care Organizations Welcome Home Benefits

NHT One Time Assistance (state funded)

The Independent Enrollment Broker can help with applications and questions. Call: 1-877-550-4227

OMHSAS & Behavioral HealthChoices

- The Office of Mental Health and Substance Abuse Services (OMHSAS) supports the development and preservation of Permanent Supportive Housing through partnerships with counties, public housing agencies, and Pennsylvania's 16 Continuums of Care (regional homeless response systems)

- **Braided funding with county mental health and human services**
- Highlighted Services: Targeted Case Management, Assertive Community Treatment, Mobile Psychiatric Rehabilitation, and Peer Support Services
- Value Based Purchasing
- Projects for Assistance in Transition from Homelessness (PATH)
- SAMHSA's SSI/SSDI Outreach, Access, and Recovery (SOAR) program

Permanent Supportive Housing

Permanent Supportive Housing Core Principles

- Housing costs must be affordable to the tenant (i.e. < 30% of income towards rent)
- Decent and safe housing options
- Choice and control over one's environment is essential
- Housing must be permanent as defined by tenant/landlord law
- Functional separation of housing and services
- Housing must be flexible and individualized: not defined by a "program"
- Integration, personal control, and autonomy
- Flexible, voluntary, recovery-focused services

Permanent Supportive Housing Models

- **Single-site**

  In single-site supportive housing, buildings have a majority of units dedicated to supportive housing tenants. Services are often right on-site in the supportive housing building, often with offices on the ground floor.

- **Scattered-site**

  In scattered-site supportive housing, units are usually rented from private market-rate landlords that are paid with money from a source of rental support funding, such as housing vouchers. Supportive services help the tenant stay housed and can be provided in the household's unit or off-site in the community.

- **Integrated/clustered**

  In integrated/clustered properties, units are set-aside for people who want supportive housing. These properties provide supportive and mainstream affordable housing units in a single property. Services can be delivered in the integrated housing building, as well as off-site at the service provider's offices.

Housing Reinvestment Background

- In 2006, OMHSAS developed a statewide housing plan outlining a range of housing strategies for Counties to create permanent supportive housing (PSH) opportunities in their communities.
- In this plan, OMHASAS outlined how Counties could use reinvestment funds to support the creation of PSH opportunities for Healthchoices households.
- Since then, most County MH/ID offices have pursued some level of housing activity using reinvestment funds.
- OMHSAS through its statewide housing specialist and specialized technical assistance from TAC have continued to offer support implementation efforts by MH/ID staff.

Housing Reinvestment

- Counties submit Reinvestment Plans for review and approval – Appendix N:
  - Capital Housing Development
  - Project Based Operating Assistance
  - Master Leasing
  - Bridge Rental Subsidy Program
  - Housing Contingency Funds
  - Housing Clearinghouse
  - Housing Support Services

Capital Housing Development

- One-time funding to support capital development through either new construction, acquisition and/or rehabilitation of an existing structure in order to create permanent supportive housing targeted to serve Medical Assistance (MA) eligible, high priority consumers.

- Two types of PSH housing development that advance community integration efforts for people with disabilities include:
  - Small-scale permanent supportive housing projects (in scattered sites or a percentage of units in a building) serving individuals with mental illness who are priority consumers.
  - Set-asides of permanent supportive housing units within larger, multi-family affordable rental projects.

- Leverages affordable housing resources
- Create effective partnerships with developers, community development agencies and CoCs

Integration Considerations

"Integrated settings are located in mainstream society; offer access to community activities and opportunities at times, frequencies and with persons of an individual's choosing; afford individuals choice in their daily life activities; and, provide individuals with disabilities the opportunity to interact with non-disabled persons to the fullest extent possible. Evidence-based practices that provide scattered-site housing with supportive services are examples of integrated settings."

U.S. Department of Justice. Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.

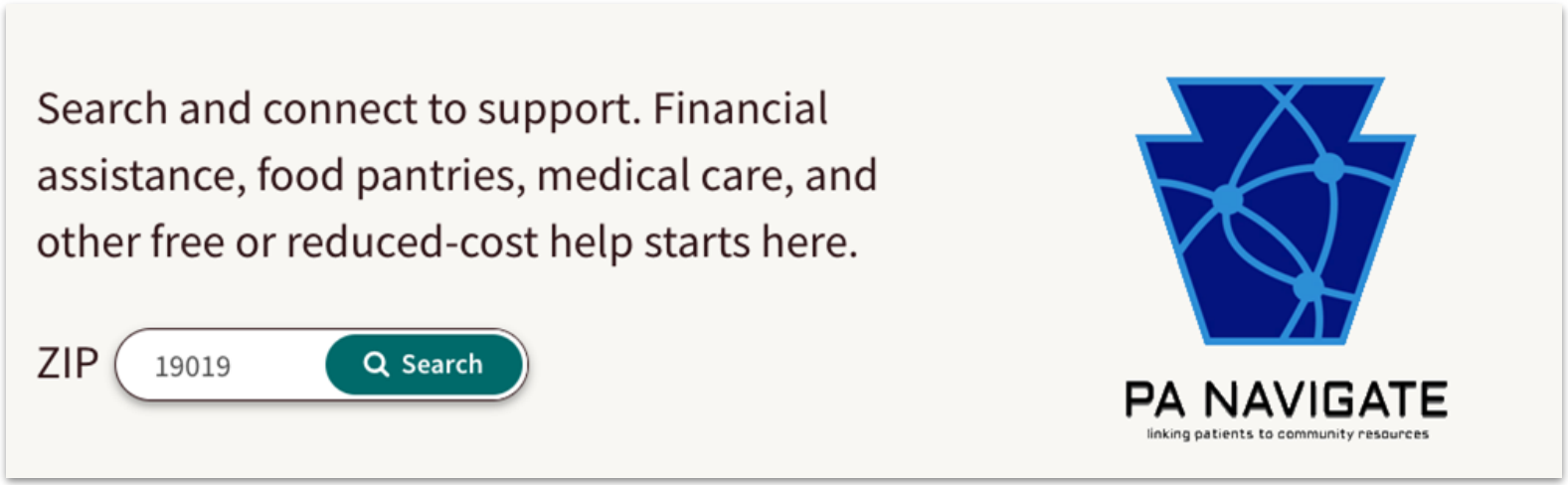
Reinvestment

- Project Based Operating Assistance - Dedicated upfront commitment toward a development in exchange for targeted set aside units or Landlord vouchers administrator monthly for the subsidized amount (PHFA)
- Master Leasing – at least five-year terms, can pay for the costs associated with subsidy amount (difference between 30% of income from contract rent) and admin costs
- Housing Contingency Funds – Flexible, tailored funds designed to help overcome housing-related barrier and ensure that consumers have the resources necessary to pay for the one-time costs associated with moving into permanent supportive housing.
- Housing Clearinghouse – Assessment, prioritization and referrals
- Housing Support may include Transition Coordination and Tenancy Sustaining Services provided by behavioral health service agencies to assist individuals in accessing PSH and successfully maintaining their housing.

Bridge Rental Subsidy Program

- Build relationships and partnership with Public Housing Agencies, may lead to other partnering opportunities around mainstream vouchers and PSH development.
- Provides tenant-based supportive housing for priority consumers while creating a structured link to a permanent rent subsidy through the Housing Choice Voucher program.

PA Navigate



PA Navigate is a collaborative effort among health information organizations (HIOs) and brings together multiple state agencies, counties, community-based organizations, health care entities, and social services providers. The new statewide community information tool connects Pennsylvanians with community-based organizations, county and state agencies, and healthcare providers, for referrals to community resources that help them meet their most basic needs like food, shelter, transportation, and more. PA Navigate also allows individuals to refer themselves for services and facilitates connection and communication between healthcare providers and community organizations.

Resources and Contacts

- DHS Housing (pa.gov)
- PA Health Equity Analysis Tool(PA HEAT)
- PA Navigate

Christina Shull, Housing Program Representative
chrshull@pa.gov

Stephanie Meyer, Special Assistant to the Secretary
stmeyer@pa.gov

PENNSYLVANIA HOUSING FINANCE AGENCY

Health for Housing Investments Program

Josh Shapiro, Governor

Robin L. Wiessmann, Executive Director & CEO

www.phfa.org

An Exciting Time for SH Funding Sources in PA!

Capital – PHFA Health For Housing Investment (HHI)

- Low Income Housing Tax Credits
- National and Local Housing Trust Fund
- State and Local Housing Finance Agencies
- Capital Campaign (private donations)
- Donated Land and Extended Use Leases

Services – DHS 1115 Medicaid Waiver Application

- Medicaid Waiver Services
- Medicaid Billed Services

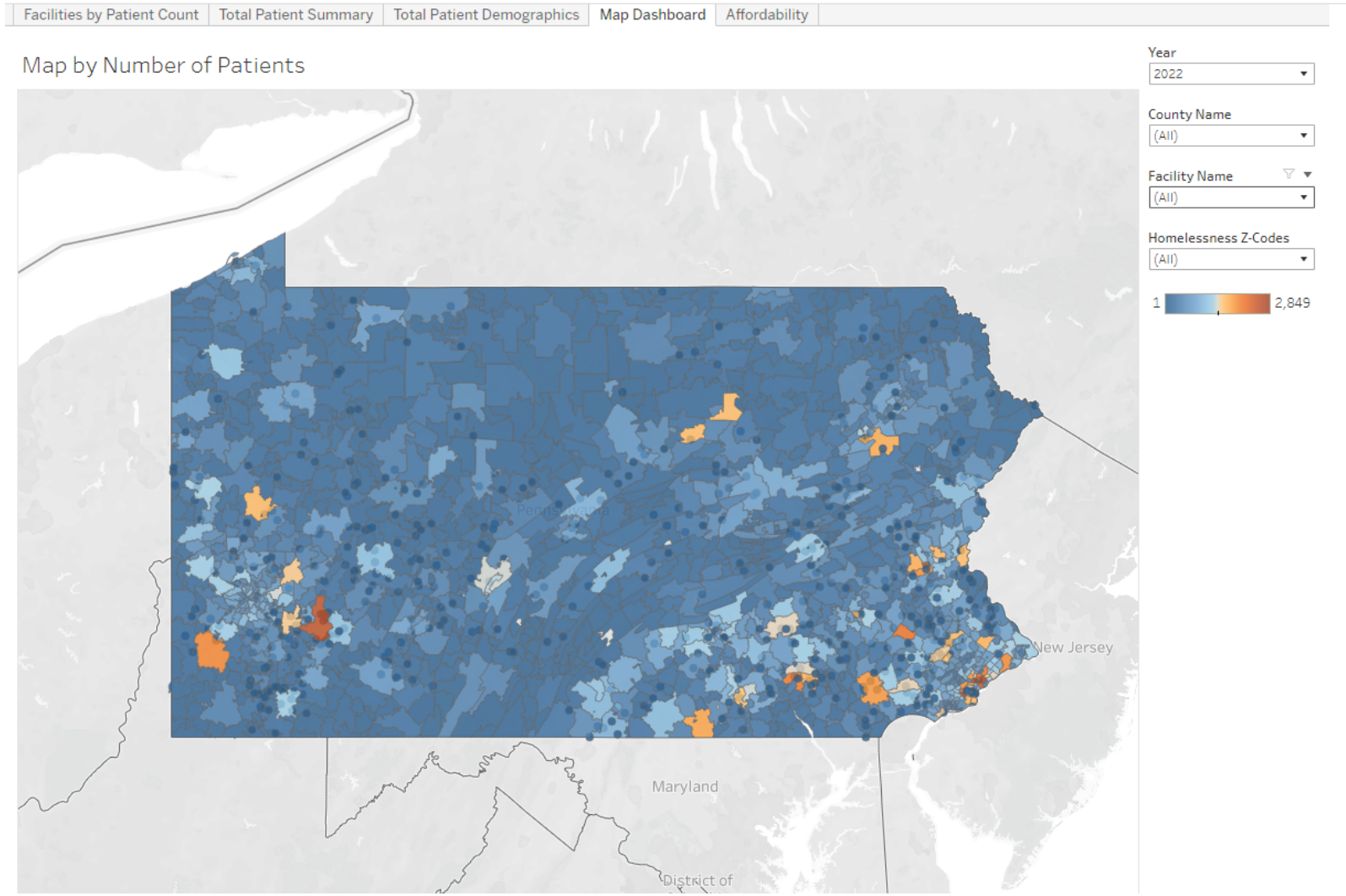
PHFA'S HEALTH FOR HOUSING INVESTMENT

Program began under the **H3C grant** and will be carried on through the **Health for Housing Investment Program** to support the development of partnerships with hospitals, health systems, and other health organizations to expand financing for affordable housing development and preservation.

Health for Housing Investment Planning Grant Work

- Held 5 Targeted Listening Sessions
- Convened Leaders from Statewide Advocacy Groups
- Completed Needs Assessment (publicly available dashboard)
- Coordinated Interagency Meetings
- Research and Collected Best Practices

Health and Housing Data Dashboard



HHI Strategies

Create Incentives for Health for Housing Projects across PHFA Programs

Coordinate Efforts with Gov Stakeholders/related programs

Convene cross-sector partners to build shared language, learn, and share info.

Develop online hub for statewide health and housing resources/efforts.

Increase PHFA's capacity to build Health for Housing as an area of expertise.

HHI Program Incentives: **LIHTC**

- Minimum one tax credit reserved - project must include **a capital investment** from a **health care entity**

Capital Contribution	Health Care Entity
• Grant • Loan • Debt • Contributions of land and/or existing structure	• Health care payers such as Medicaid managed care organizations and other insurers • Health providers such as hospital systems, and health conversion foundations

- The Agency may match the amount of the health care capital contribution up to a **maximum of $2M** for 9% LIHTC development and **$1.5M** for 4% LIHTC developments.
- Minimum capital contribution: $100k
- The Agency will match Land Donation of an amount up to 50% of the “as is” appraised value.

HHI Program Incentives: **PHARE**

- Health for Housing Investments Funding Priority
- Proposals must **include funding contributions from the participating healthcare entity towards the capital financing of the project**, in the form of a grant, loan, debt, or the contribution of land and/or existing structure(s).
- Only **New Construction and Rehab Projects** will be considered under this funding priority.
- The Agency reserves the right to **award additional funds to projects that fall under this prioritization category** as part of its Health for Housing Investment Portfolio.

Spring 2024 HHI Updates

- Received 9 Letters of Intent and **6 Applications for 9% LIHTC** under HHI.
- Wide variety of applicant types, size and type of health investment, health partner type, etc.
- No 4% or PHARE HHI Applicants – will be reviewing incentives for future rounds.
- Hosted first **PHFA Health and Housing Summit** in April, bringing together health and housing representatives for a day of learning and networking.
- Expecting to receive **additional outside investment** in addition to the $10M set aside by PHFA from PHARE.

What's Ahead for HHI

Expect first HHI LIHTC Award in this award round

PHFA's HHI Resource Page is in the works

We're building the HHI Pipeline

- Anticipate additional funding opportunities for HHI projects
- Have an idea? Potential Partner? Reach out to PHFA this spring to discuss next steps!

Program tweaks and updates

- Continuing to update the program as best practices develop – will make any necessary changes in the next QAP, PHARE Plan, etc.
- Have program feedback? Please reach out to discuss!

Scan for Updates!

QUESTIONS?

Health for Housing Investment Contacts

Amy Sechrist
Policy Officer II
asechrist@phfa.org

Bryce Maretzki
Director, Policy and Planning
bmaretzki@phfa.org

PHFA
PA HOUSING FINANCE AGENCY