



INTRODUCTION

CSH has a strong track record of partnering with government, providers, and philanthropy to shift public resources in a way that reduces burden on systems, reduces public costs and improves outcomes for people. Building off of our strong base of knowledge, expertise, and relationships, CSH is pursuing social impact investing in jurisdictions across the country – engaging with state, county, and local governments and creating and expanding partnerships with philanthropy, private investors, and supportive housing providers.

This document outlines:

- CSH's experience in designing and implementing interventions for the four groups of vulnerable persons with complex needs that are a particularly good match for social impact investment due to their current high cost to systems and potential to benefit from supportive housing—
 - Frequent or high utilizers of health or other crisis resources
 - Residents of health care institutions who prefer to live in the community
 - People exiting state prison with chronic health conditions
 - Families with high utilization of child welfare systems
- The scope and nature of CSH's involvement with states and localities across the country that are considering social impact investment for one or more of the target populations

CSH EXPERIENCE CREATING INITIATIVES FOR THE TARGET POPULATIONS

Supportive housing combines quality affordable housing with comprehensive support services and has a proven track record of helping people caught in a cycle of crisis system use to build stable lives in the community – resulting in reductions in recidivism, improved health outcomes, increased housing stability and community integration, and reduced child welfare involvement. Over the last several years, CSH has expanded and focused more of its efforts on the strong intersection between homelessness, incarceration, crisis healthcare, and child welfare involvement, particularly among people with behavioral health and other chronic health conditions. Supportive housing is also a proven and cost-effective alternative to institutional care. CSH has been increasingly supporting states' efforts to address the Supreme Court's *Olmstead* decision and provide persons who are residing in institutional settings with the option to receive housing and services in the community. CSH has designed, launched, and implemented initiatives across the country aimed at addressing the needs of these target populations. Outlined below are brief summaries of five initiatives, and the roles CSH played in their design, implementation, and execution.

Social Innovation Fund

CSH is leading a five-year national initiative to create innovative solutions at the intersection of supportive housing and healthcare. Backed by a prestigious federal Social Innovation Fund (SIF) award from the Corporation for National and Community Service, the initiative will result in a model of supportive housing linked to health services that saves public dollars and improves the lives of very vulnerable men and women. CSH has selected four teams of organizations who will use supportive housing integrated with care management, and primary and behavioral health to improve health outcomes while reducing public costs among individuals with complex health needs. To date, 308 people have been placed in housing through SIF with a housing retention rate of 95%. In addition to housing vulnerable homeless individuals, the initiative is facilitating systems integration between emergency health care, housing and homeless systems. CSH has played several key roles in the design and ongoing implementation of SIF, including:

- Creating the basic program model based on on-the-ground experience, and review and assessment of the national literature of what interventions were most effective in stabilizing homeless high-utilizers, improving their health, and reducing costs to public systems.
- Developing a detailed RFP and selecting the four sub-grantees.
- Securing dollar for dollar match funding from multiple funders.
- Providing ongoing one-on-one technical assistance and support to the sub-grantees.
- Selecting and overseeing a team of researchers to conduct a rigorous evaluation.

Frequent Users of Jail and Shelter: FUSE NYC

The New York Frequent Users of Jail and Shelter initiative (FUSE), which is a collaborative effort of CSH and the New York City Departments of Correction and Homeless Services, targets people caught in a revolving door of jails, shelters, and emergency health services and links them to supportive housing in the community. Housing and support services are provided by a network of proven, successful supportive housing providers, and financed through an array of housing and services programs. With more than 200 people placed by the initiative, the program has proven successful. An evaluation by Columbia University showed that compared to a matched comparison group, over two years post-housing, FUSE tenants had 40% fewer jail days, a 91% reduction in the number of shelter days, and a 50% reduction in psychiatric inpatient days – resulting in an average decrease of \$15,000 in each resident’s jail and shelter utilization costs over two years.

CSH played several integral and important roles in the design and implementation of FUSE, including:

- Convening and negotiating resource commitments in conjunction with agency leaders.
- Developing the program intervention and model, tailored to New York City.
- Securing and administering philanthropic grants to finance service enhancements.
- Identifying and providing technical assistance to the supportive housing providers.
- Securing resources for guiding and supporting the rigorous evaluation.

Frequent Users of Health Services Initiative (FUHSI)

FUHSI was a six-year, \$10-million joint project of The California Endowment, the California HealthCare Foundation and CSH. The Foundations created the Initiative to encourage innovative, integrated approaches to serving frequent users of public hospital services (including a significant focus on supportive housing) to stimulate the development of a cost-effective, comprehensive, coordinated delivery system for health and social services. Through strategic grant-making, policy reform, communications, technical assistance, capacity building, and evaluation, FUHSI realized a 59% reduction in emergency room expenses and a 69% reduction in hospital inpatient expenses over two years.

CSH played several important roles in the design, development, and execution of FUHSI, including:

- Identifying and recruiting an Advisory Committee to advise and oversee the initiative.
- Issuing the RFP for planning and implementation grants, and managing the selection process
- Providing oversight and training for project teams and ensuring their participation in evaluation.
- Providing financial oversight and monitoring for the projects
- Drafting and disseminating research findings and policy briefs.

Keeping Families Together and the Child Welfare and Supportive Housing Resource Center

Keeping Families Together was developed to test whether supportive housing—an intervention proven to keep homeless people with disabilities housed—could also be used to improve the safety, health and well-being of children at risk of foster care placement while keeping families intact. This pilot initiative was developed through collaboration between CSH and several New York City agencies, including Administration for Children Services, Department of Homeless Services, the Department of Housing Preservation and Development, and the Department of Health and Mental Hygiene. The Keeping Families Together evaluation showed that supportive housing decreased child welfare involvement, reunified families and prevented foster care among pilot participants. An evaluation of Keeping Families Together by Metis Associates shows a collective cost offset in crisis systems of \$1,866,592 over two years, or \$64,365 per family.

Based on this successful pilot, a federal demonstration—Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families with Child Welfare Involvement—was developed that will further test the model in five sites over five years. CSH is providing technical assistance to the grantees through The Child Welfare and Supportive Housing Resource Center, a joint effort between CSH and Center for the Study of Social Policy (CSSP). The Resource Center provides and coordinates tailored, one-on-one expertise and services to help meet each site's needs.

CSH has played and continues to play a number of key roles in the Keeping Families Together pilot and subsequent federal demonstration, including:

- Convening city and state agencies to facilitate the design and the management of the initiative.
- Working with city agencies to identify target families to be served
- Assisting in securing the necessary housing and support services.
- Identifying and providing technical assistance to the participating organizations.
- Advising on the evaluations of both the initial pilot and the federal demonstration project.

Illinois Division of Mental Health, Olmstead Compliance Support

Since 2008, CSH has been under contract with the Illinois Division of Mental Health (DMH) to support their efforts to expand the availability of permanent supportive housing for persons with serious mental illness. CSH's work has been multi-faceted including supporting the design and implementation of the DMH Permanent Supportive Housing Bridge Subsidy Initiative, providing training and technical assistance to stakeholders interested in creating supportive housing, and assisting DMH in its efforts to comply with two Olmstead-related consent decrees. Since its inception in 2008, nearly 2000 persons who were experiencing homelessness or inappropriately housed in institutional settings have been housed through the DMH Permanent Supportive Housing Bridge Subsidy Initiative. As a part of this effort, CSH has supported DMH in connecting persons who were residing in large institutions known as IMDs and who are class members through the Williams v. Quinn consent decree with community-based housing. As of November 2013, 774 class members have been housed, exceeding the target established in the consent decree.

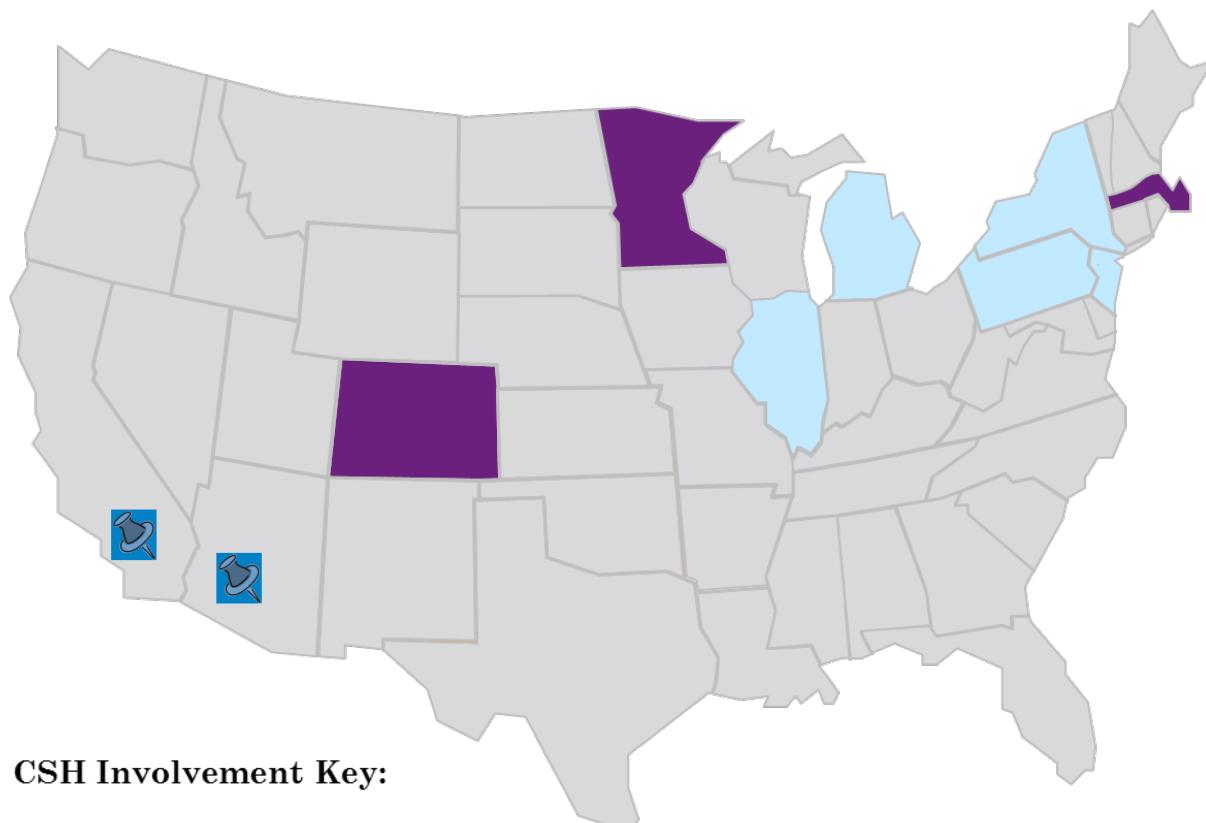
CSH has played and continues to play a number of key roles in support of efforts to provide supportive housing to DMH-connected persons with serious mental illness in Illinois, including:

- Connecting DMH with other state and local agencies and stakeholders to foster collaboration on policy goals and joint initiatives.

- Providing training and one-on-one technical assistance to developers, property managers, and landlords and service providers creating housing for the target population.
- Directly supporting organizations providing transition coordination, tenancy supports, and ongoing support services such as Assertive Community Treatment to persons in supportive housing.
- Developing and implementing additional supportive housing models for the Williams Consent Decree portfolio to maximize the number of community-based transitions.
- Creating and overseeing the DMH Online Data System for the Bridge Subsidy Initiative.
- Creating, administering and analyzing consumer satisfaction surveys.

Overview of CSH Involvement in Social Impact Investment

CSH is currently actively engaged in conversations with elected and senior-level officials and various stages of requests for information and proposal responses with 10 states and localities. This map and accompanying table outline the scope of CSH involvement social impact financing efforts related to supportive housing across the country.



CSH Involvement Key:

- Preliminary conversations
- Technical Assistance/Feasibility
- Named partner in ongoing SIB effort

CSH's Involvement in Social Impact Investment			
Location	Status	Details	
Maricopa County, Arizona	Technical Assistance/Feasibility		<ul style="list-style-type: none"> • CSH has been providing technical assistance to the Valley of the Sun United Way in Maricopa County as the community evaluates the potential to employ social impact investments to expand supportive housing opportunities in Maricopa County, targeting people who are high utilizers of county-financed services.
Colorado	Named partner in ongoing SIB effort		<ul style="list-style-type: none"> • In June, 2014 Mayor Michael B. Hancock announced Denver's plan to connect hundreds of chronically homeless individuals with supportive housing and intensive case management by engaging in one of the first city-led Social Impact Bond programs in the country. CSH is a partner in this effort with the city, Social Impact Solutions, and Enterprise Community Partners.
Federal, Treasury Department	Responded to RFI		<ul style="list-style-type: none"> • CSH responded to the RFI issued by the Treasury Department on December 20th.
Illinois	Preliminary conversations		<ul style="list-style-type: none"> • CSH is pursuing conversations with key staff to promote an RFP that would include supportive housing, particularly around the State's Olmstead consent decrees.
Los Angeles, California	Technical Assistance/Feasibility		<ul style="list-style-type: none"> • Funded by Hilton, CSH is revamping its "Just in Reach" initiative, looking at health system components, and getting commitments from the county in order to lay the groundwork for a Pay for Success initiative.
Massachusetts	Named partner in ongoing SIB effort		<ul style="list-style-type: none"> • CSH is providing strategic advice to the Pay For Success (PFS) contract effort focused on chronic homelessness in partnership with the Massachusetts Housing and Shelter Alliance, United Way of Massachusetts Bay and Merrimack Valley and Third Sector Capital Partners.
Michigan	Preliminary conversations		<ul style="list-style-type: none"> • CSH responded to the state's RFI. The state has issued one RFP focused on maternal and child health. The state is expected to issue additional RFPs.
Minnesota	Named partner in ongoing SIB effort		<ul style="list-style-type: none"> • CSH is the named intermediary for a Pay for Performance Pilot focused on supportive housing for persons currently residing in institutional settings who could transition to the community and is in ongoing conversations with the State to finalize the details.

CSH's Involvement in Social Impact Investment			
Location	Status		Details
New Jersey	Preliminary conversations		<ul style="list-style-type: none"> With its partner, Center for Healthcare Strategies (CHCS), CSH had a preliminary meeting with key staff from the Division of Mental Health and Addiction Services regarding the potential use of social impact investment for Olmstead populations.
New York	Preliminary conversations		<ul style="list-style-type: none"> With CHCS, CSH conducted meetings with key Medicaid staff to discuss SIB potential for purposes of Olmstead compliance. The New York State Olmstead implementation plan released in October 2013 provides some impetus for this effort.