Forging New Partnerships: Housing & Healthcare

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HOUSING ACTION ILLINOIS HOUSING MATTERS! CONFERENCE 2019

OCTOBER 24, 2019



PEOPLE WHO ARE HOMELESS ARE PEOPLE FIRST



OUR Vision the end of homelessness

OUR Mission to transition people from housing crisis to housing stability



OUR History and Background

Started in 1992 in the communities of Oak Park, River Forest and Forest Park as a grassroots organization.

Formal shift from a shelter "crisis response" to a housing focus in 2009.

Changed name to Housing Forward in 2015.

- > FY18 budget \$7m
 - Largest provider of scattered-site supportive housing in Suburban Cook County.
 - Leading change with Coordinated Entry (regional) and the Oak Park Homelessness Coalition (locally)

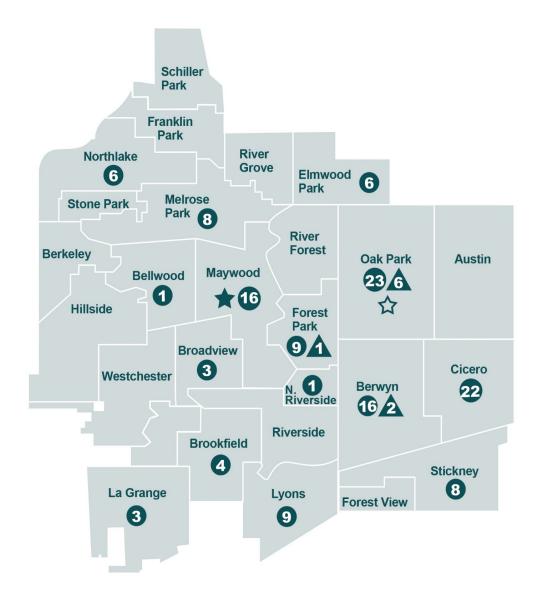


Client-centered services delivered with dignity and respect

OUR Values

- Collaborative relationships
- Open communication and information sharing
- Community support
- Integrity, passion, perseverance and the pursuit of excellence in our work





SERVICE AREA 20+ communities in West Suburban Cook County





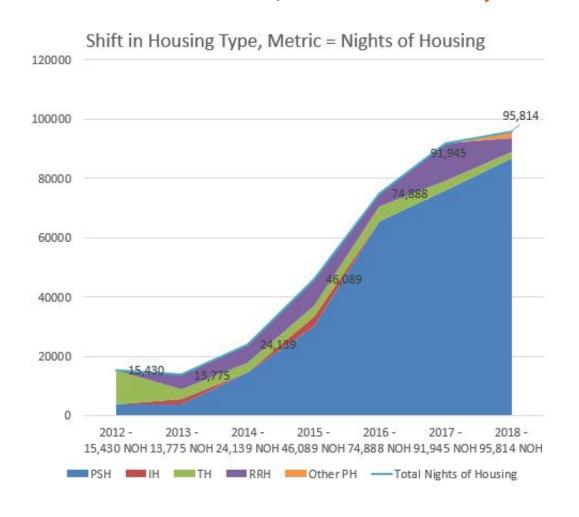


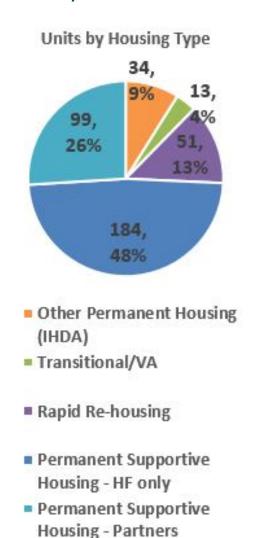




Supportive Housing

In 2018, 378 housed; 216 PSH units, 58 rental units







Healthcare @Housing Forward:

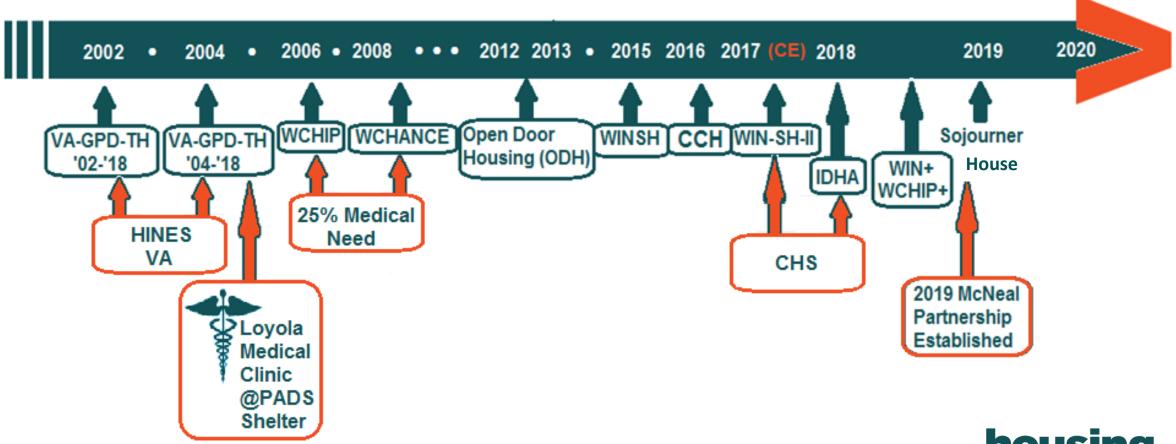
A TIMELINE

- Medical Clinic @ PADS Shelter
- WCHIP Partnership Funded
- WCHANCE Partnership Funded
- 2011 ODH Supportive Housing Funded
- WIN Funded
- WIN II Funded
- 2019 McNeal Partnership Established

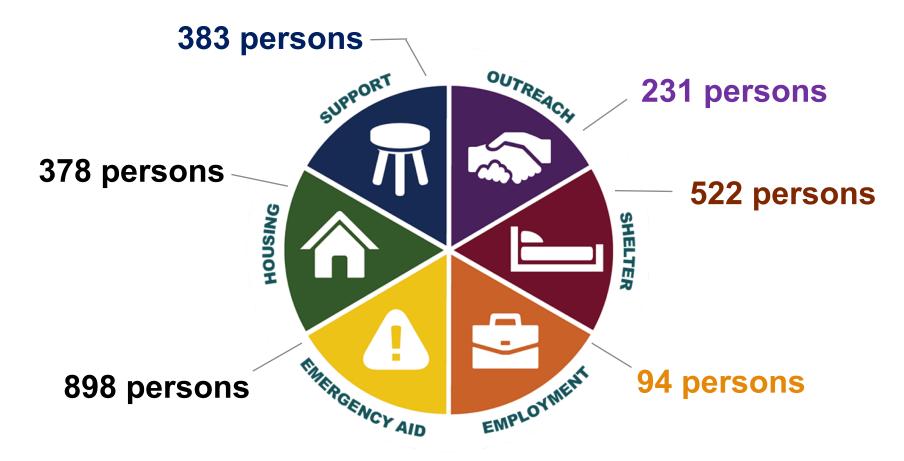




Healthcare @Housing Forward:



Programs & Services

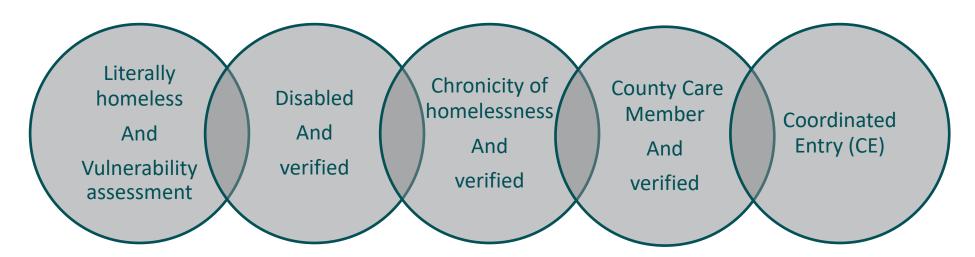




Health and Housing INITIATIVE



- PRIORITY POPULATIONS:
 - Persons with complex health conditions
 - co-occurring mental illness
 - justice-involved
- Address housing broadly as a preventive approach to stable health.
- **Engage high-cost, super-utilizers** as needed, but not as primary focus
- Focus on meeting long term housing needs





Who are super-utilizers?

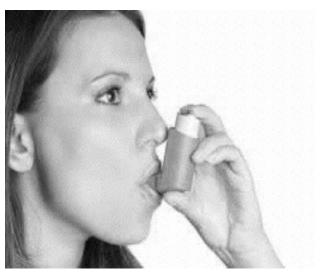
"The term "super-utilizer" describes individuals whose complex physical, behavioral, and social needs are not well met through the current fragmented health care system. As a result, these individuals often bounce from emergency department to emergency department, from inpatient admission to readmission or institutionalization — all costly, chaotic, and ineffective ways to provide care and improve patient outcomes."

Source: Hasselman, Diane; Center for Health Care Strategies, October 2013. "Super-U-lizer Summit: Common Themes from Innova-ve Complex Care Management Programs"













HOUSING + HEALTH Initiatives

WIN ('15,'17)

IHDA (18)

- PROGRAM MODEL Permanent Supportive Housing (PSH)
- FUNDER HUD/CoC funded (federal), IDHS (state), CCH (local)
- PROGRAM MODEL Long-term Rental Assistance (no services)
- FUNDERS IHDA (state), CCH (security deposits)
- PARTNERS BEDS, SS PADS, Cook County Health





- PROGRAM MODEL Interim Housing
- FUNDERS Village of Oak Park, Oak Park Township, Community Mental Health Board, Foundations (local)
- PARTNERS OPHA, MacNeal/Loyola

FLEXIBLE HOUSING POOL

- PROGRAM MODEL Housing Subsidy + Tenancy Services
- FUNDERS public/private partnership
- PARTNERS Center for Health and Housing, Cook County Health



Healthcare@Housing Forward

WIN Supportive Housing
HUD Funded

Center For Housing And Health Better Health Through Housing

HF - Housing Partner2 Participants

WIN Supportive Housing II
HUD Funded

Cook County Health System

High Utilizers

County Care Members

Additional Partners

Beds Plus

South Suburban Pads

33 Units



Healthcare@Housing Forward

Illinois Housing Development Authority

Cook County Health System

State Housing Program

No HUD Requirements

Income Based/Long-term

County Care Members

Additional Housing Partners

Beds Plus/South Suburban Pads

31 Units

Sojourner House

HF + New Medical Partners

Loyola Health/McNeal Hospital

Transition/Respite Model

3 Secured Units

90 day cap

Oak Park Housing Authority,

5 Units/Family Coach House



Center For Housing And Health

Healthcare@Housing Forward

Flexible Housing Pool

Goal – 750 housed

HF – Case management Partner

2 case managers/20 households each

Teamed with Multiple Partners





Healthcare@Housing Forward

Linda's Story

Linda was 50 and had been living in an unattached garage for 4 years when her chronic lung condition sent her to the emergency room. The hospital social worker connected with Housing Forward's Street Outreach & Engagement team to see if Housing Forward could help her.

Our Street Outreach Specialist, Jennifer, went to the garage where she was staying to discuss her situation. She learned Linda was living in the garage of her boyfriend's mother, and they were opposed to their relationship and didn't know she was living in there. There wasn't heat other than from a portable heater, she was cooking on a hotplate and mostly food from a can, and she needed oxygen in which to breathe because of her lung condition. She had also been sleeping on cinder blocks layered with blankets for warmth and comfort.

That was in December and by February, with the help of the Housing team at Housing Forward, Linda moved into her own apartment. She recently went back to her doctor and because of her new living conditions her health has improved enough that she no longer needs the oxygen machine and her blood pressure is now under control as well. Her next goal is to get a membership at the local YMCA to renew her love of swimming.

Her case worker, Tiffani, says "Linda is always smiling, regardless of what she is going through. She is so thoughtful, too. She has the use of her boyfriend's car one day of the week and offered other Housing Forward clients a ride to our housing tenant meeting when they were unable to come on their own. She is so grateful to Housing Forward for how her life has changed."



Medical Partners:

Housing Forward Healthcare Partners:















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Thank you!

