

Health and homeless systems partnering to boost organizational capacity

Overview of this strategy

Acknowledgement of the central role that housing and other health-related social needs have on health has shown up in healthcare in very tangible ways over the last decade, from a cadre of [state level](#) efforts to expand Medicaid and [break down silos](#) between state health and housing providers to new [Joint Commission requirements](#) for assessing social needs. Health systems themselves have invested an estimated \$1.6 billion dollars between 2017 and 2019 on housing interventions (Valasquez and Sandel, 2023). However in a post-COVID world, many hospitals still face uncertainty around their long-term financial well-being (Li, Al-Amin, & Rosko, 2023), and some have called into question sustainability or efficacy of using hospital funds for housing (Gondi, Beckman, & McWilliams, 2020).

A joint partnership across housing and health systems to boost each other's organizational and system-wide capacity may offer a more sustainable framing. Organizations can bolster overall capacity through coordinated rather than duplicative or siloed efforts and by enabling access to previously unavailable or inaccessible financial or nonfinancial resources.

The power of individual stories in understanding the other system

"For our community, it was really moving away from talking about the system level and talking about individual stories: about what a social worker in the hospital experiences versus what an outreach worker experiences.

It really helped shine the light on how difficult each side feels it. It's easy to think, 'You're the hospital, you have so many resources' or 'This is your job as homelessness prevention and response.' Removing all of that and talking about individual helped reveal the heart of it all: We have the same goals, and that's to care for every individual."

- Healthcare x Homelessness participant, Homeless response system representative

Examples of partnership in the pilot to bolster organizational capacity, by domain

Domain of capacity (Nordin et. al, 2022)	Tactic or change idea	Select examples from the pilot
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<p>Human resources</p>	<p>Hiring or re-assigning liaisons, navigators, or clinical staff to work across the system</p>	<p>Health systems in Sacramento and Anchorage piloted different approaches to setting up ED navigators or hospital liaisons to link hospital patients to the broader system of care. Both communities are on their second round of pilots to find a model to work for their context.</p> <p>Three new positions at the Sacramento CoC lead agency were funded by the health systems to ensure adequate capacity for system-level improvements (see "management capacity below.")</p> <p>In Bakersfield, sectors worked together to stand up vaccine clinics at local congregate shelters</p>
<p>Financial resources</p>	<p>Use of community benefit funds; place-based investments; facilitating other partners and local businesses to invest</p> <p>Support Medicaid enrollment & redetermination</p>	<p>In Sacramento, a Funders Collaborative was seeded with an initial commitment of \$1M over three years from each health system to attract and align public, corporate, health system and philanthropic investments with the shared goal of reducing homelessness in the county. Health systems are agreeing to fund initiatives from Sacramento's Local Homeless Action Plan that was developed with SSF (the CoC), city, and county.</p> <p>5 health plans in Sacramento strengthened a NOFO application by committing financially to matching part of the funds received</p>
<p>Infrastructure capacity</p>	<p>Repurposing underused facilities for housing, clinical services, or office space</p> <p>Providing key services required for holistic system of care</p>	<p>In Chattanooga, a community partner repurposed a former HIV/AIDS care center to provide space for respite care</p> <p>In Anchorage, Providence donated office space for the CoC</p> <p>In Bakersfield, new recuperative care beds and improved coordination between systems aims to decrease inappropriate discharge of homeless clients</p>
<p>Management capacity</p>	<p>Marketing and communication; data analysis; grant writing; convening of stakeholders</p>	<p>Investment from the Health systems in Sacramento bolstered the capacity of the CoC to conduct case conferencing, performance improvement, provide core support for funders collaborative, and marketing/PR campaigns</p>

Organizational learning	Engaging people with lived experience; education and staff training;	In Washington County, Providence provided support to housing providers to understand and navigate health services and health plan benefits
Innovative capacity	System-level coordination and strategic planning; access to systems, resources and partnerships previously unavailable to the organization	In Sacramento, the CoC lead agency provided a gaps analysis to focus and align local improvement efforts around a data-informed Local Homeless Action Plan

Impact & evidence for this strategy

Boosting capacity of the HRS is likely to boost outcomes in these areas:

- Degree of system coordination - can help align the two systems and begin to close gaps in the holistic system of care
- Depending on the specific capacity targeted, other individual and population outcomes may be improved as well.

Resources and tools for implementing this strategy

- American Hospital Association report on [Community Investment for Health: Findings from Six Health Systems Investing in Affordable Housing](#)
- The Healthcare Anchor Mission Network description and resources around [pillars](#) of an anchor institution, including place-based investing and leveraging philanthropy

Practical advice from the field

Pilot sites expressed that sustaining these partnerships to boost capacity into the future would be somewhat easy as they had successfully built commitment and knowledge that no one sector can do it alone. However health systems representatives from a couple sites expressed questions about sustainability and scalability of staffing arrangements and questioned whether policy changes would be necessary to continue to do system level work.

Some of the enabling conditions referenced by sites for partnering to boost organizational capacity were:

- Having a common vocabulary - "get rid of acronyms so we know what we're saying to each other!"
- Trust and open communication to build commitment and prioritization from both sides.
- A strong gaps analysis, preliminary data, and vision from CoC lead agency helped

shift the focus to system level strategy, investments and sustainability instead of programmatic work

- Precedence of joint funding among health systems.

Tactics & change ideas

- Before providing a new service, look at funding/scaling capacity of potential partners which may already be experts in the space
- Add to the community-wide mechanism for multi-stakeholder flexible funding, with the purpose of incentivizing achieving and sustaining an end to homelessness
- Develop internal policy and practice to align allocation of Community Benefit, foundation, and/or Corporate Social Responsibility funds to strategic goal of eliminating chronic homelessness

Other bright spots and examples from the field

- Boston Medical Center housing stabilization and eviction control [investments](#)
- Case studies of health system community investment programs are available from the Healthcare Anchor Network:
 - [CommonSpirit Health Community Investment Program](#)
 - [Kaiser Permanente Thriving Communities Fund](#)
 - [Trinity Health's Community Investment Program](#)
 - [UMass Memorial Health Care Community Investing Program](#)

References:

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