Housing Is Health Care: A Case Study of Housing Development at an HCH Program

Health Care for the Homeless (HCH) programs and other health centers have long understood that many issues outside the exam room will influence health care outcomes. Housing status, income and employment, access to nutritious food, and other factors have a direct impact on heath and overall well-being. With recent mainstream attention to the "social determinants of health," a growing number of health centers, frustrated by the lack of affordable housing options for their lowest-income clients, have prioritized housing as an integral component of the health services they provide.

Founded in 1984, the Colorado Coalition for the Homeless (CCH) provides a powerful example of a federally qualified health center that has successfully engaged in housing development and supportive housing services as important components of its core mission for more than 30 years. This case study describes how CCH organizes, plans, and funds its housing development work while also integrating health care and supportive services for residents of the units it has developed. While CCH operates a full continuum of heath care services and housing-related programs, the focus of this review is on the organization's site-based housing development, property management, and integrated supportive services. Other organizations working at the intersection of homelessness and health could learn much from CCH's leadership and example.

Colorado Coalition for the Homeless & Renaissance Housing Development Corporation

CCH is a comprehensive health center with a budget of $60 million that funds 575 staff positions, five clinical service sites, and 20 housing developments. In 2016, CCH saw over 13,000 patients: 91% were homeless, 92% lived below poverty, and 23% were uninsured.[1] The agency operates Denver's Homeless Management Information System (HMIS), as well as serves as the lead agency for the Coordinated Entry System for Families in Denver, and the Continuum of Care (CoC) lead for the seven counties outside Denver (the "Balance of State").

Renaissance Housing Development Corporation (RHDC) is a wholly owned, non-profit subsidiary of CCH comprised of six staff dedicated to housing development. Renaissance Property Management Corporation (RPMC) is a CCH subsidiary that provides property management for the 20 CCH developments. CCH and its non-profit subsidiaries work together, with some shared staff and Board members and a shared President to ensure mission alignment.

Leadership Structure for Health and Housing

Senior leadership at CCH reflects a commitment to both health and housing. The President and CEO simultaneously leads the health center, secures funding and support for housing, and negotiates legal contracts. A Chief Real Estate Officer (CREO) oversees land acquisition, property development, and property management. Property managers, security and maintenance staff of the housing sites are employees of RPMC. A Chief Operating Officer oversees a wide range of service areas, including integrated primary and behavioral health care management, various housing residential services and other homeless client services programs. Within the housing programs, residential services teams coordinate care for households living in single site housing owned by CCH and RHDC, and Assertive Community Treatment (ACT)/Housing First teams provide intensive services to clients in both single site and scattered site housing. A new single-site building for 100 ACT clients is opening in 2018 (see Project Highlight on page 10).

Developing Housing: Funding Capital Projects

CCH has an extensive portfolio of properties, a flexible approach to financing housing development, and a continual process that has multiple projects in development at any given time.

Development Portfolio: Since 1990, CCH and RHDC have developed 1,684 housing units in 16 buildings that contain supportive housing dedicated to individuals or families who are homeless combined with mixed-income, affordable units and in some cases retail, program offices and/or health care facilities:

1. Forest Manor Apartments (1990, 86 units)
2. Forum Apartments (1996, 100 units)
3. Renaissance at Loretto Heights (1997, 76 units)
4. Renaissance at Concord Plaza (1998, 76 units)
5. Renaissance Off Broadway Lofts (2001, 81 units and program offices)
6. Renaissance Blue Spruce Townhomes (2003, 92 units)
7. Renaissance at Lowry Boulevard (2003, 120 units)
8. Renaissance at Civic Center Apartments (2004, 216 units)
9. Renaissance at Xenia Village (2006, 77 units)
10. Renaissance 88 Apartments (2007, 180 units)
11. Renaissance Riverfront Lofts (2009, 100 units)
12. Renaissance Uptown Lofts (2010, 98 units above retail and program offices)
13. Renaissance West End Flats (2012, 101 units above retail and West End Health Center)
14. Renaissance Stout Street Lofts (2014, 78 units above Stout Street Health Center
15. Renaissance at North Colorado Station (2015, 103 units)
16. Renaissance Downtown Lofts (2018, 100 units)

Development Financing: The development costs for the housing and service projects are funded using a combination of Federal Low Income Housing Tax Credits (LIHTCs), Private Activity Bond (PAB) Tax Credits, New Market Tax Credits, federal, state and local grants and loans, foundations grants, and occasionally CCH fundraising. Operational costs are provided through tenant rents (set at 30% of adjusted gross income for those with rental assistance) and federal, state, and local housing vouchers. CCH generally does not utilize (or only carries minimal) permanent debt on any project. Each building is controlled by CCH via subsidiary corporations and limited partnerships and maintained by CCH/RHDC. Colorado does not currently have a housing trust fund that reserves funding for affordable housing. Instead, various agencies solicit proposals for projects, including Colorado Housing Financing Authority (CHFA – tax credits and a variety of loan sources), Colorado Division of Housing (DOH – Federal pass-through and State funding), and local municipal programs (Federal pass-through and dedicated housing grant funds).

> *"We make this happen more by will than by any specific funding formula—maintaining the will and drive is the key to getting projects online."*
>
> ~ Bill Windsor, Chief Real Estate Officer, CCH

Development Process: CCH/RHDC maintains a three-phase pipeline development process in order to efficiently move from land acquisition to project financing and design, and ending with construction and leasing of the development. Land acquisition, due-diligence and design costs are funded by a mix of CCH equity, bank line of credit, and/or a bridge loan (a short-term loan that allows time to arrange for longer-term financing). While this requires an upfront investment, it allows CCH to quickly start construction upon closing of the Tax Credit Partnership (and grants) that were negotiated during the financing phase. The partnership closing provides investor equity and construction financing to reimburse CCH equity, pay-off its line-of-credit financing, and the bridge/acquisition loans. As a non-profit, CCH/RHDC receive a waiver from paying state sales taxes, which reduces construction costs. Local property taxes are either reduced or eliminated based on the percentage of residents who are homeless, extremely low income, elderly or

disabled based on state law. An alternative mechanism for achieving property tax exemption is adding a local Housing Authority as a special limited partner in the tax credit partnership.

Table 1 lists the funding sources RHDC uses to finance the capital development of its buildings. There is no "model" or standard formula that CCH uses to finance capital projects—each new initiative is a unique combination based on available funding and community partners. As acquisition and construction costs increase, CCH has had to become more creative in its financing structures to meet the needs of homeless and very low-income tenants. Because of the diversity of state and local funding partners, those in other states looking to develop housing should become familiar with their own state and local funding opportunities (which will vary widely).

Table 1. Funding Sources for Capital Development

Level of Funding	Program	Notes
Federal	Low Income Housing Tax Credits (LIHTC)	Federal funds allocated to state and local housing authorities to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households. LIHTCs and the allowable developer fees are the largest single financing source for RHDC's housing projects—accounting for at least 50% of total capital costs. *(See Funding Highlight below.)*
State	Colorado Housing Investment Fund (CHIF)	The CHIF funds can be used two ways: 1) short term, low interest loans to bridge the long-term permanent financing sources (a portion of loan may remain in the project as permanent debt) and 2) short term loan guarantees for new construction and rehabilitation.[2]
State	Colorado Division of Housing (DOH) Housing Development Grant (HDG) Loan	HDG provides funds for acquisition, rehabilitation, and new construction through a competitive application process to improve, preserve or expand the supply of affordable housing; to finance foreclosure prevention activities in Colorado, and to fund the acquisition of housing and economic data necessary to advise the State Housing Board on local housing conditions.[3]
City	City of Denver, Office of Economic Development (OED) forgivable loan	Loan that may become a grant that does not need to be paid back if all requirements of long-term affordability are fulfilled.
Local Partners	Federal Home Loan Bank - Affordable Housing Program (FHLB-AHP)	AHP grants are awarded through a competitive application process to bank members working with housing developers or community organizations to create rental or homeownership opportunities for lower-income households.[4]
Other	CCH Acquisition Loans: internal loan to bridge gap in funding when needed Deferred developer fee: reinvestment of a portion of a developer fee, which is paid back through cash flow within ten years.	

Obtaining funding to cover the acquisition and construction of a housing development is only the first hurdle in developing a successful supportive housing development. Even if a building is 100% funded through tax credits or grants, it costs an average of $6,000 to $8,000 per unit per year ($500 to $666 per month) to operate the property, including property management, security, utilities, and maintenance. While this may provide an affordable rent to a household at 50% or 60% of the area median income, for most homeless households, it is more than they can afford.

Project-based housing subsidies, through Section 8, Section 811, or Continuum of Care funding, can offset the difference between the cost of operations (and debt service if any) and the ability of a household to pay rent based on 30% of their income. In some cases, mixed income developments provide a scenario whereby those who can pay higher rents offset the rents of those with more limited incomes.

Funding Highlight: Low Income Housing Tax Credits (LIHTC)

Created in 1986 and administered through the Internal Revenue Service, the LIHTC is the largest source of affordable housing funding in the U.S. The program provides a tax reduction, which encourages private capital investment in affordable housing projects that support low-income households. Federal Tax Credits are allocated annually to a designated housing finance authority in every State. The total annual state credit allocation is determined by a credit-per-person value, multiplied by the state's population. Tax Credit allocations are issued to developers who successfully navigate a competitive application process defined by the State's Housing Authority criteria [known as the Qualified Allocation Plan (QAP)]. Organizations that receive a Tax Credit allocation can then "sell" the tax credits to an investor entity that will partner with the developer in the development of a low-income housing project. To qualify for a credit, a project must meet requirements for a certain percentage of units to be available at specific area median income levels, and the applicant must accept a long-term Land Use Restriction Agreement (LURA) that enforces affordability for a specific period of time.[5] As of 2015, 45,905 projects containing 3 million housing units have been completed using the LIHTC, growing by about 100,000 units annually.[6] Because stable, affordable housing contributes to better health for residents, LIHTC-funded projects help low-income households better afford healthy food, needed health care, prescription drugs, and other vital services.[7]

Planning Projects: A Comprehensive Process

A great deal of time is spent planning new buildings. Finding a piece of land that is available for sale and conducive to development is the primary step. RHDC usually obtains land before seeking financing for construction. However, once the land is purchased, a number of steps need to happen, including making the applications for funding; getting resident, staff and community feedback; and ensuring sustainability (see Table 2).

Table 2. Key Steps When Planning for New Housing Developments

Key Steps	Lessons Learned
Project planning	- A project generally needs two to three years to move from acquisition to the start of construction. 70-110 units per building generally works best to maximize fixed costs of building management plus ability for service team to meet needs (100 units is ideal). Final number of units is balanced together with costs/financing. - Target population for units will influence unit size and types and level of services needed (e.g., family size, level of vulnerability, income level, etc.). - Studio units work well for transitional populations, as they are the easiest to manage for the most vulnerable coming directly from the street or special programs such as drug/alcohol treatment. - Family units (2- and 3-BR) take more space and have higher costs than single units (studio and 1-BR) have and can affect the number of floors or total square footage of the project. - Local zoning and project funding requirements may dictate parking spaces needed, which can limit project size due to cost and/or the size of the site. Homeless housing developers have a good chance of successfully petitioning for parking reduction, as many people experiencing homelessness do not own vehicles. - Generally, new construction tends to be less expensive than substantial renovation of an existing structure (depending on the amount of renovation needed). Purchasing land that has unusable structures adds demolition costs to the project but will often be lower cost overall due to lower land values. - Land with usable but outdated buildings can sometimes be used for services or transitional housing during the time between land acquisition and re-development.
Client & staff involvement	- Talk with current residents, case managers and property management staff in existing projects about what works and what does not work before drawing up initial designs on a new development. - Integrate feedback loops as project evolves through design and construction. - Obtain input after move-in to ensure continual improvement in existing and future projects.
Community involvement	- Attend local community resident/neighborhood meetings early in design phase and build relationships throughout life of the project; continue attending meetings as a vested neighbor and community member (i.e., highly visible property managers). - Bring designs and photos of the planned building, introduce key members of the Property Management and Program Management teams, and conduct tours of similar projects if possible. - Include community meeting spaces in building design to facilitate the needs of both the residents and the community. - Build a reputation as a good neighbor with transparency and responsiveness to concerns. - Plan to address public misconception that a shelter is being built. Permanent supportive housing is the solution to most of the issues neighbors fear (i.e. loitering). Focus on adding attractive, affordable permanent housing to the community. - Identify representatives in the community to become members of a community design review committee to give feedback on designs; meet monthly with this group to update on progress and answer questions. - Be proactive in addressing issues of crime and safety in the community; partner with police to discuss area crime and dispel myths that may exist about residents.

Key Steps	Lessons Learned
Project sustainability	• To maximize housing production and maintain capacity of the development team, attempt to have one project under acquisition, one under design development and financing, and one under construction at all times. • High demand for federal tax credits can lengthen the time before funding is fully identified, driving up development costs (low-interest loans can help offset holding/carrying costs & other fees). • Projects should be designed to be self-sustaining, have little to no permanent debt (to the extent possible), and dedicate cash flow to fund services. • Obtain project-based housing vouchers through public housing authorities (Section 8) or Continuum of Care (CoC) funding to ensure that even those with no income can afford to live in the development.

Designing Projects: A Continual Improvement Process

Each new project incorporates lessons learned from prior projects. Residents, staff, community members, and other stakeholders are all involved in focus groups and other feedback loops so there is a continual process of improving the design of new buildings. Table 3 contains examples of the kinds of partnerships, aspects of physical structures, and areas of possible negotiation that have proven effective to incorporate more systematically.

Assessing Need and Aligning Services

The Metro-Denver Continuum of Care (CoC) is a regional system that coordinates HUD-funded services and housing for people experiencing homelessness (to include prevention/diversion, transitional housing, rapid rehousing, and permanent supportive housing). The CoC is led by the Metro Denver Homeless Initiative, which contracts with CCH to coordinate services for families (another service provider has the contract for individuals and youth).[8] To evaluate supportive housing eligibility, providers in the Denver area use the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) to assess vulnerability and determine service needs. No tool is able to do this perfectly, hence client assignments to housing programs and services sometimes need to be adjusted. For clients served by CCH, efforts are made to assign higher scoring clients to ACT teams and those who score in the mid-range to residential services.

> *"Integrating health care and housing makes a difference in the lives of those we serve and creates lasting solutions to homelessness, not just in Denver, but across our nation."*
>
> – John Parvensky, President & CEO, CCH

Delivering Services: Supporting Clients in Housing

CCH supports clients in both single site housing projects and scattered site placements through a range of service programming models. Client needs (and funding sources) help determine the team and housing model most appropriate for the client. Table 4 illustrates the differences in how the different program models operate.

Table 3. Housing Development "Pro Tips": Lessons Learned at CCH

Key Steps	Lessons Learned
Partnerships	• Create partnerships with external agencies to offset burden on staff (e.g., the Food Bank comes once a week, social services comes once a month for benefits assistance, etc.). • Consider adding a community meeting space on the first floor where community groups can gather or hold public meetings. This also helps to decrease stigma and misperceptions the community may hold about the development. • Engage area neighborhood associations and give presentations for community feedback.
Physical Structure	• Build the first floor 12 to 14 feet high and place all residential units on the 2nd floor or higher to ensure security by preventing external window access to units (particularly in downtown or commercial environments). • Plan for all residential units to have 9-foot ceilings (or higher) to provide a sense of space in smaller units. • Place laundry facilities in all buildings. • Ensure all residential doors have only a deadbolt lock to prevent accidental lockouts. • Install automatic fire suppression devices above all stoves. • Be mindful of building height. If you build more than four floors, it triggers a federal wage law that can increase costs. On a 100-unit building, the cost difference could exceed $400,000.[9] • Plan for more security and support staff presence in the building when housing a high percentage of residents who have a history of chronic homelessness. Enhance security with more cameras, door alarms, and controlled access.
Negotiations	• Obtain a small area fair market rent (set by zip code rather than a larger metropolitan area), which will reflect local housing prices more accurately and allow housing subsidies to cover a larger portion of the rent. • Negotiate exemptions to city fees/inspection fees (water, electricity, and sewer). • On projects that serve very low-income residents, consider asking for a reduction to the zoning parking requirements based upon residents not owning cars, but understand that this could decrease the value of the property from the lender's perspective.

Table 4. Comparison of Single Site and Scattered Site Supportive Housing Models at CCH

Characteristics	Traditional Supportive Housing	ACT Team[10]
Model	Intermediate needs; Intensive CM	Intensive needs; ACT-like model
Caseload	1:20-30	1:10-12
Approximate number clients	~1,050 clients across 10 buildings	~500
Support staff	Staff vary based on the program where clients are enrolled. Generally, there is one case manager and one master's level behavioral health clinician at each site or two case managers. Clinicians can see clients from other sites if necessary. There are also peer services available.	Each group of 70-100 clients is supported by a team of 7-10 people. While there is some variance, interdisciplinary teams are generally comprised of a program manager, a peer navigator, a nurse, two clinical case managers (LCSW/LPCC level), and two case managers with specialization in vocational and substance treatment.
Funding sources	Housing: LIHTC, state & local loans/grants, HUD/Project-based Housing Choice vouchers, HUD Continuum of Care grants Services: HUD CoC grants, SAMHSA grants, tenant services fee from property cash flow, Medicare & Medicaid reimbursements, local & private foundation grants, City and State grant funding.	Scattered-Site Housing: HUD/Tenant- and Project-based Housing Choice vouchers CCH Buildings: LIHTC, state & local loans/grants, HUD/Project-based Housing Choice vouchers, HUD CoC grants Services: HUD CoC grants, SAMHSA grants, HRSA/health center grants, Medicare & Medicaid reimbursements, local public & private foundation grants, City and State grant funding.
Primary advantages	Easy access to services & supports. Quicker identification and response to tenant issues.	Greater housing options and client choice, especially if client needs multiple relocations.
Key Benefits	Some clients do better in a single building, with peers, peer support and readily available on-site services.	Some clients do better in smaller, integrated site, in a location of choice near established community support networks.
Key challenges	More difficult to relocate clients (if needed) because of project-based vouchers, harder to support high needs clients or those with fluctuating needs given more limited staffing levels; residents may receive services elsewhere.	Delivering services can be time-intensive given distances between house visits; increasingly difficult to find available rental units accepting housing subsidies in high cost markets.
Safety issues	While rare, eviction-related stress can create threatening environment for onsite staff, additional program costs of providing onsite security.	No onsite security or front desk staff, some located in unsafe neighborhoods, unfamiliar guests.
Common challenges	Gaining access to the broad range of needed health care and support services from the community to fully address all client issues remains a challenge. For example, there is very limited substance use treatment capacity in Denver. CCH can deliver intensive in-home services but a higher level of care from other providers is often needed for a complex population. With HUD mandated coordinated intake and assessment process, the referrals are not necessarily matched with housing resources that have the level of support services needed by the client. Re-balancing this can be difficult due to CoC rules.	

The single site services teams work out of converted apartments or dedicated office spaces in each building (usually on the first floor), and generally operate as the service coordinator for those living in that building. Each building is listed in CCH's HRSA scope of service, and many residents (but not all) are patients at CCH's Stout Street Health Center. Services and staffing for each building depend on the types of vouchers and grants available.so there is some variance in how many staff work in each location. For example, buildings with mixed populations have staff from multiple programs located together to support the needs of their clients. For buildings where there are more units only receiving rental assistance (the "affordable" units at higher AMI levels), there are fewer service staff on site.

An example of this is North Colorado Station, where there are family units with an on-site family case manager to provide services; there are recovery units with an on-site, dually credentialed behavioral health and substance treatment clinician; there are Veterans Administration (VA) units with a part-time on-site case manager from the VA; and there are Social Impact Bond (SIB) units with on-site accommodations for the SIB team to work.

As a way of better evaluating clients' ongoing needs, CCH has implemented the use of the Daily Living Activities assessment tool (known as the DLA-20[11]). To date, the tool is primarily used by clinicians (not case managers), and not all staff in all programs have access to the EHR to enter/view data. Hence, this initiative is being further refined to better assess clients' needs across all programs and match service intensity accordingly.

Integrating Services and Property Management

There is a natural tension between case management and property management. The former works with individual clients to ensure health, stability and improvement. The latter works to ensure the building and community are secure and operating well. For both, the goal is to ensure residents are safe and stay housed, but the definition of "safe" varies depending on each role. The lens used to view safety and success from a property management vantage point and from a services vantage point can lead to differing ideas on solutions, intensity of issues, and differences in prioritization on what issues need to be addressed. For example, if a resident has stopped paying rent and exhibited unusual behaviors, the property management lens may view the rent and behavioral compliance with house rules as being the most important because they are responsible for the financial health and security of the whole building. However, the service team may prefer to prioritize seeking treatment for the resident over immediately paying the rent, or enforcing violation of house rules, in an effort to keep the resident housed and set them up for future success. In reality paying rent, maintaining the requirements of the lease, and accessing care are needed for long-term success. To

> *"Building partnerships between property management and service teams is critical to achieving success. It is important that everyone understands the overall mission and provides services in a trauma-informed way."*
>
> --Lisa Thompson, Chief Operating Officer, CCH

help mitigate this tension, CCH employs its entire property management staff directly, through its subsidiary, and places them together with case management so they can negotiate issues more effectively. A Resident Services Coordinator position serves as a liaison between property management and services staff to ensure all divisions are working together to support housing stability. Additionally, all staff at CCH are required to attend an all-day trauma informed care training to ensure that everyone (no matter their role) is working with clients from this approach.

Recently, CCH has been including more clinical team members in the hiring process for property managers, and seeking to employ more property managers who have a services background so they can better interact with residents and better understand the Housing First model of care.[12]

Security is an important issue for staff and residents alike. While some buildings have a security staff and a sign-in process for guests (note: residents do not sign in and out), not all buildings can be staffed in this way. Most sites have a front desk staff person during daytime hours (but not nights or weekends) who can serve as a greeter, answer questions or be a resource if needed. The level of security is determined by the needs of the population living in the building; those with the most intensive needs have higher levels of security in the buildings.

Pro Tips:

➢ Require regular meetings with standardized agendas between residential services and property management staff to ensure key issues are discussed

➢ Standardize leases across all buildings so expectations, requirements and services are consistent

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Project Highlight:

Supportive Housing Social Impact Bond (SIB) Initiative

In 2016, the City of Denver and private funders invested $8.6 million to fund a 5-year supportive housing program to provide enhanced case management to 250 chronically homeless individuals who are also frequent users of the City of Denver's emergency services (police, detox, emergency room, courts, and jail). CCH is a key partner in providing housing and services for 170 of these SIB participants. To that end, the Renaissance Downtown Lofts project, a 100-unit apartment building currently nearing completion is reserved for these participants. (CCH is temporarily housing 100 SIB participants for this project at other sites in the interim). Downtown Lofts has specifically been designed in collaboration with the ACT team, Property Management, consumers, and community members to help ensure housing success for very vulnerable clients. There is a 24-hour, staffed front desk inside the main entrance with a security officer, as well as shared office space on the first floor for the services team and property management. Units average 480 square feet and all are disability-accessible. Early results for the SIB initiative show increased housing engagement and retention, and reduced jail stays. A final analysis is due in 2021.[13]

Measuring Outcomes

CCH tracks many outcome measures as part of health center, HUD and other grant requirements as well as internal quality improvement initiatives. For housing-related outcome measures, CCH assesses three data elements that are required by the HUD Continuum of Care grants: the percentage of clients who remain in permanent housing or have exited to a permanent destination ("housing retention"), the percentage of adult clients who have maintained or increased income from all sources, and the percentage of adult clients who maintain or increase earned income. Additionally, CCH is working to monitor improvements in functioning in all clients enrolled in supportive housing services using the DLA-20. Eventually, CCH would like to develop additional measures so they can better evaluate how clients are thriving, becoming part of the community, and creating social networks.

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Project Highlight:

Stout Street Health Center & Renaissance Stout Street Lofts

In 2014, CCH opened the Stout Street Health Center and Renaissance Stout Street Lofts, a $35 million, 53,000-square foot comprehensive health center and 78-unit apartment building. The health center fully integrates medical and mental health, addiction treatment services, dental and vision care, social services, and supportive housing. Above the clinic are three residential floors containing 78 units of permanent supportive housing for individuals and families who are formerly homeless. The health center and the residences have separate entryways and elevators, but share common fire safety system and underground parking. The health center construction was funded by combining New Market Tax Credit equity, grants from the Health Resources and Services Administration (HRSA), and the support of numerous local foundations. The housing units were funded with a combination of Low Income Housing Tax Credits, private equity investment, state HOME Investment Partnerships Program, Federal Home Loan Bank funds, and financing assistance from U.S. Bank.[14]

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Conclusion

Integrating housing development into its broader health care operations has allowed CCH to focus more holistically on patient health and stability. While they have routinized many aspects of financing and development, it is clear that their expertise grew and matured over time, and is continuing to evolve as their reputation for high-quality projects expands. HCH programs (and others) interested in developing housing should partner with developers in their local community who have this experience. Start with smaller projects and determine how to grow further once the partnerships and learning curve progresses. Involving Board members, staff, clients, and community partners in all phases of housing development (from concept to ribbon cutting) will establish credibility and buy-in from key stakeholders, and serve as a platform to grow further. This policy brief outlines how CCH became a national leader integrating health and housing, but their model can be replicated elsewhere with strong leadership and vision.

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[8] For more information on the Metro Denver Homeless Initiative, see http://www.mdhi.org/.

[9] For more information about the U.S. Department of Labor Davis-Bacon Act, see https://www.dol.gov/whd/govcontracts/dbra.htm.

[10] While approximately 500 clients are supported in scattered site housing, a new project is opening in 2018 under a Social Impact Bond (SIB), which will house 100 chronically homeless individuals in one single site apartment building (see Project Highlight box below). Because these individuals have higher needs, they will be supported by the ACT-like model.

[11] Daily Living Activities (DLA) Functional Assessment (DLA-20). More information available at: https://www.thenationalcouncil.org/store/products/dla-20-functional-assessment-guide/.

[12] For more information about property management best practices, see Corporation for Supportive Housing's toolkit: http://www.csh.org/toolkit/supportive-housing-quality-toolkit/housing-and-property-management/.

[13] For more information on the SIB project, see "Engaging the Most Vulnerable in Supportive Housing: Early Lessons from the Denver Supportive Housing Social Impact Bond Initiative." The Urban Institute (October 2017). Available at: https://www.urban.org/sites/default/files/publication/94231/denver-sib-project-report_8.pdf.

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