Dan Valliere joined REACH as CEO in May 2013. He came to REACH from Chicago where he was Executive Director of Chicago Commons. Dan’s career has focused on working with community-based organizations in Chicago, Texas and Minnesota, and he was a founding member of a non-profit back office cooperative and data sharing collaborative. Dan holds a Bachelor’s from Carleton College and a Masters in Public Affairs from the University of Texas at Austin. REACH Community Development is a nonprofit affordable housing development and property management company, begun in 1982 in response to neighbors’ concerns about deteriorating housing conditions in Southeast Portland, Oregon. Today, REACH owns and manages a portfolio of over 2,000 units of affordable housing located across the metropolitan region, including properties in Multnomah, Washington, and Clark Counties. In 2013, REACH expanded our footprint by combining with Affordable Community Environments. REACH serves a diverse range of low-income individuals, families, the formerly homeless, children and senior citizens. Approximately 2,500 people make their home in REACH properties.
Healthy People Housing With Services Project
2010 Cedar Sinai Park, initiates discussion of an integrated service model with local human service providers and state officials.

2011 The concept is formally presented in Salem and receives enthusiastic endorsements from the state Department of Human Services and Oregon Health Authority.

2012 - 2013 Initiative moves forward, attracting national attention, with private and federal funding, and a collaborative partnership of interested stakeholders.
Housing with Services- Funding Sources to Date

- Enterprise Communities – Vulnerable Populations Grants
  - $75,000

- Centers for Medicare and Medicaid Services – State Innovation Model Grant
  - $440,000

- The Harry and Jeanette Weinberg Foundation, Inc.
  - Health Center Construction Grant
  - $430,000

- Housing with Services LLC Partner Equity Contributions
  - $335,000

- HEDCO Foundation
  - Grant to assist in Care Center Construction
  - $60,000

Total $1,340,000

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Participating Buildings

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Governance

- HWS - Limited Liability Company
- Co-owned by housers and service providers (501-c-3s)
- Owners contributed seed capital
- Grants: Received by one of the 501-c-3 owners on behalf of LLC.
Service Model

- Health Navigators (Nurses)
- Resident Service Coordinators
- Clinic opened with medical/social services
- Give2Get: residents helping each other
12th Avenue Terrace

• Resident over 55-60 years old
• Severe memory impairment
• Often lacks food, unwilling to travel more than block away, so rarely follows up on referrals
• Apartment un-sanitary, threatens lease compliance.

Housing with Services:
• Food boxes delivered
• Medical appointments/transit arranged
• In-home follow up after a hospitalization
• Advocacy to secure ongoing In-Home services
• Aging in place – preventing need for institutional care (Medicaid liability)
A resident recently experiencing a mental health crisis.
Isolated, not participating in community activities.
Not following up on referrals to outside mental health resources.

**Housing with Services:**
- LifeWorks NW behavioral health provider on-site, regular schedule.
- REACH Resident Service Coordinator refers resident during on-site time.
- Resident develops trust and routine for meeting with on-site provider. Opens doors for external referrals.
Progress not linear

Resident Survey

Nurse On Site

Nurse doesn’t Provide direct care

Resident Peer Support proves helpful

Nurses & RSC help make appointments

Residents see another resident is hospitalized / struggling

Residents see palliative care set up for a resident with cancer.
Some lessons

- Health navigators help build trust in health care institutions, break down fear.

- Resident service coordinators work for landlord, need to keep distance from health information.
More Lessons

- Maintain a strong focus on social determinants of health and health equity.

- Demonstration of improved health outcomes and reduced costs is critical to successful stakeholder engagement (Evaluation complete in 2016).

- Commitment to meaningful resident engagement is critical to project success.

- A coordination/collaboration model MAY be more effective than contracted direct services.
Motivations for Health Care Sector

- Community investment in program innovation and partnership development
- Access to research and evaluation data
- Improved individual and population health outcomes.
- Return On Investment through reduced health care costs.
- Alignment with Affordable Care Act mandates
- Reduction in Medicare Re-admissions
VERY early results

- Claims data was reviewed for 1,625 Medicaid recipients (pre – post service enriched housing placement)
- **20%** Increase in Primary Care Visits
- **18%** Decrease in Emergency Department Visits
- **15%** Decrease in # of In-Patient (non OB) visits
- Total Cost Decrease of **12%** or $600 Per Patient Per Year savings
- Cost Reduction is understated due to lack of access to Medicare Claims data