

HEALTHY ROWHOUSE PROJECT



OUR GOAL

Improve the health of Philadelphians and preserve critical affordable housing by using innovative strategies to improve conditions in thousands of rowhouses each year.



Healthy Rowhouse Project – an Initiative of the Center for Architecture

Funders: Oak & Barra Foundations

Director: Jill Roberts

Consultant Team: Bolender Architects,
Capital Access, May 8 Consulting,
Reinvestment Fund

Timeline: 3 Years 2016 - 2019

HEALTHY
ROWHOUSE
PROJECT



Goals of the Healthy Rowhouse Project

- Gather and analyze data on the intersection of health and home repair needs
- Create new self-sustaining financing mechanisms
- Create durable but flexible service delivery models
- Test new home repair models



Why Healthy Rowhouse Project?

	Improve health		Preserve the city's iconic housing stock	
		Create neighborhood jobs	Allow seniors to age in place	Become a more resilient city
	Revitalize neighborhoods	Slow the decline of home ownership		Stop abandonment
		Improve school performance	Lower healthcare costs	Prevent displacement



Philadelphia's Basic Systems Repair Program can not meet the needs of moderate income households with health repair needs...

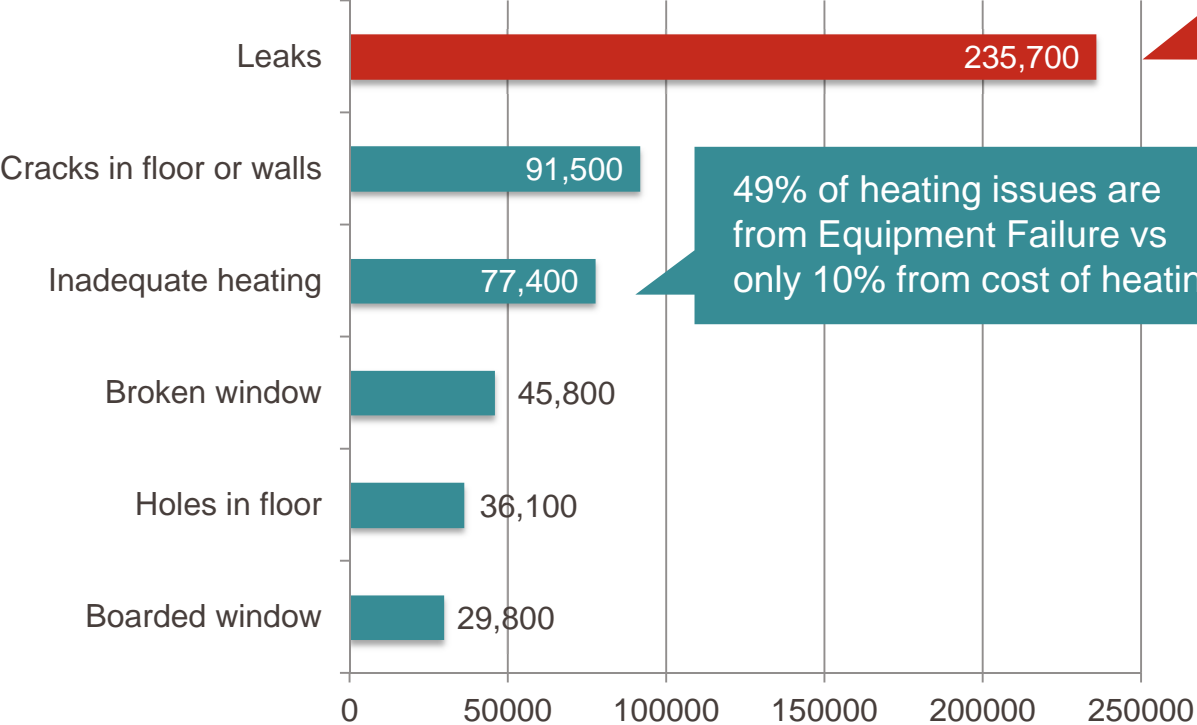
Households on wait list: 8,000	Maximum repair cost: \$17,500	Eligibility: Up to 150% of poverty or \$36,450 for a family of four	Length of wait: Up to 4 years
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Generally held belief: Once a family reaches 300% of poverty they have a reasonable chance of obtaining financing



Leaks are the Most Common Health Repair Need in Philadelphia

Homes affected



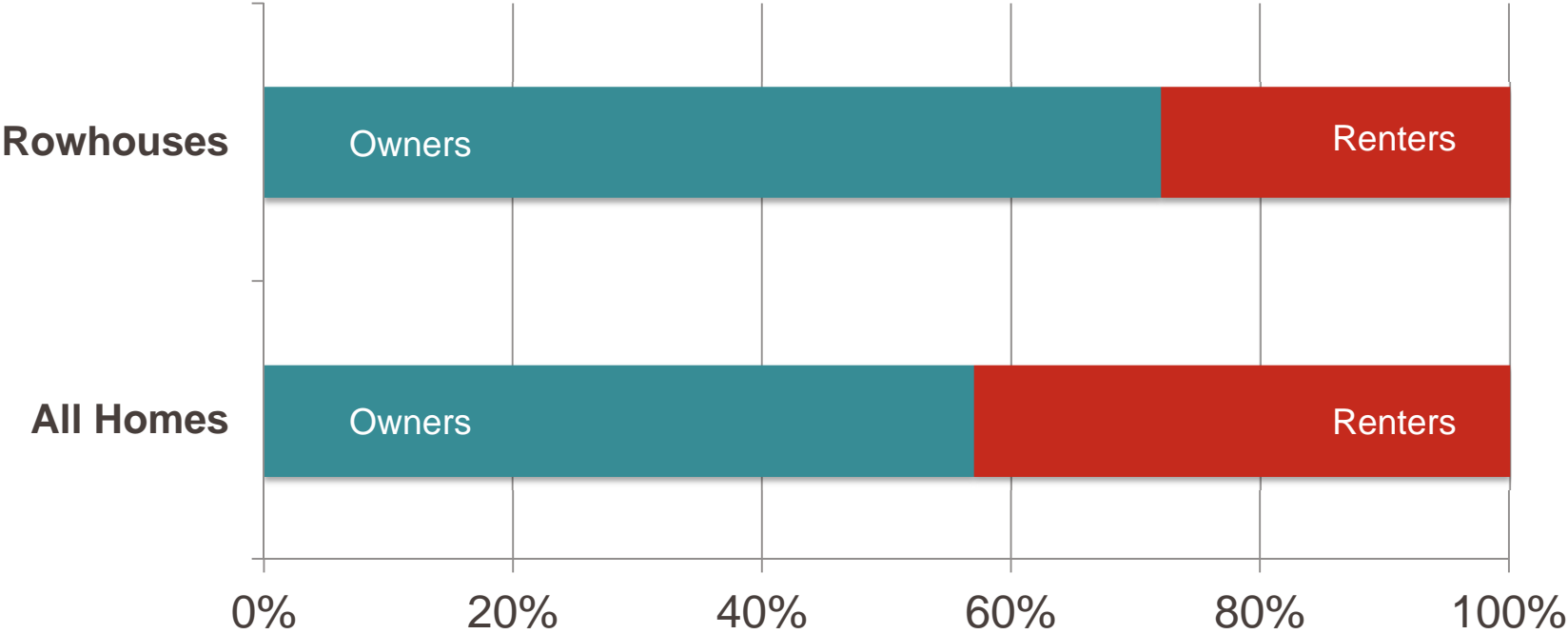
The most common source of leaks is the Roof (61%)

49% of heating issues are from Equipment Failure vs only 10% from cost of heating

Source: American Housing Survey, 2013



Homeowners have more Health-Related Home Repairs Needs than Renters



American Housing Survey, 2013



Health-Related Home Repair Needs are Prevalent Across the Income Spectrum in Philadelphia

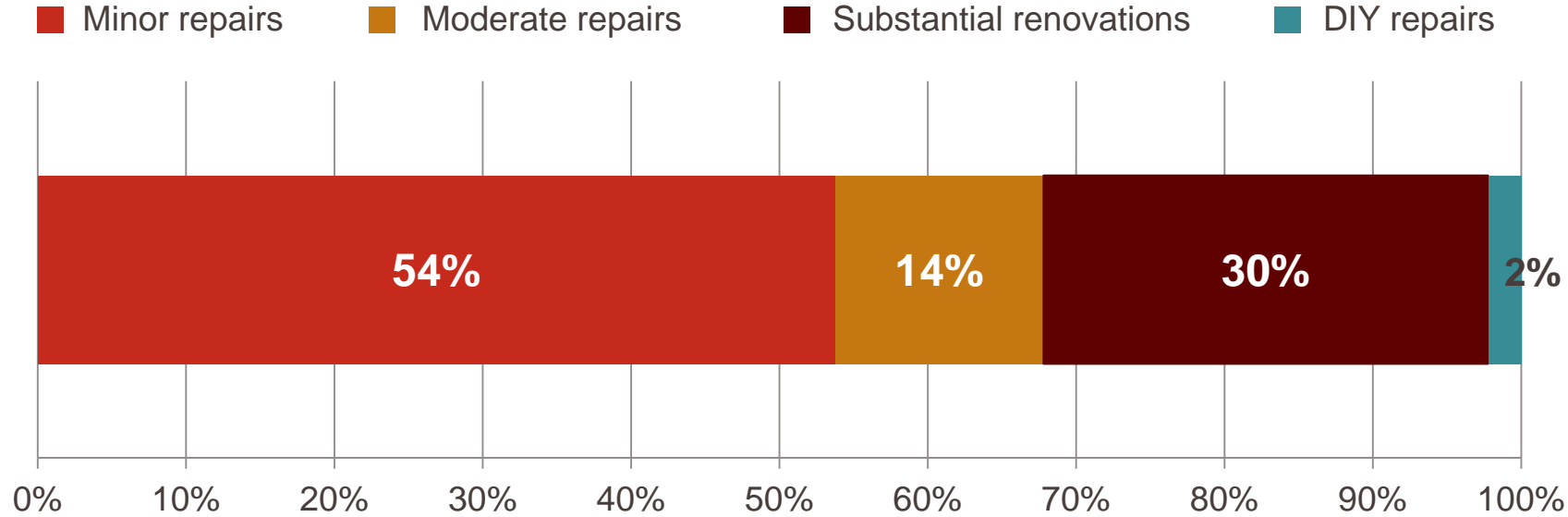
Homes with Health Repair Needs

39%	13%	24%	23%
Very Low Income Under \$24,300	Low Income \$24,300-\$36,450	Moderate Income \$36,450-\$72,900	High Income Above \$72,900

American Housing Survey, 2013



54% of Rowhouses Needing Health-Related Home Repairs can be Addressed for Approx \$10,000



NOTE: Excludes 29,700 households that did not disclose their tenure



Private Lending Does Not Meet the Needs of Philadelphia's Home Repair Market

	Home Purchase	Housing Refinance	Home Repair
Philadelphia Applications:	55,300	100,000	24,197
Philadelphia Denial Rate:	11%	24%	62%
<i>National Denial Rate:</i>	13%	17%	37%

Source: Home Mortgage Disclosure Act Filings, 2012 to 2014



Most Philadelphians Seeking Home Repair Loans apply for Loans under \$20,000 – and are most likely to be denied

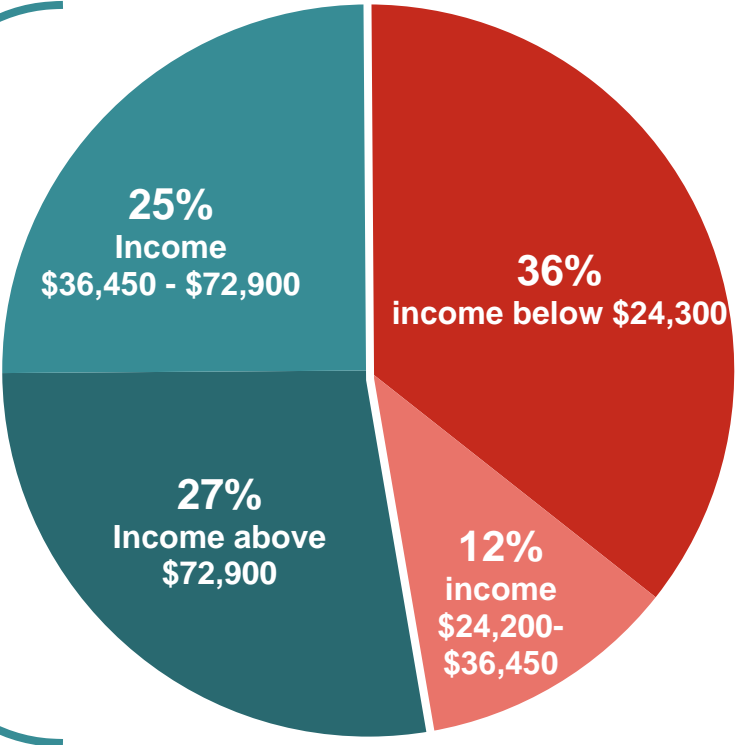
Loan Amount	Under \$10,000	\$10k to \$20,000	Over \$20,000
Applications	11,867	3,308	9,022
Percentage Denied	76%	58%	45%
Average income	\$38,000	\$58,000	\$68,000
Percentage Originated	20%	32%	41%
Average Income	\$46,000	\$73,000	\$89,000

Source: Home Mortgage Disclosure Act Filings, 2012 to 2014



About Half Of All Homes with Minor and Moderate Health-Related Home Repair Needs Earn above \$36,450

52%
Minor
Repairs

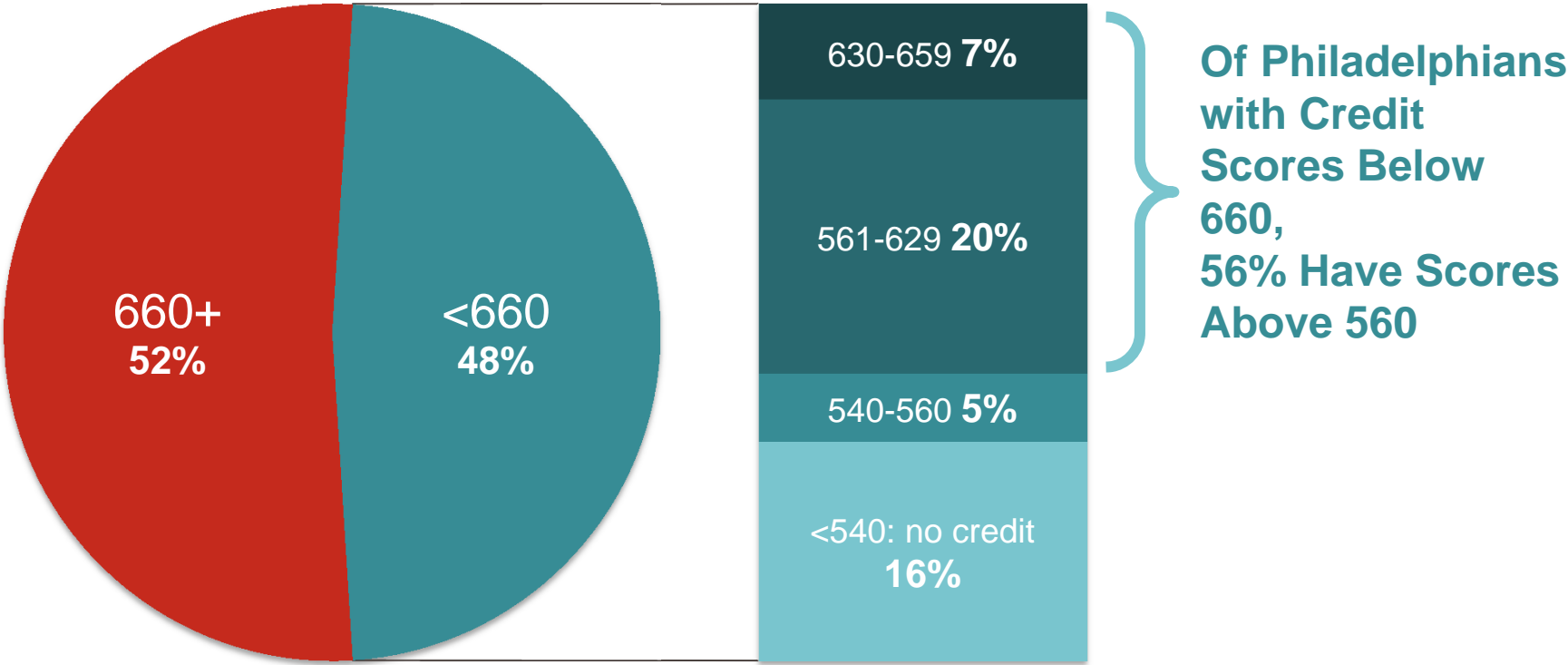


NOTE: Excludes 5,600 households that did not disclose their income

American Housing Survey, 2013



Half of Philadelphians Have Credit Scores Below 660 that Do Not Allow Them to Obtain a Loan on the Private Market



So What's Next?

- Healthy Rowhouse Project is working to figure out how to serve the population currently not being served by programs like Basic Systems Repair Program
- Speaking with Professionals in:
 - City Government
 - Healthcare
 - Health and Housing Policy
 - Preservation
 - Planning
 - Affordable Housing
 - Finance
 - Community Development

...we know we can figure this out



Please Join Us!

Tuesday, November 29th ~ 5:30 PM - 7 PM

Center for Architecture & Design ~ 1218 Arch Street

Fix Houses. Improve Health.

Join Healthy Rowhouse Project, Mayor Kenney and Council President Clarke as we discuss a plan for preserving Philadelphia's rowhouses and improving the health of the Philadelphians who live there.

Find out how we can put public and private capital to work creating healthy homes.

RSVP: communications@healthyrowhouse.org

HEALTHY
ROWHOUSE
PROJECT





The Healthy Rowhouse project is dedicated to improving substandard conditions in rowhouses occupied by low- to moderate-income Philadelphians.

The most important affordable home is the one a family is living in now.

Jill Roberts, Executive Director
1218 Arch Street
1st Floor
Philadelphia, PA 19107
215-569-3186

HealthyRowhouse.org
info@healthyrowhouse.org

OUR GOAL

Improve the health of Philadelphians and preserve critically needed affordable housing by using innovative strategies to improve housing conditions in thousands of rowhouses each year.

THE HOUSING CHALLENGE

Philadelphia's stock of rowhouses is an extraordinary asset that allows the city to offer homeownership to more low- to moderate-income homeowners than virtually any city in the country. Yet these rowhouses are deteriorating faster than their owners can repair them.

- 70%** of all housing units in the city are rowhouses.
- 75%** of these houses are over 50 years old.
- 78%** of Philadelphians over age 60 own their own homes.
- 40%** of all renters live in single-family homes.
- 38%** of owner occupied homes in 2012 were owned by households earning less than \$35,000.

THE HEALTH CHALLENGE

Substandard housing conditions due to deferred maintenance are literally making the people who live in these rowhouses sick. Mold, mildew, and pests create and perpetuate health conditions like asthma in our most vulnerable populations. Poor housing quality is a strong predictor of emotional and behavioral problems in children.

- 40%** of asthma episodes are due to asthma triggers in the home, representing \$5 billion lost annually in preventable medical costs.
- 200%** Asthma hospitalization rates for children have more than doubled since 2000.

THE HOUSING AND HEALTH SOLUTION

Housing policy is health care policy. By repairing homes, dozens of studies have shown that we can dramatically improve the health of the families and individuals living there. At the same time, we can preserve affordable housing that we could never afford to build today.

- \$3500** Average investment made per house by Philadelphia Department of Public Health's 2013-2014 pilot with St. Christopher's Hospital to make home repairs and remove asthma triggers
- CAUSED**
- 70%** Drop in asthma hospitalizations
- 53%** Drop in missed school days

In order to preserve Philadelphia's rowhouses and improve residents' health, the Healthy Rowhouse Project seeks to:

1. Create a bold housing and public health policy for Philadelphia that prioritizes the delivery of improvements to rowhouses affordable to lower income residents.
2. Increase the resources available to lower income property owners to improve occupant health and the viability of their properties and neighborhoods, as well as to ensure a fair balance of public housing dollars between new construction and rehabilitation of existing occupied homes.
3. Establish viable financing mechanisms to bring home repairs and rehabilitation to scale, repairing 5,000 owner- and renter-occupied homes per year. These financing tools will be based upon successful models in other cities and will include deferred loans, due upon sale or transfer of the home, and low-interest loans.
4. Protect tenants' legal rights to healthy living conditions and encourage responsible rental practices through a systematic enforcement approach that promotes investment, rather than displacement.
5. Develop capacity within health care and social service providers to refer residents who are harmed by their housing conditions to resources that can reduce the health hazards within their homes.
6. Evaluate each Healthy Rowhouse Project program for its success in improving the health of occupants and in preserving Philadelphia's rowhouses for future generations.

The following organizations support the goals of the Healthy Rowhouse Project:

AIA Philadelphia
Building Industry Association of Philadelphia
Clarifi
Clean Air Council
Community Design Collaborative
Delaware Valley Green Building Council
Department of Architecture + Interiors, Drexel University
Design Advocacy Group
Einstein Medical Center Philadelphia
Habitat for Humanity Philadelphia
Health Federation of Philadelphia
Housing Alliance of Pennsylvania
LISC Philadelphia
Maternity Care Coalition
National Nursing Centers Consortium
New Kensington CDC
PennFuture
Philadelphia Association of CDC's
Philadelphia Center for Architecture
Philadelphia Corporation for Aging
Philadelphia Higher Education Network for Neighborhood Development
Pennsylvania Horticultural Society
Project HOME
Rebuilding Together Philadelphia
ULI Philadelphia
United Community Clinic
University of Pennsylvania Center for Public Health Initiatives
Urban Affairs Coalition

Healthy Rowhouse Project
Strategic Vision Team

Peter Angelides, Econsult Solutions
Karen Black, May 8 Consulting
Kiki Bolender, Bolender Architects
Emaleigh Doley, Germantown United CDC
Scott Page, Interface Studio

Public Housing & Health

Presented by the

Montgomery County Housing Authority

to

DVRPC's Healthy Communities Taskforce

November 10, 2016

Brief Overview

- Housing Authorities are typically enabled under State law
- Serve local jurisdictions (Cities, Municipalities, Counties, etc)
- Administer Federal Funds, tenant rent and other privately generated revenue
- Typically must comply with all federal, state and local regulations, laws and ordinances

Brief Overview (cont'd)

- Typical Appointing Entity = Unit of Local Government
- In Montgomery County, the County Commissioners appoint the 5 member Board of Directors (including 1 Resident Representative)
- 40 FTE Staff. Stationed in Norristown and the six Public Housing Sites across the County

Funds and Programs

- Federal Funds rec'd in 2016 approximately \$30M which support two programs that assist 3,000+ income-qualified households
- **Public Housing (616 units) - *Waiting List = 3,500+***
Rental Units owned and operated by the MCHA – participants pay 30% of household income towards rent
- **Housing Choice Vouchers (2,400) - *WL = 900+****
subsidies that support income qualified households within *privately owned* rental units – participants pay 30% of household income towards rent

* - MCHA accepted HCV applications for 8 days in November, 2015 and rec'd almost 16,000. A lottery yielded 1,000.

Get Fresh

Partnership with MontCo's Health Department began in 2014

Goal: Focus on Healthy Eating within MCHA's Public Housing, specifically elderly & disabled populations by:

- Providing free MontCo grown organic produce to our Public Housing high-rise residents;
- Nutritional education sessions;
- Cooking Demonstrations;
- Provide raised-bed gardens on site.

Get Fresh (cont'd)

Generally well received, approximately 25% of the high rise tenants participated (about 85 'regulars')

Benefits:

- Residents now growing produce (save \$);
- Positive Social dynamic;
- De facto 'Community Garden' on the grounds of Public Housing.

Smoke-Free Policy

Brief Background:

- In 2008 Pennsylvania passed the *Clean Indoor Air Act* prohibiting smoking in most indoor public spaces.
- Starting September 1, 2008 the MCHA began to prohibit smoking in the common areas of our Public Housing portfolio, including:
 - Community Rooms;
 - Lobbies;
 - Laundry Rooms;
 - Hallways;
 - Stair towers;
 - Offices;
 - Restrooms;
 - **BUT** tenants were still allowed to smoke in their residential units.

Smoke-Free (cont'd)

Of the 600+ Public Housing Tenants almost 30% smoked

Challenges:

- Numerous complaints from non-smokers;
- Approximately 25% higher cost to 'flip' a smokers unit;
- Increased fire-risk.

Smoke-Free (cont'd)

Implementation Timeline:

- **2015** – began exploring policy alternatives, lead by Montgomery County Commissioners, specifically Commissioner Vice-Chair Dr. Valerie Arkoosh;
- **4Q 2015** – HUD announces intent to ban smoking in Public Housing nation-wide, possibly by 2018;
- **March 2016** – MCHA Board Adopts Policy effective 7/1/16;
- **Spring 2016** – Outreach and cessation education to residents;
- **July 1, 2016** – Policy Enforcement begins.

New public-housing smoke ban

Montco joins Philadelphia and Chesco in barring smoking inside buildings.

By Laura McCrystal
STAFF WRITER

The Montgomery County Housing Authority has become the latest public housing agency to ban smoking.

Starting July 1, the ban affects its 616 units county-wide, executive director Joel Johnson said at a county commissioners meeting Thursday. The policy prohibits smoking indoors but will allow residents to smoke outside at least 25 feet away from buildings.

It mirrors bans in Philadelphia and Chester County, and a broader effort in public housing nation-

wide. In November, the U.S. Department of Housing and Urban Development said it would require all federally subsidized housing authorities to implement nonsmoking policies in the next several years.

Johnson outlined the policy during a meeting at which the commissioners passed an ordinance banning smoking at county parks, trails, and historic sites. Commissioners said each move was a step to promote health and protect residents from second-hand smoke.

Johnson said the housing authority had received

enormous numbers of complaints about smoke spreading through hallways and into ventilation systems. About 30 percent of its residents are smokers, he said. The agency's board adopted the policy in March and is offering free smoking cessation classes to residents.

Commissioner Valerie Arkoosh said she spoke with the housing authority about a potential ban last year. Residents "were pleading with me, actually, to try to make their building smoke-free," she said.

Shirley O'Donnell, president of the residents council at Marshall W. Lee Towers in Conshohocken, said she can smell smoke as soon as she enters the elevator in her building. She

said it was difficult for a nonsmoker to live in an apartment between two people who smoke in their units.

"I feel sorry for the smokers, I know it's going to be hard for them," she said.

The ban on smoking in county parks also prohibits e-cigarettes from all parks and trails. Officials say the ordinance will promote health and reduce litter. Arkoosh said that ordinance, which takes effect immediately, was consistent with the purpose of county parks: to encourage residents "to get outside and be healthy."

✉ lmccrystal@phillynews.com
☎ 610-313-8116
📱 @LMcCrystal

Smoke-Free (cont'd)

- Policy prohibited all forms of smoking: cigarettes, cigars, pipes, waterpipe tobacco, e-cigs
- Prohibited smoking in all indoor areas and within 25 feet of any MCHA-owned building
- Formal lease addendum
- '3-Strike' progressive discipline, *could* lead to eviction

Smoke-Free (cont'd)

8-week Cessation counseling sessions include:

- Small-group counseling lead by professional Cessation Counselors;
- *Free* Nicotine replacement products;
- Peer Support.

Smoke-Free (cont'd)

Early Cessation Results

- Approximately 180 smokers portfolio-wide
- 38 signed up for the courses
- 28 attended regularly
- 11 self-reported being smoke-free following the course
- The remaining 17 self-reported reduced smoking by 50% or more

Smoke Free (cont'd)

Compliance

- Through 10/31, approximately 96% of smokers complying with the new policy
- Approximately half-dozen residents involved with progressive discipline
- Through 10/31, ZERO evictions related to policy violations

Contact

Joel A. Johnson, AICP, P.H.M.

Executive Director

Montgomery County Housing Authority

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610-275-5720, X-315

PA Voice Relay (800) 654-5988

joel.johnson@montcoha.org

Housing First in Camden

Samuel Katz, *Program Manager for
Strategy & Information*



Delaware Valley Regional Planning
Commission's Healthy Communities Task Force

November 10, 2016

@camdenhealth



Camden Coalition
of Healthcare Providers



MISSION
To improve the quality, capacity, coordination and accessibility of the healthcare system for all residents of Camden.

VISION
Camden will be the first city in the country to bend the cost curve while improving quality.

CAMDEN

Overview of Camden Coalition

- Membership organization with 25-member board; incorporated non-profit
- About 85 full-time and part-time staff
- \$10 million annual budget: Mix of foundation & federal grants, technical assistance & care coordination contracts, & hospital support



- Board of Directors
- Executive Committee
- Quality Committee
- Finance Committee
- HIE Committee
- Strategic Planning Committee
- CEO Roundtable
- Care Coordination Meeting
- Governmental Affairs Committee
- Community Advisory Council



CCHP/ACO Governance & Engagement

5% of the population
accounts for **50%** of the cost



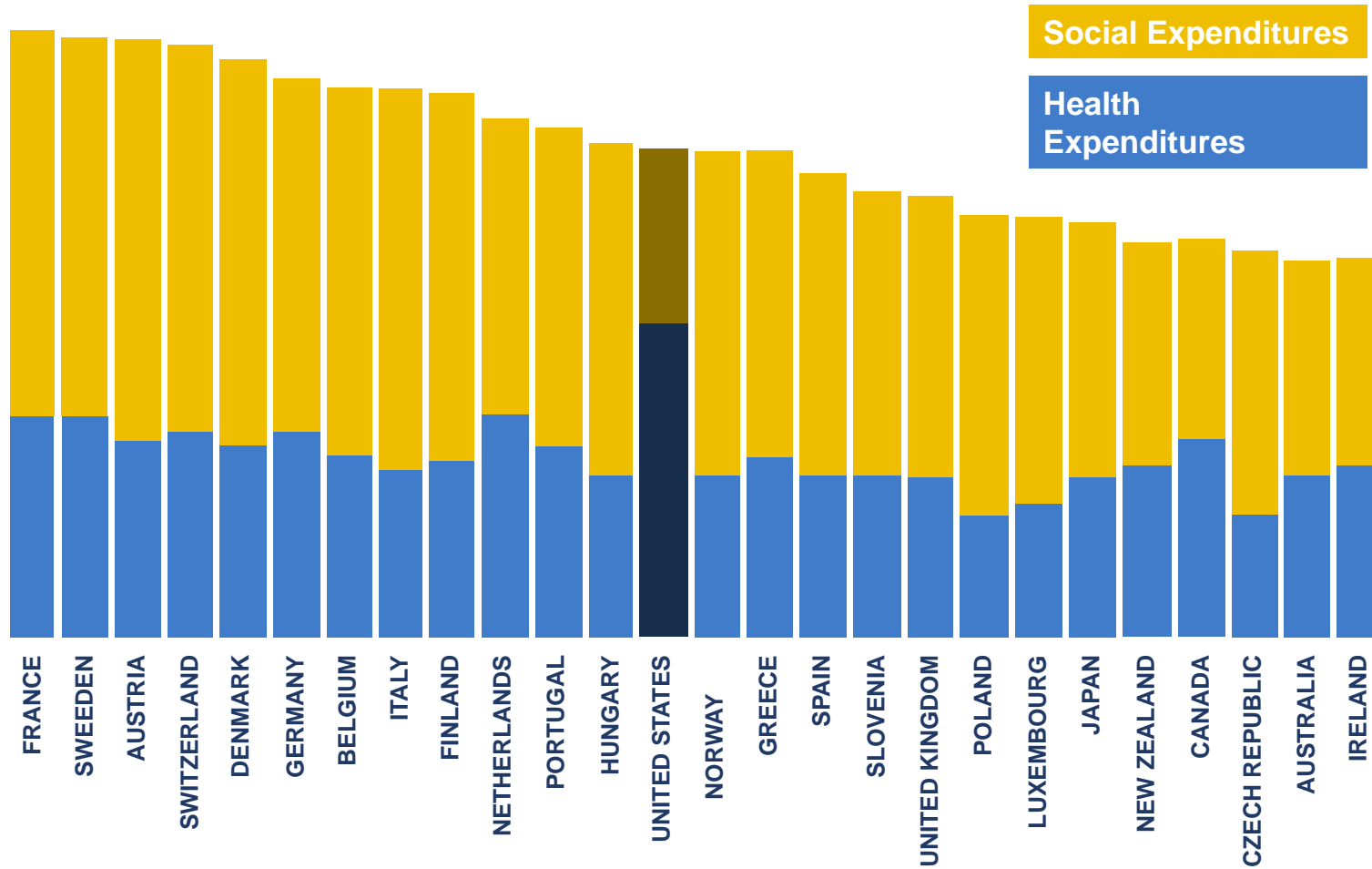
Source: United States Government Accountability Office - May 2015
<http://www.gao.gov/assets/680/670112.pdf>

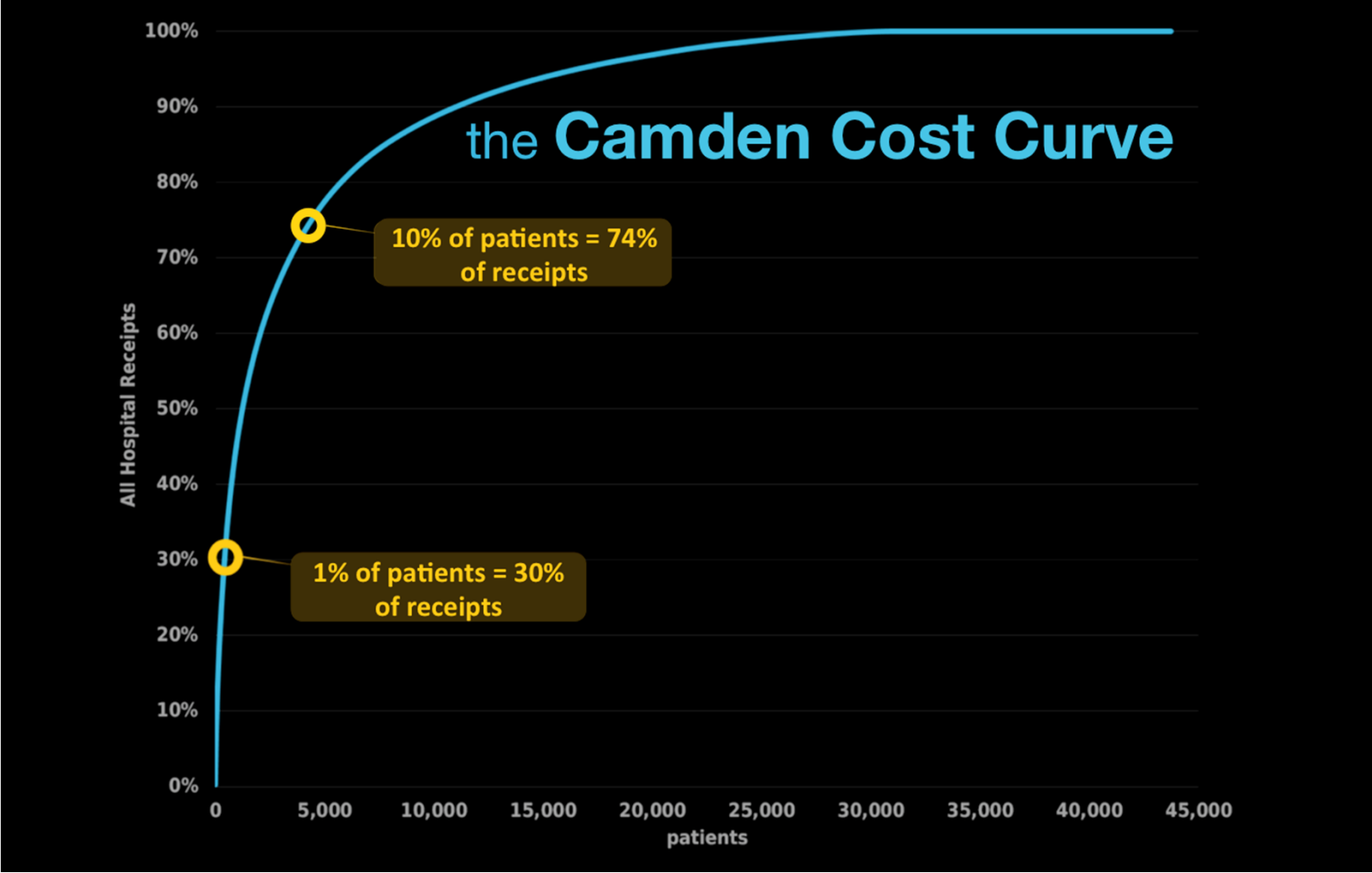


Countries ranked by amount spent on health expenditures

2009 United States falls in the middle (out of top 26 countries)

Source: American Healthcare Paradox

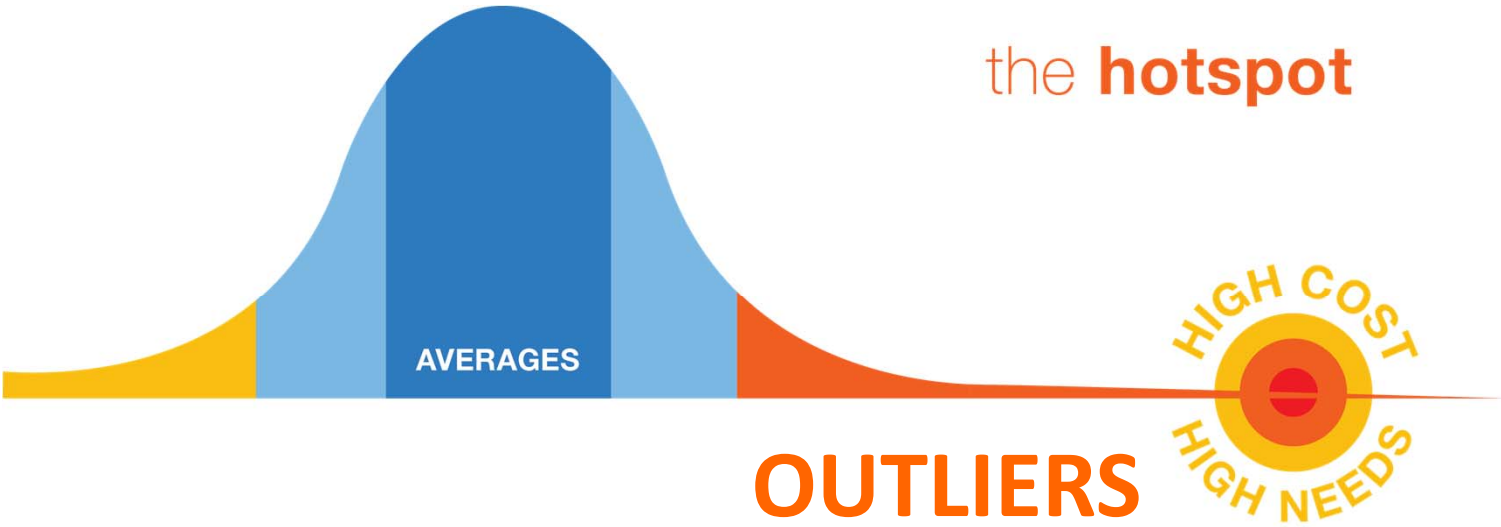




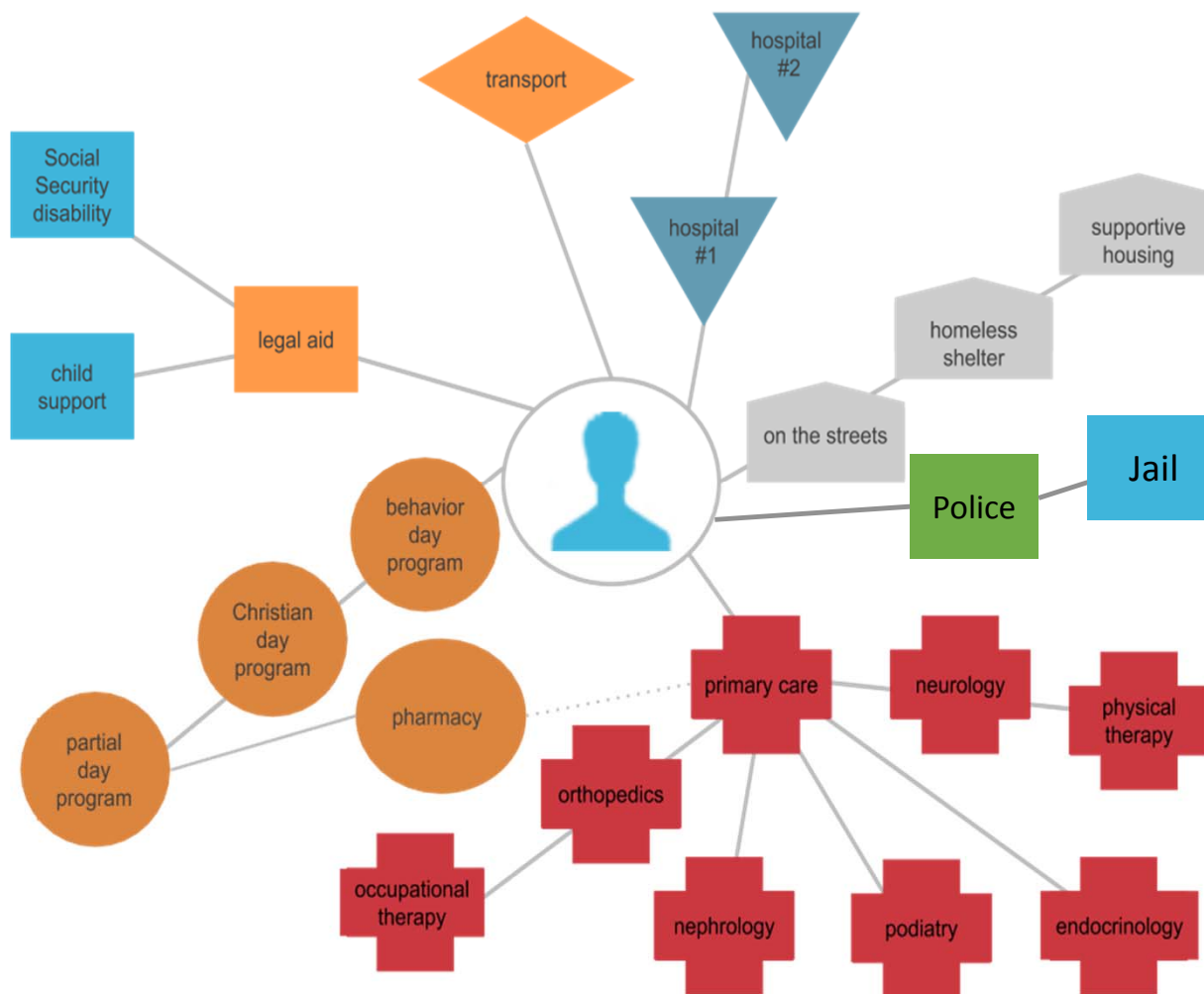
Camden Hospital Cost Curve



Outlier patients in the long tail of data



What problem are we trying to solve?



What's the problem we're solving?

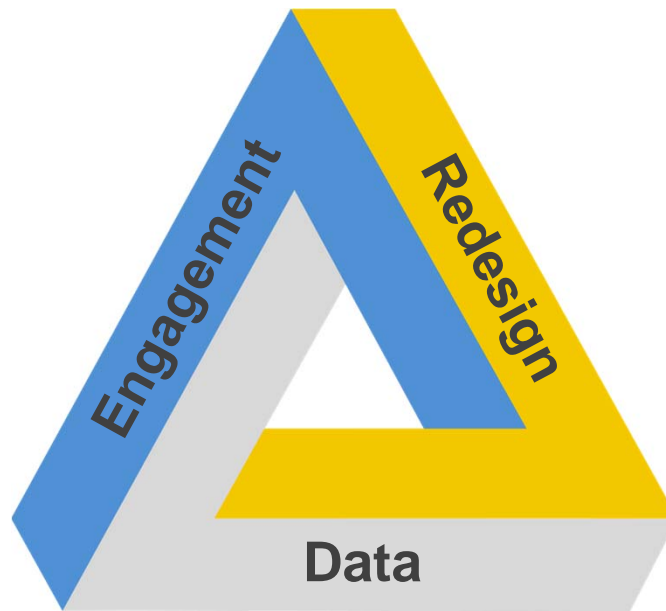


Healthcare hotspotting is the strategic use of data to target evidence-based services to patients with complex health and social needs who show patterns of high utilization.

These patients are experiencing a mismatch between their needs and the services available.



Theory of change





PROGRAMMING

Structure of the Coalition

Operations:

- Health Information Exchange
- Research/Data/Evaluation
- Finance/Admin

Programming:

- Care management for socially & medically complex patients
- Clinical Redesign
- Cross-Site Learning
- Legal/Policy/Advocacy



Patient Engagement: Triage





Patient Engagement: Home Visit





Patient Engagement: Accompaniment



93%

of our enrolled clients are taking **5+ medications**

30%

have self-reported **depression and/or anxiety**

90%

have **4 or more chronic conditions**

26%

are **homeless** during enrollment





Why Housing First at the Camden Coalition?

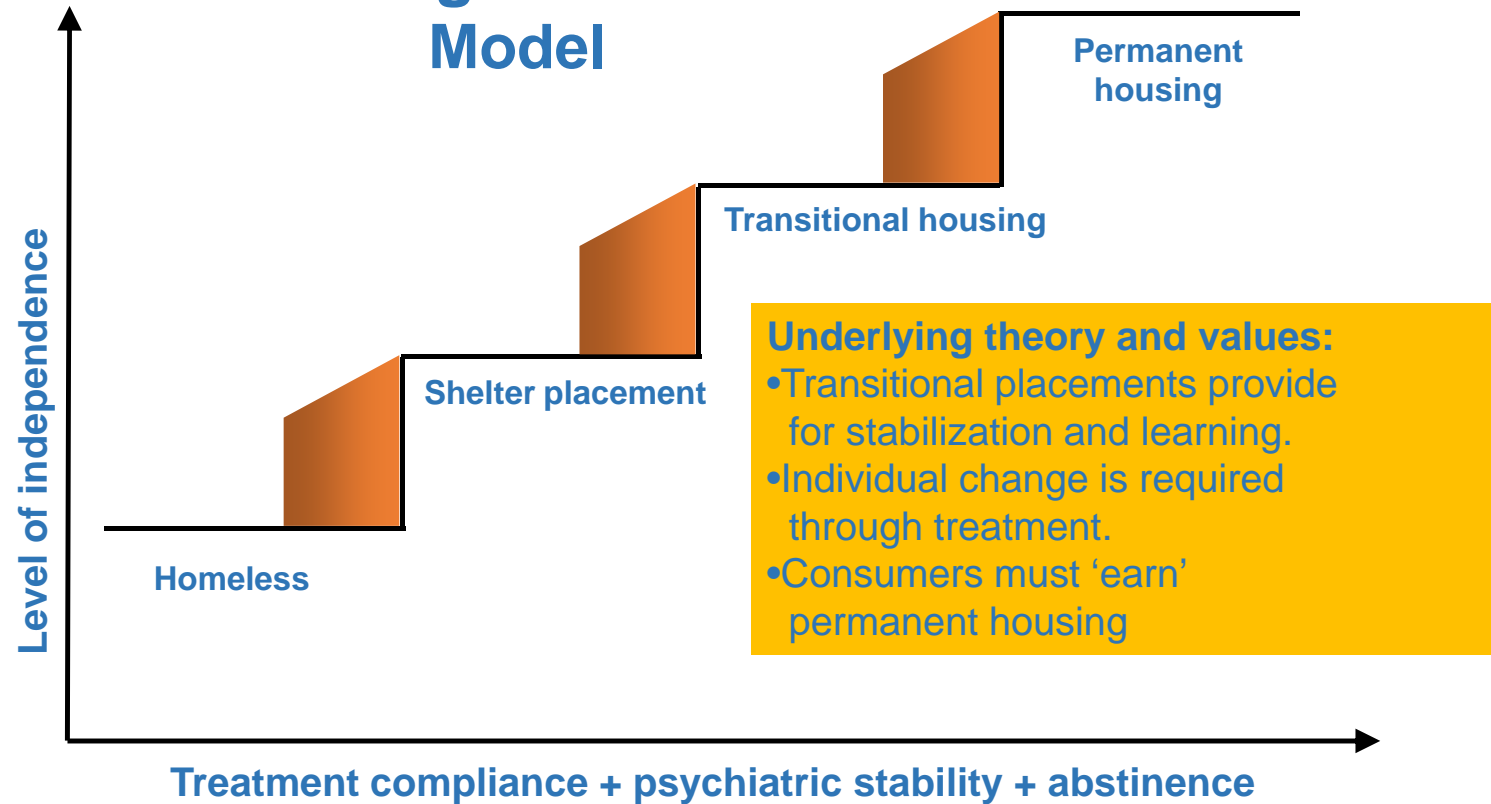
- Identified the need
- Experienced barriers
- Aligns with our mission and vision
- Health care interventions don't work when individuals aren't housed



Traditional Response to Homelessness



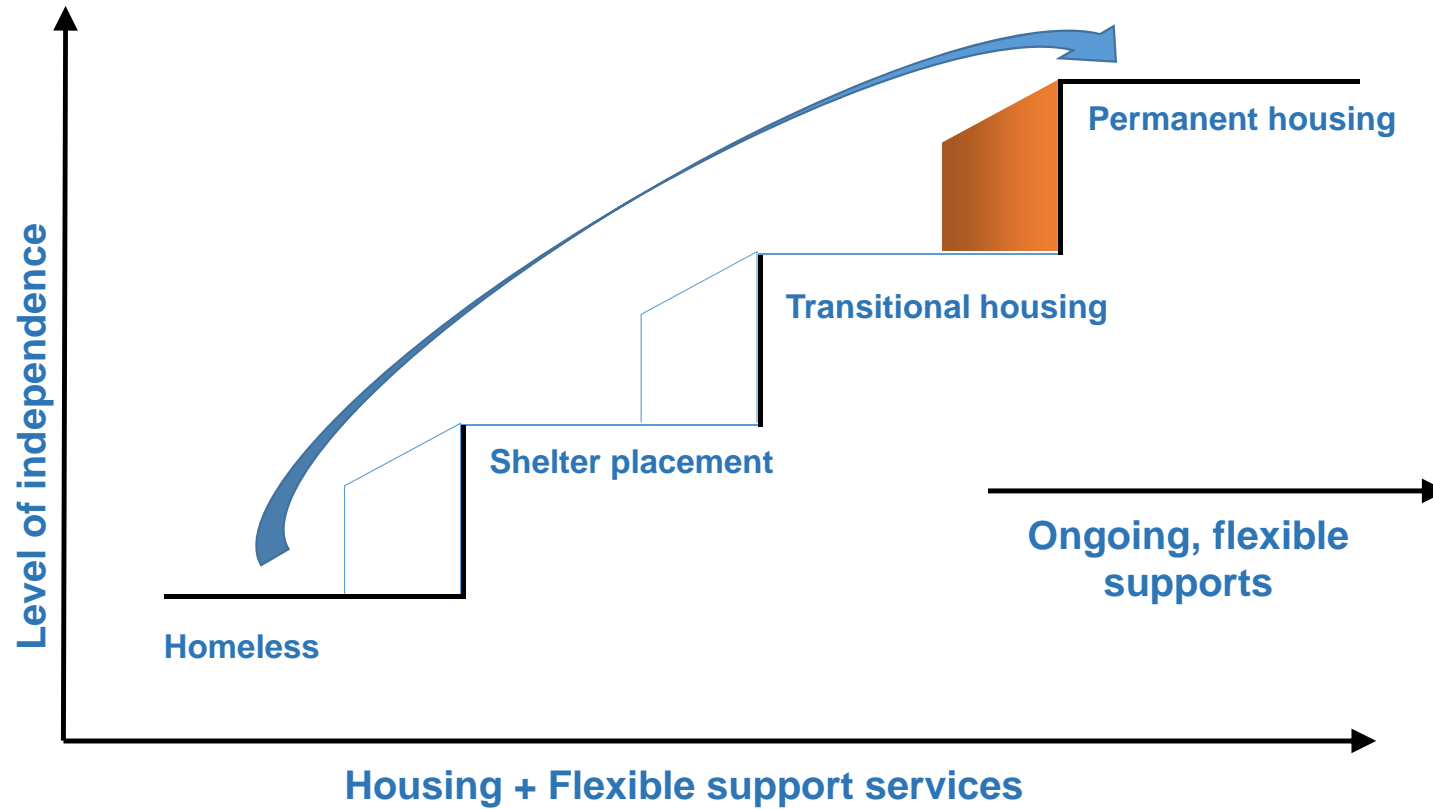
Housing Readiness Model



Housing As Healthcare



Housing First Model





Success of Pathways to Housing

Sam Tsemberis, Founder of Pathways

Dr. Tsemberis and the Pathways Program were able to demonstrate **85-90% housing retention**, as compared to **60% or less** in other models of supportive housing



A Camden Partnership





Maintaining Fidelity

- We Assess:
 - Chronicity
 - Utilization
 - Vulnerability
- We Ensure:
 - Housing options
 - No one is mandated into services



Components of a High Fidelity Model



Pilot Housing First Program Evaluation

Process

- PSH (with additional ACT items) fidelity scale to administrators, managers, care providers
- Halfway point and after 50 clients are housed
- May add document review and analysis
- Key informant interviews to gain more insight into implementation

Outcomes

- e.g. housing retention, community based service utilization, health, quality of life, social support, crisis service utilization, access to income
- Currently developing instrument and protocol for follow-up surveys (every 3 months? 6 months)
- In-depth interviews rolling basis beginning with first client at 1 year
- Administrative data (e.g. hospital and criminal justice)





Miguel





Patient Story: Miguel

Medical Diagnoses:

- Hepatitis C
- Congestive Heart Failure
- Hypertension

Social Indicators:

- Unemployed/no income
- Homeless
- Social isolation
- Active drug use

Hospital Utilization in 9 months prior to enrollment:

- 3 emergency visits
- 7 inpatient stays
- 61 days in the hospital





Peter

Driving Diagnosis

- COPD exacerbation
- Acute Asthma Exacerbation
- Hypertension
- GERD

Social Indicators

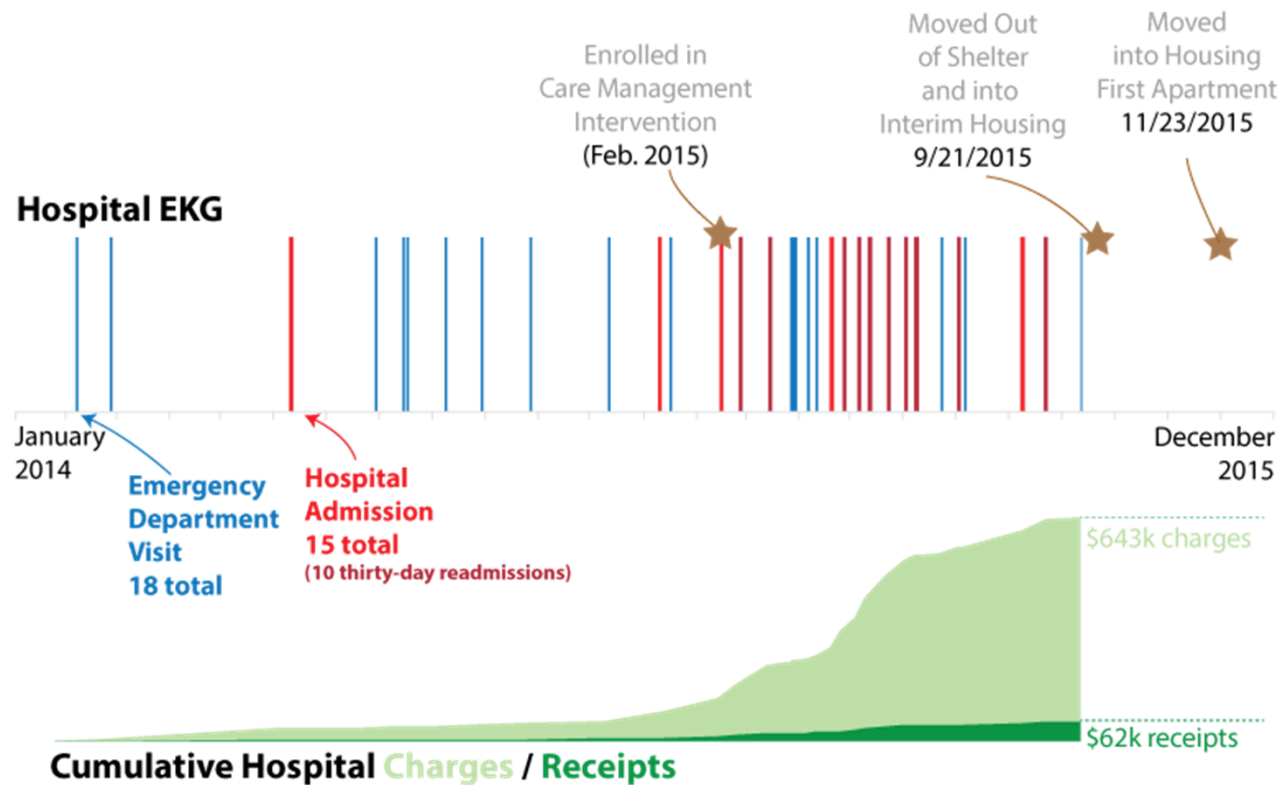
- Experiencing homelessness (1+ year in shelter)
- Limited Income (\$210/month)
- History of incarceration
- Limited Social Support
- Generalized Anxiety Disorder, Major Depressive Disorder
- In remission from Substance Disorder Dependence from Alcohol

Hospital Utilization

- Frequent ED Visits
- Frequent Inpatient Admissions to local hospitals



Peter's Hospital Utilization





Alfred

Driving Diagnosis

- CHF, cardiomyopathy
- Major Depressive Disorder, PTSD
- Substance-Related Disorder Abuse: Alcohol (in remission), Cocaine, Cannabis
- Substance-Related Disorder Dependence: Nicotine

Social Indicators

- Significant History of Childhood Trauma
- Housing Instability
- Minimal Social Support
- Substance Use

Hospital Utilization

- Frequent ED Visits
- Inpatient Admissions to Cooper, Lourdes, Kennedy, and Temple





- Total monthly cost
- DCA Housing Assistance = \$589
- Alfred's payment with utilities = \$306

Alfred before

\$147,000 across the County's hospitals over 4 years

Alfred now

4-year cost for housing
\$28,000

Projected savings

\$119,000 over 4 years



Reducing Inpatient and Emergency Visits per Patient-Day for the First 27 Housing First Clients by 39%

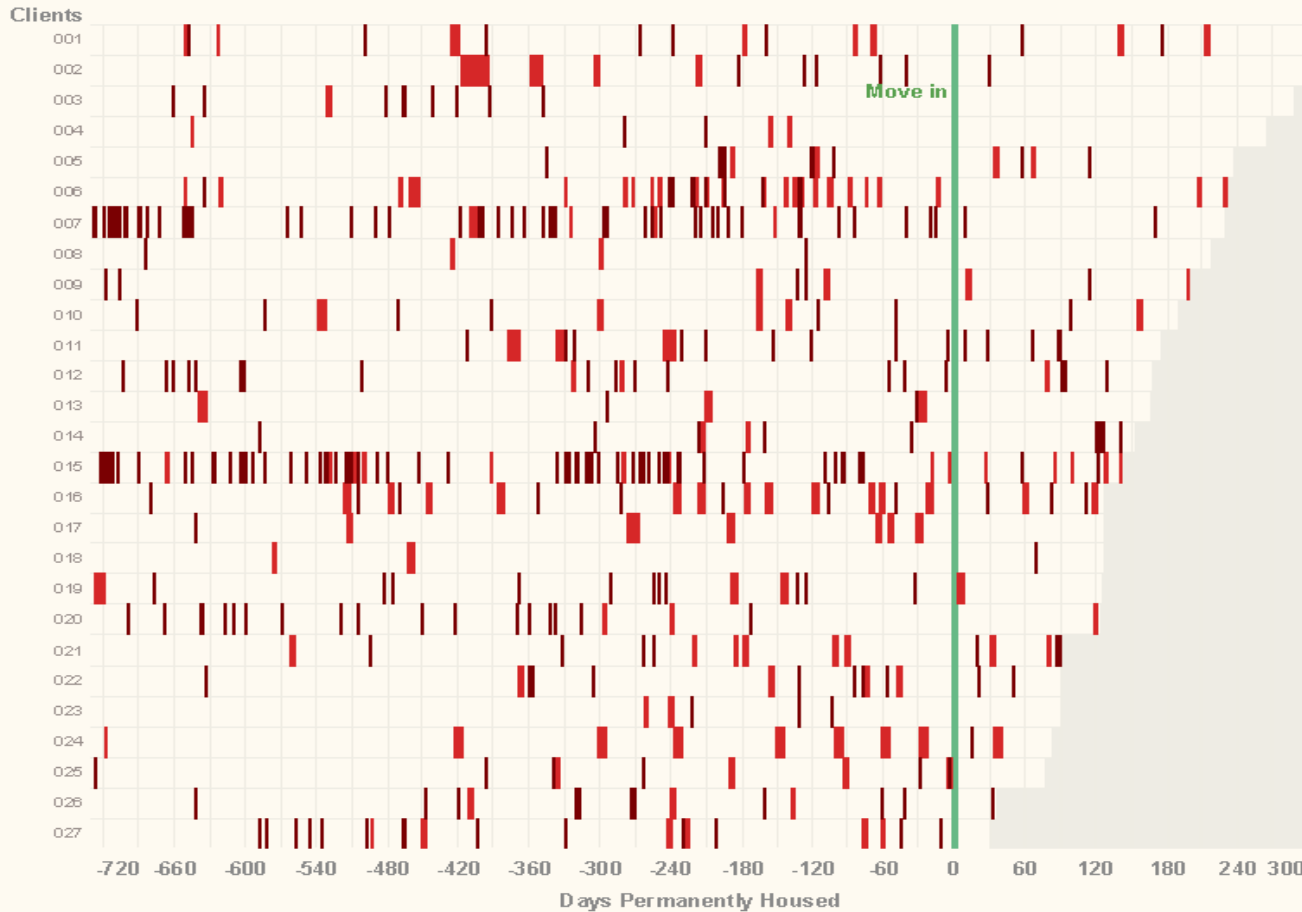
All

patient visit density ratio

individual improvement

Inpatient & Emergency Reduction per Patient -Day at Risk (all hospitals)

average of 4 days per stay pre 3.3 post -17%



	pre	post	individual improvement
001	0.018	0.014	+
002	0.013	0.003	+
003	0.014	0.000	+
004	0.007	0.000	+
005	0.012	0.017	-
006	0.053	0.009	+
007	0.083	0.009	+
008	0.006	0.000	+
009	0.008	0.021	-
010	0.014	0.011	+
011	0.017	0.029	-
012	0.027	0.031	-
013	0.007	0.000	+
014	0.010	0.026	-
015	0.125	0.053	+
016	0.030	0.060	-
017	0.012	0.000	+
018	0.004	0.008	-
019	0.020	0.008	+
020	0.028	0.008	+
021	0.015	0.060	-
022	0.021	0.022	-
023	0.007	0.000	+
024	0.012	0.026	-
025	0.014	0.000	+
026	0.018	0.028	-
027	0.030	0.000	+

pre post



Methodology: The "density" of hospital visits is the number of inpatient and emergency visits divided by the number of days on which the patient was at risk for a hospital visit.

While a patient is admitted they cannot have a second admission, so the length of stay is subtracted from the total days at risk. Patients are at risk of multiple emergency visits on a given day, so only the rare multi-day emergency visits and observation stays have their length of stay subtracted from days at risk. Jail stays are also subtracted from days at risk.



3 **Average** number of patients
housed per month



31

Total number
of patients
housed
currently

What Does It Cost?



First Year Expenses (excluding rent)

Costed

\$665,019

Real Expenses

\$1,177,837



Year 2 Projected Costs (assuming 50 housed)

\$1,125,165



Initial PFS Cohort Analysis

Cost driver	Average service usage	Average unit cost	Annual Service Cost
Emergency shelter days	<i>Unknown</i>	\$60	--
Emergency Room visits	10.6842	\$602	\$6,435
Hospitalizations	2.8235	\$9,462	\$26,715
Ambulance trips	<i>Unknown</i>	\$704	--
Detox visits	<i>Unknown</i>	\$150	--
Jail bed days	12.92	\$150	\$1,938
Number of arrests	0.91	\$270	\$246
Prison days	10.9	\$150.21	\$1,637.31
Total			\$36,971



Thank you!





HEALTHY COMMUNITIES TASK FORCE

What can be done to encourage housing policies and programs that support better health outcomes?	What organizations/partners could be involved?	How much would it cost? How could it be funded?	What's the estimated timeline for implementation?	What's the first step that needs to happen to make this idea a reality?
Form a residents association	Housing Authorities, residents, foundations	Foundations	2-4 years	Rally the residents/meeting with all residents
Break down silos	Government, for-profit landlords, hospitals, social workers, non-profits		Now! Begin gathering evidence	Make the point → show this can be effective (e.g. cost savings)
Integrate housing into social services (e.g. Medicaid)	Government (Medicaid), hospitals, non-profits (e.g., Habitat for Humanity)		5-10 years	
More widespread Tobacco Free policies	Health experts			
Improving housing trust fund	LRI/DIA/WCRP	Less than nursing homes and hospitals	When city council passes it	Money from city council
Consider people in nursing homes homeless	HUD	Not sure	As soon as possible	
Bed bugs removal	CLS/LRI	Not sure	NOW	Make money available
Fitness Nourishment, Air, Water, WELL Certification System	Built Environment Organizations	Certifications. Demonstration projects through foundations	Construction cycle	Integrated stakeholder meeting
Prioritize efficient location (transit/walk/bike access) in housing development and scattered site selection	Housing authorities, non-profit agencies, transit agencies, tenants, transit/walk/bike advocacy	Staff time (not much). Some construction of sidewalks, bike rack installation, etc. Small savings to residents and paratransit	Ongoing (housing stock turns over slowly but should apply to new development and move decisions)	Agencies have meetings Pre-step: staff/leadership reconsider windshield perspective, stop defaulting to car transport



HEALTHY COMMUNITIES TASK FORCE

What can be done to encourage housing policies and programs that support better health outcomes?	What organizations/partners could be involved?	How much would it cost? How could it be funded?	What's the estimated timeline for implementation?	What's the first step that needs to happen to make this idea a reality?
Comprehensive healthy built environment education for public, private, and non-profit landlords	MPO or city/county planning agency. Smart Growth Advocates. Health/public health professionals. Landlords. Housing non-profits, housing authorities, licensing agencies, real estate associations, developers, college res life offices	<\$50,000 (Could charge nominal fee for training participants)	6 months – 1 year to develop curriculum and start holding trainings	Get in an agency's work program, hold kick off meeting to get buy-in from potential participants
Public education → data reporting	State, city, federal Some providers	Taxable grants	12 years	Bring organizations together → build consensus
Educate professionals across sectors to Psych 101 Pyramid	Everyone!			
Raise awareness of housing needs and barriers	Who has data on housing needs and barriers (e.g., American Housing Survey)			
Increase funding (reallocate) support and resources to existing programs	Local, state, and federal government agencies			



HEALTHY COMMUNITIES TASK FORCE

What can be done to encourage housing policies and programs that support better health outcomes?	What organizations/partners could be involved?	How much would it cost? How could it be funded?	What's the estimated timeline for implementation?	What's the first step that needs to happen to make this idea a reality?
Diverse stakeholder advisory group to bring down "silos" includes residents and homeowners	Health, L&I, homeowners, tenants, landlords, private and public agencies	Meetings – Cost? Space + food 2-4 times/month		
Develop comprehensive housing policies with health and safety components				
Enforce code. Incentivize homeowners and landlords				
Low/no interest loans for healthy home repairs	Financial institutions, municipal governments, H&CD community	Variable		Convening the partners, gaining political support
Voucher program modifications to encourage newer housing in diverse locations to take part	Developers, municipalities			
Residents Association	Residents Association, TURN, Philly Socialists, Centers for Independent Living	Variable. Start with small funding. Fact sheets and information		Hold a meeting
Supporting transition from Psych hospital to stable housing with care management	Certified care specialists, MHA of Southeastern PA			Research the cost effectiveness. Encourage co-housing.



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Provide assistance to homeowners for pest issues	PCA, PAIPM, Liberty, Vector, COMHAZ, HUD	\$1.5 m = 1500 homes funded by a tax on mattress sales	By 2018	City Council
L&I and PD40 enforce existing regs		fines	By June	Reinterpret PMC Code Interpretations
Housing Court to work on compliance by home owners	L&I, PDPH, CLS, TURN, Liberty, PCA	fines	By 2018	City Council