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# THE NEED FOR HOUSING WITH SERVICES

- “About 1.8 million older adults – mostly poor single women in their mid 70s to early 80s – live in federally subsidized housing, more than the number who live in nursing homes.” (Widen and Redfoot, 2002).
- Research shows that many of these older residents need assistance with routine activities. The 2002 American Community Survey found that subsidized older renters were twice as likely to be disabled as were older home owners. (Redfoot and Kochera, 2004; Harahan, Sanders, & Stone, Creating New Long Term Care Choices for Older Adults, 2006).

# HOUSING WITH SERVICES: SETTING THE STAGE

The requirements of the Affordable Care Act and the fast implementation in Oregon, combined with an ongoing commitment to Home and Community Based Services, and

The health and social service needs (high levels of depression, substance abuse, and dementia) of the culturally diverse resident population ( e.g. 30% + ESL population of the four buildings operated by Cedar Sinai Park),

Create an optimal site for a collaborative demonstration project aimed at reducing healthcare expenditures and improving outcomes for those served.

# HOUSING WITH SERVICES: 2010-2013

**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: FOCUS ON SOCIAL DETERMINANTS OF HEALTH



A Planning Group of over 20 providers and stakeholders has met regularly over the past two years and has identified the following **INITIATIVE GOALS**

# HOUSING WITH SERVICES: GOALS

- Improved health outcomes for underserved populations;
- Creating a culture of wellness by focusing on social determinants of health:
  - Increased community engagement
  - Improved access to culturally specific and effective services
  - Mental health and addiction services
  - Preventative healthcare
- Decreased utilization of hospital care, emergency rooms and involvement with the criminal justice system;
- Delayed entry into long-term care;
- Facilitation of care transitions that improve health and prevent re-institutionalization;
- Successful collaboration among partner agencies and with CCOs; and
- Financial sustainability and measurable cost savings.

# HOUSING WITH SERVICES MODEL







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love. honor. respect.

