



**Social Impact Partnerships to Pay for Results Act (SIPPRA)
Commission on Social Impact Partnerships Meeting
October 9, 2019**

Introduction

- Commission Member and Treasury SIPPRA Team Introductions
- Roles and Responsibilities
- Meeting Agenda
 - Overview of nine applications to be considered for award on October 28, 2019
- Wrap up and close

Municipality of Anchorage, Alaska

Anchored Home Permanent Supportive Housing

- Target Population: individuals who cycle between homeless services, corrections, and crisis services (such as healthcare and behavioral health). Specifically, individuals who have been released from a correctional facility 2 or more times in the past 2 years and at least once in the past 12 months; who meet the HUD definition of “chronically homeless”, who were homeless at least once in each of the past 3 years, or who were homeless for at least 12 months cumulatively in the last 3 years; and who have a history of high-cost utilization of crisis services or healthcare or behavioral health services.
- Intervention: Permanent Supportive Housing (PSH) with Intensive Case Management (ICM), delivered within the framework of the Housing First philosophy which includes non-time-limited affordable housing, matched with intensive supportive services such as case management, substance use or mental health counseling, advocacy, and assistance locating and maintaining employment.
- Existing evidence: Decades of research on PSH has demonstrated its benefits for similar target populations. Most notable is a 2017 evaluation of Housing First programs in Anchorage and Fairbanks, which provides detailed local analysis of changes in healthcare utilization as a result of participants receiving PSH. Specifically, the average ED visits over 24 months, 53% reduction and the average inpatient days over 24 months, 33% reduction.
- Anticipated Outcomes:
 - Reducing recidivism among individuals released from prison, or other high-risk populations;
 - Reducing the rate of homelessness among our most vulnerable populations;
 - Improving the health and well-being of those with mental, emotional, and behavioral health needs
- Intervention Period: 3 years
- For the Benefit of Children: 0%
- Partners:
 - United Way of Anchorage (Program Intermediary)
 - Anchorage Coalition to End Homelessness (Local Continuum of Care)
 - Institute for Community Alliances (ICA)
 - Rural Alaska Community Action Program (Service Provider)
 - Southcentral Foundation (Service Provider)
 - NeighborWorks Alaska (Housing Provider)
 - Social Finance (Financial Intermediary)
 - Corporation for Supportive Housing (Technical Assistance)
 - Alaska Mental Health Trust Authority (Funder)
 - Rasmuson Foundation (Funder)
- Independent Evaluators:
 - NPC Research
 - University of Alaska Anchorage

City and County of Denver, Colorado Housing to Health (H2H)

- Target Population: homeless individuals who have a record of at least eight arrests over the past three years in Denver County, were experiencing homelessness at the time of their last arrest, and are at high risk for avoidable and high-cost health services paid through Medicaid.
- Intervention: supportive housing, modified assertive community treatment (ACT) and case management that includes evidence-based motivational interviewing and trauma-informed care.
- Existing evidence: Overwhelming evidence shows that supportive housing is effective for chronically homeless adults who are frequent and costly users of public systems. Previous research conclusively shows that the model works to end homelessness for this population (Tsemberis, Gulcur, & Nakae, 2004). The literature suggests that supportive housing has an impact on health service utilization, and that a decrease in high-cost services such as emergency department visits and inpatient hospital admissions will likely be a significant source of cost savings for multiple systems. Several studies found that use of emergency rooms decreased with the provision of supportive housing (Martinez & Burt, 2006; Sadowski et al., 2009; Seligson et al., 2013; Mondello et al., 2007). Using a pre-/post- research design, Martinez and Burt (2006) find a 16 percent reduction in the number of residents with an emergency room visit and a 56 percent reduction in the total number of emergency room visits after the first year of supportive housing. Sadowski et al. (2009) found a 24 percent difference between the treatment and control groups in the number of emergency room visits in a randomized controlled trial.
- Anticipated Outcomes:
 - Increased housing stability (reduction in homelessness)
 - Decreased police contacts (reduced alcohol and drug use, trespassing, panhandling)
 - Increased access to health services (mental and physical health care, substance abuse treatment, and preventive, office-based care)
 - Improved health (decreased severity of illness, improved mental and physical health)
 - Increased access to health services (resulting in decreased visits to detoxification centers and decreased avoidable emergency room and hospital visits)
 - Decreased criminal justice involvement (fewer arrests and jail days).
- Intervention Period: 7 years
- For the Benefit of Children: 0%
- Partners:
 - Corporation for Supportive Housing (CSH) & Enterprise Community Partners (Intermediary),
 - Colorado Coalition for the Homelessness (Service Provider)
 - Mental Health Center of Denver (Service Provider)
- Independent Evaluator: Urban Institute

Indiana State Department of Health Indiana Nurse-Family Partnership

- **Target Population:** high-risk mothers living in poverty, who have the highest likelihood of poor birth outcomes. The mother must be at or before twenty-eight (28) weeks gestation, have no previous live births, and be eligible for Medicaid, and live in either Marion County or Lake County.
- **Intervention:** registered trained nurses make periodic home visits to mothers beginning during pregnancy and lasting until a child's second birthday. During the pregnancy the nurses ensure that the women are maintaining healthy lives by administering alcohol, tobacco, and drug assessments, encouraging behavior-change strategies to facilitate a reduction in substance use, educating the women on the signs and symptoms of common pregnancy complications, coordinating care and treatment for any issues, ensuring regular office visits with their provider, monitoring blood pressure, and assessing for any potential warning signs. After birth, nurses teach mothers to identify the signs of illness in children, measure the symptoms of illness (e.g., taking temperatures), communicate the signs and symptoms with primary care physicians and how to recognize and understand communicative and nonverbal signals from children.
- **Existing evidence:** The evidence supporting the NFP intervention is well-documented. RCTs in Elmira, NY, Memphis, TN, and Denver, CO have demonstrated the impact of NFP across diverse geographies and demographics. The trials have demonstrated strong, consistent impact on three outcomes in particular: decreased smoking during pregnancy, fewer hypertensive disorders during pregnancy and less frequent closely-spaced pregnancies. Each of these outcomes is correlated with other negative, high-cost birth outcomes. Smoking and hypertensive disorders during pregnancy result in higher rates of preterm birth and low birthweight. Closely-spaced births lead to subsequent preterm second births and reduced prenatal care. By intervening early and targeting high risk, well-evidenced behavioral and medical triggers, NFP's intervention results in stronger birth outcomes and reductions in outlays by the public medical system.
- **Anticipated Outcomes:**
 - Healthy birth spacing
 - Reductions in child injury
 - Increased rates of immunization
- **Intervention Period:** 7 years
- **For the Benefit of Children:** 100%
- **Partners:**
 - Indiana State Department of Health (ISDH)
 - Indiana Family & Social Services Administration
 - Nurse-Family Partnership (NFP) local network partners (Service Provider)
 - Social Finance Inc. (Intermediary)
- **Independent Evaluator:** The Indiana Clinical and Translational Sciences Institute (CTSI)

New York City Mayor's Office of Criminal Justice Cure Violence

- Target Population: individuals under 18 years of age and at high risk for involvement in violence, determined by meeting at least four of the following seven criteria:
 - Thought to be a member of a gang known to be actively involved in violence;
 - History of criminal activity, including crimes against persons, pending or prior arrests for weapons offenses;
 - Thought to have access to a weapon;
 - High-risk street activity, thought to be involved in street activity that is highly associated with violence;
 - Victim of a recent shooting;
 - Recently released from prison for a crime associated with violence; and/or
 - Between the ages of 14 and 25.
- Intervention: Expanding the Cure Violence program, an evidence-based model of violence interruption, to eight new program service areas. The CV model identifies the individuals most at risk of spreading gun violence, and it intervenes to change their behavior and attitudes. Next, it tries to demonstrate to those individuals, and to the broader community, that there are more acceptable and less harmful ways to resolve personal conflicts and disputes
- Existing evidence: In the first rigorous study funded by the U.S. Department of Justice, researchers worked with a number of neighborhood sites in Chicago and found that the introduction of the program significantly decreased shootings in five of seven sites and that trends in these areas generally outperformed those in neighborhoods matched to the program sites on a variety of factors (Skogan et al., 2009). The New York City evaluation found that New York City neighborhoods operating Cure Violence programs showed steeper declines in acts of gun violence as well as reductions in the expression of proviolence social norms compared with similar neighborhoods not operating Cure Violence programs (Delgado et al., 2017)
- Anticipated Outcomes:
 - Reduced shootings
 - Reduced victimization
 - Reduced associated medical (Medicaid)
- Intervention Period: 5 years
- For the Benefit of Children: 100%
- Partners:
 - Social Finance (Intermediary)
 - Local non-profits (Service Providers)
- Independent Evaluator:
 - NORC at the University of Chicago
 - John Jay Research and Evaluation Center

State of New York Energy Research and Development Authority

NY Clean Energy Project

- Target Population: low-income individuals in NY State whose household income is less than 60% of the State Median Income, including those participating in Temporary Assistance for Needy families (TANF), Supplemental Nutrition Assistance Program (SNAP), the Home Energy Assistance Program (HEAP), and other benefit programs. Priority populations include individuals who are long-term unemployed and youth 16-24 years of age.
- Intervention: training providers will provide clean energy job training and support services to eligible/enrolled individuals located in several priority geographic regions across NY State. Common intervention features will include:
 - Sectoral employment training focused on energy efficiency occupations and leading to industry recognized technical certifications
 - Work-based learning, including opportunities for apprenticeships and on-the-job training
 - Cohort models, which facilitate persistence and completion, particularly for youth
 - Direct employment of completers by training providers who are also contractors, or well-established linkages to employers, which facilitates job placement
 - “Soft skills” and “21st Century Skills” training
 - Supportive services such as child care and transportation
- Existing evidence: Early findings from this approach were from the Sectoral Employment Impact Study (SEIS) which examined three small programs operated by organizations with experience in sector-focused efforts, found substantial improvements in individuals’ employment, earnings, and wage rates over a two-year follow-up period. More recently, the WorkAdvance evaluation found that the sector based training programs, which provided career services, occupational skills training, job development and placement, and retention and advancement services, led to large increases in earnings—an increase in Year 3 earnings of 12 percent for the full sample, with larger increases for subgroups that had been unemployed for several months prior to study entry.
- Anticipated Outcomes:
 - Increase earnings for participants
 - Increased training programs completed and certifications achieved
 - Increased employment rates
 - Reduced utilization of government assistance programs
 - Increased financial stability of low-income families
- Intervention Period: 7 years
- For the Benefit of Children: Partial
- Partners:
 - Social Finance (Intermediary)
 - TRC Companies (Service Provider)
 - Green City Force and Others (Training Providers)
 - BNP Paribas (Potential investor)
 - the Dakota Foundation
 - Living Cities (Potential investor)
 - Nonprofit Finance Fund (Potential investor)
 - QBE (Potential investor)
 - Reinvestment Fund (Potential investor)
 - Robin Hood Foundation (Potential investor)
- Independent Evaluator
 - MDRC

Oklahoma Office of Management and Enterprise Services

Women in Recovery

- Target Population: justice-involved females 18 years or older with substance use disorders who are prison-bound (felony charges) and ineligible for other Tulsa County, OK. diversion programs. Profile:
 - Majority aged 25-44
 - 80% mothers with average 2.5 children
 - 67% unemployed when arrested
 - 67% Caucasian, 9% African-American, 2% Hispanic, 2% Multiracial
 - Criminal histories
 - One+ adverse childhood experiences, multiple adult traumas
 - Serious substance use disorders
 - Co-occurring mental health and gambling disorders, other risk factors
- Intervention: Women in Recovery program designed to address the complex needs and risks of justice-involved women . The program combines best practices from the mental health and criminal justice fields as well as integrations of gender-specific best practices and treatment models to reduce female incarceration. Services include court-related supervision and accountability, including GPS monitoring and random drug testing; intensive evidence-based treatment and comprehensive support and wrap-around services within a 3-phase daily program structure; addressing of issues impacting women such as domestic violence, trauma, self-sufficiency, family reunification, parenting, children's issues.
- Existing evidence: The WIR program is specifically designed to address the complex needs and risks of justice-involved women (Bloom, Owen, Covington, 2003). The program combines best practices from the mental health and criminal justice fields as well as the integration of gender-specific best practices and treatment models to reduce female incarceration. WIR program is grounded in the literature that supports diverting non-violent offenders, including those involving drug-related offenses away from prison and into community-based intervention settings. A 2006 cost benefit study of a drug offender sentencing alternatives in Washington State yielded \$27,275 (in 2019 dollars) total benefit to each participant relative to incarceration (Drake, 2006).
- Anticipated Outcomes for women who participate:
 - Improved access to stable employment
 - Reduced child welfare outcomes (foster care involvement, contact with child protection services)
 - Reduction of recidivism
 - Improvement in overall well-being
 - Improvement in intergenerational outcomes among participants' children
- Intervention Period: 7 years
- For the Benefit of Children: Partial
- Partners:
 - Family and Children's Services (F&CS) (Service Provider)
 - George Kaiser Family Foundation (GKFF) (Primary Investor)
- Independent Evaluator: WestEd

High Desert Education Service District, Oregon Culture of Care

- Target Population: Children in Central Oregon ages 3-18 who have experienced Adverse Childhood Experiences (ACEs) and historical trauma.
- Intervention: nurturing resilience to trauma by strengthening an important support system for kids—teachers. The intervention will include:
 - A network of 300 local school teacher and staff trainers in trauma informed care and practices who will train and provide ongoing coaching for teachers and staff at every school in the six partner school districts (2,810 individuals total);
 - Professional Learning Communities in each school to adopt a school-wide trauma informed culture; and
 - Annual assessment of school culture (students and staff) utilizing Resilience Measures to monitor and nurture resilience promoting factors among school communities
- Existing evidence: Research indicates that several protective factors can prevent or ameliorate the negative effects of ACEs. A positive, supportive relationship with one or more adults is of primary importance. Studies show that children with secure attachment relationships with their caregiver(s) are better able to regulate their responses to upsetting situations, compared to children with less secure caregiver attachments. A child’s own intrapersonal skills can be a buffer to the effects of ACEs. Children who have experienced ACEs but demonstrate adaptive behaviors, such as managing their emotions, are more likely to have positive outcomes.
- Anticipated Outcomes:
 - Reduce exclusionary discipline
 - Reduce chronic absenteeism
 - Increase on-time high school graduation
 - Improve 3rd grade reading
 - Improve childhood resilience (reduce the adverse consequences of child abuse and neglect)
- Intervention Period: 7 years
- For the Benefit of Children: 100%
- Partners:
 - Shift Health Accelerator
 - The Central Oregon Health Council
- Independent Evaluator: ECONorthwest

County of Ventura, California Venture Home PFS

- Target Population: individuals must have both indications of persistent homelessness and a history of frequent, high-cost use of public services. Specifically, individuals who have three or more indications of homelessness over the past two years; present longevity of homelessness, through indications of homelessness spread among two or more years; and have a history of being among the highest users of criminal justice, healthcare, behavioral health, and/or emergency transit services.
- Intervention: Permanent Supportive Housing (PSH) with Intensive Case Management (ICM). Supportive services will be delivered through team-based ICM based on Housing First principles coupled with ongoing education and services that address the needs of the target population. Service providers will follow best practices of supportive housing in order to address both health and disability concerns and barriers to maintaining permanent housing, resolving crisis situations, and preserving tenancy.
- Existing evidence: Decades of research have demonstrated a causal link between PSH with ICM and better healthcare outcomes including a study of the homeless with criminal justice involvement in 2014 in New York City by Aidala et al which showed a 55% reduction in behavioral health hospitalizations over a 24 month period.
- Anticipated Outcomes:
 - Reducing the rate of homelessness among our most vulnerable populations;
 - Improving the health and well-being of those with mental, emotional, and behavioral health needs
- Intervention Period: 6 years
- For the Benefit of Children: 0%
- Partners:
 - Gold Coast Health Plan (Data Provider)
 - Mercy House (Service Provider)
 - Corporation for Supportive Housing (Technical Assistance);
 - Social Finance (Intermediary)
- Independent Evaluator: Abt. Associates

City of Spartanburg, South Carolina “Hello Family” Project

- Target Population: children, prenatal through age five, living in the City of Spartanburg, South Carolina.
- Interventions:
 - BirthMatters: Community-based doulas (non-medical birth support professionals) educate and support low-income moms under age 24 from 24 weeks of pregnancy until each baby is six months old through home visits and other supports.
 - Family Connects: Nurses visit moms and newborns in their homes across all incomes to assess families for potential risks and connect them with community resources.
 - Triple P, or Positive Parenting Program: Evidence-based multi-tier model, including community-level communications campaigns, along with individual sessions with families, to equip parents with the skills and confidence they need to be self-sufficient in helping their children realize their potential.
- Existing evidence:
 - Birth Matters - A study conducted by Wofford College using 2013–16 program data, found that compared to the Spartanburg County average, mothers participating in the program had lower cesarean delivery rates, fewer neonatal intensive care unit (NICU) admissions, higher breastfeeding rates, and increased use of long-acting reversible contraception to prevent a second pregnancy (Cassada, Dambach, and Koppnaes 2017). A meta-analysis found that labor support by a doula improves obstetric outcomes of young mothers and improves postpartum outcomes (Zhang et al. 1996).
 - Family Connects: Northeast North Carolina. This rigorously conducted quasi-experimental study observed significant beneficial impacts of Family Connects on infant emergency medical care use, number of community resources accessed, and father-infant relationship quality (Goodman, Christopoulos, and Quinn 2016).
 - Triple P: Backed by more than 35 years of research, Triple P has been implemented in more than 25 countries and has evidence demonstrating its effectiveness across cultures, socioeconomic groups, and family structures. Program benefits include more supportive parenting practices, reductions in child behavior problems, and improved parent-child relationship quality (First 5 Santa Cruz 2015; Learning for Action 2016, 2017; Sanders Kirby, Tellegen and Day 2014).
- Anticipated Outcomes:
 - Birth Matters:
 - Reductions in cesarean deliveries
 - Reduction in NICU admissions
 - Reduction in low birth weight births
 - Increases in breastfeeding at birth
 - Family Connects:
 - Reduction in emergency medical care utilization for infants
 - Triple P:
 - Reduced in substantiated cases of child maltreatment
- Intervention Period: 7 years
- For the Benefit of Children: 100%
- Partners:
 - Institute for Child Success (Intermediary)
 - Community Doula (Service Provider)
 - The Hope Center for Children (Service Provider)
 - The Duke Endowment (Investor)
 - The Mary Black Foundation (Investor)
 - The Community Outcomes Fund at Maycomb Capital
- Independent Evaluator: Urban Institute