



**DESERT HEALTHCARE DISTRICT
SPECIAL MEETING OF THE BOARD OF DIRECTORS
Board of Directors
November 5, 2020
3:00 P.M.**

In accordance with the current State of Emergency and the Governor’s Executive Order N- 25-20, of March 12, 2020, revised on March 18, 2020, teleconferencing will be used by the Board members and appropriate staff members during this meeting. In lieu of attending the meeting in person, members of the public will be able to participate by webinar by using the following link:

**<https://us02web.zoom.us/j/82018687152?pwd=WFBWdGdGQ0pmUCtRSitBUWh3TWliZz09>
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<i>Pages</i>	AGENDA	<i>Item Type</i>
	<i>Any item on the agenda may result in Board Action</i>	
	A. CALL TO ORDER – President De Lara Roll Call ____Director Shorr____Director Zendle____Director PerezGil____ Director Rogers, RN____ Director Matthews____ Vice-President/Secretary Borja____President De Lara	
	B. PLEDGE OF ALLEGIANCE	
1-2	C. APPROVAL OF AGENDA	Action
	D. PUBLIC COMMENT At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	
3-15	E. HOUSING AS A SOCIAL DETERMINANT OF HEALTH WORKSHOP 1. The Intersection of Housing and Health – Understanding Social Determinants of Health and Housing as a Key Social Determinant of Health	Information & Discussion
16-46	2. Coachella Valley Housing Catalyst Fund – A Bold Housing Investment Solution, Lift to Rise & Riverside County	Information & Discussion



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F. ADJOURNMENT

THE INTERSECTION OF HOUSING AND HEALTH

Understanding Social Determinants of Health and Housing as a Key Social
Determinant of Health

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INTRODUCTION

At least since the time of Hippocrates' essay "Air, Water and Places," written in 400 B.C.E., humans have been aware of the many connections between health and the environment.¹

There is broad acceptance of the notion that health starts in our homes, schools, workplaces, neighborhoods, and communities. This is what we call "place". Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health. There is strong evidence characterizing place's relationship to health.² The stability, quality, safety, and affordability of where we live clearly affect our health outcomes, as do the physical and social characteristics of that place. Where we live can determine one's experience with asthma, diabetes, high blood pressure, depression, anxiety, and addictions, and how one can access healthcare for such conditions.

A variety of health systems are embracing the idea that investing in a better place for their clients may result in better health and lower cost of care. Some are currently financing affordable housing through different investment tools. In 2018, Kaiser Permanente announced a \$200M impact investment to address the housing crisis³, primarily in Oakland, California, but also in other Kaiser Permanente markets. Similarly, Sutter Health announced a \$30 million campaign to end homelessness in three Sacramento-area counties. Various innovative models in health and housing can be found nationwide⁴, they share a common belief that greater collaboration across communities, community development, housing, and health is needed to improve health outcomes and reduce the cost of healthcare.

This newfound wisdom originates from a better understanding of housing as a social determinant of health, or the relationship between place and health.

This paper was written by Desert Healthcare District (DHCD) staff upon extensive literature review (see reference list). It aims to provide valuable information about *Housing as a Social Determinant of Health* and the potential impact affordable housing may have on improving health outcomes and reducing the cost of care, as the District may consider future proposals to support related efforts in Coachella Valley. It also highlights important policy considerations.

THE SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.⁵ Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place”.⁶ In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live.⁷

Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

History

Starting in the early 2000s, the World Health Organization (WHO) facilitated the academic and political work on social determinants in a way that provided a deep understanding of health disparities from a global perspective. In 2008, the WHO Commission on Social Determinants of Health published a report entitled "Closing the Gap in a Generation", which aimed at understanding, from a social justice perspective, how health inequity could be remedied, and what actions could combat factors that exacerbated injustices.⁸

In the United States, the Office of Disease Prevention and Health Promotion, of the U.S. Department of Health and Human Services, which sets data-driven priorities to improve health and well-being nationwide, began to introduce Social Determinants of Health (SDH) through its Healthy People program.



Healthy People was created in 1979 in response to an emerging consensus among scientists and health authorities that national health priorities should emphasize disease prevention. These priorities are revised and updated every ten years. The topic of Social Determinants of Health was introduced in 2010, in the “Healthy People 2020”. Also, in 2010 the Affordable Care Act (ACA) embodying the ideas put in place by the WHO, included a goal to bridge the gap between community-based health and healthcare as a medical treatment, clearly signaling that a larger consideration of social determinants of health was emerging in policy.⁹



Figure 1. Social Determinants of Health. Healthy People

2030.

Healthy People 2020 confirmed the importance of addressing the social determinants of health by including “*Create social and physical environments that promote good health for all*” as one of the four overarching goals for the decade.¹⁰

Ten years later, Healthy People 2030 includes Social Determinants of Health as one of its five overarching goals: “*Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all*”.¹¹ This new version adds two important words: *economic* and *well-being*.

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Figure 2. Social Determinants of Health. Henry J. Kaiser Family Foundation.

Health care reform, and especially the accountable care movement, is increasingly driving health systems to think upstream to avoid expensive downstream utilization. Rooted in these emerging policies, studies to further document the relationship between social determinants of health and health outcomes have been conducted. Many studies have focused on housing as a Social Determinant of Health; they have resulted in strong evidence characterizing housing’s relationship to health.¹² This has resulted in healthcare organizations like Kaiser Permanente investing in affordable housing.

Let’s examine this relationship between housing and health.

HOUSING AS A SOCIAL DETERMINANT OF HEALTH

The impact of housing on health has become a centerpiece in health policy discussions. Housing is one of the best-researched social determinants of health, and selected housing interventions for low-income people have been found to improve health outcomes and decrease health care costs.¹³ It is important for the DHCD to seek to better understand the health and housing evidence to determine where it might intervene effectively. DHCD staff reviewed the literature and provides herein high-level information for future policy decisions.

Dimensions of Housing

To better comprehend housing as a social determinant of health, this document identifies some of the dimensions of housing, including *stability*, *quality*, *safety*, and *affordability*, which with the physical and social characteristics of *neighborhoods* affect health outcomes and healthcare costs.

Stability

Housing instability can be experienced in different forms, being behind on rent, facing eviction or facing foreclosure, making multiple moves, and/or having a history of being homeless.

People who experience housing instability (people who are not chronically homeless but face housing instability in the form of moving frequently, falling behind on rent, or couch surfing) are more likely to experience poor health in comparison to people who are stably housed.¹⁴

Housing instability is also associated with health problems among youth, including increased risks of teen pregnancy, early drug use, and depression.^{15,16} Housing instability can affect health outcomes, because even the simple act of storing medication become difficult or impossible, which can decrease the effectiveness of health care.

Housing instability can result in home foreclosure. Losing someone's home adversely affects health and mental health through channels operating at multiple levels: at the individual level, the stress of personally experiencing foreclosure is associated with worsened mental health and adverse health behaviors, which are in turn linked to poorer health status; at the community level, increasing degradation of the neighborhood environment has indirect, cross-level adverse effects on health and mental health.¹⁷

At the extreme spectrum of housing instability, people who are chronically homeless face substantially higher morbidity in terms of both physical and mental health and of increased mortality.^{18,19} The life expectancy of a homeless person is several years shorter, depending on the age and sex of an analyzed homeless group.²⁰ Older homeless adults living in shelters have high rates of geriatric conditions, which may increase their risk for acute care use and nursing home placement.²¹ According to Kaiser Health News, the average age of death for homeless people in Los Angeles, CA is 48 for women and 51 for men.²² In contrast, life expectancy for women in California in 2016 was 83 and 79 for men — among the best longevity statistics in the nation.

Unstable housing can result in disruptions to employment, social networks, education, and access to social service benefits. Many people experience traumas on the streets or in shelters, which has long-standing adverse impacts on psychological well-being.²³

These and other challenges can result in persistently high health care expenditures due to emergency department and inpatient hospital use.²⁴ Children who experienced homelessness only while in utero are more likely to be hospitalized or suffer worse health, compared to their peers, in addition, longer periods of homelessness among children generally are associated with worse health outcomes.²⁵

In contrast, access to affordable housing likely drives down costs to the health care system and helps meet major health reform utilization metrics. Oregon, which has been a pioneer of the Accountable Care Organization (ACO) model, studied the impact of affordable housing on access to care and the cost of care. The aforementioned study of Oregon's ACO had the following key findings related to affordable housing: *Within a population of nearly 10,000 people costs to health care systems were reduced by 12% after people moved into affordable housing; primary care visits increased by 20% after move-in and emergency department visits declined by 18%;* and residents reported that *access to care and quality of care improved after moving into affordable housing.*²⁶

The health impacts of other means of stabilizing housing, including rental and foreclosure assistance, have also been rigorously studied in relation to mental health outcomes.^{27,28} Equally positive, studies consistently show that housing the homeless improves health outcomes. In one of several randomized controlled trials of interventions to address homelessness, long-term housing subsidies had positive impacts on measures of psychological distress and intimate partner violence. Particularly among chronically homeless people, having a safe place to stay can both improve health and decrease health care costs.²⁹

Quality and Safety

Housing quality refers to the physical condition of a person's home as well as the quality of the social and physical environment in which the home is located.³⁰ One cannot separate quality and safety.

A number of environmental factors within homes are correlated with poor health. It is well known that exposure to lead irreversibly damages the brains and nervous systems of children.³¹ Substandard housing conditions such as water leaks, poor ventilation, dirty carpets, and pest infestation have been associated with poor health outcomes, most notably those related to asthma.³²

But substandard housing, such as that some members of our Eastern Coachella Valley residents experience also exposes our residents to extreme temperatures. Exposure to high or low temperatures is correlated with adverse health events, including cardiovascular events—particularly among the elderly.³³

Another aspect of quality and safety that affects families in Coachella Valley is residential crowding, which has also been linked to infectious disease and psychological distress.³⁴

Affordability

According to the U.S. Housing and Urban Development (HUD), housing programs in the United States have long measured housing affordability in terms of percentage of income. In the 1940s, the maximum affordable rent for federally subsidized housing was set at 20 percent of income, which rose to 25 percent of income in 1969 and 30 percent of income in 1981. Over time, the 30 percent threshold also became the standard for owner-occupied housing, and it remains the indicator of affordability for housing in the United States.

Keeping housing costs below 30 percent of income is intended to ensure that households have enough money to pay for other non-discretionary costs; therefore, ***households that spend more than 30 percent of income on housing costs are considered to be housing cost-burdened.***³⁵ ***Severe rent burden is defined as paying more than 50 percent of one's income on rent.***

When families have to spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. Housing costs that are more than a household can reasonably afford can lead to foreclosure or eviction. The housing cost burden is linked to increased stress, mental health problems, and an increased risk of disease. Expanding policies that make housing more affordable can help reduce the proportion of families that spend more than 30 percent of their income on housing. This is why Healthy People 2030 sets the objective to “reduce the proportion of families that spend more than 30 percent of income on housing” as its Social Determinant of Health Objective SDOH-04.³⁶

In Coachella Valley -and the U.S. in general, a large and growing number of people face serious difficulty finding affordable housing in a broad range of communities because of the dual problems of a shortage of units, and a lack of income to afford what is available.

Lack of affordable housing and insufficient income is recognized as the leading cause of homelessness.³⁷

According to HUD’s 2020 Homeless Point-In-Time (PIT) Count, there were more than 567,000 homeless individuals in the U.S. More than one quarter (151,000) of them in California.³⁸ The number of homeless individuals across the state has continued to increase each year. The Riverside County Continuum of Care 2020 PIT Count shows that in Coachella Valley, there has been a steady increase in homeless populations, from 399 in 2016 to 627 in 2020. It also has found an alarming increase in homeless families with children, both sheltered (+22%) and unsheltered (+200%).³⁹

Low-income families with difficulty paying their rent or mortgage or their utility bills are less likely to have a usual source of medical care and more likely to postpone needed treatment than those who enjoy more-affordable housing.⁴⁰

The Neighborhood

The neighborhoods we live in shape our behaviors and influence our health. Research on the influence of physical surroundings on health has been ongoing since John Snow investigated the Broad Street pump that alerted the community about the risk of cholera in 1849 London. In the

modern era, researchers have found that the availability of resources such as public transportation to one’s job, grocery stores with nutritious foods, and safe spaces to exercise are all correlated with improved health outcomes.^{41, 42} Living in close proximity to high-volume roads, in contrast, is a danger to health and can result in increased rates of respiratory diseases such as asthma and bronchitis and increased use of health care.⁴³ In one study of neighborhood blight remediation, even walking past a vacant lot that had been “greened” decreased heart rate significantly, in comparison to walking past a non-greened vacant lot. The same authors also found that abandoned building and lot remediation significantly reduced firearm violence. Researchers evaluating the creation of a Safe Routes to School program in Texas found that the addition of sidewalks, bike lanes, and safe crossings reduced pedestrian and bicyclist injuries by 43 percent among children ages 5–19.⁴⁴

Less visible but potentially even more important are neighborhoods’ social characteristics, including measures of segregation, crime, and social capital. Sociologists have conducted crucial research that describes the health impacts of social and institutional dynamics of communities. Researchers have documented the impact of neighborhood segregation on health, suggesting that segregation widens health disparities by determining access to schools, jobs, and health care; influencing health behaviors; and increasing crime rates in neighborhoods of color.⁴⁵

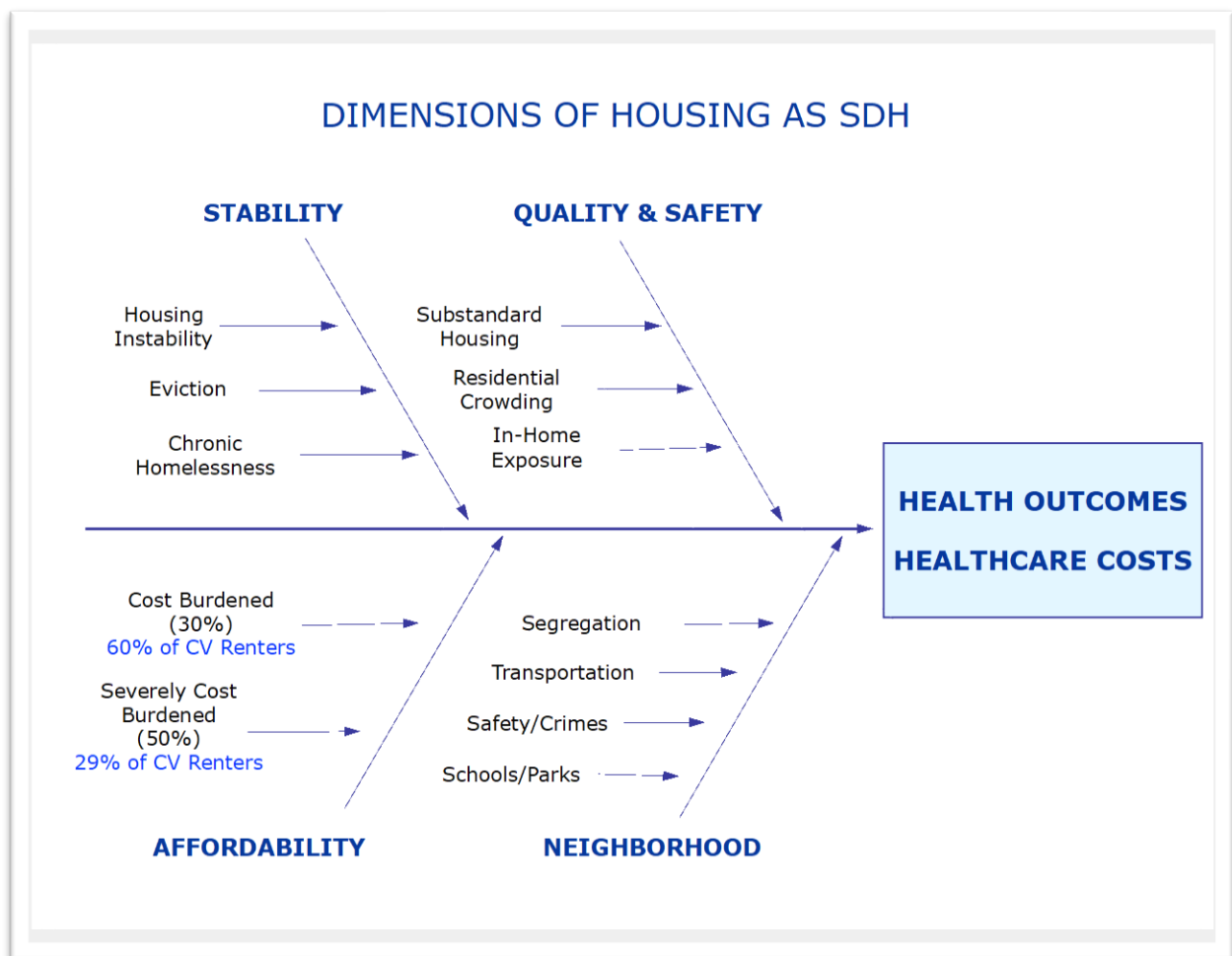


Figure 3. Housing as Social Determinant of Health.

KEY POLICY IMPLICATIONS

The review of the literature suggests the following key policy implications.

- 1- States, localities, managed care organizations, and health districts should invest resources in housing solutions that research shows can improve health outcomes and reduce health expenditures for vulnerable individuals.
- 2- Health services must be integral to affordable housing developments: States, Counties, Municipalities, policymakers, hospital systems, and payers should explore devoting Medicaid and other public and private resources to health-related services and resources such as resident services coordinators to reduce the cost of care and improve health outcomes.
- 3- In support of more upstream investments into the social determinants of health, community health needs assessments should regularly include affordable housing in their assessments and community health improvement plans.

CONCLUSION

Over the last few years, the impact of housing on health has become a centerpiece in health policy discussions. Housing is one of the best-researched social determinants of health, and selected housing interventions for low-income people have been found to improve health outcomes and decrease health care costs.

The District has taken a leadership role in many Coachella Valley-wide collective efforts, including funding the development of CV-Link. It has also funded efforts to improve and expand access to healthcare, serving medically underserved populations, reducing the shortage of healthcare workers, addressing health disparities, improving behavioral health, and confronting public health issues. A recent example of such efforts is the District's Homelessness Initiative. In conjunction with the efforts conducted by the Coachella Valley Association of Governments (CVAG), the District has allocated funding of up to \$3 million in matching grants to local cities in the Coachella Valley. Addressing Housing as a Social Determinant of Health would be an important upstream step to prevent homelessness.

It is however essential for the DHCD to understand and balance being fiscally prudent with supporting affordable housing to improve health outcomes. It is of utmost importance to determine where it might intervene effectively, and how to accomplish such an important task with limited resources.

Equally important is to determine the role and authority of the District in supporting other efforts to impact the Social Determinants of Health and support the Healthy People 2030 Goals and Objectives through its own Community Health Improvement Plan.

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⁴⁴ DiMaggio, C., Brady, J., & Li, G. (2015). Association of the Safe Routes to School program with school-age pedestrian and bicyclist injury risk in Texas. *Injury epidemiology*, 2(1), 15. <https://doi.org/10.1186/s40621-015-0038-3>

⁴⁵ Williams, D. R., & Collins, C. (n.d.). Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health. Retrieved from Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health

Coachella Valley Housing Catalyst Fund

*A Bold Housing
Investment Solution*

Fall 2020

LIFT TO RISE

& Riverside County



Overview

LIFT TO **RISE**

& Riverside County

Why the Coachella Valley Catalyst Fund

TREMENDOUS HOUSING INSTABILITY DURING AND BEFORE COVID-19

- Desert Healthcare District is supporting Lift to Rise's emergency response
- Multiplied your resources many times over
- \$10 million to 7,000+ families

LONG TERM SOLUTIONS NEEDED



Team

- **Omar Carrillo Tinajero**, Associate Director of Innovation & Learning, Center for Community Investment
- **Araceli Palafox-Parks**, Deputy Director, Lift To Rise
- **Robin Hacke**, Executive Director, Center for Community Investment
- **Mike Walsh**, Deputy Director, County of Riverside Department of Housing, Homelessness Prevention & Workforce Solutions
- **Nancy Andrews**, Retired CEO, LIIF
- **Heather Vaikona**, CEO, Lift To Rise

How We Got Here

- 2+ year community engagement process
- 50 collaborative partners, policy makers, municipalities, community residents, and community-based organizations
- Housing was by far the top priority for the community
- Agreed on 2020-2022 Action Plan to radically increase the supply of affordable housing
- Created two parallel initiatives: Catalyst Fund and Housing Policy and Planning agenda



Our Vision

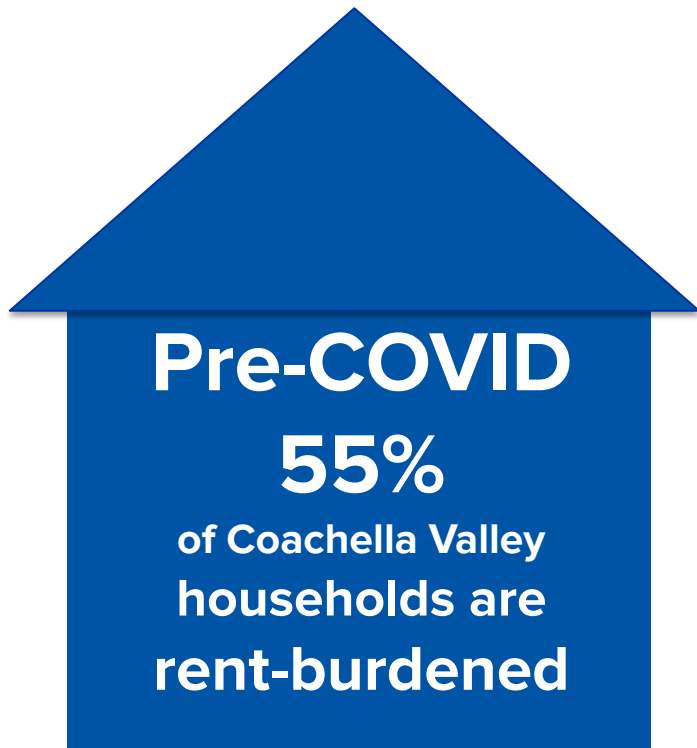
- Create 10,000 affordable homes by 2028
- Reduce rent burdened households by 30%

Our Strategy

- The Coachella Valley Affordable Housing Catalyst Fund
 - \$100 million for housing in Coachella Valley

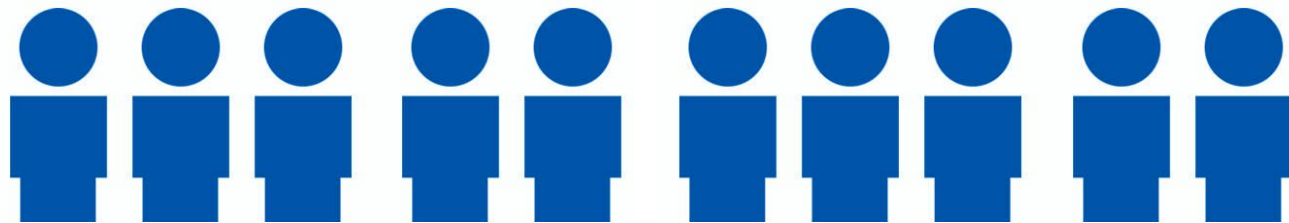
Affordable Housing: A Key Social Determinant of Health

Housing Instability is a Permanent Emergency in Coachella Valley and its impacts are far reaching.

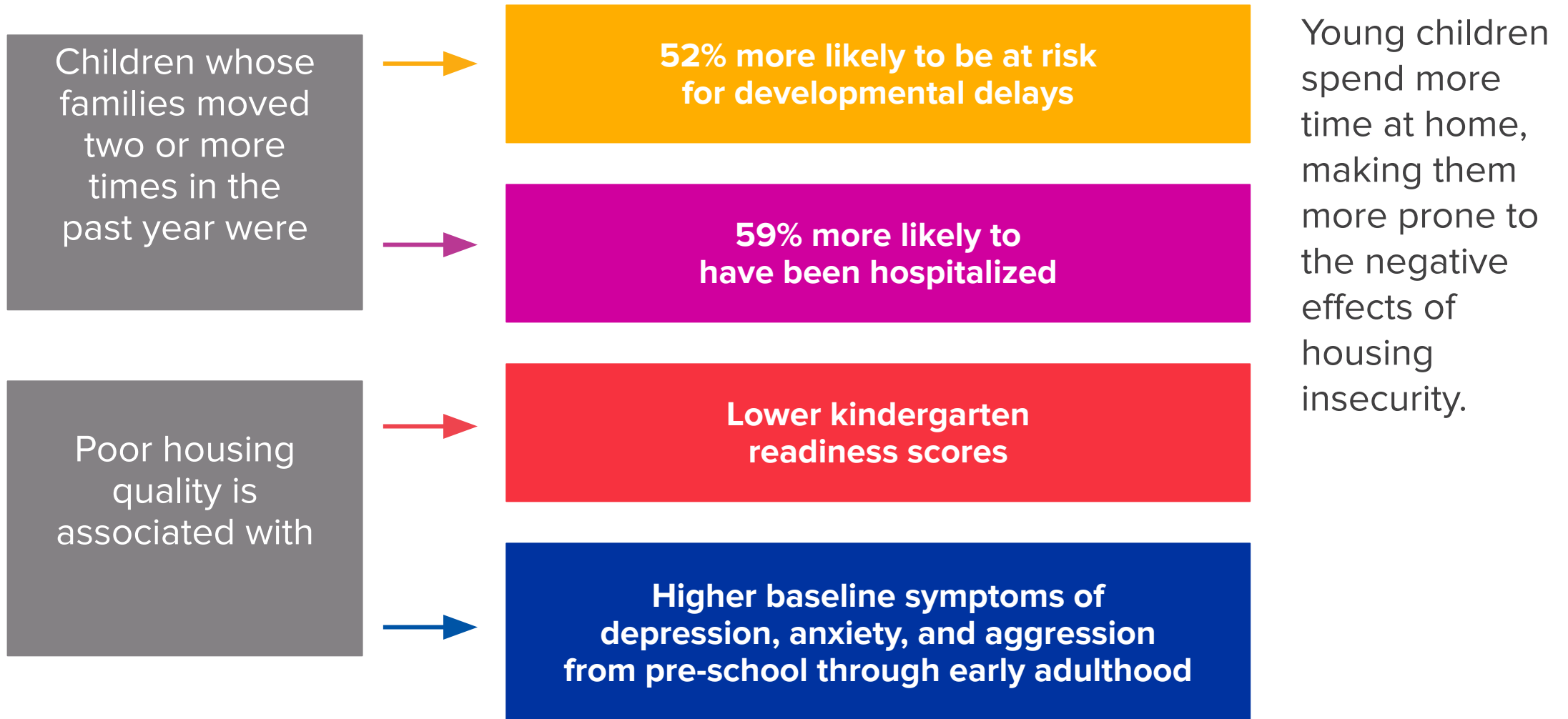


Substandard or unaffordable housing is one of the strongest predictors of health problems.

Latinx household disproportionately affected.



Impact of Housing Instability on Children



Affordable Housing is a Social Determinant of Health

- **40% increase** in food expenditures (Harvard)
- Decreases **family economic stress, food insecurity and poor health** (HUD study, 2015)
- Reduced **domestic violence and alcohol abuse** (Family Options Study, HUD)



Affordable Housing Is a Social Determinant of Health

- Fewer **forced moves, school changes** and lower **dropout rates** (Family Options Study, HUD)
- Increased family spending on **child enrichment** (Johns Hopkins)
- Increased **math and reading scores**
 - Housing affordability benefit = half that of the next most powerful predictors, like mother's education (Johns Hopkins)



Housing Stability Radically Improves Health

Affordable housing paired with better neighborhoods resulted in a 31% improvement of a child's future earning potential.

Raj Chetty, et al.

Housing is a Health Solution

Affordable housing paired with better neighborhoods results is roughly equivalent to a medical intervention in obesity and diabetes.

Jens Ludwig, et al. New England Journal of Medicine

Residents Agree Housing is a Priority

“I would rather have something that belongs to me. You have to live in these arrangements until you can do better. A lot of people are working just to pay rent and our children are suffering.”

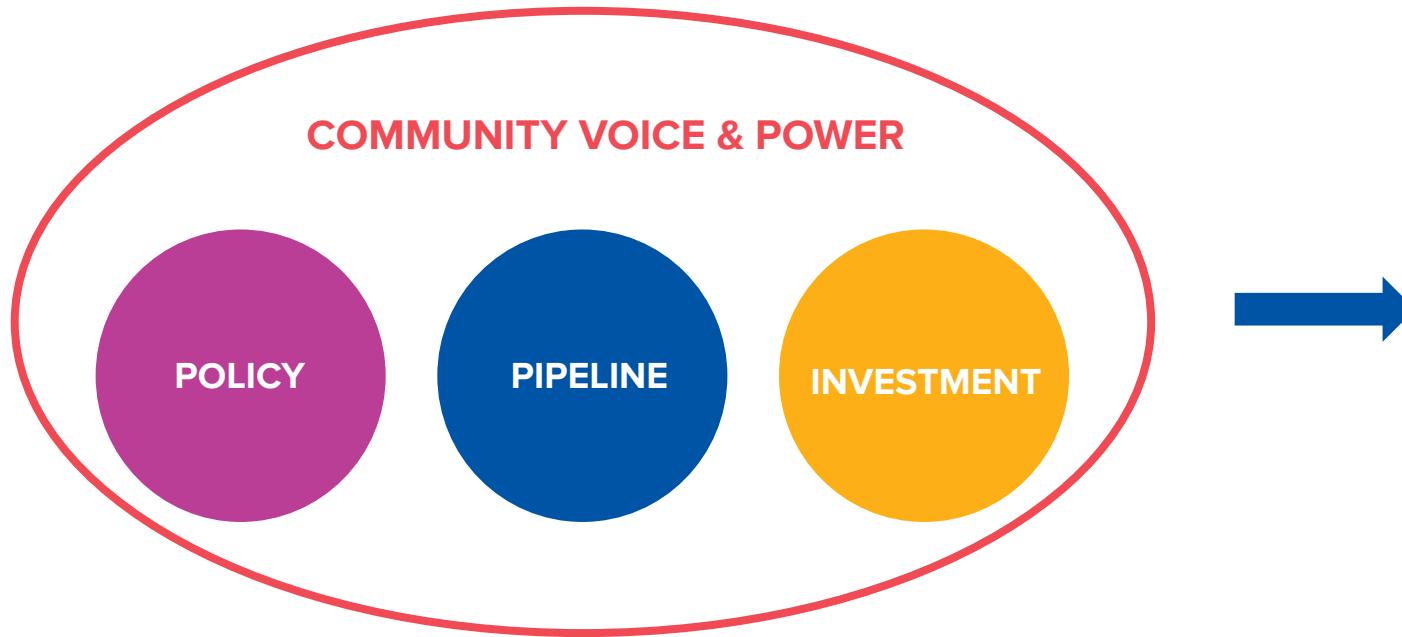
Resident of Desert Hot Springs

How We Will Lift

LIFT TO **RISE**

& Riverside County

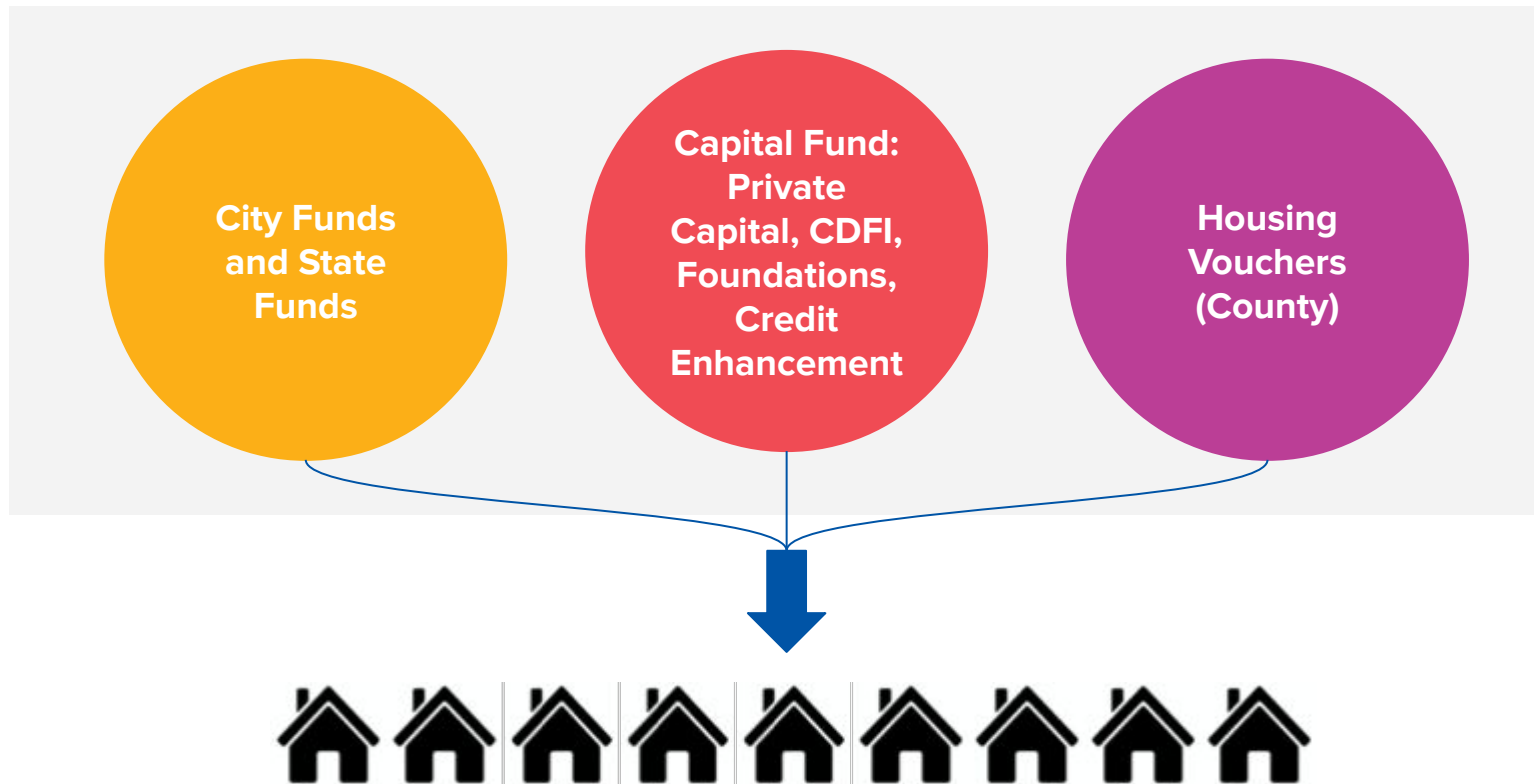
A Multilayered Community Investment Solution



We seek to reduce Coachella Valley rent burden for children and families by 30 percent over the next 10 years -- improving the quality of life of nearly 40,000 individuals -- by producing the 9,881 units of affordable housing necessary to achieve this goal.

Leveraging Multiple Sources of Capital/Funds

By bringing together different sources of capital, including public, philanthropic and private, we are able to expedite the process of identifying, assembling, and completing deals.



- **Driven by resident leadership**
- **10 municipalities**
- **50+ community organizations**

A Ready and Investable Pipeline

The region has enough projects to quickly absorb capital.

Summary of Total Pipeline and Demand *(as of March 2020)*

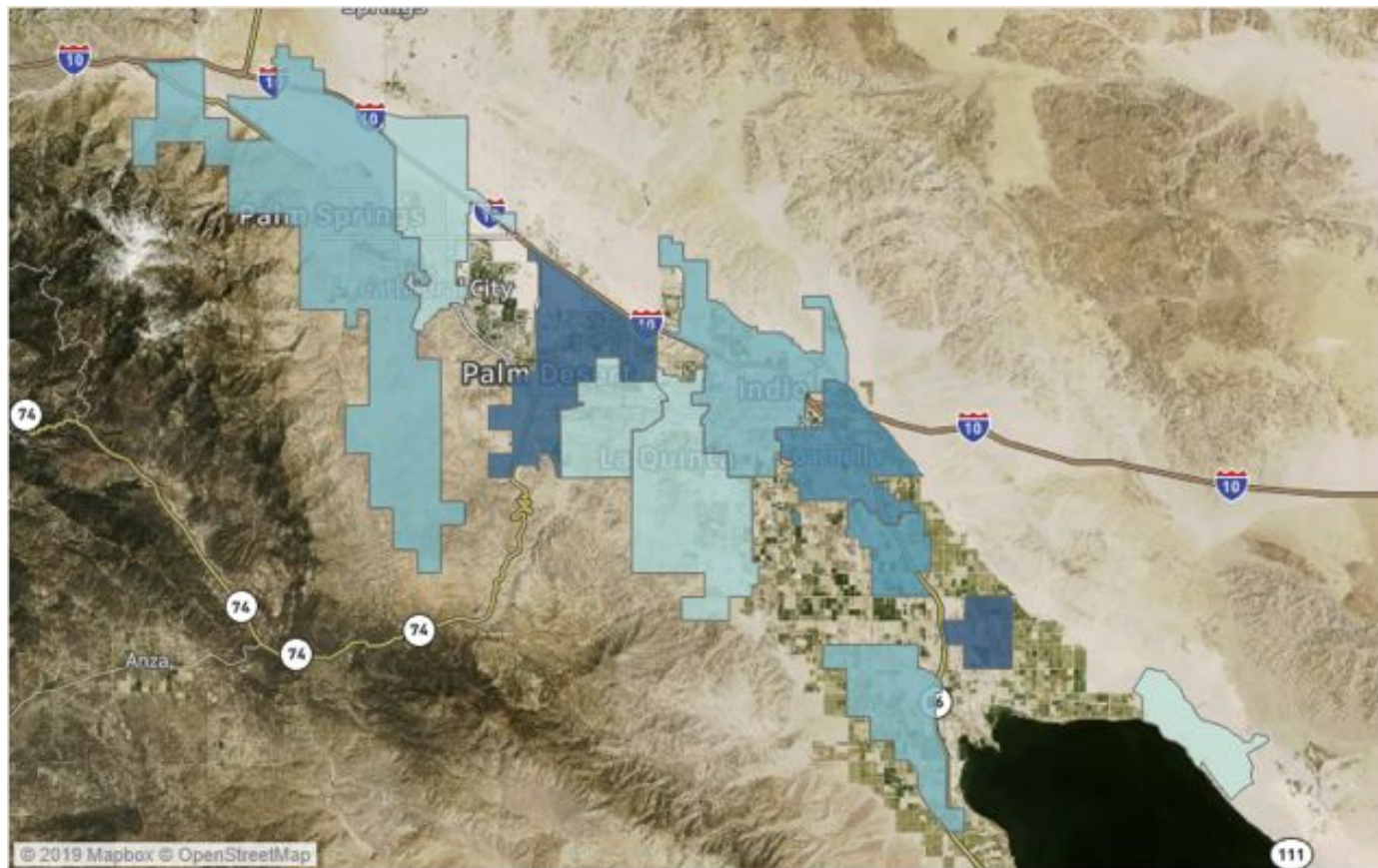
Total number of projects:	44
Total number of units:	2,835
Total development costs:	\$699,523,152
Total capital gap:	\$187,850,295

Diverse Project Types

1. Polancos
2. Permanent Supportive Housing
3. Family Housing in High Resource Areas
4. Sustainable Rural Development

Regional Equity Advances Racial Equity

OUR PIPELINE ADDRESSES THE LACK OF AFFORDABLE HOUSING THROUGHOUT THE REGION.



Total Units by City/Place
6 425

More affordable housing stock across the CV will provide additional opportunities for the majority Latinx community members who need access to quality housing in close proximity to their employment. Spatial proximity to key services, combined with a lower housing-cost burden, will help residents live healthier lives by having greater physical and financial access to food, credit, transportation, and other life necessities.

A Transformative First Batch

JOSE PEREZ POLANCO PARK

- **Project type:** mobile home park
- **# units:** 14
- **Location:** Thermal
- **Investment:** \$500,000
polanco-specific financing
- **Partners:** RCAC and Riverside County

INDIAN WELLS APARTMENTS

- **Project type:** new apartment construction
- **# units:** 50
- **Location:** Indian Wells
- **Investment:** \$1 million
predevelopment loan
- **Partner:** Developer TBD and City of Indian Wells

IVY PALM HOTEL

- **Project type:** hotel conversion
- **# units:** 80
- **Location:** Palm Springs
- **Investment:** \$2 million
predevelopment loan
- **Partners:** City of Palm Springs and Riverside County

THERMAL APARTMENTS

- **Project type:** new apartment construction
- **# units:** 120-140
- **Location:** Thermal
- **Investment:** \$1 million
predevelopment loan
- **Partners:** RCAC and Riverside County

Ivy Palm Motel

- Conversion of 100 unit motel into 81 units of permanent supportive housing.
- Acquisition financing secured from the State's Project Homekey program, and County of Riverside CARES Act dollars.
- \$3 million tentatively committed from the City of Palm Springs.
- The County will be going out in the next couple of weeks to secure a developer partner.
- Start of Construction in Spring of 2022
- Expected completion in Spring of 2023.

HOW THE FUND WILL HELP

Fund will provide much needed pre-development financing to pay for architects, engineers, and other consultants while financing to facilitate the construction is secured.



An Opportunity for Every Investor

- Multilayered investment makes projects feasible.
- Credit Enhancement at the base is critical to make this approach work; by investing at the base of the fund, other investment becomes possible.
- The capital stack allows various types of investors to participate, thereby reducing rates and creating various product types to solve for financing gaps.

Product Types:

1. Planning grants
2. Predevelopment
3. Site Acquisition
4. Construction Financing
5. Permanent Financing
6. Infrastructure Loans
7. Polanco-specific financing

Total: \$100-150 million

Private Capital: \$10-20 million

CDFI Capital: \$30-40 million

Foundation PRI Capital: \$30-40 million

Credit Enhancement/Grants: \$30-50 million

Fund Implementation

How the Fund Will Work

FUND MANAGEMENT

- Fund resources held by Lift to Rise
- Low Income Investment Fund (LIIF) is fund manager
- Community oversight provided by community governance committee

LEVERAGING RESOURCES

- County commits housing vouchers
- Cities provide capital subsidies
- LIIF and RCAC provide their capital and expertise

About LIIF

- 35 years as a national community development bank
- 2 decades of commitment to health
- \$2 billion in community capital deployed:
 - 78,000 homes for families and kids
 - 271,000 child-care spaces
 - 98,000 spaces in schools
- \$8 billion in capital leveraged through LIIF's investments



**The fund is positioned for
transformative systems investment.**

Thank you.

Heather Vaikona

President & CEO, Lift to Rise
heather@lifttorise.org

Michael Walsh

Deputy Director, Housing Authority
of the County of Riverside
mfwalsh@rivco.org

LIFT TO RISE

& Riverside County

Appendix

Appendix 1: CDFI Partners are Ready

LIIF

- MOU executed October 2020
- Lift To Rise raised, and is granting \$650,000 of initial operational costs
- Agreed fund structure after two months of joint meetings
- Engagement of LIIF's National Childcare Director
- Dedicated staff to be recruited November 2020

RCAC

- 3 year initial commitment to cover rural geographies
- Polanco program in design
- Initial project batch to receive support identified
- Lift To Rise granting \$75,000 pre-development funding
- RCAC has secured additional lending capital for permanent financing

Appendix 2: Governance and Timeline

	September 2020	October- November 2020	December - March 2020-2021	April - September 2021
Technical Development	<ul style="list-style-type: none"> Signed MOU with lead CDFI 	<ul style="list-style-type: none"> Seed funding secured Disburse operational funds to CDFI 	<ul style="list-style-type: none"> Community Oversight Advisory Committee meets with LTR and CDFI staff to review progress to date Publicly launch fund 	<ul style="list-style-type: none"> Community Oversight Advisory Committee reviews Fund portfolio and progress; provides feedback on progress and community needs
Community Participation	<ul style="list-style-type: none"> Review progress with Housing Collective Action Network 	<ul style="list-style-type: none"> Search for and hire local Catalyst fund program manager 	<ul style="list-style-type: none"> Community Oversight Advisory Committee provides feedback and strategic advice on progress to date 	<ul style="list-style-type: none"> Lift To Rise Board reviews the relationship with the lead CDFI and decides whether to renew