

HEALTH, HOUSING & HEALING Convening

Building Healthy Places Committee
ULI Orange County/Inland Empire



**Urban Land
Institute**

ABOUT ULI

ULI is the oldest and largest network of cross-disciplinary real estate and land use experts in the world. ULI is its members. Through our members' dedication to the mission and their shared expertise, the Institute has been able to set standards of excellence in development practice. The mission of the Urban Land Institute: Shape the future of the built environment for transformative impact in communities worldwide.

ULI Mission Commitments:

CONNECT active, passionate, diverse members through the foremost global network of interdisciplinary professionals

INSPIRE best practices for equitable and sustainable land use through content, education, convening, mentoring, and knowledge sharing

LEAD in solving community and real estate challenges through applied collective global experience and philanthropic engagement

ABOUT ULI'S BUILDING HEALTHY PLACES INITIATIVE

Since its inception in 2013, the Building Healthy Places Initiative has been engaging, informing, and inspiring ULI members to promote human health and wellness through their professional practice as well as through their leadership and influence in communities. By addressing pressing health challenges and proactively promoting health and social equity, real estate leaders can reduce risks and build projects and places of enduring value.

Social and racial equity are cornerstones of the work of the ULI Building Healthy Places Initiative. Focus areas span a number of the social determinants of health, including transportation, parks and open spaces, food, buildings, housing, and communities.

The OC/IE District launched its own Building Healthy Places Initiative in the fall of 2021. The committee explored a variety of potential topics to focus on and ultimately settled on Healing Centers due to the urgent need locally, regionally, and nationally for an integrated and collaborative approach to implementation.

CONVENING OVERVIEW

On January 26, 2023, eighteen professionals convened at a high-level strategic meeting to move the needle forward on health, healing, and affordable housing. The meeting was hosted by ULI Orange County/Inland Empire and moderated by Dora Barilla, DrPH, President and co-founder of HC2 Strategies. Susan Hori, District Chair, opened the meeting thanking the attendees for their participation, and Matt Romero provided background and explained the vision of the Building Healthy Places ("BHP") committee. Each attendee introduced themselves and provided a brief context of their professional engagement relative to the topic. Dr. Barilla then framed the conversation with concepts of vital conditions, thriving together and, most importantly, a well-being economy. The 18 participants separated into three breakout groups to brainstorm the critical components of a healing center, methods of securing support, and funding and viability, using housing, health, and healing as the core priorities.

Each breakout group was asked to address three key questions:

1. What are the critical components of a healing center?
2. How can projects secure support and get to "YES"?
3. What type of funding is required for a viable project (i.e., land dedication/donation, tax credits, local fund matching, private investment, etc.)?

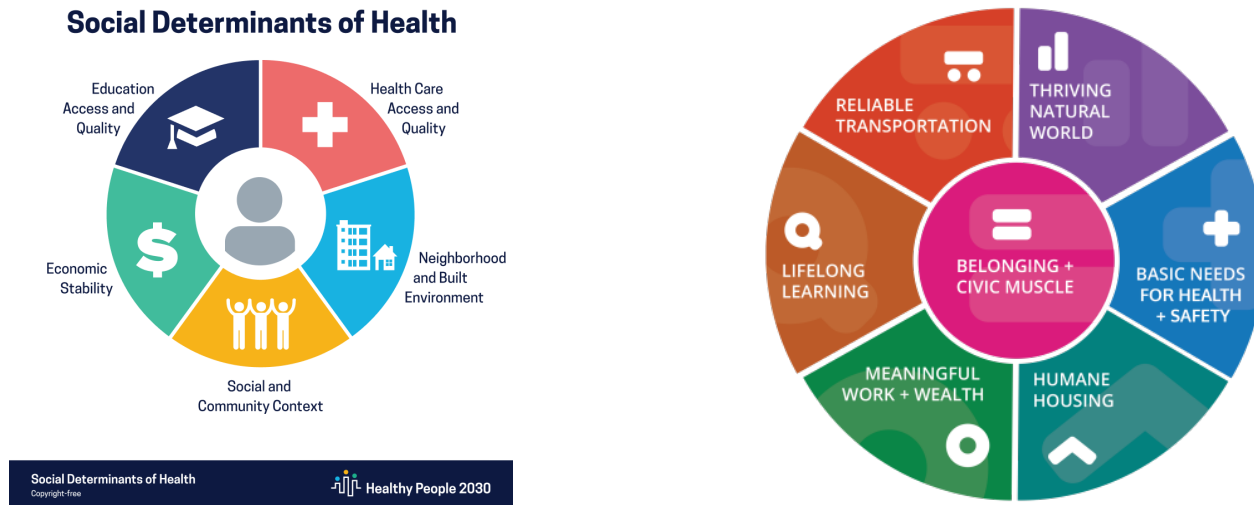
The discussion centered around several topics including:

- How can the built environment build healthy communities in all aspects of health and wellbeing.
- How can this work serve as a template or blueprint; and
- How can various providers across multiple industries break down silos and barriers to comprehensively address local and regional needs.



POST-BREAKOUTS COLLECTIVE REFLECTIONS

Over the past several years, those working in the public health sector have set benchmarks and tracked outcomes using the social determinants of health¹. Paired with the Vital Conditions² for health and well-being, these two frameworks help to further the conversation, creating a structure for multisector solutions to building healthy communities.



When considering the critical success factors for developing healing centers, there was emphasis on the need for **evidence-based solutions, creative financing, community connection, and generating political good-will**. There was group consensus that "the issues & challenges" are well known, but there is often a lack of willpower for collective action. The community needs champions who can build deep, cross-sector connections, and partners who prioritize participatory design, innovation, compassion and most of all collaboration. Collective action and will-power must also be paired with practical necessities, such as land use opportunities, data-driven decision making, policy changes, and development partners who can support multiple, diverse funding streams.

¹Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

²[Thriving.us/vital-conditions/](https://thriving.us/vital-conditions/)

POST-BREAKOUTS COLLECTIVE REFLECTIONS – CONT'D

Evidence-Based Solutions

- Projects must be grounded in evidence-based solutions, responding to local community need as identified by data. This includes collecting the *right* data. For example, the group discussed the benefits of analyzing census data, in addition to annual Point in Time counts, to inform housing need. Furthermore, incorporating real-time data collection as part of standard operations, once a facility is open.
- Adequate affordable housing is a fundamental necessity, and there is so much more to be done to provide support and services for homelessness and those facing housing insecurity. In order to be effective, housing must be coupled with services to address both physical and mental health.
- The critical components of a healing center would include a multidisciplinary campus that embeds both shelter & permanent housing, a navigation center, behavioral health treatment facility, and potentially a sobering center, all on one campus. In this model, all solutions are place based strategies that should reflect the needs/concerns of local communities.
- From a design perspective, facilities need to be warm and welcoming, creating a sense of dignity and respect for all residents. Housing solutions must also consider the practical requirements of supporting resident needs, such as storage of large items, and solutions for cars and pets.
- There is growing research on models that work, and design elements that truly support health and well-being. Effective examples active in this community include Project Homekey, Anaheim's Salvation Army Center for Hope, Permanent Supportive Housing projects, Accessory Dwelling Units, and Bridge Housing units as a transitional pathway to permanent supportive housing.



POST-BREAKOUTS COLLECTIVE REFLECTIONS – CONT'D

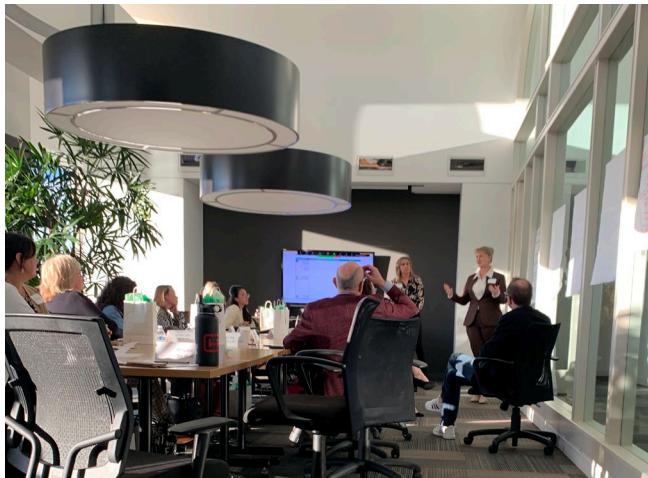
Creative Financing & Policy Opportunities

- There are numerous funding resources, especially in California, for physical infrastructure, but it takes flexibility and creativity, such as compiling a diverse capital stack, to get to a solution. Availability of funding does not necessarily incent siloed sectors to cooperate and collaborate. Work is needed to remove governmental barriers, and reduce funding silos between Federal, State, County and City funds. Consider the development of templates for project/housing types, to help expedite both the jurisdictional and funding approvals.
- Potential avenues of funding include specialty tax incentives and tax exemptions. Consider models that leverage tax-exempt financing with a 25-30 year lease, structured for “loan to own” by the end of the lease.
- Publicly-funded grants often come with pre-requisite requirements that create barriers for local Counties and Cities. Cal Optima is working to minimize those barriers, as evidenced by their recent NOFA for permanent supportive housing infrastructure funds. The NOFA was released with no matching requirements or specific timelines and, more importantly, no site control requirement. Often a project cannot obtain site control *until* there is proof of financing. The recent CalOptima approach will allow projects to be funded first, and then seek site control.
- Significant opportunities exist to reduce the overall cost of housing production, and maximize the ROI. In Orange County, the average cost/unit (330 sq. ft.) is \$700k for permanent supportive housing projects. Architects and contractors have a role to play in designing spaces that are warm & welcoming, yet cost effective. This includes the details of materials specification, construction type and build-out methods. Requirements to use union and prevailing wage for construction labor create a significant cost burden on projects, and are often required by publicly-funded grants.
- SB 2 amended California’s housing element law and housing accountability act to require local governments to take specific zoning actions to encourage the development of emergency shelters, transitional and supportive housing. However, the way individual Cities have implemented SB 2 has created new barriers, such as limiting the development of shelter housing in industrial zones, or zoning limitations affecting the hours that a center can house residents. SB 2 needs to be re-visited.
- New funding opportunities are launching through CalAIM to support sustainable operations of healing centers. Community partners need to be come well versed in these new funding streams, as part of building a case for financial viability.

POST-BREAKOUTS COLLECTIVE REFLECTIONS – CONT'D

Community Connection & Generating Political Good-Will

- **Healing centers must be place-based solutions, relevant to the local community in which a given center is located. A large, integrated campus solution may work in some locations, while in other communities a smaller series of satellite centers may be the best fit.**
- A participatory design process is critical, such that a project plan reflects the insights and consumer needs of the local community, and is developed through a lens of diversity, equity and inclusion.
- Homelessness and housing insecurity is a multi-layered challenge, often plagued by community mis-information. Many disciplines must come together through a robust community education and engagement process. It requires engaging individuals and groups at both a “grasstops” and “grassroots” level, building support with community leaders, CBOs, government, faith communities, for-profit and non-profit private organizations. There needs to be a ground-swell of support, such that the YIMBY voice becomes stronger than the NIMBY voice.
- A key part of building community support is education and shifting the narrative. For example, sharing non-biased scientific studies that demonstrate how property values increase and crime decreases when local communities invest in shelter and transitional housing.



KEY TAKE-AWAYS

- Solutions require a multisector comprehensive approach, leveraging data and evidence-based solutions.
- Existing frameworks such as Social Determinants of Health, Vital Conditions, and a well-being economy provide a structure for analyzing challenges and identifying opportunities for community-based health and wellness.
- There is not a universal solution (i.e. campus healing center vs. multi-provider/ multi-location services); instead the solution must be community-specific.
- Funding requires creativity and often multiple sources: public/private partnerships, nonprofit organizations, sweat equity of community-based organizations, and more.

NEXT STEPS

The Building Healthy Places Initiative Committee will utilize the considerations and key takeaways from the convening as a catalyst for future efforts. Proposed future efforts include:

- Case Studies – a comprehensive investigation of relevant healing center projects to document success in implementation as well as obstacles experienced. A collection of best practices will be proposed as a result of the analysis of the case studies to provide a template or model for healing centers. Coordination with other ULI efforts such as Building Healthy Places National, Homeless to House Initiative, and Health Leaders Network will be consulted with and ensure coordinated efforts. The goal will be to produce a document that assists government entities, agencies, and organizations in the implementation of healing centers.
- Technical Assistance - The Building Healthy Places Initiative committee will solicit interest from cities in a Technical Assistance Panel to explore the implementation of a healing center.
- Recurring Convening – The Building Healthy Places Initiative committee will host regular convenings to provide updates on past, ongoing, and planned efforts and solicit feedback from convening participants to gain insight and direction. Future participants may expand to include healthcare professionals, members of State regulatory agencies, lawmakers, and public health service professionals.

Additional investigation into the viability of the proposed efforts and coordination from key stakeholders will be critical to decision-making and implementation.