Social Impact Partnership to Pay for Success Act (SIPPRA)

Independent Evaluator (IE) Annual Evaluation Progress Report

Grantee Name: City and County of Denver's Denver Housing to Health (H2H) Pay for Success Project

Reporting Period: July 1, 2024, to June 30, 2025

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Not later than two years after a project has been approved and annually thereafter (in July), the independent evaluator must submit a written report to the head of the relevant federal agency and the Interagency Council summarizing the progress that has been made in achieving each outcome specified in the award agreement. Data in evaluation progress reports and final reports will be made available to all federal agencies represented on the Interagency Council, and data content requirements will be specified in the agreement between the grantee and the head of the relevant federal agency.

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1. *Provide an overview of the project including:*
    a. *unique factors that contributed to achieving or failing to achieve the outcome in the context of the intervention, including but not limited to any major change in policy or law that may have affected the project intervention and whether or not the project was implemented with fidelity (e.g., randomization of treatment and control groups),*
    b. *challenges faced in attempting to achieve the outcome, and*
    c. *improved future delivery of this or similar intervention.*

    The Denver Housing to Health program leverages pay for success financing and other resources to provide supportive housing to people experiencing homelessness who have frequent interactions with the criminal legal system and emergency health care services. As part of the pay for success contract, the City of Denver will repay investors if the project meets its goals for housing stability and/or reductions in jail. If the project meets its goals for net reductions in federal Medicaid and Medicaid expenditures, the City of Denver will also receive success payments from the U.S. Department of Treasury. In 2025, the evaluation reported on the project's *housing stability* payment outcomes for the first 10 project quarters.

    The cumulative housing stability payment from the City of Denver is $1,360,513 for the first 10 project quarters (July 2022 to December 2024). As of December 2024:

    - 119 participants met the housing stability payment requirements during the first 10 project quarters:
        - 105 participants were stably housed for one year or more, spending an average of 674 days in housing.
        - 14 participants had a planned exit, such as a move to a higher level of care or death, after spending an average of 151 days in housing.

- Just under half of the 119 participants had a jail stay during the first 10 project quarters; among those who returned to jail, their stay was an average of 40 days.
- Total days in stable housing for eligible participants, minus days spent in jail, was 70,676.

The housing stability payment calculation is specified in the Housing to Health pay for success agreement and evaluation design. The calculation uses data on jail stays and supportive housing entries and exits. Participants are considered to have met the housing stability payment requirement if they remained in housing for 365 or more days without an absence from housing of more than 120 days or if they had a planned exit at any time after entering housing. The total adjusted days in housing is equal to the number of days in housing minus the number of days in jail. The housing stability payment is calculated by multiplying the total adjusted days in housing by $19.25.

2. *Has the evaluation study encountered any challenges, such as those identified in the evaluation design plan's theory of change? If so, how has the evaluation team and/or grantee addressed these challenges?*
   The evaluation study has not encountered any challenges at this time.

3. *Has there been any alterations to the study's research questions or planned design on account of these challenges? If so, what changes were made?*
   A small amendment was made to the housing stability outcome payment calculation with approval from the project's Governance Committee and Treasury. This change does **not** affect how the net reduction in Medicaid and Medicare expenditures is calculated.

   The amendment to the partnership agreement removes language that created a "ramp up period" in the first few months of the project. This was initially included to give providers extra time to complete lease up of participants without penalization, by not counting the days in the ramp up period in the housing stability calculation. However, the project was able to start with a timely lease up from the beginning, so this ramp up provision was no longer needed, and those days are now counted in the housing stability payment.

4. *Assess the degree to which the project was delivered as intended, including a discussion of how closely the project's theory and intended procedures aligned with actual project implementation.*
   The Denver Housing to Health project provides supportive housing for people who are experiencing chronic homelessness, have frequent interactions with the criminal legal system, and have unmet health care needs. In 2025, the evaluation released a report that describes the program's theory of change, the health care needs of people who were eligible for the program, and the unique role that Denver Health, a large safety net hospital and health care system, played as an implementation partner. We also detail how hospital and housing partners worked together to identify and serve people experiencing homelessness with many unmet health care needs in the program.

   Among people eligible for the Housing to Health program, 80 percent had a mental health condition, 94 percent had a substance use disorder, and 86 percent had a chronic physical

health condition. They were utilizing hospital care at high rates before the program, averaging 33 emergency department visits and 22 inpatient days over three years. Denver Health's safety net health system serves a large Medicaid population with unmet health-related social needs, including a large and growing population of people experiencing homelessness, which made the health care system an ideal data analytics and implementation partner for the Housing to Health program.

To build engagement throughout the health system before the project launched, the Denver Health implementation team met with a wide range of departmental leaders and clinical staff that served patients experiencing homelessness. To help supportive housing providers locate and reach out to people referred to the program, Denver Health regularly accessed an electronic health record report to identify people currently in the hospital, emergency department, or detoxification center. After identifying patients in the health care system, the Denver Health team used direct and passive outreach to connect them with supportive housing providers. In the first two years of implementation, 48 patients were initially located and directly connected with supportive housing providers, 33 received outreach letters with program information, and 37 received multiple reconnections to the program after a new emergency department visit or readmission to the hospital.

The roles of the Denver Health implementation team underscore the importance of "embedded intermediaries" in building effective housing-health partnerships. Working from within the health care system, this dedicated team implemented workflows to reach eligible patients across a number of diverse health care settings. Forthcoming evaluation reports will release findings from the randomized controlled trial, including estimates of the impact of supportive housing on health care utilization and the net cost, or cost reductions, to Medicaid.

5. *Have any of the intervention model's key components changed? If so, how? For example, describe any changes in the following areas, 1) staffing, 2) recruitment/identification and maintenance of training providers and other key partners, 3) recruitment/identification, screening, and enrollment of participants, recruitments/identification, screening, selection of investors, and 4) intervention features and strategies across participating providers.*
   There have been no changes to the intervention model's key components.

6. *Include an assessment of the value to the federal government as discussed and defined in Section 4.f.ii, Outcome: Outcomes Valuation. If outcomes were not evaluated during this reporting period, enter N/A.*
   N/A

7. *Are there additional topics or information not discussed above that the independent evaluator would like to highlight regarding this project and/or other areas?*

   All project reports are now housed on our project webpage, including the two reports discussed above that were released in 2025:

- Harnessing Health Care Systems to Enhance Supportive Housing: Summarizes the health care needs of participants before program referral and the unique role played by Denver Health and Hospital Authority as an implementation partner for the supportive housing program.
- Denver Housing to Health Project Housing Stability Payment Outcomes: Second assessment of housing stability payment outcomes from the start of program in July 2022 through December 2024