



ILLUMINATION
FOUNDATION

National Health Care for the Homeless Conference
Kansas City
May 18th, 2012

What we saw in 2008



**And Orange County is a tough
community for the homeless**



**Seegerstrom Center for the Arts
gets \$54.3 million per year**

**HELP
THE
HOMELESS**

**The top 5 homeless organizations
get \$33.1 million per year**

And Orange County is a tough community for the homeless



\$2,271,000
average income



\$27,000
average income

We needed to advocate for change



We needed to advocate for change

THE
HUFFINGTON
POST

 **Nour Akkad and Nick Thomas**

Posted: December 1, 2010 11:19 AM

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The New York Times

As Jobs Vanish, Motel Rooms Become Home

By ERIK ECKHOLM
Published: March 10, 2009

Raising Awareness to Orange County Homelessness

THE ORANGE COUNTY
REGISTER

Published: March 18, 2008 3:00 a.m.

The Homeless: Hidden and without health care

Published: March 20, 2008 3:00 a.m.

The Homeless: Working families pushed onto streets

Published: March 20, 2008 3:00 a.m.

Less research, more action for the homeless

Shelters filled to capacity

Published: June 23, 2008 3:00 a.m.

Helping the homeless over the gaps

A new nonprofit foundation launches its first effort to raise funds that will pay for basics like bus passes and motel vouchers to help the homeless in crisis.

HBO® | Documentaries

Summer Series 2010

Homeless: The
Motel Kids of
Orange County

We needed to create awareness and establish what we stand for



We needed to create awareness



We needed to establish our reputation in the community



We needed to find the right partners



Collaboration with the expected and unexpected

Local Government



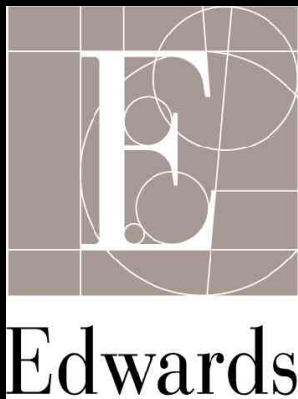
Other agencies



Business Sector



Unexpected Partners



So how did we change the community?



No kids sleep in the armory

The county got serious about their 10-year plan to end homelessness

ORANGE COUNTY

Ten-Year Plan to End Homelessness



*initially approved by the Board of Supervisors in January 2010

So how did we change the community?

“Illumination Foundation came along at just the right time with fresh and innovative ideas. IF comes at problem solving from new and innovative perspectives. They are willing to try new approaches that can offer valuable benefits. They are not burdened down with failures of the past or with bureaucracy. They are lean and committed.”

- Sr. Vice President, Public Affairs, Pacific Life

OUR SOCIAL ENTERPRISE



High Cost of Homeless Discharge



Hospitals lack safe and appropriate discharge options for their homeless patients

Due to this, hospitals keep homeless patients an average of 4 days longer than necessary.

This costs hospitals an average of \$2,279 per day!!

High Cost of Homeless Discharge

- UNMET NEED: Hospitals can't afford provide beds for the homeless
- OC hospital bed cost is \$2,200 per day!
- 2008 Survey of 12 OC hospitals: an average of 100 homeless discharges per month
- Hospital burden per month: \$1.3 million

Program Development

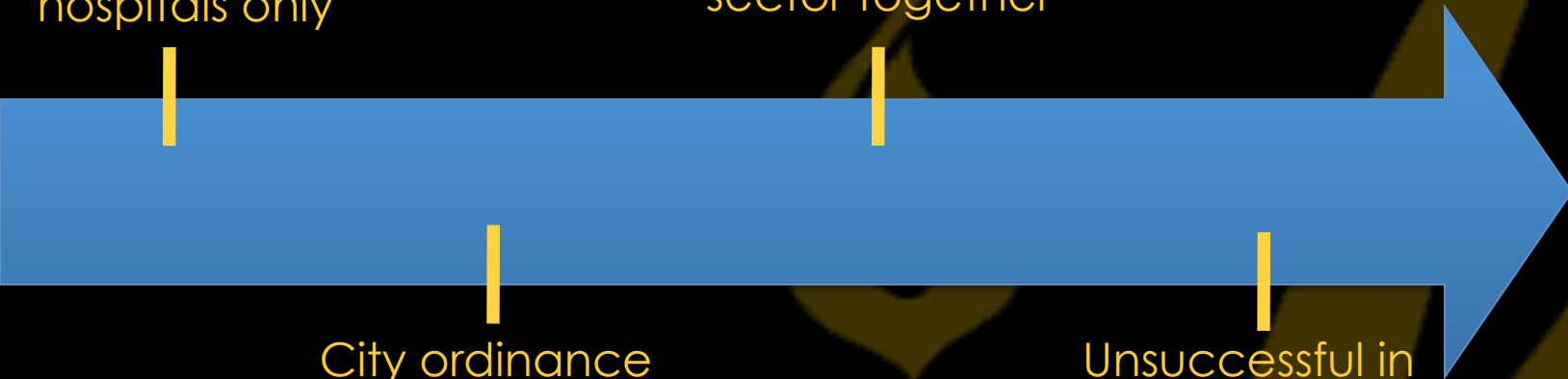
Current Model
in Los Angeles
focused on
Public sector
hospitals only

Pilot was created
to serve both
private and public
sector together

City ordinance
made it illegal for
hospitals to
discharge to
downtown LA

Unsuccessful in
combining two
organizational
cultures- pilot
ended in 24
months

**Important
lessons
learned
emerged**



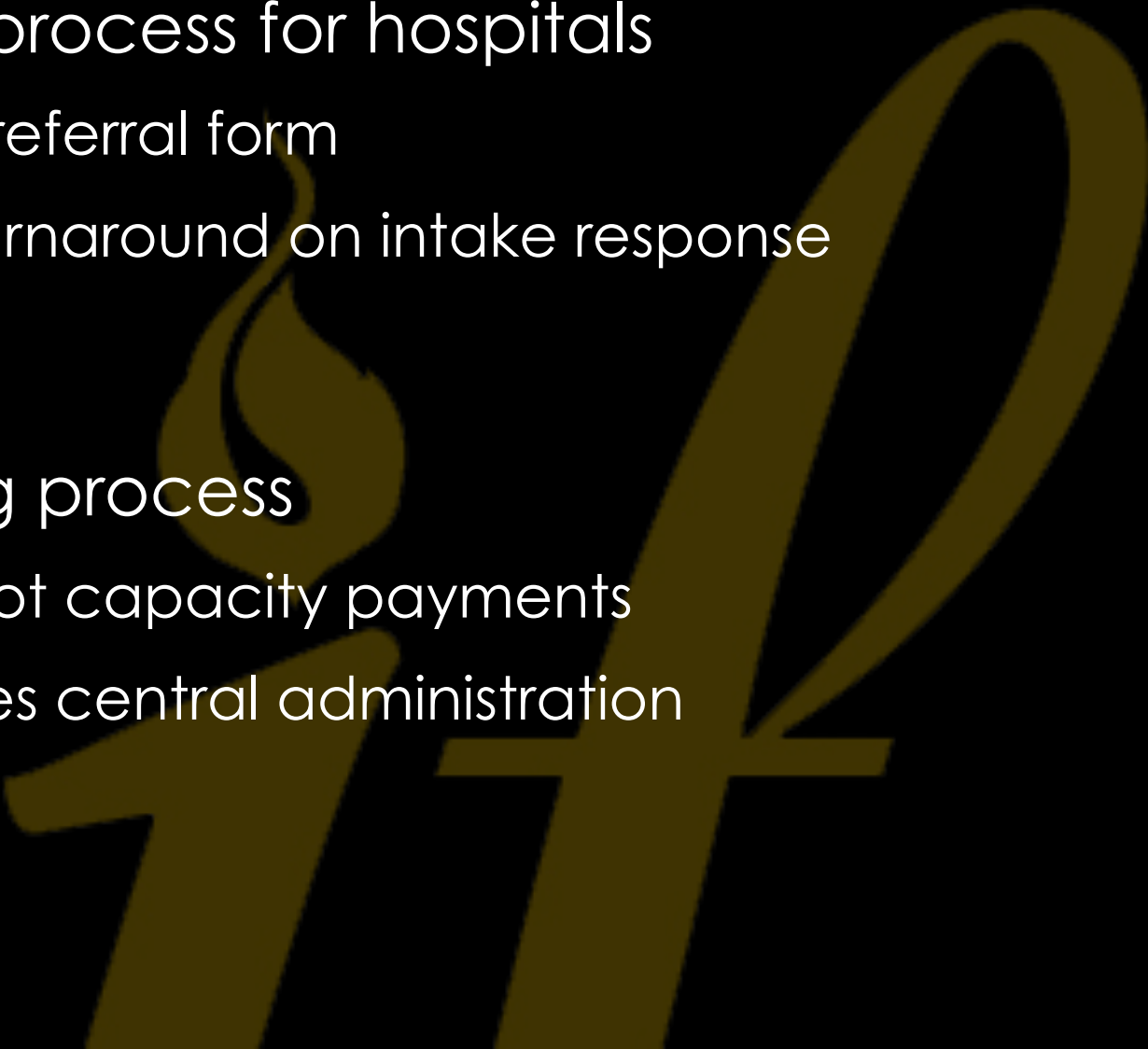
Program Implementation



RECUPERATIVE CARE OPEATIONS



Keep It Simple

- Easy intake process for hospitals
 - One-page referral form
 - Four hour turnaround on intake response
 - Simple billing process
 - Per diem, not capacity payments
 - NHF provides central administration
- 
- A large, stylized number '114' is visible in the background of the slide, rendered in a dark olive green color. The number is positioned behind the text and spans across the lower half of the slide.

Keep It Simple

- Coordinate, not provide, medical care
 - Social service model > less regulation



Keep It Simple

- Use existing infrastructure
 - Buying/building costs money & time
 - Motels provide ready-made scalable capacity

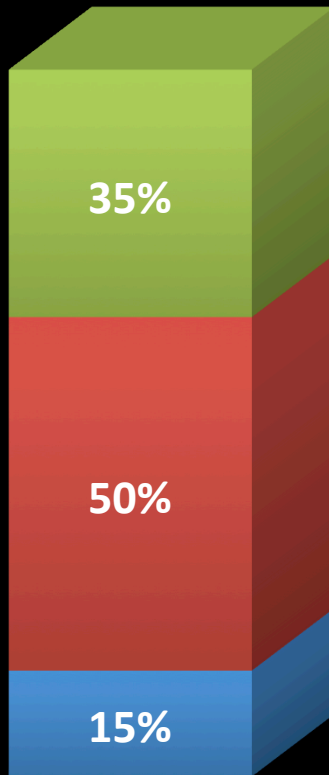


DISCHARGED



Keep It Flexible

- Minimize fixed costs



Typical

Fixed Costs

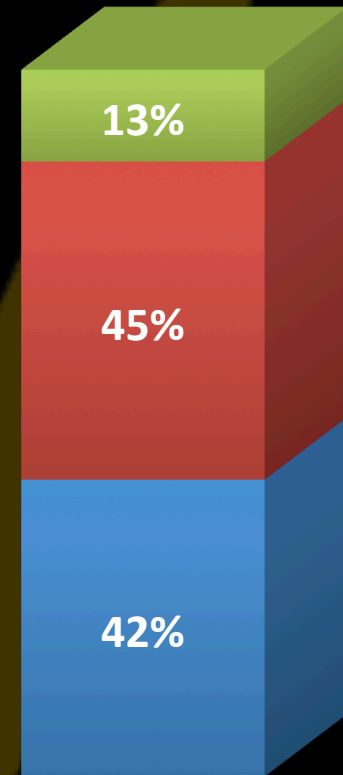
Lease
Loan interest
Depreciation
Insurance

Semi-Fixed Costs

Salary & benefits

Variable Costs

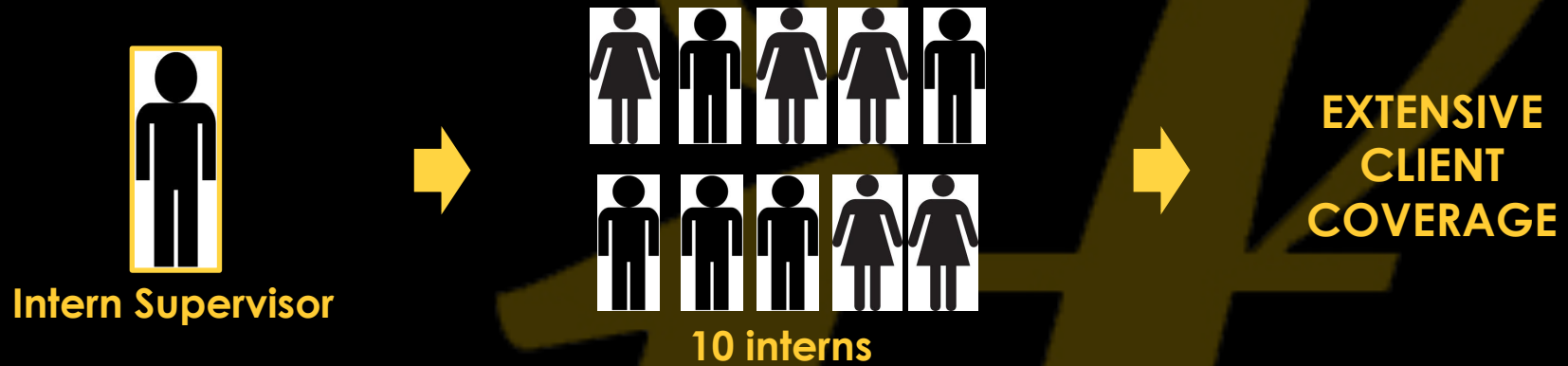
Patient-related expenses
Supplies



IF Program

Keep It Flexible

- Nimble workforce
 - Part-time versus full-time
 - Leverage through interns



Keep It Flexible

- Don't own if you don't have to – keep it virtual
 - Building
 - Server
- Collaborate



Recuperative Operating Results

	2010	2011	2012 (through April)
Unique Clients	250	512	156
Total Bednights	2,255	6,047	1,776
Average Length of Stay	9 days	12 days	11 days

Recuperative Operating Results

■ Hospital Payments ■ Hospital Savings



Recuperative Care Success



The background features a large, stylized, olive-green graphic. On the left, there is a profile of a person's head and neck, facing right. On the right, there is a large, bold number '114'. The text is centered over these graphics.

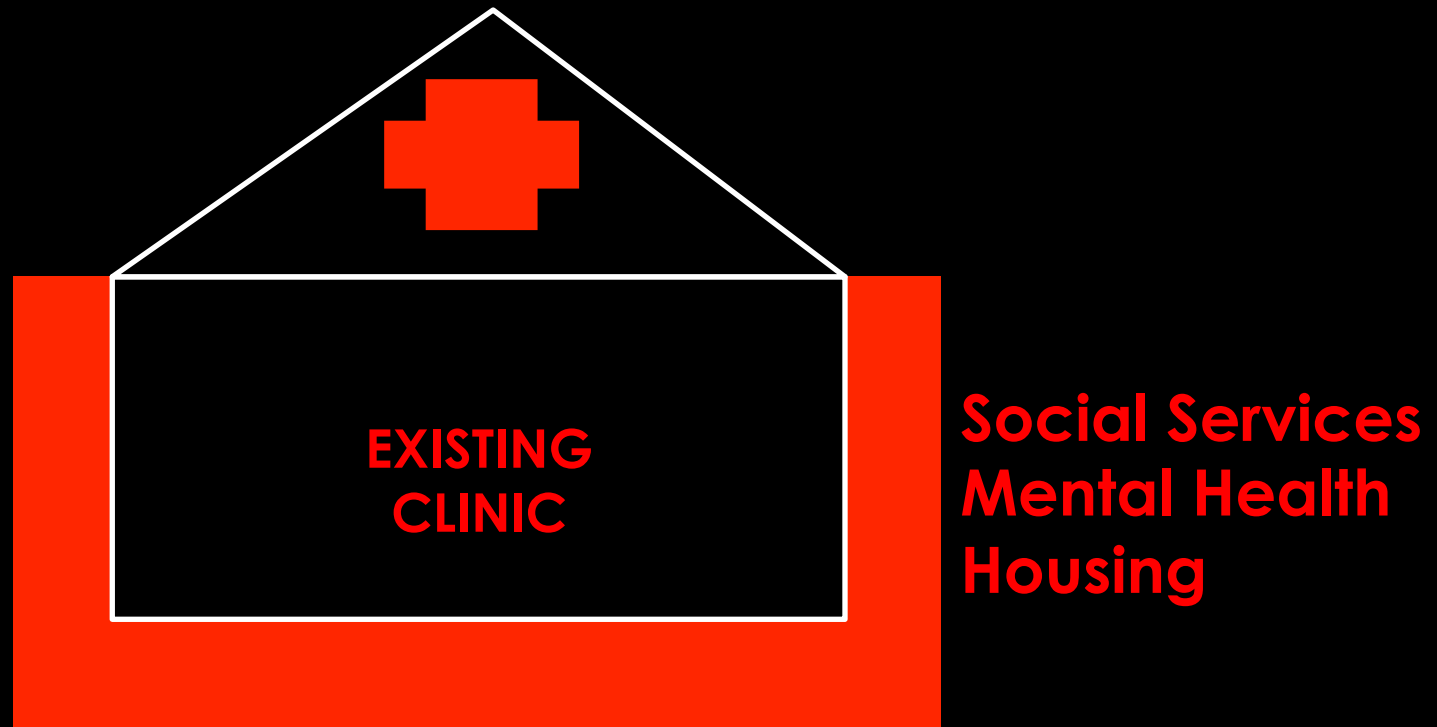
**Linking Clinics with
Community Based Integrated Care**

Making something good even better



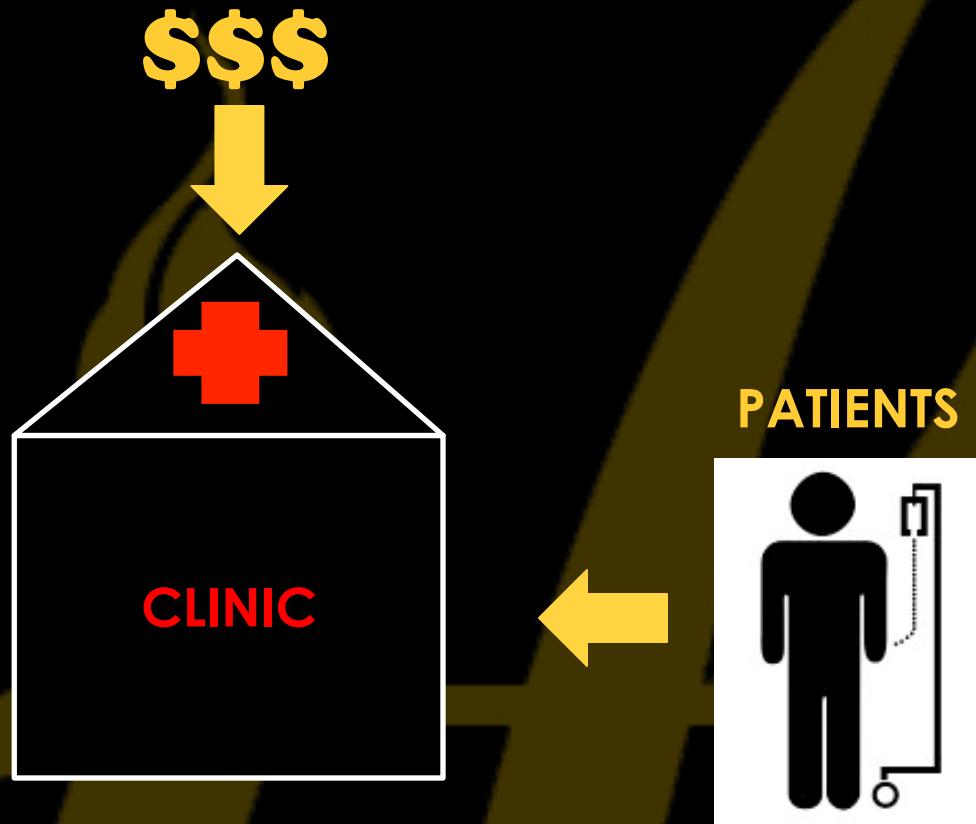
Broadening the scope of services for community based integrated healthcare

The community clinic on steroids



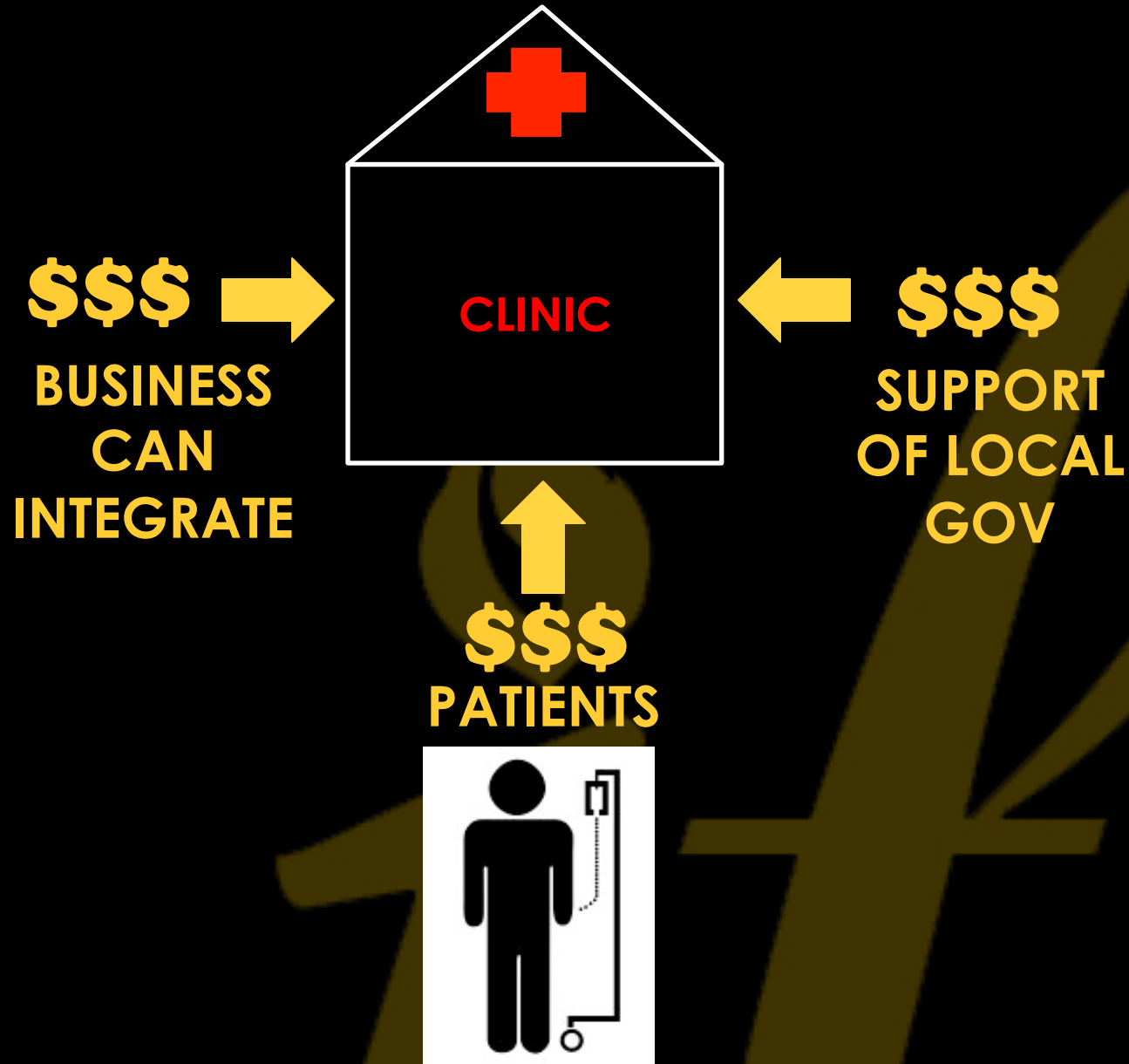
The Old Model

Build a brick and mortar clinic, look for funding and open your doors

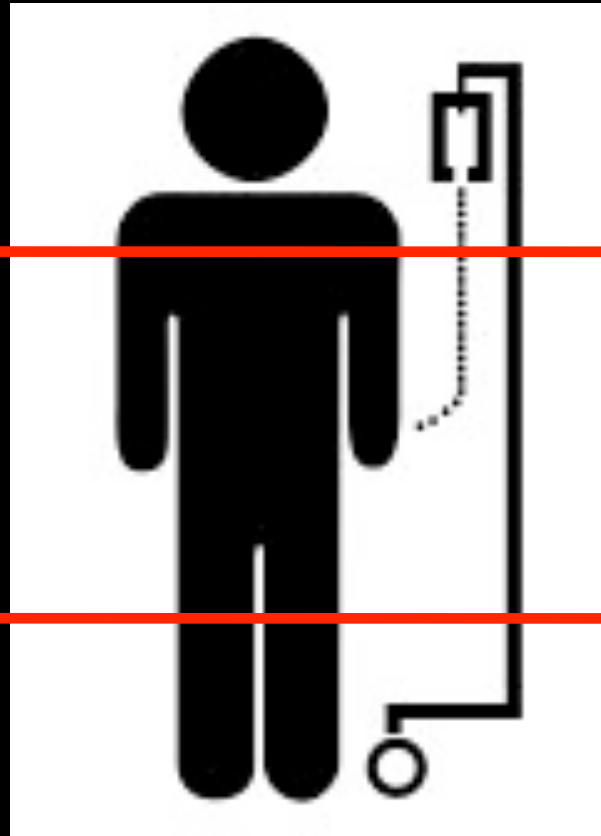


When funding goes, so does your ability to serve patients

The New Model: Sustainable



Patients payment is hybrid



\$\$

BILLED TO MEDICAL/
MEDICARE

\$\$

VOLUNTEER
DOCS PROVIDE
SERVICE

\$\$

FEE FOR
SERVICE

How do we get it into the community?

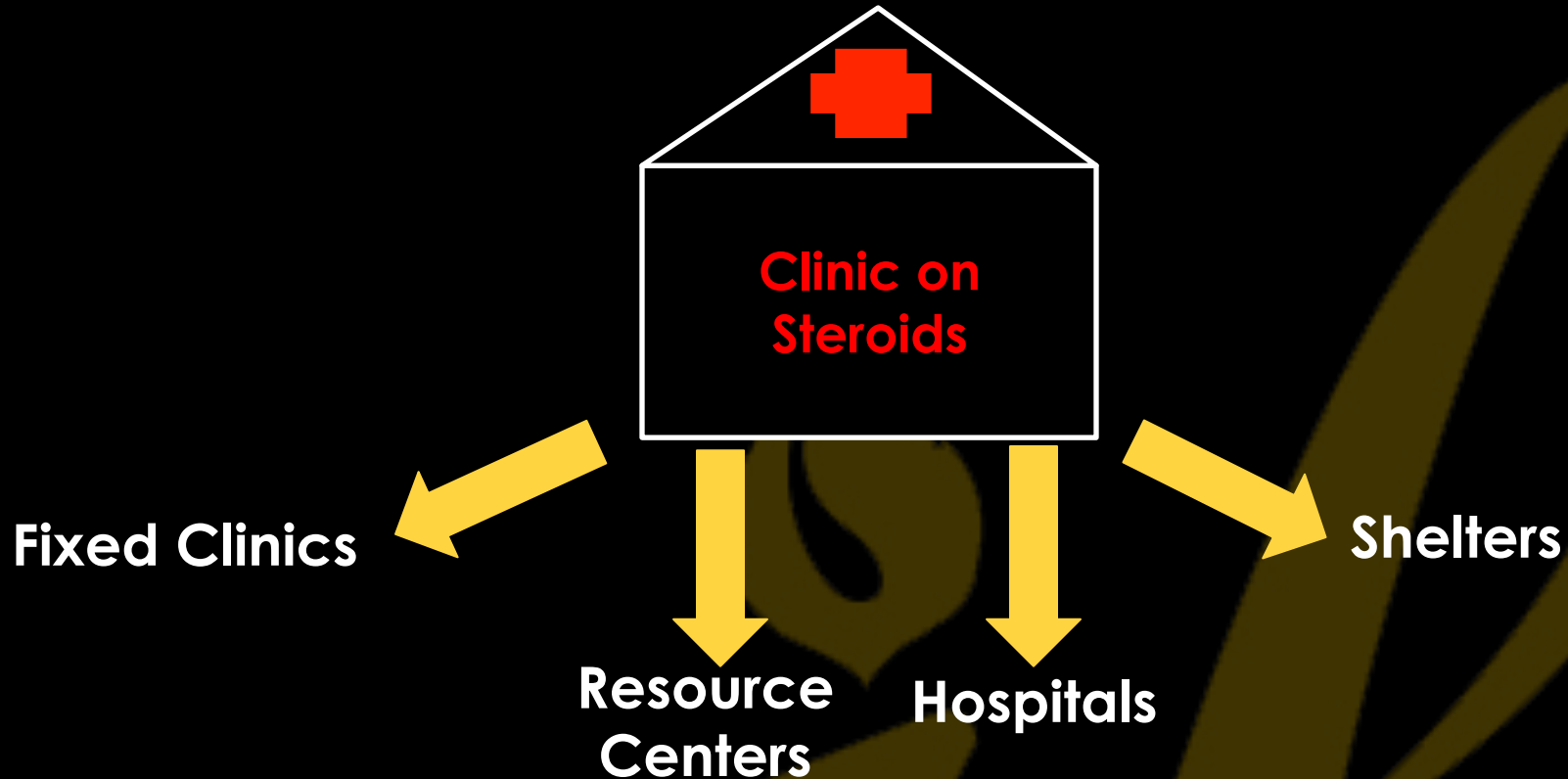


FAST FOOD



Airports
Malls
Hotels
Churches
Universities

The clinic is imbedded into the community



***NO need to own
NO brick and mortar
Clinic version of the hotel model***

Business can integrate into clinics



Funds Clinic Outreach



Capacity Building Funding



Provides in-kind physician services



Clinic Referrals



Funds Clinic Outreach

The support of local cities is critical



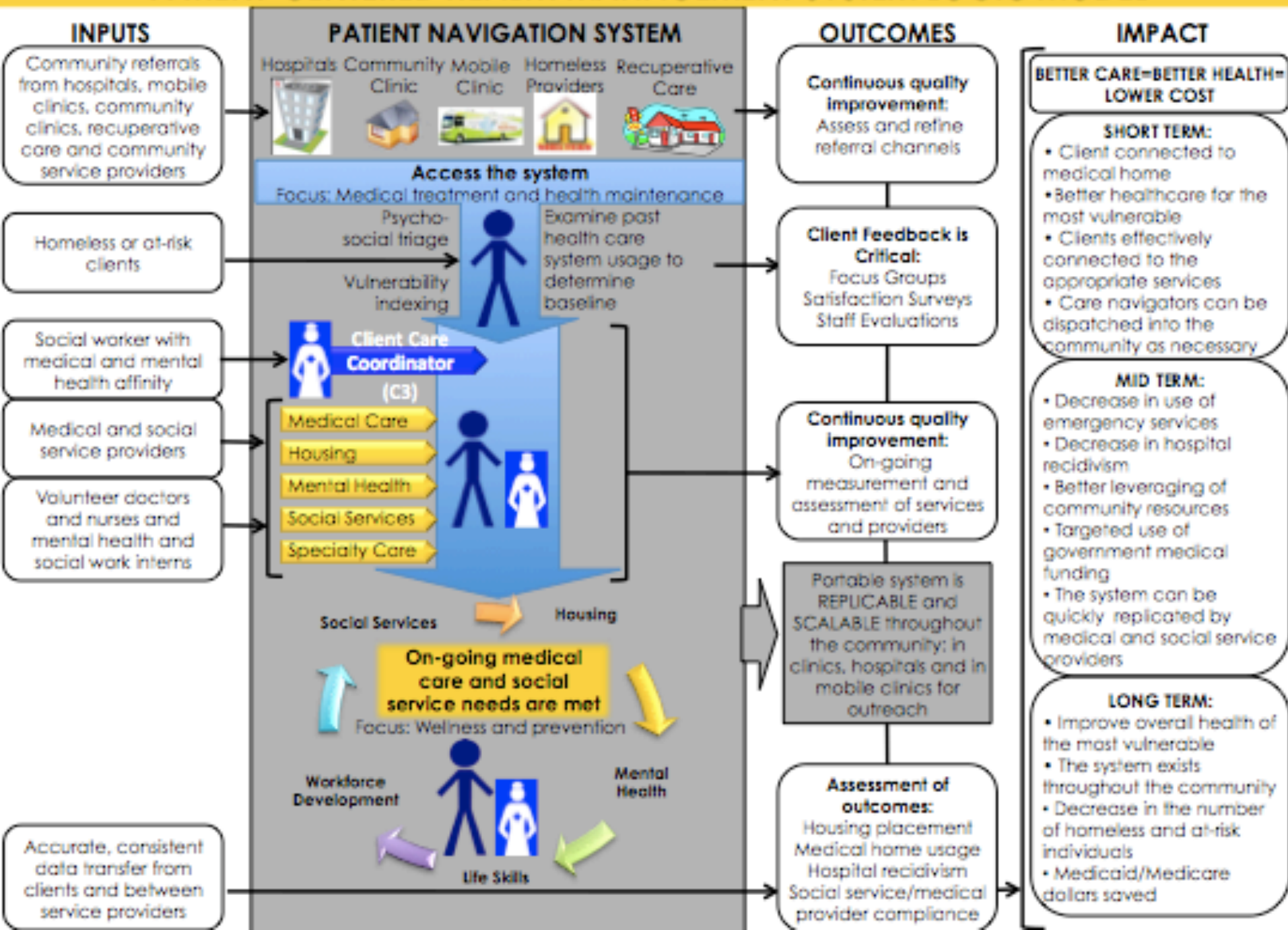
The support of local government is critical



Where we are headed



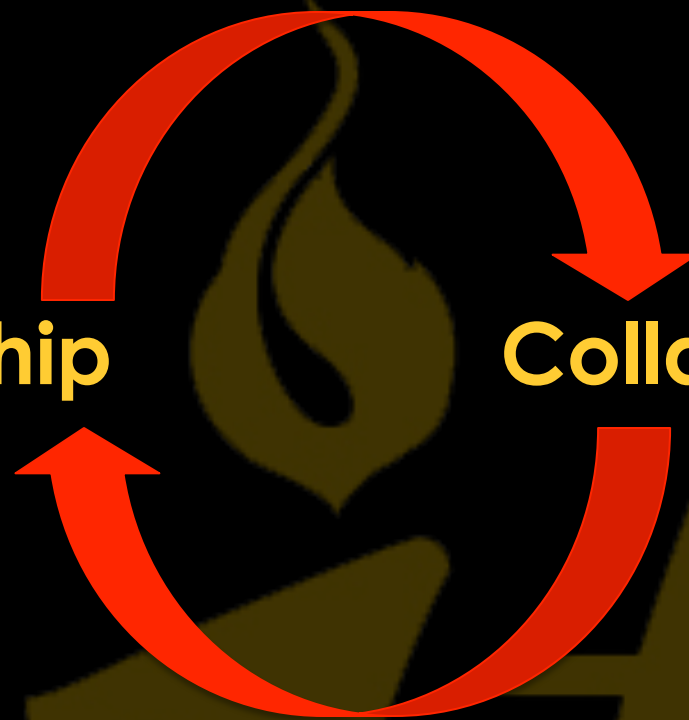
PATIENT-CENTERED HEALTH MANAGEMENT SYSTEM LOGIC MODEL

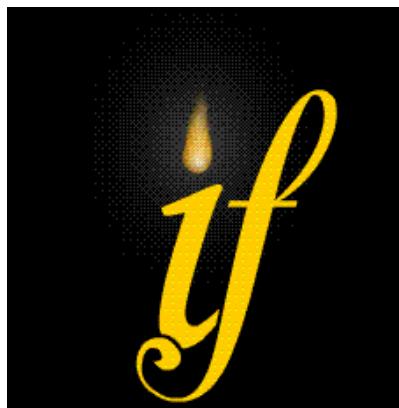


Q/A

Partnership

Collaboration





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