

Philanthropic Partner Experiences with Fundraising for the Green & Healthy Homes Initiative®

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With Support from the Annie E. Casey Foundation

May 2014



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Introduction

The Green & Healthy Homes Initiative® (GHHI), a national, multi-sector program of the Coalition to End Childhood Lead Poisoning, is intended to bring together disparate funding sources, remove bureaucratic silos, and coordinate resources of home intervention programs related to both health and energy efficiency at the local level. Following the presidential election in 2008, members of the philanthropic community worked with the Obama administration's transition team to explore avenues for potential government/philanthropic collaboration and identified GHHI as one opportunity. Structured as a public/private partnership, GHHI brings government, local service providers, and philanthropy under one roof to improve health, economic, and social outcomes for residents.

GHHI is founded on the premise that integrating approaches to green and healthy housing will contribute not just to the health and well-being of residents, but also to increased efficiencies in service and reduced implementation costs by braiding existing public programs funded by federal, state, and local resources, as well as philanthropy. With support from federal agencies, such as Housing and Urban Development (HUD), Department of Energy (DOE), Health and Human Services (HHS), Centers for Disease Control (CDC), Environmental Protection Agency (EPA), and United States Department of Agriculture (USDA), as well as from state agencies and various foundations, GHHI has implemented this platform in 17 sites nationally by providing technical assistance, funding, and capacity-building services to each site, all of which are at various stages of development.

With support from the Annie E. Casey Foundation, the Funders' Network for Smart Growth and Livable Communities (TFN) has worked with GHHI to make the GHHI local sites more visible to the philanthropic community and, where possible, to provide information about the field of green and healthy affordable housing to GHHI's philanthropic partners. In response to a request from TFN members for information about the experience of raising funds for GHHI, TFN conducted a series of interviews in 2013 to understand a sampling of sites' experiences in this realm. This report is a summary of the findings from those interviews.

The interviews for this project focused on: experiences of tapping public (particularly federal) and private funding for GHHI; relationships with key federal agencies; how the work is coordinated; how it will be funded going forward; and basic lessons about public/private partnerships. A number of interviewees also spoke more generally to the question of what they sought from their involvement with GHHI and how it connected to their mission and strategies in place. Interviews were conducted with nine of the GHHI sites, six with philanthropic partners and three without, as well as with the GHHI national office and HUD's Office of Healthy Homes and Lead Hazard Control to provide broader context.



Federal Funding for GHHI

HUD funds a number of programs overlapping with GHHI's goals and, as such, has been the principle federal agency involved in GHHI. Ninety-seven million of HUD funds from programs including Lead Hazard Control (LHC), Healthy Homes Production Grants (HH), Community Development Block Grant (CDBG), and HOME have been allocated across 15 of the GHHI sites. While HHS, CDC, DOE, EPA, and USDA have also been GHHI partners, the bulk of examples in this report refer to HUD programs because the level of HUD's involvement has been so significant.

Like many ARRA funded initiatives, the continuing financial crisis and associated federal budget cuts have resulted in a significantly decreased DOE weatherization budget.

Federal agency funding for healthy housing and energy efficiency received a substantial boost from the American Recovery and Reinvestment Act (ARRA). DOE received \$5 billion of ARRA funds for weatherization, making it HUD's largest financial partner to-date. The availability of DOE weatherization dollars for low-income residents and the availability of HUD affordable housing stock in need of weatherization created the opportunity for partnership with GHHI as a platform for it. The landscape of DOE funding for weatherization has changed over GHHI's implementation lifespan, however. Like many ARRA funded initiatives, the continuing financial crisis and associated federal budget cuts have resulted in a significantly decreased DOE weatherization budget. Most notably, Congress has cut DOE funding for weatherization back to under \$62 million a year, less than a third of the funding DOE formerly received, even before ARRA.

Although the CDC had fewer funds available than other federal partners, its commitments to promoting a healthy homes agenda and combating asthma and lead poisoning has made it another important GHHI partner. The CDC's ability to implement its commitment changed in 2012 when Congress cut the agency's lead program, bringing the program budget from about \$29 million to \$2 million and significantly decreasing the CDC's ability to participate in GHHI. GHHI worked

with other advocates to help restore this number to \$15 million per year in 2014.

In addition to the reduction of federal agency partner funds, another challenge for GHHI at the federal level has been the difficulty inherent in working across programs, each with its own authority and statutory requirements, decision-making structures, and internal dynamics. In its initial stages, the GHHI vision of coordinated funding programs across multiple agencies has bumped against the reality of how separate programs actually operate. According to one interviewee, "We envision[ed] GHHI and programs like it as focal points where actual decisions about allotment of resources are [would be] made, but this is not the reality. There is not one decision maker or one controller of funds." Because there is no central decision-making entity, or even authority to streamline and clarify communication and coordination, sites reported occasional confusion, duplication of efforts and unnecessary extra work. This was not always the case, but because programs like GHHI are largely voluntary associations of programs, there were no guarantees—in other words, as one interviewee said, "When it works well, they [programs] coordinate, but when they're pulled in different directions, they don't coordinate." In the long term, once the GHHI system is fully implemented, it may be commitments made and relationships developed at the local level that enable sites to move closer to achieving the GHHI vision of coordination.

Future Federal Funding for GHHI

Health and Human Services

Looking forward, the implementation of the Affordable Care Act (ACA) has generated interest for integrated initiatives like GHHI. In particular, health care practitioners are considering how more effective in-home assessments, education, and a general orientation towards improved health outcomes might positively influence the housing and health sectors to reduce health risks in homes. HUD is currently in conversations with Health and Human Services about potential collaboration on GHHI and other integrated initiatives. A HUD interviewee noted, “[Under ACA] Hospitals are under the gun to deliver services and deal with root causes. There is steam within the health community to coordinate across disciplines.”

Many future integrated interventions will be driven by the fact that hospital reimbursement regulations and Medicaid reimbursements will be changing with the ACA. In July 2013, Medicaid adopted measures to allow reimbursements for preventative, in-home services to flow to asthma educators, healthy homes specialists, or other community health workers. These individuals fall outside of Medicaid’s traditional definitions of “provider,” which was limited to doctors, nurses, and other licensed practitioners. New measures were implemented in January 2014, when states decide which methods of home interventions to adopt. Possibilities are great that this will broaden Medicaid reimbursements to include people doing in-home interventions to make homes healthier. Interagency and interdepartmental coordination between HUD and HHS has made this shift possible.



Department of Education

Findings from GHHI evaluation work indicate a positive correlation between healthier homes and improved educational outcomes for children. In a study conducted by Morgan State University in Baltimore of homes completed through GHHI, attendance by children with chronic school absences due to asthma improved by 62 percent after GHHI interventions. GHHI seeks to leverage these connections with a goal of making the Department of Education a partner in GHHI, for example, by inviting the Department to join the federal Work Group on Healthy Homes. This may be a hard sell, however, as to-date, the Department of Education has not been involved or proven itself an active partner, according to one interviewee. As this interviewee noted, “You’d think they’d want to take the credit, but in-home interventions might be too alien a beast for them since they are not within the context of a school or early education in an institutional center.”

GHHI Site Experiences with HUD and Other Federal Agencies

Relationships

Of the interviewees working with HUD, most described good working relationships, particularly with the local representative. For some, the relationship has been exceptional, with extensive support and active involvement from HUD from the start. In most cases, however, the relationships are more tempered and interviewees noted that the ability to collaborate has developed over time. Each side has had to learn about the other and how to work together to move the project forward, hence modeling the relationship-building so central to the GHHI model. As one interviewee said, “As much as it should be a standard process, it [GHHI] is so relationship-driven it can’t be ignored. It’s not clicking widgets together.”

At one site, the philanthropic partner noted that there is no relationship with HUD-DC or local representatives. This points to the importance of (and perhaps need for enhanced support for) the relationship-brokering and access-creating role the national office of GHHI plays with the sites. The initial financial support provided for technical assistance has not been enough to meet the human capital demand—this is especially true for communities that have not previously had access to HUD staff, technical assistance, and funding. Given that GHHI is so steeped in relationships—within the community as well as with, between, and among federal agencies—this is a critical point.

Securing Federal Funds

In general, interviewees described their involvement with GHHI as being motivated by a desire to bring additional resources, mostly through HUD, into their communities and move forward work already underway. A handful of GHHI sites interviewed or the counties in which they were situated already had secured or were on their way to securing either the HUD HH or LHC funds (or both). Since GHHI implementation, all sites have done so. (Please see Appendix C for a list of HUD grant funds leveraged for GHHI.) GHHI staff provided support in developing or editing HUD, DOE, EPA, and private sector grants for all of the GHHI sites. Six sites were able to capture both Healthy Home Production and Lead Hazard Control grants with GHHI support. Additionally, GHHI helped to secure six U.S. Conference of Mayors grants to assist site development activities and support coordination activities from 2009-2013.

Although GHHI sites were considered favorably in the HUD application processes, they were not guaranteed HUD funding. One recipient of an LHC grant was a “runner-up” twice for an HH grant. Another site has still received no HUD funding to-date, although philanthropic support to this particular site is focused explicitly on building capacity and positioning the community to pursue larger federal grants (like HH and LHC). Not receiving HUD funds was obviously disappointing in these cases and highlights the extreme competitiveness of the HUD programs. According to the HUD interviewee, every point in the scoring process counts and underscores the critical need for the technical assistance provided to sites for grant writing by the national GHHI office. It also points to the imperative for sites to avail themselves of this assistance.

In some cases, the main obstacle to securing (or even applying for) federal grants has been the match requirements. Many GHHI sites are older industrial cities with histories of economic decline and financial struggle, which in many cases worsened significantly during the recent recession. These cities often have serious lead problems and very little in the way of resources to put up as a match for grant programs to address them. In addition, the match, which is a

GHHI Site Experiences with HUD and Other Federal Agencies (con't)

statutory requirement, can be strict: for the Lead Hazard Control program, lead money must be matched with lead money, as opposed to, for example, funding for health, safety, or energy efficiency. Federal guidelines often disallow communities from leveraging the resources they do have available, although this is an area the Federal Work Group on Healthy Homes is trying to address, as is GHHI and other Healthy Homes organizations. In such cases, as one interviewee noted, “Communities that most need the funding are penalized by these requirements.” This need demonstrates an opportunity to potentially pool philanthropic resources to create a fund that cities could apply to for dollars to meet federal match requirements.

Implementing Federal Programs

At certain sites, there was a sense of disconnect between HUD-DC’s understanding of GHHI and the understanding of entities responsible for implementing HUD grants. One interviewee explained that early on the HUD grantee staff didn’t fully understand GHHI and perceived it as additional work. This translated into weaker support than leadership at HUD intended. One interviewee noted that “two of the housing line personnel really didn’t like this [GHHI]—it felt like more work and like they were asked to do things they didn’t understand.” In some cases, disconnect with local staff changed with time and relationship building; in others (including the one described above) it changed when leadership in the local implementation office changed. In any case, this underscores the need for clearer communication between HUD-DC and the HUD grantees regarding perceptions, plans, and expectations about the program.



Interviewees at sites with HUD funding noted that sometimes the inflexibility of it undermined the very intentions of GHHI and the ability to implement the program. This was true of the speed with which the interventions could be made, the ability to comingle the funds, and the ability to coordinate implementation and reporting across funding programs, all of which are at the base of the GHHI model. This lack of flexibility could eventually also undermine the trust and faith that communities have in GHHI. As one interviewee put it, “It [the program] has to be about having flexibility. Houses don’t fit into the neat boxes. Flexibility is what makes people believe in it [the program].…”

Support for Coordination

Given the complicated nature of project implementation, the coordinator role for GHHI (referred to by GHHI as the “Outcome Broker”) has been essential to sites’ success. Fundamentally, the coordinator has focused on building and strengthening the GHHI model; bringing in new partners and stimulating collaboration; maintaining and sustaining existing collaboration; coordinating service providers; and increasing access to additional homes. This role requires coordination and relationship skills, as well as funding. It also requires a neutral organization in which to house the coordinator—one not perceived as protecting or promoting one program over another and one able to bridge different political entities (i.e. city and county).

While multiple funding sources may exist in these settings, foundations often make a significant, if not predominant, funding commitment.

Implicit in the requirements for GHHI coordination is a certain level of community capacity and “bench depth” of organizational and human resources. Depending on location, this capacity may need to be built, strengthened, and/or supported. For example, in smaller cities and rural areas funders did not easily find partners who readily possessed the requisite experience, skills, or current staffing for these tasks. Foundation program officers in these locales are familiar with playing the role of the neutral convener, whereby they initially lead and enable local capacity to emerge. What some remarked was that, in their situations, emergence is occurring slowly, if at all.

Models for coordination span a broad gamut. The coordinator may be situated in a foundation, a nonprofit, or a city agency. In certain sites, two or more individuals perform program coordination from different institutional locations, reflecting GHHI’s multi-oriented aims and the particular histories of partner groups or coalitions. While multiple funding sources may exist in these settings, foundations often make a significant, if not predominant, funding commitment. One GHHI site features a single coordinator position, filled by a nonprofit employee funded both from philanthropic

and public sources; another is similarly funded and experiencing a pending transfer of coordination to a nonprofit partner. Finally, a handful of efforts are essentially situated within the public sector, with a strong governmental role in coordination or oversight and full or major public funding.

Each of these models is in different stages of advancement and has shown different levels of success. GHHI reports that the Providence model, where the full time “Outcome Broker” is engaged as a GHHI employee, allows for more training, advancement, and site success. The fully philanthropic-funded coordinator or the coordinator funded with combined philanthropic and relatively flexible public funding had the greatest flexibility and could coordinate across the integrated model, as envisioned. That said, all the GHHI philanthropic partners have other funding priorities and even those considering future rounds of GHHI coordination funding were also ultimately looking to developing exit strategies. One option being pursued in several sites where the coordination is currently housed in a foundation or nonprofit is to move it to a government office. This has its challenges, however, including the difficulty public entities often report of attracting private funding.

Support for Coordination (con't)

Where HUD's Healthy Homes funding was used for the coordinator at a few sites, the Department's requirements that 100 percent of the coordinator's time be on HUD grant activities proved challenging for some of the Department's Program Officers. In most sites, this was easily addressed. According to one interviewee, "... we've run into bumps here and there when they say our dollars are meant for this or that. We've had to step back and be careful about how dollars are spent."

There has been learning across the sites about using HUD funds for coordination and sites have adapted to HUD regulations with support of time sheets and other tracking tools. However, learning has also been necessary on the agency side about implementing an "integrated coordination," as opposed to a "single agency," model. Outside of the administrative challenges posed by federal restrictions against comingling of funds, it also, to some extent, undermines the integrated management and resource braiding at the base of the GHHI model. While sites are sanguine and clear-eyed about the bureaucratic rationale and political exigencies behind federal policies (HUD's, as well as other agencies), they argue that the intertwined nature of the housing/health problems—as well as the solutions to them—justifies policy changes.

The collective goal-setting resulting from the foundation-led convening sometimes also facilitated the renewal of existing lines of funding and the identification of new opportunities.

HUD has embraced the lessons around the need for integrated coordination across programs and this is well evidenced in the Federal Strategic Plan that promotes adoption of the GHHI platform as the future. Although HUD is not currently funding this kind of role, they have prioritized it for future funding. In fact, HUD's new Notification of Funding Availability (NOFA) awards additional points for coordination across program areas. The HUD interviewee stated that, "This is entirely inspired by the GHHI model without having the brand GHHI. This is where we're putting our funds."

Philanthropic Role in Coordination

As noted above, in a number of cases, the philanthropic partners interviewed provide strong support (sometimes in part, sometimes completely) for GHHI coordination. In all cases, the foundations had close relationships with project coordinators, positively supporting their efforts at resource acquisition through introductions, brokering relationships, or grant writing, for example.

Even foundations less involved in implementation were involved in convening, connecting, and/or networking partners to the initiative. Certain foundations were uniquely positioned to play this role and sought to use GHHI as a means to leverage

collaboration in the community and build on work already underway. For example, two foundations were involved in establishing alliances or collaborations working on lead eradication prior to the arrival of GHHI. Community foundations often had the community knowledge and relationships to bring a diverse range of partners to the table. Other types of foundations, such as health conversion foundations, in addition to community relationships, brought a depth of valuable substantive knowledge and experience in certain GHHI focus areas.

Support for Coordination (con't)

Groups convened by foundations often came together to set policy, plan strategy, identify and move forward with opportunities for innovation, and attract new resources to the program. Foundations viewed this aspect of project implementation—that of “convening” major stakeholders to generate interest, a programmatic vision, and funding commitments—as a specific dimension of their work, requiring sustained foundation involvement, and as distinct from the coordination. Whereas the coordinator keeps the programs and players aligned and moving forward together, the convener brings together major stakeholders to generate interest, a programmatic vision, and funding commitments. The collective goal-setting resulting from the foundation-led convening sometimes also facilitated the renewal of existing lines of funding and the identification of new opportunities. In one case, the foundation played this role for the initial phase and then stepped away from it because they observed adequate capacity within the collaborative had been built to play the role independently.

One site without a philanthropic partner played the convener role themselves. Although they were relatively successful, they did note that it could be “difficult to get the support we need and get all the right people at the table.” The sites without philanthropic partners also noted that they sometimes lacked the time and/or the training to fundraise from private sources on their own. GHHI is seeking funding to expand its human capital and expertise to be able to assist sites with this core capacity building function. One local public official said, “I have no problem with writing the [public sector] grants and getting the money, but I don’t have a clue about philanthropy.”



Non-Federal Funding for GHHI

All of the GHHI sites interviewed have successfully secured non-federal funding for GHHI, often using the HUD and DOE funding as critical leverage. In some cases, these were multi-million dollar, multi-year commitments. One such example is in Buffalo, where GHHI has attracted \$2.1 million from the New York State Attorney General's air pollution settlement funds. GHHI in Buffalo uses these funds for necessary interventions that are not covered by current weatherization funds or that may prevent families from receiving weatherization help at all. For example, weatherization programs do not cover major roof repairs, but GHHI can use AG settlement funds to address such issues so the weatherization program resources can be deployed effectively.

Another example is a \$52 million grant from the Public Service Commission in Maryland to the City of Baltimore for projects, including GHHI, to permanently lower energy bills through energy efficiency work such as weatherization, upgrades, and lower-usage education. Such funding will go a long way towards helping to secure the long-term vision and presence of GHHI.

As with any initiative whose goal is both standards and systems change, it has taken time to lay the groundwork for the long term.

Critical in this mix of funding were private sector and philanthropic dollars, targeted at a range of purposes, for example, implementation (coordination, support unit production, and workforce development), research, documentation, and evaluation. GHHI has received consistent financial and in-kind support on the national level from the Annie E. Casey Foundation. Locally, philanthropic partners have included W.K. Kellogg Foundation, Baltimore Community Foundation, Charles Stewart Mott Foundation, Community Foundation for Greater Buffalo, Community Foundation of Greater Dubuque, Kresge Foundation, The Rhode Island Foundation, and Saint Luke's Foundation.

In 2011, GHHI won a grant of \$3.0 million from the Open Society Foundations to train and certify workers who are chronically unemployed or underemployed, as well as those with criminal records, in green-building techniques. All but \$140,000 was re-granted to local sites for work on the ground. In 2013, GHHI was successful in securing a \$400,000 grant from the W.K. Kellogg Foundation to catalyze the organization's work in Jackson, Miss. GHHI's national office continues to solicit support from other national and local funders for the local GHHI sites, technical assistance from the national GHHI office, and evaluation.

At the site level, foundation funds were identified and used in a variety of ways, including piloting and exploring new innovations and to research policy questions. For example, foundations in Baltimore funded a rental home pilot, out of which came a "lessons learned" paper included in the funding proposal that resulted in the \$52 million grant described above. In Cleveland, the lead foundation's successful investment in GHHI generated broader support from other Cleveland-based philanthropies. This case was site-specific, however, and depended largely on the robustness of the philanthropic community. In some cities, there has been less philanthropic participation to mobilize and the focus has had to be on developing strategies to attract regional and national funders. Finally, in some communities, philanthropy

Non-Federal Funding for GHHI (con't)

has come to the table in support of GHHI, but has not invested dollars in it. While these players may invest in GHHI with their time, the lack of financial involvement may be a reflection of competing funding needs and limited financial resources.

More funding is on the horizon, according to interviewees. As with any initiative whose goal is both standards and systems change, it has taken time to lay the groundwork for the long term. GHHI's national office used the first four years to learn and refine the model based on lessons learned and has just begun its efforts to fundraise for the needed human capital expansion to scale the work and cement the practices locally. At the site level, many are just beginning to feel ready to fundraise effectively among philanthropy and other private sector players. As one person explained, "The first 18 months were really planning and organizing, getting partners to understand the model, getting folks on board. [We are] now in a place where we can start to go out and tell the story."



Moving Forward with GHHI

While few philanthropic partners are prepared to declare “mission accomplished,” good results and promising trends with nonprofit and/or public participants will likely attract future funding. That said, at some sites there is a certain level of ambiguity about the future. A couple of interviewees openly wondered if stakeholders at HUD and other public agencies see this work as nearing completion. While this is a serious concern and issues like lead remain critical ones, particularly in older industrial sites, this concern is addressed by the adopted Federal Strategic Plan Advancing Healthy Housing, which specifically cites the work of GHHI, as has Secretary Donovan in remarks about the future of HUD’s work in the Healthy Homes arena. As many interviewees stressed, the need (especially in older cities) for GHHI has certainly not gone away, and goals (e.g., in lead eradication) have yet to be reached.

The recession has patently intensified how, in the context of limited resources, competing priorities in the public sector make project support and/or funding unpredictable. For one site, this has translated into an inability to meet federal match requirements because of dwindling or nonexistent public revenue. In cities with milder climates, funding has felt precarious because GHHI and other projects that emphasize weatherization may lack the return or “bang for the buck” that other public investments might generate. Regardless of precariousness, for several sites continuity in GHHI activities is highly contingent upon accessing HUD grants. Without the Healthy Homes grant, for example, one site will scale back to merely coordinating GHHI and drop the project implementation in which they currently engage. GHHI has refined its work model to ensure, through capacity building and advisory services, that sites have support to adopt a full process around housing interventions. This entails adopting a new way of doing business to achieve better health, education, environmental, and social outcomes.

With foundation grants reaching their term and the future of federal monies uncertain, a few participants wondered if philanthropy could facilitate a longer-term, more reliable solution to this problem. GHHI has proposed a funding pool to target needs and match funding leverage, as well as a technical assistance fund to help further implement the overall cost-savings platform. Furthermore, GHHI is working with sites to tap health care dollars and build Pay for Success grants around data driven savings in health, housing, energy, and education dollars.

Some indications suggest that the ACA may create a bit more certainty in federal funding flows. For example, savings in health care dollars may elicit commitment for some form of investment from the health care sector. Even with this kind of support, a few sites will likely need to identify gap funds to adequately implement the model. This might be the right place for philanthropic intervention in the coming months—providing short-term, gap financing through tools such as Program or Mission Related Investments for sites where projects are well underway and resources have been committed, but are not yet available.



Summary of Lessons

Below is a summary of key lessons surfaced across interviews:

Internal culture shift to support GHHI

Paramount is the challenge of institutionalizing the type of major systems reform required by GHHI at the city, state, and federal levels. Funding is obviously paramount to the success of the initiative, but without embedding the integrated approach into city, state, and even federal systems, particularly given inevitable political transitions, GHHI risks being attached to an administration versus becoming a more permanent strategy and approach to housing interventions for the greater benefit of all.

Deep learning and adjustment must take place among federal agencies in order to effectively implement an “integrated coordination,” as opposed to a “single agency” model. Until fundamental shifts take place, federal regulations and restrictions will undermine the integrated management and resource braiding efforts at the base of models like GHHI.

The lack of streamlined communication and coordination with respect to GHHI among multiple entities at different levels often results in confusion, duplication of efforts, and unnecessary work. Even within agencies, there is a need for clearer communication between HUD representatives in DC and local HUD representatives regarding perceptions, plans, and expectations about GHHI.

Support to local sites for GHHI

The relationship-brokering between local sites and federal agencies is sometimes the most critical role the national GHHI office can play, particularly for communities that haven’t previously had access to HUD staff, technical assistance, and funding. This role may require additional support to be played effectively.

For financially strapped cities, strictly defined match requirements sometimes create barriers to applying for federal programs. Because these are often the communities most in need of federal assistance, attention should be given to opportunities for expanding what might be accepted as match. Because these match requirements are statutory, an important potential role for philanthropy might be to provide the specific match required by the federal program. Where and if possible, HUD might consider giving weight to applicants’ ability to leverage (as well as match) funds.

Organizational capacity to implement GHHI

Implicit in the requirements for GHHI coordination is a certain level of community capacity and “bench depth” of organizational and human resources. In certain communities, this capacity may need to be built, strengthened, and/or supported.

A “neutral convener” (such as a foundation or similar entity) is critical in contexts where a nonprofit/public vision, commitment to that vision, and resources for it have not yet been mobilized. In addition to community foundations, it would be useful to look closely at other philanthropic partners (e.g., health care conversion foundations) with knowledge about and experience in the issues being addressed through GHHI. In some settings, there is a felt need to build a broader base to support GHHI initiatives. This will require more deeply canvassing the nonprofit sector to identify potential partners and leadership. Overall, there is a question of depth of commitment that foundations and others can make to GHHI, given the complexity of the program and the paucity of funding available for programming cross-cut with foundations’ other funding priorities.

Philanthropic Partner Role: Baltimore GHHI

The Baltimore Green & Healthy Homes Initiative originally set out to implement the GHHI standard in 450 homes in Baltimore; 60 of these units were to be evaluated for best practice outcomes and shared nationally. To date, Baltimore GHHI has exceeded 1,000 units and 240 were reviewed for best practice evaluation. The goals of this initial phase were to: demonstrate the use of a holistic housing approach that implements a comprehensive health and housing assessment form; utilize a single scope of work to address the four intervention areas of weatherization/energy efficiency, asthma reduction, lead hazard control, and injury prevention; as well as to cross-train workers to perform single stream interventions and achieve higher wage basis.

As in other cities, the Baltimore GHHI created an opportunity for philanthropy to collaborate with the city and other partners to leverage collective resources to improve the health and well-being of city residents. Baltimore’s public sector and nonprofit leadership is exceptionally strong, which meant that philanthropy was able to focus on creating a space for the project partners to move beyond simple implementation to exploring, executing, and ultimately integrating, new approaches. According to Cheryl Casciani, Baltimore Community Foundation’s Director of Neighborhood Sustainability, “[We] supported people who were trying to do new and innovative work. It’s absolutely a good role for philanthropy.”

Specifically, the Baltimore Community Foundation (BCF) convened the Baltimore GHHI Local Learning Network to keep the partners together and focused on the goals. BCF also served as the fiscal agent and, at times, the employer for some aspects of the initiative. As importantly, BCF used its structure, which is more nimble and flexible than that of public partners, to facilitate innovation and help the city integrate GHHI into the way it does business. This has involved changing the actual structures and behaviors of the city government—in other words, changing the Baltimore City system to collaborate better and leverage its resources.

Another Baltimore-based foundation, the Abell Foundation, provided grant funds for a rental home pilot, which enabled Baltimore GHHI to explore implementing the GHHI approach in a rental (as opposed to homeowner) context. The results from the pilot were documented in a “Lessons Learned” paper. These lessons, along with other GHHI learning about case coordination, expanded weatherization, and other healthy housing approaches were tied together in a \$52 million grant proposal to the Maryland Public Service Commission. Casciani explains, “We said [in the grant proposal], ‘We’ve learned a lot and here’s our vision for how you can integrate many facets of the work and bring it to scale.’ All of it was guided by the GHHI philosophy that you wouldn’t go in and do work without collaborating with other partners.”

Philanthropy’s role in the Baltimore GHHI has been to support the city’s public and private leadership to fully take on GHHI, including institutionalizing it and bringing to scale certain elements. In some ways, the philanthropic partners have accomplished what they set out to do, although, of course, there are always ways that philanthropy can keep encouraging GHHI to improve.



Philanthropic Partner Role: Buffalo GHHI

Under Buffalo's Green & Healthy Homes Initiative, a comprehensive approach to identifying and implementing whole-house solutions is beginning to replace a piecemeal approach to housing improvement better addressing needs of children, families, seniors, and others requiring support. This is critical in Buffalo, which has one of the highest risks of lead poisoning among New York's cities, has heating costs among the highest in the country, and has some of the poorest households in the nation.

Led by the Community Foundation for Greater Buffalo (CFGB), Buffalo GHHI's priority is to align and coordinate public and private funding sources and programs for home health and safety interventions in low-income homes. Three of CFGB's four program areas overlap directly with GHHI: economic self-sufficiency, racial disparities, and the environment. GHHI weatherization efforts help to promote both economic self-sufficiency and better environmental health by reducing energy consumption. Reducing lead poisoning, which disproportionately affects children of color, helps to address issues related to racial disparity.



One of Buffalo GHHI's key partners is the New York State Attorney General's Office. The AG Office partnerships with Buffalo predate GHHI and were initially focused on channeling lead contamination settlement dollars to Buffalo lead poison eradication efforts. Based on this relationship, the AG Office contacted CFGB in 2009 about targeting a \$2.1 million air pollution settlement toward energy efficiency and air pollution in low-income communities. In response, CFGB convened public and private organizations working on environmental and community development issues. This group, which eventually became the GHHI partnership, convinced the AG's office to use settlement funds as a catalyst for weatherization. Says CFGB Vice President, Community Impact, Cara Matteliano: "Their [the

AG's] funds are now used for measures that not only aren't covered by current weatherization funds, but also often prevent families from receiving weatherization help at all. For example, weatherization programs don't have the resources to cover major roof repairs. We use the AG's settlement funds to repair the roof so the weatherization program can insulate the home and proceed with additional measures. In this case, the settlement funds have significant leverage and families are served who would have received nothing otherwise."

Partnerships that bring in resources, such as those described above, have helped Buffalo GHHI take a significant step forward. However, the problems the city faces are of such magnitude that Matteliano believes no amount of government money or philanthropic dollars will solve them. "We need to coordinate the dollars we have for maximum efficiency and we need to gear up enforcement to make people take responsibility for the properties they own. GHHI is one solution to the former; the solution to the latter is a local one—the Attorney General's office has been a partner with us in gearing up our enforcement efforts."

Buffalo GHHI served as the inspiration for the recent insertion of an additional \$2 million investment by the current New York Attorney General to develop GHHI programs in Syracuse and Rochester, N. Y.

Philanthropic Partner Role: Dubuque GHHI

The Community Foundation of Greater Dubuque's (CFGD) strategic mission is to promote community-building by focusing on education and youth, workforce development, housing improvement, and building a more inclusive community. The Green & Healthy Homes Initiative is the centerpiece of CFGD's housing work and contributes to community building through partnership development and capacity building, as well as housing, education, and workforce.

CFGD's approach to community-building is rooted first and foremost in leveraging existing community assets and resources rather than bringing in new ones. According to Eric Dregne, CFGD Vice President of Strategic Initiatives, "What's interesting about GHHI is that it builds on existing activities and resources. It takes programs already out there, or at least starts with those that are in the community." The first step of GHHI has been to build on and strengthen the existing organizational infrastructure of nonprofits, government, and other partners to enhance their coordination with one another to do better collective and independent work.

After a home is "made green and healthy" through weatherization, reducing asthma triggers, increasing ventilation, and removing safety hazards and toxins, for example, a long-term organizational infrastructure is in place to continue the work. The housing outcomes achieved through Dubuque GHHI have been strong. In fact, project implementation data show that the GHHI approach provides opportunities for improved outcomes in CFGD's other programmatic areas.

Beyond contributing to strong outcomes across CFGD's project portfolio, GHHI is playing a critical role in creating systems change in Dubuque. Dregne said, "... even more than individual outcomes for homeowners, our goal is to make it so that GHHI is the way we work in Dubuque going forward, for housing and also beyond." GHHI's holistic approach has potential to create systems change in how public and nonprofit agencies serve families and community needs. This approach goes beyond housing and the other areas CFGD is addressing to the wide range of issues families and communities are facing.

This broad vision is manifest in Dubuque GHHI's growing partnership list, which reflects different facets of the community, its needs, and services. As Dregne explained: "The first meetings on GHHI were all about the housing and included us, the lead people, and the weatherization people. Today, we're talking about how GHHI impacts families beyond just the house and the table includes safety and security [police], health care, public education, workforce, and sustainability partners. We are trying to think about the range of impacts all the different partners have on a family."

The broadening of the vision for GHHI has increased CFGD's ability to fundraise for it. For example, CFGD recently secured a \$50,000 grant from the Funders' Network's Partners for Places program to work with sustainability partners in Dubuque. This creates an opportunity to connect residents served through GHHI to Dubuque's citywide sustainability efforts, including practices and services that will result in lower household costs for families in need.



Appendix A: Interview Questions

GHHI Philanthropic Partner Interviews

Proposed activity:

The Funders' Network role with GHHI is to help lift up the GHHI regional sites to be more visible to the funding community. To this end, TFN proposes to conduct a series of interviews with GHHI philanthropic partners with whom TFN has relationships to understand their experience in raising funds for GHHI. Specifically, TFN is interested in exploring with site philanthropic partners how easy or difficult it has been to tap funding for the work—both federal and private dollars—and how this work might be funded going forward.

Outcomes:

Recommendations to federal partners that could result in increased ability for GHHI site partners to raise funds and leverage their work. The Funders' Network might also be able to suggest potential strategies and avenues for raising private funds to support GHHI work.

Interview Questions

What federal funding have you had and do you currently have for your GHHI activities?

- What agencies/programs does the funding come from?
- What level of funding is available?
- What is the duration of the funding?
- What was your experience in working with the agencies/programs you received funding from?

(If not answered above) What specific kinds of funding have you received from HUD?

- What has been your experience in working with HUD?
- What kinds of supports have you received from HUD?

What kind of non-federal support have you raised for your GHHI work?

- What foundations, corporations, individuals, etc., have you received funding from?
- How did you attract this funding?

How is your GHHI program coordinated?

- Do you have one coordinator for all parts of the program or are the different parts coordinated by different people?
- Is the coordinator outside of the housing/CAP agency?
- How do you fund the coordinator position?

What are your plans for funding your GHHI work moving forward?

Finally, how would you frame the overall challenges or lessons in moving GHHI to a common practice and example of philanthropic and government partnership?

Appendix B: GHHI Interviewees

Interviewee	Organization	City
Wesley Brooks	*Center for Working Families	Atlanta
Cheryl Casciani	Baltimore Community Foundation	Baltimore
Cara Matteliano	Community Foundation for Greater Buffalo	Buffalo
Denise Zeman	St. Luke's Foundation	Cleveland
Eric Dregne	Community Foundation for Greater Dubuque	Dubuque
Alicia Kitsuse	CS Mott Foundation	Flint
Lin Chin	*City of Oakland	Oakland
Jenny Pereira	Rhode Island Foundation	Providence
Myrna Esquivel	*City of San Antonio	San Antonio
Ruth Ann Norton	Green & Healthy Homes Initiative®	
Marty Nee	Housing and Urban Development	

* GHHI site without a philanthropic partner.

Appendix C: HUD Grants Leveraged for GHHI (by site)

Committed Source	Atlanta	Baltimore	Buffalo	Chicago	Cleveland
Federal - HUD					
HUD HHD 2010	\$ 800,000.00	\$ 875,000.00	\$ -	\$ -	\$ 875,000.00
HUD HHP 2011	\$ -	\$ 930,000.00	\$ -	\$ -	\$ 929,000.00
HUD LBPHC 2010	\$ 2,100,000.00	\$ -	\$ -	\$ -	\$ -
HUD LBPHC 2011	\$ -	\$ -	\$ 2,375,000.00	\$ -	\$ -
HUD LBPHC 2012	\$ -	\$ -	\$ -	\$ -	\$ 2,480,000.00
HUD LBPHC 2013	\$ -	\$ -	\$ -	\$ -	\$ -
HUD LHRD 2010	\$ -	\$ -	\$ -	\$ -	\$ -
HUD LHRD 2011	\$ -	\$ -	\$ -	\$ 3,000,000.00	\$ -
HUD LHRD 2012	\$ -	\$ 2,900,000.00	\$ -	\$ -	\$ -
HUD LHRD 2013	\$ -	\$ -	\$ -	\$ -	\$ -
HUD HHTS 2010	\$ -	\$ -	\$ -	\$ -	\$ 650,000.00
HUD HHTS 2013	\$ -	\$ 749,856.00	\$ -	\$ -	\$ -
HUD LHCCB 2010	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 2,900,000.00	\$ 5,454,856.00	\$ 2,375,000.00	\$ 3,000,000.00	\$ 4,934,000.00

Committed Source	Cowlitz Tribe	Denver	Detroit	Dubuque	Flint
Federal - HUD					
HUD HHD 2010	\$ -	\$ -	\$ 999,995.00	\$ 999,973.00	\$ -
HUD HHP 2011	\$ -	\$ -	\$ -	\$ -	\$ -
HUD LBPHC 2010	\$ -	\$ 2,026,698.00	\$ -	\$ -	\$ -
HUD LBPHC 2011	\$ -	\$ -	\$ -	\$ -	\$ -
HUD LBPHC 2012	\$ -	\$ -	\$ -	\$ -	\$ -
HUD LBPHC 2013	\$ -	\$ -	\$ -	\$ -	\$ -
HUD LHRD 2010	\$ -	\$ -	\$ -	\$ 3,099,990.00	\$ -
HUD LHRD 2011	\$ -	\$ -	\$ -	\$ -	\$ -
HUD LHRD 2012	\$ -	\$ -	\$ -	\$ -	\$ -
HUD LHRD 2013	\$ -	\$ -	\$ -	\$ -	\$ -
HUD HHTS 2010	\$ -	\$ -	\$ -	\$ -	\$ -
HUD HHTS 2013	\$ -	\$ -	\$ -	\$ -	\$ -
HUD LHCCB 2010	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ 2,026,698.00	\$ 999,995.00	\$ 4,099,963.00	\$ -

Appendix C: HUD Grants Leveraged for GHHI

Committed Source	Cumulative
Federal - HUD	
HUD HHD 2010	\$ 6,424,968.00
HUD HHP 2011	\$ 5,120,751.00
HUD LBPHC 2010	\$ 4,126,698.00
HUD LBPHC 2011	\$ 2,375,000.00
HUD LBPHC 2012	\$ 4,960,000.00
HUD LBPHC 2013	\$ 5,000,000.00
HUD LHRD 2010	\$ 6,199,990.00
HUD LHRD 2011	\$ 9,000,000.00
HUD LHRD 2012	\$ 2,900,000.00
HUD LHRD 2013	\$ 3,000,000.00
HUD HHTS 2010	\$ 650,000.00
HUD HHTS 2013	\$ 749,856.00
HUD LHCCB 2010	\$ 100,000.00
<i>Total</i>	<i>\$ 50,607,263.00</i>
HUD HHD - Healthy Homes Demonstration Grant HUD HHP - Healthy Homes Production Grant HUD LBPHC - Lead-Based Paint Hazard Control Grant HUD LHRD - Lead Hazard Reduction Demonstration Grant HUD HHTS - Healthy Homes Technical Studies Grant HUD LHCCB - Lead Hazard Control Capacity Building Grant	

Appendix C: HUD Grants Leveraged for GHHI (by site)

Committed Source	Jackson	New Haven	Oakland	Philadelphia
Federal - HUD				
HUD HHD 2010	\$ -	\$ -	\$ 875,000.00	\$ 1,000,000.00
HUD HHP 2011	\$ -	\$ -	\$ 2,134,863.00	\$ -
HUD LBPHC 2010	\$ -	\$ -	\$ -	\$ -
HUD LBPHC 2011	\$ -	\$ -	\$ -	\$ -
HUD LBPHC 2012	\$ -	\$ 2,480,000.00	\$ -	\$ -
HUD LBPHC 2013	\$ -	\$ -	\$ -	\$ -
HUD LHRD 2010	\$ -	\$ -	\$ -	\$ -
HUD LHRD 2011	\$ -	\$ -	\$ -	\$ 3,000,000.00
HUD LHRD 2012	\$ -	\$ -	\$ -	\$ -
HUD LHRD 2013	\$ -	\$ -	\$ -	\$ -
HUD HHTS 2010	\$ -	\$ -	\$ -	\$ -
HUD HHTS 2013	\$ -	\$ -	\$ -	\$ -
HUD LHCCB 2010	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ 2,480,000.00	\$ 3,009,863.00	\$ 4,000,000.00

Committed Source	Providence	San Antonio	Salt Lake	Spirit Lake
Federal - HUD				
HUD HHD 2010	\$ -	\$ -	\$ -	\$ -
HUD HHP 2011	\$ -	\$ 1,126,888.00	\$ -	\$ -
HUD LBPHC 2010	\$ -	\$ -	\$ -	\$ -
HUD LBPHC 2011	\$ -	\$ -	\$ -	\$ -
HUD LBPHC 2012	\$ -	\$ -	\$ -	\$ -
HUD LBPHC 2013	\$ 2,500,000.00	\$ -	\$ 2,500,000.00	\$ -
HUD LHRD 2010	\$ 3,100,000.00	\$ -	\$ -	\$ -
HUD LHRD 2011	\$ -	\$ 3,000,000.00	\$ -	\$ -
HUD LHRD 2012	\$ -	\$ -	\$ -	\$ -
HUD LHRD 2013	\$ -	\$ 3,000,000.00	\$ -	\$ -
HUD HHTS 2010	\$ -	\$ -	\$ -	\$ -
HUD HHTS 2013	\$ -	\$ -	\$ -	\$ -
HUD LHCCB 2010	\$ -	\$ -	\$ -	\$ 100,000.00
Total	\$ 5,600,000.00	\$ 7,126,888.00	\$ 2,500,000.00	\$ 100,000.00

Acknowledgements

The Funders' Network would like to thank the **Annie E. Casey Foundation** for the support to undertake this project. Thanks also to all of the individuals interviewed for the paper. Special thanks to **Ruth Ann Norton** and **Michael Shaw, GHHI**, and **Scot Spencer, Annie E. Casey Foundation**, for their careful review and feedback on the paper.

About the Funders' Network

The Funders' Network for Smart Growth and Livable Communities exists to inspire, strengthen and expand funding and philanthropic leadership that yield environmentally sustainable, socially equitable, and economically prosperous regions and communities. The Funders' Network aspires to be the leading resource in philanthropy for interdisciplinary and transformative thinking and action that gives all people the opportunity to live in more environmentally sustainable, socially equitable and economically prosperous regions and communities.