Practical Solutions: Housing Supply

November 2025

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We are interdisciplinary community strategists dedicated to meaningful transformation:

Principles

1. Justice and equity through action
2. Shifting power and wealth to communities
3. Impact in whatever form solves the root cause
4. Find the right investors for the right problem
5. Success is sunsetting, i.e. the community takes over

Team

Sameer Sood, DO
Chief Executive Officer

Joshua Prasad
Chief Operating Officer

Jeremy Liu
Chief Housing Officer

Ramon Llamas, MPH
Community Lead – KY & NC

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Community Strategist

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Finance & Housing Lead

Recognition

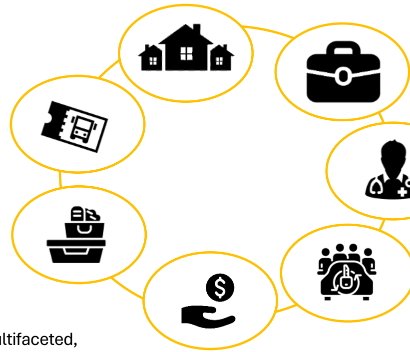
Three connected problems:

Housing Supply and Production[1]	7.3M Unit Shortfall
Housing Crisis[2]	4M+ Housing Insecure
Healthcare over-utilization[3]	Over $30B avoidable costs to Medicaid annually

1. NLIHC
2. NATEH
3. Estimates based on average Medicaid spend for housing insecurity calculations

How it works and where we're deploying our model:

Optimizing **identification & referral** pathways between housing/homeless response and clinical referrals from Medicaid contracts



Create dynamic, multifaceted, **integrated** network of providers to meet housing needs and place them in dedicated housing we procure through master leasing, acquisition/rehab or development

Improve Data connectivity between health and social care, **demonstrate total cross-system value as a scalable method** to solve homelessness to public systems

Communities we're working with

West Virginia

N. Kentucky

Sacramento

Seattle

Raleigh

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What we've accomplished (but still more to do):

80%+
FEWER EMERGENCY ROOM VISITS

50%+
LOWER TOTAL COST OF CARE

90%
LESS TIME FOR MEMBERS TO GO FROM STREET TO HOUSED

7000+
DAYS OF HOMELNESS ENDED

Our model could generate nearly $30B in cost savings at scale, **but we need MORE housing first.**

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Our approach for integrating health/housing

1. Secure Healthcare contracts

Create PMPM, risk-based contracts, utilize state waivers, capitalize respite funding

2. Acquire/preserve housing

Borrow or invest against operating revenue to acquire housing for rapid use, and long-term conversions

3. Deploy Proven Model

Enable local housing and social service CBOs to identify & navigate tenants into housing units, provide stabilization

4. Track Outcomes

Leverage HMIS, intake and clinical records to track towards success metrics.

5. Demonstrate Success

Saving healthcare costs and improving health outcomes, reducing negative social outcomes like homelessness, food and transportation insecurity.

Preserve and grow a stock of affordable housing

Enable network of local community non-profits to work in Medicaid

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1) Leveraging health/housing revenue for infrastructure and operational investment

$1M over 3 years
Medicaid Service Revenue

Housing + services for
30-40 unhoused per year

HUD Rental Revenue
$720K over 3 years

$3-5M
In leveraged capital for
housing dedicated to
addressing homelessness

$4-6M of new housing/ health services and infrastructure

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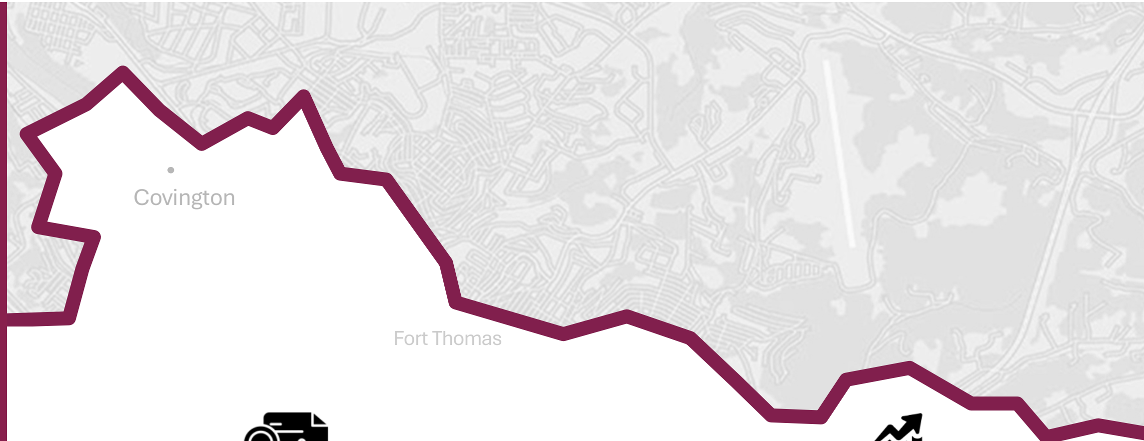
Northern Kentucky Health/ Housing Fund

Target Units: 30-40 units
Location: Northern Kentucky (Kenton, Boone, Campbell Counties)
Total Debt Fundraise: $5M to start the capital stack and bring in other healthcare stakeholders as able



Revenue Considerations

We have secured a $1.1M 3-year MCO contract that will allow us to serve 20-30 clients per year. We are working to secure additional HUD and healthcare support.

Uses of Capital

Property acquisition:	60%
Program Operations:	21%
Renovation/adaptation:	13%
Capital Reserves:	2%
Fund Management:	4%
Total:	100%

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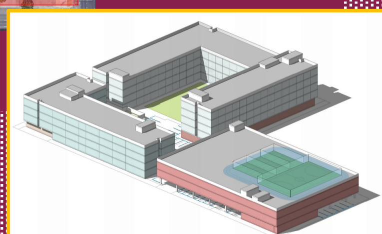
2) Engaging state waiver funding for predevelopment of a health/housing model



Sacramento, California

- Diversified investment model using state and healthcare funds noting that housing services can't be covered unless there are available units
- Full campus with 350 new, affordable housing units will be completed in 2029.

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3) Growing towards the Health Prescribed Housing Fund

Thesis.

Paired with our model, healthcare investors can earn a Return on Investment from cost savings attributed from addressing housing insecurity and homelessness.

Capitalization from across the Healthcare Ecosystem like…

1. Healthcare Insurer Corporate Philanthropy and Treasury Funds
2. Healthcare Payer Operating and Medicaid Community Reinvestments
3. Hospital System treasury funds and Community Benefit Obligations
4. Social Impact and Health-related Philanthropy

The Health Prescribed Housing Fund
is for strategic real estate investments:

Strategic Impact: The housing will be dedicated to high-need individuals, paired with local and coordinated housing services and will lead to *demonstrable* cost savings to healthcare investors like payers and hospitals.

Competitive Rate of Return: the Fund will target investment returns commensurate to what Health Investors achieve through their existing real estate investments in affordable housing.

Top-Loss Protection: the Fund can include a tranche of subordinate ("top-loss") capital, effectively serving as "credit enhancement", raised from foundations, community reinvestment requirements and impact Investors.

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Thank you!

Improving outcomes. Transforming communities. Ending homelessness.

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