



washington low income
housing alliance

Supportive housing improves health and saves community resources

Improved Health Outcomes

- A Denver study¹ found 50% of tenants in supportive housing experienced improved health status and 43% had better mental health outcomes.
- Both a San Francisco² and a Chicago³ supportive housing project had significantly higher survival rates compared to a control group.

Cost-savings to the Public

- A three-year study⁴ of a DESC supportive housing development in Seattle showed that the program **saved taxpayers more than \$4 million for just the first year**. The study also reported an **average cost-savings of nearly \$2,500/month per person**, compared to the costs of a wait-list control group.



DESC's 1811 Eastlake Project

Reductions in Emergency Services

- That same Chicago program mentioned above found that an intervention group of about 200 homeless individuals who were provided housing and case management services used **24% less emergency services** than a randomized control group over an 18-month period.

Decreases in Inpatient Admissions and Hospital Stays

- Another Chicago study⁵ saw **29% fewer hospital admissions and hospital days** for the intervention group compared to the control group.

Updated 1/8/2014

Special thanks to CSH: www.csh.org

Leverage Medicaid Expansion to End Homelessness & Improve Health

Ensure that services for people living in supportive housing can be sufficiently billed to Medicaid

Facebook/Twitter Hashtag: #Medicaid2014

Homelessness & housing instability is harmful to people's health.

When the state legislature voted to expand Medicaid last year, it did so to **create healthier people and save costs**. Housing instability and homelessness exacerbate health problems and can be a significant barrier preventing individuals from accessing the health services they need to recover. At the same time, ill health can lead to homelessness and housing instability. Providing housing and services to people living with complex and chronic health problems will help achieve the state's Medicaid expansion goals. Supportive housing is an evidence-based solution that helps people experiencing homelessness reach housing stability and improved health outcomes.

What is Supportive Housing?

Supportive housing is an affordable home combined with comprehensive primary and behavioral health services. The "support" in supportive housing can be compared to accommodations, such as wheelchair ramps for people who can't walk up stairs. On-site staff assist residents with daily life challenges, such as providing nutritional support with daily meals, assisting with communication, and other everyday tasks. **Affordable housing with resident services is not supportive housing; rather, supportive housing provides a more specialized level of care.** This evidence-based model reduces utilization of costly emergency, inpatient, and crisis services and results in improved client health outcomes.

Supportive housing serves people who need services in order to succeed in housing and who need housing in order to succeed in services. People living in supportive housing usually have **a long history of homelessness and often face persistent obstacles to keeping their home**, such as a serious mental health illness, chemical dependency, physical disability, or chronic medical condition.

Medicaid expansion can help end homelessness.

Prior to the Affordable Care Act, many chronically homeless adults, including those residing in supportive housing, were not eligible for Medicaid or had barriers in applying. **In 2014, nearly all homeless persons will, by virtue of their incomes, be eligible for Medicaid, including ones already living in supportive housing.**

If a Medicaid Supportive Housing Services Benefit was created, then supportive housing providers could bill Medicaid for supportive services provided to eligible residents. This would allow more chronically homeless people to access these services, would improve the integration of behavioral and health services, and would help individuals with severe and chronic health conditions stay off the street and be in a healthy home.

What is the legislative solution?

This issue may be addressed outside the legislative process. Please check back at the Housing Alliance State Legislative Agenda webpage (wliha.org/advocacy/state) for more information about this as the 2014 session unfolds.

¹ J. Perlman and J. Parvensky. Denver Housing First Collaborative Cost Benefit Analysis and Program Outcomes Report. Colorado Coalition for the Homeless, December 2006.

² T. Martinez and M. Burt. "Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults." *Psychiatric Services*, July 2006, Vol. 57, No.7.

³ L. Sadowski, R. Kee, T. VanderWeele, and D. Buchanan. "Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations among Chronically Ill Homeless Adults." *Journal of the American Medical Association*, May 6, 2009, pp. 1771-1778.

⁴ S. Collins, D. Malone, and S. Clifasefi. "Housing Retention in Single-Site Housing First for Chronically Homeless Individuals With Severe Alcohol Problems." *American Journal of Public Health*, December 2013, Vol. 103, No. S2.

⁵ K. Linkins, J. Brya, and D. Chandler. Frequent Users of Health Services Initiative: Final Evaluation Report. Lewin Group, August 2008.