

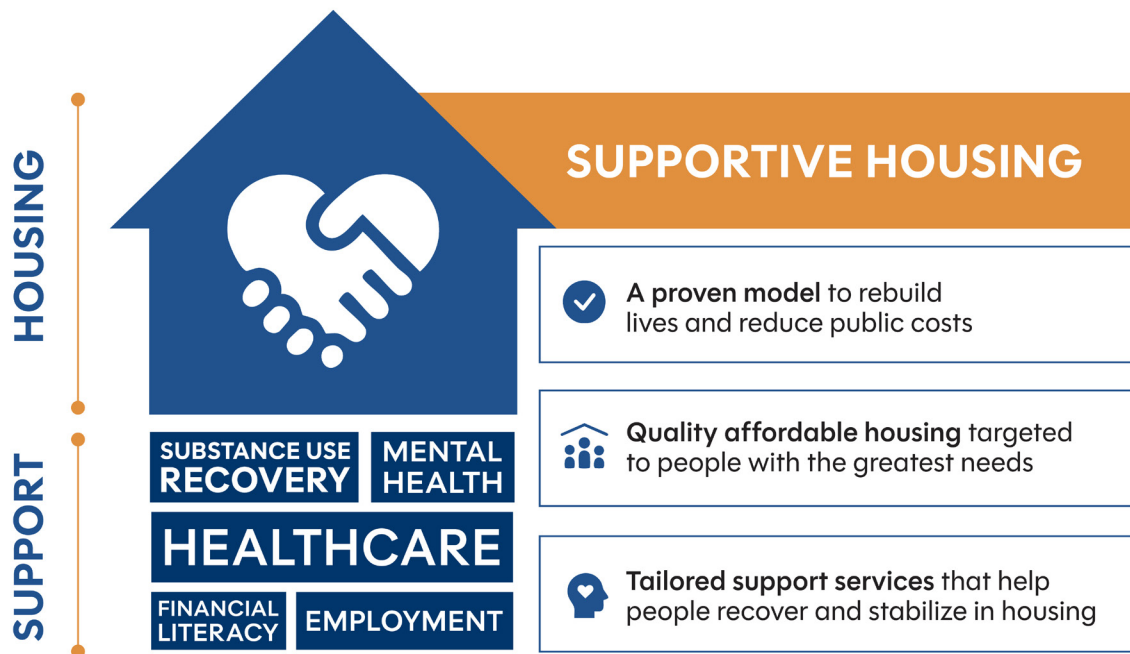


SUPPORTIVE HOUSING EVIDENCE BRIEFS HEALTH



Supportive housing is a model of affordable housing that is designed specifically for people with disabilities to recover and thrive in their community. It serves people who are facing complex physical and behavioral health challenges while also experiencing homelessness, institutionalization, or housing instability. People in supportive housing pay 30% of their income toward rent and are accountable to a lease with all the rights and responsibilities of tenancy.

The services people receive in quality supportive housing are intensive and delivered using a low staff-to-client ratio. Services are personalized but typically address mental health and addiction recovery, employment and income, and primary and specialty healthcare using a whole person care coordination and support model.



Decades of research show that experiencing homelessness negatively impacts health outcomes and can result in heavy utilization of costly emergency departments and inpatient services for healthcare provisions. Supportive housing has been shown to improve health, decrease the use of costly crisis and inpatient care, and increase connection to preventive and outpatient care. **This brief highlights key evidence related to supportive housing and health.**



Supportive housing results in positive shifts in health use, from crisis to preventive care.

- ✓ A [randomized controlled trial](#) in Denver, CO found that after two years, people who received supportive housing had an average of **eight fewer emergency department visits** than people in the control group. They also increased their use of office-based care and prescription medications.
- ✓ [Mecklenburg County, North Carolina](#) found that after a year in supportive housing, tenants' **emergency department visits dropped by 59% and inpatient visits decreased by 48%.**
- ✓ In [Santa Clara County, California](#), people in supportive housing **reduced their use of psychiatric emergency services and increased their use of outpatient mental health** relative to a group of people who did not receive supportive housing.
- ✓ In Bozeman, Montana, a supportive housing initiative saw a **42.2% decrease in emergency department visits and a 47.2% increase in behavioral health appointments.**





Supportive housing reduces healthcare spending driven by costly crisis care.

- ✓ In [Oregon](#), supportive housing tenants had a reduction in their overall healthcare costs after entering supportive housing based on lower rates of inpatient care and emergency room visits.
- ✓ A [randomized control trial in Chicago](#), Illinois found an average of **\$6,307 in cost savings annually** for people who received supportive housing, relative to a comparison group. This increased to an average of **\$9,809 in cost savings annually** for people with a history of chronic homelessness.
- ✓ The evaluation of a [pilot program in Seattle, Washington](#) found that providing supportive housing to people experiencing homelessness with high acute care costs (including sobering centers and emergency department visits) resulted in **cost reductions per person per year that were an estimated \$36,579 greater than the comparison group.**
- ✓ An [evaluation of supportive housing in Los Angeles](#) saw a nearly **60% reduction in associated costs for public services** (including emergency room visits, and inpatient care) after one year in housing.



Supportive housing decreases Medicaid spending.

- ✓ In Arizona, [an analysis](#) of spending for 3,040 Medicaid members found that providing supportive housing led to an **\$82.5 million reduction in the cost of care over a year, a 45% reduction** driven by lower emergency department visits, inpatient admissions, and residential behavioral health facility stays.
- ✓ An [evaluation of supportive housing in Portland, Oregon](#) found that the average **Medicaid costs dropped from \$2,006 to \$899 per resident per month** after one year, a 55% reduction adding up to more than **\$750,000 in cost reductions across the program.**
- ✓ In [Massachusetts](#), an evaluation found that Medicaid recipients with a history of chronic homelessness who received supportive housing **lower costs for inpatient hospitalization and emergency room visits** than a comparison group.



Supportive housing is associated with improved health outcomes, including better disease management and a reduction in unmet health needs.

- ✓ In [New York City](#), supportive housing was found to decrease rates of new diabetes diagnoses and improve diabetes care.
- ✓ In [Toronto, a low-barrier scattered-site supportive](#) housing initiative with Assertive Community Treatment (ACT) produced significant increases in medication adherence amongst individuals diagnosed with schizophrenia, compared with those in the control group.
- ✓ An [evaluation of supportive housing in Portland, Oregon](#) found statistically significant decreases in the number of residents self-reporting they had unmet healthcare and mental health needs both one and two years after entering housing.





Supportive housing reduces the risk of contracting HIV and enables those living with HIV to suppress viral load.

- ✓ In [New York City](#), a study comparing over 21,000 participants of supportive housing programs who did not have HIV prior to program entry, with the New York City registry of HIV cases, found that those who received at least three years of supportive housing had a **decreased risk of contracting HIV**. The longer individuals stayed in supportive housing, the **lower their risk of receiving a new HIV diagnosis**.
- ✓ A [study in Cincinnati, Ohio](#) comparing HIV measures at entry to supportive housing and either exit or the end of the study period found statistically significant improvements, with **79% of tenants achieving viral suppression** (compared to 66% at entry) and **45% achieving a healthy CD4 count** (compared to 28% at entry).
- ✓ A systematic review of low-barrier supportive housing programs found that compared with treatment-first interventions, supportive housing programs **reduced viral load by 22%**, **depression by 13%**, and **mortality by 37%** for clients living with HIV.





CONCLUSION

Supportive housing is a proven intervention that improves health and reduces healthcare costs driven by heavy use of crisis services. It provides a safe, stable, and healthy environment and services, making it easier for people to connect to ongoing, community-based care and manage their health. It also saves communities and health systems money and reduces pressure on crisis care services.

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SUMMARY OF OUTCOMES

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FAMILIES

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SUBSTANCE USE

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JUSTICE SYSTEM

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