

## **Join Our Sign-on Letter to Congress Because Housing is Health!**



**CSH is circulating the following sign-on letter to partners throughout the country, asking for their organizational endorsement as we work to convince the new Administration and Congress to embrace supportive housing and ensure that health coverage for the lowest income Medicaid beneficiaries continues even if the Affordable Care Act is altered or repealed. If your organization would like to join our advocacy effort and sign on to the letter below, please email**

**[housingishealth@csch.org](mailto:housingishealth@csch.org) and we will add your group to the growing list of endorsers. When CSH transmits the letter, we will print the full list of organizations that have signed on. Thank you for your help as we work together to assist the most vulnerable people in our society.**

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**President-Elect Donald J. Trump**

**Honorable Senator Mitch McConnell, United States Senate**

**Honorable Speaker Paul Ryan, United States House of Representatives**

As the 115th Congress convenes and the focus turns to national healthcare policy, we strongly recommend that you to recognize the proven role supportive housing plays in reducing healthcare costs while improving outcomes for individuals with complex health conditions and housing instability ó instability that, without a cost-effective intervention, leads to a need for far more expensive health care services.

Every day doctors in America provide treatment to some of our sickest patients who live on the streets, in shelters, institutional settings or unsafe, tenuous housing. Despite heroic efforts by our nation's health care professionals, they often do not have the right tools and resources to treat many of the most pressing needs of these individuals. These patients often lack access to basic needs like housing transportation, preventative care, and social supports. Medicine and medical interventions alone will never resolve the complexity of issues they face. Most will return to the clinic or hospital emergency department again and again, with more serious and expensive problems.

Institutional care is not a cost-effective alternative to this scenario. The costs of keeping individuals institutionalized in hospitals, nursing homes or other segregated settings are exorbitant and proving to be significant burdens on federal, state and local budgets. There is a

notable subset of individuals residing in nursing homes not because they have medical needs requiring this level care but because they lack a home to go to and are too ill or frail to recover on the streets or in a shelter.

There is a growing consensus among health care professionals and policymakers that in order to break this cycle of crisis system utilization, increase cost-efficiency, and improve health, our country must shift attention and dollars toward systematically addressing social determinants of health that create cost-effective, longer-term impacts on the health of a community. Based on mounting research, it is clear that underlying, contributing factors of health impact the needs and behavior of generations.

### **Supportive Housing is the Solution**

Access to safe, quality, affordable housing and the supports necessary to remain in that housing is the essence of supportive housing, and constitutes one of the most fundamental and powerful social determinants of health. (See studies cited below.) Yet supportive housing, a proven model producing measurable results, remains woefully under capacity in our country, due to ineffective structures in government that result in a lack of alignment between healthcare and housing policies for a subset of the population.

As you consider reforms impacting healthcare, we hope you will take actions that will expand the positive impacts supportive housing has on individuals and families. Specifically, we urge you to:

1. Ensure that health coverage for the lowest income Medicaid beneficiaries continues even if the Affordable Care Act is altered or repealed.
2. Encourage and increase access to housing resources to pair with the healthcare system, a proven model for reducing public costs while serving as a platform for improved health and economic sufficiency.
3. Encourage more states to incorporate supportive housing pre-tenancy and tenancy sustaining services in their Medicaid Plans.
4. Provide states with new resources and authority to increase Medicaid beneficiaries' use of Home and Community-Based Services (HCBS), responding to the individuals' preferences to live at home or in home-like settings. By substituting for more expensive institutional services, increasing the use of HCBS has the potential to further reduce costs and expand access to long-term supports in states with waiting lists for services.

### **Brief Summary of the Evidence Base for Supportive Housing**

A study from the Kansas-Oklahoma region found that among baseline drug users who became residents of supportive housing, the use of crack cocaine, cocaine, and marijuana decreased by 28-65% after they were housed with access to treatments. Total quarterly health cost estimates declined by 50%, from \$6,832 to \$3,376.

In Indiana, an evaluation concludes significant public cost savings are realized from supportive housing compared to traditional means of treating chronic homelessness, even when considering

the extra costs associated with providing housing. The results suggest a net saving of \$1,149 per person (9.7%), by allocating resources to supportive housing.

In Houston, Texas, CSH partnered the local Homeless Services System with the local Managed Care Organization to prioritize housing and services for the most vulnerable members of that community. Houston was able to house 3,120 individuals, end Veteranø Homelessness and decrease chronic homelessness by 76%. Only with the flexible supports of the state Medicaid program, was this possible.

A compilation of 16 evaluations from across the country shows supportive housing has a significant impact on emergency department visits with an average reduction of 46% from baseline to the end of the first year of housing, and a 52% reduction by the end of the second year (for studies that include second year data). Similar conclusions document that hospital bed stays per person decline following entry into supportive housing ó in some cases as much as 84 percent!

A Kaiser Family Foundation report showed that nursing facility care costs an average of \$62,750 per person per year whereas community-based care cost about half that figure per year.

As we move forward, the most fitting question is not how will we afford to pay for social determinants of health such as supportive housing, but whether we can afford not to pay for this proven intervention. This intervention improves our quality of health and the efficiency of the healthcare system. We look forward to working with you and Members of Congress to improve efficiency in the US Health Care systems while also improving health outcomes for U.S. citizens with the most significant healthcare and housing needs.

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