



# Utilizing Medicaid and Health Resources for Housing Subsidies and Development

*NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL*

*JUNE 23, 2017*

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*PRESENTED BY THE NATIONAL AIDS HOUSING COALITION:*

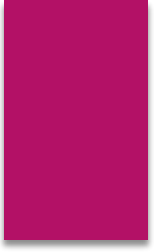
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# Learning Objectives



- ▶ Develop strategies to integrate health resources with housing subsidies and development
- ▶ Explore how communities can use local dollars, and private insurance collaborations to develop supportive housing.
- ▶ Develop strategies to collaborate with health providers to develop housing subsidies and supportive housing units for people who are homeless, unstably housed and or low/very-low income.



*Our Vision: The National AIDS Housing Coalition envisions an international community where housing is a human right and HIV disease ends. It is clear that housing improves health outcomes of those living with HIV disease and reduces the number of new HIV infections. The end of HIV/AIDS critically depends on an end to poverty, stigma, housing instability, and homelessness.*

# Agenda

1. Housing is Cost Effective Healthcare
2. Discussion: Models of Combining Health Resources with Housing Subsidies and Development
3. Discussion: Strategies for Community Collaborations



# **Housing is Cost Effective Healthcare**



## Housing is Cost Effective Health Care: Making the Case

- ▶ Housing assistance improves health regardless of co-occurring behavioral issues.
- ▶ Low threshold, harm reduction housing interventions have repeatedly been shown to enable vulnerable persons to establish stability, improve health outcomes, and reduce risk behaviors, especially when coupled with on-site supports

(Wolitski, 2010; Larimer, 2009; Sadowski, 2009).

- ▶ “Housing First” supportive housing model created stability, reduced alcohol consumption, and decreased health costs (53%), sobering center use (87%), and county jail bookings (45%) compared to a matched group who remained homeless

(Larimer, 2009).



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# Supportive Housing Dramatically Reduces Mortality

- ▶ Receipt of housing services independently associated with improved health care access
- ▶ Homeless/unstably housed PLWHA whose housing status improved over time were:
  - ▶ 5 times more likely to report a recent HIV outpatient visit
  - ▶ 6 times more likely to be receiving anti-retrovirals
- ▶ Controlling for demographics, health status & receipt of management

# CHHP Shows Housing Saves Lives And Money

- ▶ **Housed participants:**
  - ▶ 3 times more likely to be stably housed at 18 months (66% vs. 21%)
  - ▶ significantly fewer housing changes (2 vs. 3)
  - ▶ 29% fewer hospitalizations, 29% fewer hospital days, and 24% fewer emergency department visits than “usual care” counterparts
  - ▶ Reduced nursing home days by 50%
- ▶ For every 100 persons housed, this translates annually into 49 fewer hospitalizations, 270 fewer hospital days, and 116 fewer emergency department visits
- ▶ CHHP cost analyses to be published this fall expected to show that reductions in avoidable health care utilization translated into annual savings of at least \$900,000 for the 200 housed participants, after taking into account the cost of the supportive housing  
[www.nationalaidshousing.org](http://www.nationalaidshousing.org)



# Housing Impacts Health Outcomes

## Housing Instability

Delayed HIV Diagnosis

Increased Risk of Acquiring and Transmitting HIV Infection

Delayed Entry into Care

Lack of Regular Visits for HIV Primary Care

Delayed Use of ARVs

Less Likely to be Virally Suppressed

# Stable Housing Improves Health Outcomes and is Cost Effective

- In addition to improving health outcomes, studies have shown that savings in health care and incarceration cost can cover the cost of housing and lead to improved quality of life for the homeless population.
- The solution to improving outcomes and reducing costs for the people who are homeless and use large amounts of healthcare could be found in removing limitations on MCOs to pay for operational costs (rental subsidies) for supportive housing

*(Dr. Joshua Bamberger, August 2016)*



**Discussion:**

**Models of Combining Health  
Resources with Housing  
Subsidies and Development**

# Discussion Questions

- How do we engage CMS in discussions around Medicaid around covering housing subsidies and development?
  - Step down from nursing home
  - Housing as a treatment intervention
- How do we work with private insurance providers to develop supportive housing?
  - Cost effective intervention that bring improves health outcomes
- How do we get community development planning process to partner with health care providers to increase supportive housing units?





**Discussion:**

**Strategies for Community  
Collaborations**

# Discussion Questions

- What groups and organizations in our communities can we engage to in strategic partnerships to increase supportive housing units?
  - Universities
  - Foundations
  - Community-based
- What public private partnerships can we explore in our communities to develop supportive housing?





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# Next Steps

For more information and to join  
the  
National AIDS Housing Coalition:  
[www.nationalaidshousing.org](http://www.nationalaidshousing.org)