

Public Testimony to Joint Committee on Human Services 2/28/2013

Subject: Supported Housing and Supported Employment

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Evidence based Supportive housing is an innovative and proven solution to some of communities' toughest problems. It combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.

Supportive housing helps build strong, healthy communities by improving the safety of neighborhoods, beautifying city blocks with new or rehabilitated properties, and increasing or stabilizing property values over time.

Supportive housing improves housing stability, employment, mental and physical health, and school attendance; and reduces active substance use. People in supportive housing live more stable and productive lives.

Supportive housing costs essentially the same amount as keeping people homeless and stuck in the revolving door of high-cost crisis care (including ED, jails, prisons and emergency housing).

Over 50 research studies have found that Evidence Based Supported Housing using the nationally recognized Assertive Community Treatment (ACT) model reduces emergency health care costs and improve healthcare for the intended population. ACT has been studied since the late 1970s and uses a multi-disciplinary treatment team and low case ratios to provide community based case management and 24/7 crisis intervention to assure community stabilization and continuity of care.

- An independent evaluation of CCC's Evidence Based Practice Assertive Community Treatment (ACT) program found that 1 year post enrollment, clients experienced a 58% reduction in inpatient hospitalizations (Moore, T., 2006)
- A national study of all 11 Chronic Homeless Initiative ACT teams funded through the US Interagency Council on Homelessness found that the total average *quarterly* treatment costs per person decreased by 51% over the first year, from \$6,832 at baseline to \$3,376 12-months later with an additional decrease use of inpatient services (56%) from \$5,776 to \$2,677 (Mares, A, Rosenheck, R. 2007)
- Culhane 2002 study of 4,679 homeless, mentally people placed in supportive housing in NYC between 1989-1997 found 21% drop in medical hospital utilization and 50% drop in psychiatric hospitalization.
- A 2007 Multnomah County study of Cascadia's ACT teams concluded a 61% reduction in hospitalization from 3 months prior to ACT enrollment to 12 months post enrollment.