



March 11, 2019

Dear Chair Keny-Guyer, Vice Chair Noble, Vice Chair Sanchez and Members of the House Committee on Human Services and Housing,

Thank you for the opportunity to testify on behalf of the Oregon Primary Care Association in support of HB 3349 and specifically the targeted investment it makes in the Permanent Supportive Housing program at OHCS.

OPCA is a non-profit organization, with a mission to support Oregon's 32 community health centers, also known as federally qualified health centers, in leading the transformation of primary care to achieve health equity for all. Community health centers deliver integrated primary care, including dental and behavioral health services, to over **433,000 Oregonians annually**. Community health centers are providers within the CCO networks, providing care to Oregon's underserved populations, **including one in four Oregon Health Plan members**.

Many of Oregon's community health centers serve patients without stable housing. Providers and care teams see firsthand how a lack of safe and affordable housing can lead to poor health outcomes and increased cost to the healthcare system. Individuals who don't have stable, secure places to call home are less likely to eat healthy diets, take medication as prescribed, and maintain jobs and/or school attendance – all leading to downstream health complications.

Permanent supportive housing is a critical part of the wide spectrum of affordable housing and supports that communities can make available. OHA in collaboration with OHCS have outlined the critical need for the expansion of PSH and the vital role it plays in making homelessness and institutionalization brief, non-recurring events. It can also play a part in the reduction of costs to the state as well as local governments. A 2016 Center for Outcomes and Research (CORE) study of affordable housing and supports in Portland found that costs to health care systems were 14 percent lower for residents of PSH; a year after moving into affordable housing:

- outpatient primary care utilization had increased by 20 percent
- emergency department use had fallen by 18 percent, and,
- residents reported that access to care had improved by 40 percent and that the quality of care they received had improved by 38 percent.

We also know that the need for PSH in Oregon far outstrips the amount of PSH available; the most recent point in time count, found over 5,000 unsheltered homeless individuals and nearly 900 families and unaccompanied youth. To better assist our health centers, who do use screening tools to assess social needs outside the patient's immediate medical needs and know who may be unsheltered, additional resources to get the patient housed, like vouchers for PSH, are significant tools to improve patient outcomes. Long term rental assistance vouchers, in tandem with housing that includes some level of case management (like PSH), help stabilize families with children who have struggled with housing stability. We support investing in long term rental assistance vouchers using funds generated in HB 3349 as an opportunity to leverage this resource and establish a partnership between our health centers and OCHS, with the common goal of achieving, long term, affordable housing for patients and their families.

We believe HB 3349 is an opportunity to provide additional significant investment in Permanent Supportive Housing and specifically the associated vouchers and supportive services for people who, without support in their tenancy, may not be successful in maintaining stable housing, and who

conversely, without housing, may not be as successful in using health care and other services to achieve and maintain recovery, health and wellness.

Thank you,

Danielle Sobel, MPH
Policy Director

Oregon Primary Care Association
Leading the transformation of care to achieve health equity for all
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