

# Supportive Housing: Cost Effective and Proven to Work

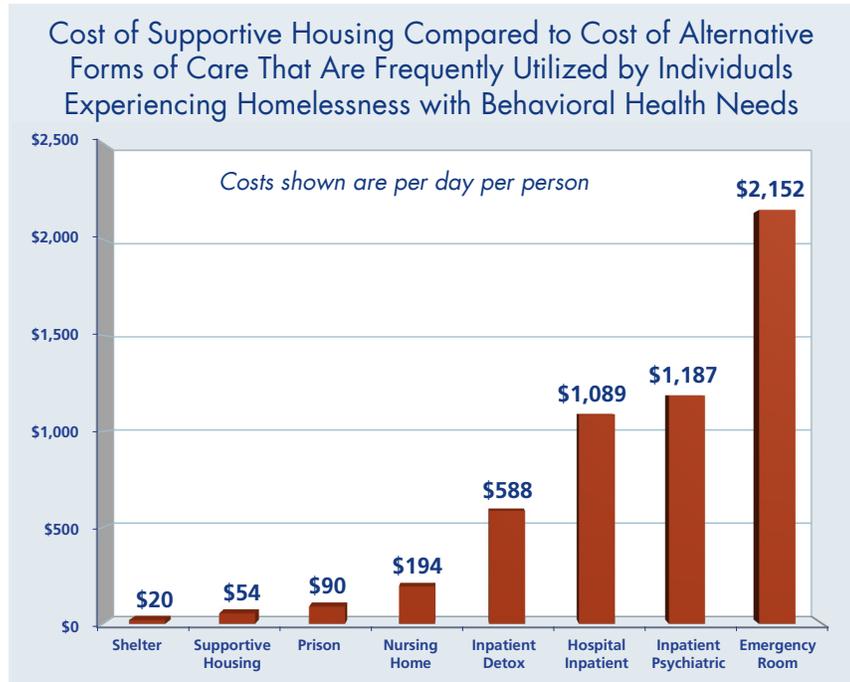
## What is supportive housing?

Supportive housing is permanent, independent and affordable housing combined with on-site or visiting case management and support and employment services. A cost-effective solution for people with disabilities, mental health conditions, substance use disorders and other issues, supportive housing provides its tenants with the support they need to stay housed and out of shelters, prisons, hospitals and other institutions.

## The cost-effectiveness of supportive housing: how it works

The costs of chronic homelessness are high for the individuals experiencing it and for the community. Treating individuals experiencing homelessness in emergency systems that cannot address the root causes of their homelessness is expensive and merely continues the cycle.

*Connecticut is a leader in the supportive housing movement, with over 5,600 units of supportive housing throughout the state.*



Often, individuals experiencing chronic homelessness access a wide array of high-cost systems – mental health, substance use treatment, prison, and health care. The costs of these systems are substantial: detox, \$588/day; hospital in-patient, \$1,089/day; psychiatric in-patient, \$1,187/day; emergency room visit, \$2,152/trip; nursing home \$194/day; prison, \$90/day. Worse, even after these services are used, these individuals still do not have a place to call home and often continue to suffer from illnesses that go untreated.

Supportive housing costs much less and is more effective. For roughly \$54/day, or \$19,500 a year - \$10,000 for the rental subsidy that provides housing and \$9,500 for the case management services that provide support to the tenant – supportive housing can help an individual end his/her homelessness.

Sources: Shelter - CT Coalition to End Homelessness; Supportive Housing - Corporation for Supportive Housing; Prison - CT Dept. of Corrections; Nursing Home - CT Dept. of Social Services (DSS); Inpatient Detox - CT Dept. of Mental Health and Addiction Services (DMHAS); Hospital Inpatient - Yale-New Haven Hospital; Inpatient Psychiatric - CT Dept of Mental Health and Addiction Services (DMHAS); Emergency Room - St. Francis Hospital, Hartford  
Data updated June 2011 by the Partnership for Strong Communities

## Significant need for supportive housing

We have made progress, but there is still more work to be done. The need for supportive housing remains strong. As recent data from the Homelessness Management Information System indicated, there were nearly 2,700 single adults, including Veterans, experiencing chronic homelessness in Connecticut in 2013. Investing in supportive housing and targeting our resources effectively can help us reach the *Opening Doors-CT* goal of ending chronic homelessness by 2017.

Last updated August 2014



**Opening Doors in Connecticut...**

...to a Future Where **Everyone** Has a Home

## Innovative solutions

Armed with knowledge about supportive housing's effectiveness, Connecticut organizations are collaborating with state agencies and philanthropies to test new models that target those at risk of chronic homelessness:

### FUSE

#### Frequent Users Systems Engagement

Using a data match between the Homelessness Management Information System (HMIS) and the Dept. of Corrections (DOC), FUSE targets and provides housing and support services to 100 men and women who cycle through the homeless service and corrections systems in Bridgeport, New Haven, Hartford, Waterbury and southeast Connecticut. Supportive services are provided through the Connecticut Department of Mental Health and Addiction Services (DHMAS).

Data from the behavioral health database showed that the first 30 FUSE participants had an average of 16 arrests and 74 months of incarceration over their lifetime, and 58% had been homeless for more than 2 years. The total lifetime cost for jail and shelter services for these 30 men and women is more than \$12 million.

Early outcomes indicate that FUSE participants housed for 12 months or more experience a 99% decline in shelters days and a 73% decrease in jail episodes. Program results are being measured by DHMAS, including housing stability, recidivism and other health and social outcomes.

Spearheaded by the Corporation for Supportive Housing (CSH), the CT FUSE effort has brought together government (DHMAS, DOC, CSSD, OPM, DSS), philanthropy (Robert Wood Johnson Foundation, Melville Charitable Trust, Open Society Institute) and non-profit organizations (Columbus House, Chrysalis Center, Catholic Charities, Reliance House, Connecticut Coalition to End Homelessness, Partnership for Strong Communities, UConn) to fund, implement, evaluate and expand the program.

#### Learn more:

CSH/FUSE - <http://bit.ly/1n2hzNJ>

### CIHNN

#### Connecticut Integrated Healthcare & Housing Neighborhoods

Funded by Corporation for Supportive Housing's Social Innovations Fund (SIF), philanthropies and government agencies, the CIHNN project houses and provides patient-centered health care for up to 160 individuals in an effort to integrate housing, case management and health care. The project is led by AIDS CT in collaboration with Partnership for Strong Communities.

The project targets Medicaid-enrolled high utilizers of health services who are homeless or at risk of homelessness and who may have chronic physical and/or mental health conditions. The multi-year pilot employs a health home outreach model using assertive outreach and care coordination to link persons with high needs and high costs with primary care, behavioral healthcare and supportive/affordable housing.

As of June 2014, 69 people were housed through the CIHNN initiative, with most initially engaged in a local shelter or in the hospital. With spending of roughly \$76,000 per person in Medicaid benefits in the previous 12 months, these 69 people accounted for \$5.2 million in Medicaid costs over the last year.

#### Other significant statistics:

- 76% had multiple arrests in their lifetime.
- 70% hospitalized more than once in the past year
- 84% had more than one ED visit past year
- 93% currently taking medications for physical/mental health issue

Thus far, only three people have left housing and none have returned to homelessness.

#### Learn more:

Reaching Home Campaign - <http://bit.ly/1kwnnZY>  
CSH/CIHNN - <http://bit.ly/1jrtQtZ>

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**Homelessness is unacceptable. Homelessness is solvable and preventable.**  
**Homelessness is expensive. Invest in solutions.**