

Housing Benefit Pilot Evaluation Results

CCO Oregon
October 2026



Agenda

- Background on the Housing Benefit Pilot
- Evaluation overview
- Process evaluation
- Client reported outcomes
- Cost and utilization outcomes
- Key takeaways and next steps



Background



The Health Share Housing Benefit Pilot

Background

Health Share of Oregon is the state's **largest coordinated care organization** (CCO), with approximately **460,000 members** in the Portland Metro Area.



Housing Benefit Pilot Overview

PILOT DESCRIPTION

2022-2024

A temporary assistance program that provided support to housing insecure individuals or families to prevent or shorten the amount of time they experience homelessness.

Participants worked with a housing navigator from a partnering CBO to access benefits. OHSU Health IDS served as the Central Benefit Administrator.

Housing Benefits provided in the pilot:

- Housing navigation
- Hotel/motel stays
- Move-in support
- Monthly rent support
- Past due rent payment
- Move-in fees
- Utility deposit
- Utility back payment
- Monthly utility assistance
- Home remediation services
- Home accessibility and safety modifications
- Healthy home goods
- Renter's insurance

Housing Pilot Eligibility

PILOT ELIGIBILITY

- Eight priority populations were initially identified that would rollout over time.
- Following a March 2023 pause to address capacity challenges, two populations remained eligible.
- Pilot initially offered 12 months of benefit, shortened to 6 months

Priority populations were individuals: 1) currently experiencing or at risk of homelessness, and 2) transitioning out of:

Phase 1 (launched May 2022)

*Aging out of foster care

*Substance Use Disorder residential programs
Corrections

Phase 2 (expansion in late 2022):

Recuperative Care Program

Inpatient medical settings (limited to two specific programs)

Phase 3 (not launched):

Assertive Community Treatment programs

Acute care rehabilitation

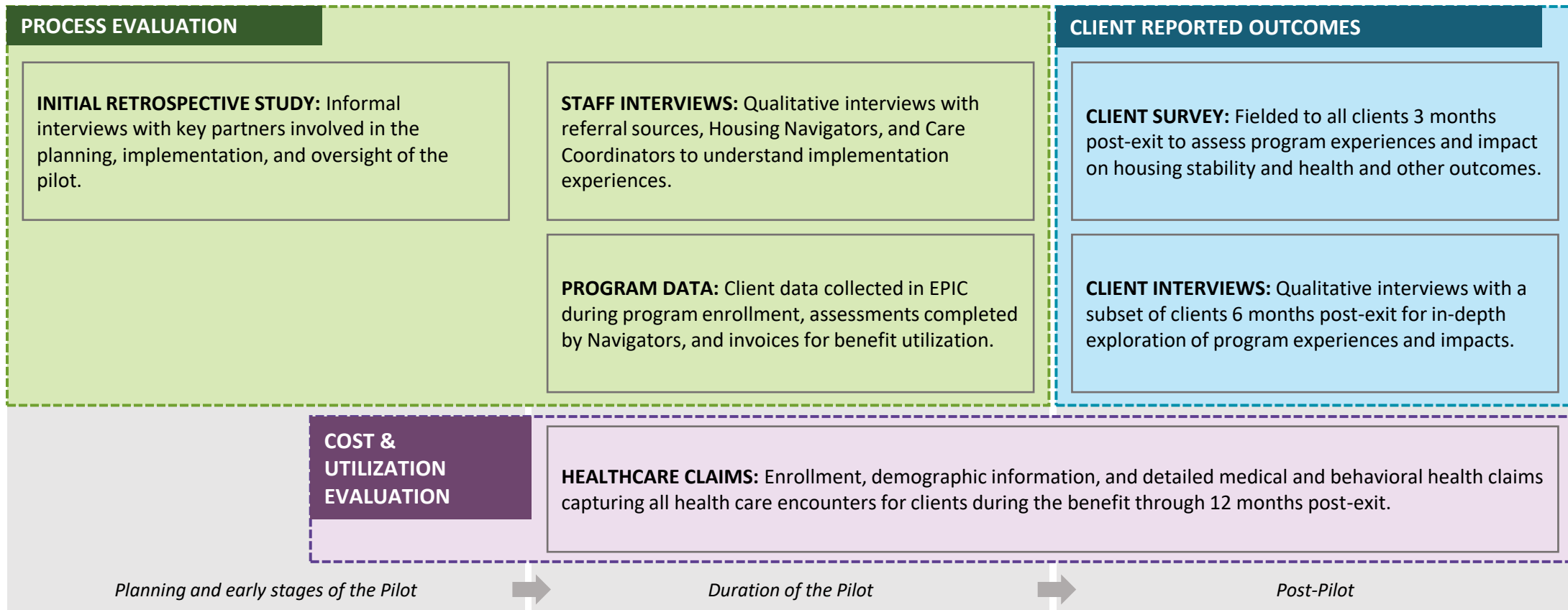
Inpatient psychiatric settings

*eligible following pause

Housing Pilot versus HRSN

	Health Share Pilot (2022-2024)	HRSN Housing Benefits (2024-2027)
Duration	6 or 12 months	6 months
Eligible Population	• Either at-risk or currently experiencing homelessness • Must also be experiencing one of a small set of life transitions	• Only those at-risk of homelessness • Must also meet one of a broad set of circumstances, including clinical conditions, age, etc.
Benefits (simplified)	Rent, utilities, navigation support Also: hotel/motel, moving supports	Rent, utilities, tenancy support
Authority	CCO discretionary program paid for through Flexible Services	OHA contractually required benefits paid for under Section 1115 Waiver program
Connection to Health System	Clients expected to engage with both a CBO-based Housing Navigator and a CCO-based Care Coordinator	Clients able to receive benefits without engagement in tenancy support or care coordination

Evaluation Overview



Evaluation Stories

Story 1: Who was served and what were their needs?

Uses program data to describe clients' baseline needs and utilization of program services

Story 2: How did the program evolve?

Uses program data and staff interviews to compare program engagement, client outcomes, and staff experiences before and after the pause

Story 3a: What were the program's impacts on housing and social needs?

Uses program data and client survey and interviews to assess program impact

Story 3b: What were the program's impacts on healthcare utilization?

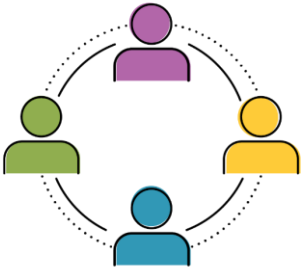
Uses program data and healthcare claims to assess program impact

Who Was Served by the Pilot?



REFERRALS AND ENROLLMENT

A total of 715 individuals were referred to the pilot and **517 enrolled** (72%)



PARTICIPANT DEMOGRAPHICS

The majority of participants were **male** (59%), **White** (59%), and residents of **Multnomah County** (68%), and nearly all participants were **English** speakers (99%)



PRIORITY POPULATIONS

Enrollees entered the program from a SUD residential program (48%), corrections (20%), foster care (12%), recuperative care (10%), and other programs/settings (10%)

Client Histories at Enrollment



Health History

87% history of substance use
57% mental health diagnosis
44% ED/hospitalized in past year



Housing History

32% on a housing waitlist
20% property/utilities debt
16% eviction in past 7 years



Other Social History

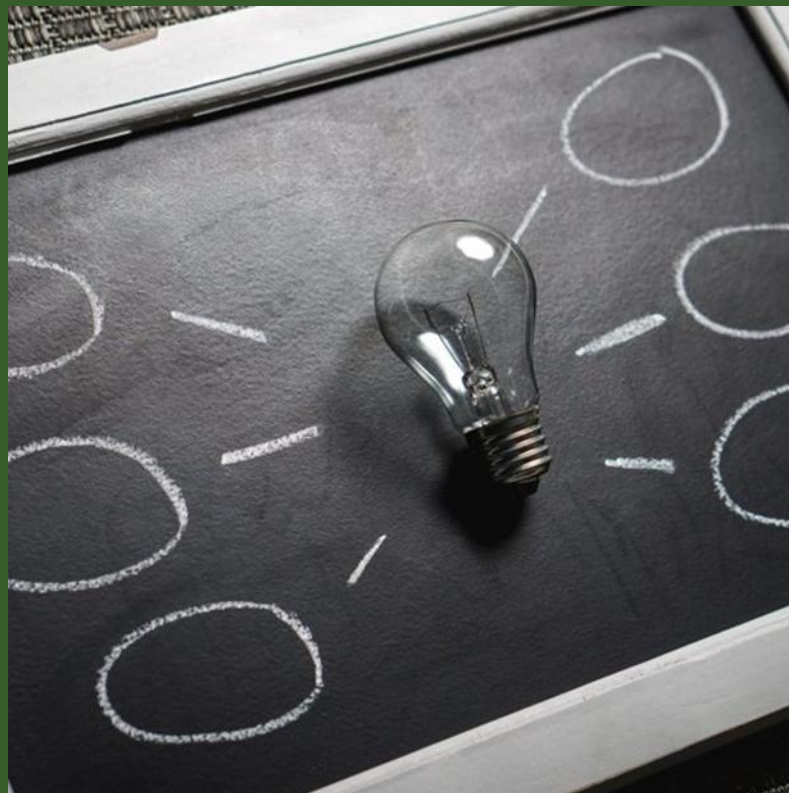
71% convicted of a crime
32% employed
23% transportation issues

Baseline Needs and Benefit Utilization

Service	Needs	Utilization	Expenditures Since Enrollment	Expenditures Per Member Per Month
Housing Navigation, Support and Sustaining Services		91%		\$402
Housing Monthly Rent Support	96%	74%		\$966
Move-in Fees	62%	66%		\$189
Housing Move-in Support	62%	62%		\$88
Monthly Utility Assistance	82%	55%		\$88
Short-Term Hotel/Motel Stays	16%	33%		\$998
Reinstatement Utility Payment	13%	20%		\$32
Utility Deposit	27%	7%		\$11
Renter's Insurance	29%	8%		\$11

Gill M, Craigie A, Holtorf M, Gronowski B, Livingston CJ. Participant Needs, Service Utilization, and Costs in a Medicaid Housing Pilot Program. *JAMA Netw Open*. 2025;8(5):e2512405.

Staff Interviews



Staff Experiences and Lessons Learned on Implementation

Staff Interviews

- **Purpose:** To capture staff experiences implementing the pilot and identify lessons for the pilot and the upcoming 1115 waiver
- **Methods:**
 - Semi-structured interviews were conducted in summer 2023 with staff at participating community-based organizations
 - Interviews focused on processes, experiences, supports needed, and visions for the benefit's future
 - Interview data was analyzed thematically

Staff Experiences Implementing the Pilot



SHARED VISION & EXPECTATIONS

While there was shared excitement about the pilot, staff expressed needs for clarity in: a vision of success for the program, partners' roles, how it fits with the broader housing landscape, and how accountability was built in



PROGRAM INFRASTRUCTURE

Staff noted the need for open communication, transparent decision-making, documentation to ensure consistency over time and across organizations, and timely payments and alignment with standard practices in the housing sector



TRAINING & SUPPORT

Staff highlighted the importance of having manageable caseloads, trainings to support capacity building, and opportunities for meaningful engagement with program leadership so their feedback could be heard by decision-makers

Client-reported outcomes



Data Sources

Program Data

Member Enrollment (n = 517) and Housing Needs Assessment (n = 365)

Survey Data

Survey administered ~90 days after program exit (n = 88)¹

Interview Data

Conducted by phone ~180 days after program exit (n = 26)²

¹Survey Response Rate = 33%, based on participants with valid cell phone number (n=266).

²Interviewees were selected from survey respondents using stratified random sampling. Additional details on survey, interview, and analytic methods are provided in the [technical appendix](#).

How to interpret findings in this report



Program Data Findings: Slides with this icon in the top right indicate that the findings are from program data



Survey Findings: Slides with this icon in the top right indicate that the findings are from the client survey



Interview Findings: Slides with this icon in the top right indicate that the findings are from the client interviews

Housing Stability

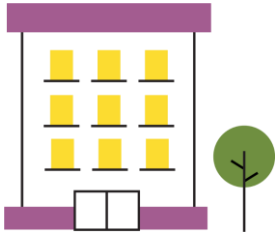


To what extent were clients housed stably during and after the program?

Housing Stability



Three months after exiting the program, clients reported:



- **72% of respondents lived in permanent housing** (e.g., paying own rent, subsidized rent, living with family/friends permanently)



- **56% of respondents were stably housed** (i.e., lived in one place since exiting AND the place was considered permanent)



- **81% of respondents were confident** in their ability to maintain or improve their housing situation

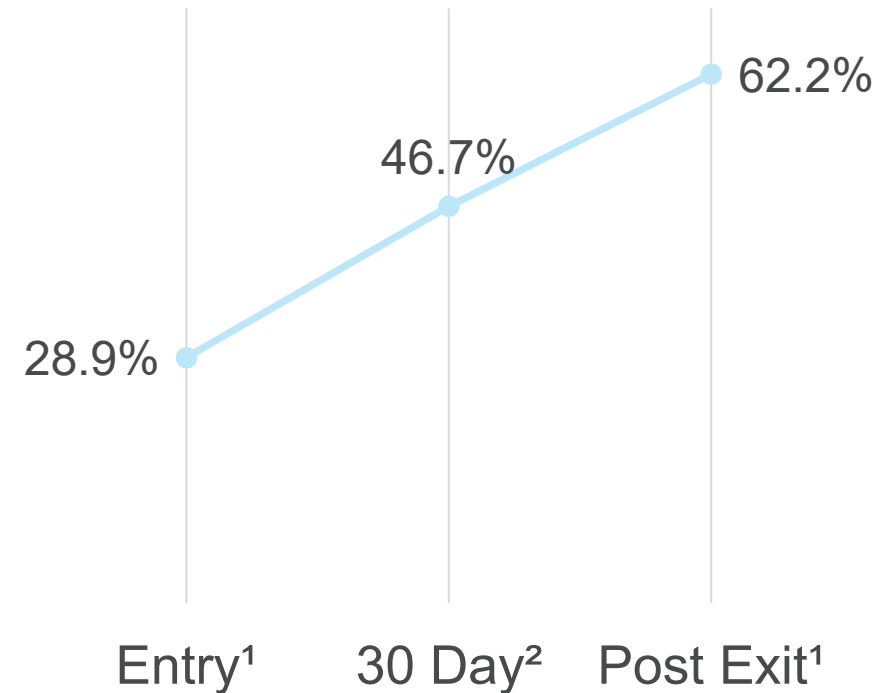
Stability Over Time



HOUSING STABILITY

- Within just a month, stability rates increased substantially.
- Between program entry and 90 days after program exit, the rate of housing stability more than doubled.

Housing stability increased over time (N= 453)



¹Stability defined as living in a permanent housing situation and having not recently moved.

²Stability defined as living in a permanent housing situation.

³Data limited to individuals with a reported status at each timepoint.

Housing Stability



Housing stability was the **most central impact** that emerged in client interviews. Clients described being able to:

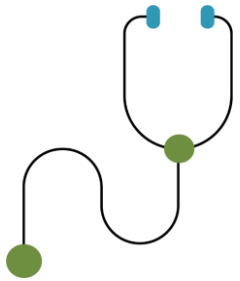
- Stay in Portland rather than move
- Live near community (family, friends, recovery community)
- Choose housing near what they prioritized, such as bus lines and gyms
- Choose housing that met their individual needs and preferences, including space for family members and children
- Have regular access to appliances
- Access a range of housing-related resources beyond rent, such as furniture and bedding, utilities, and pay past housing-related debts

Experiences



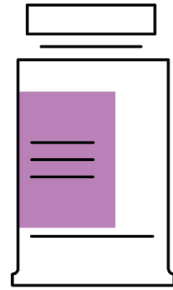
What were clients' experiences with the Housing Benefit Pilot?

Health and Social Impacts



HEALTH

Clients reported reduced stress and anxiety, improved physical health, and that housing helped with recovery from medical procedures, taking medication, and attending medical appointments.



SUBSTANCE USE

Clients felt they could prioritize their recovery by attending meetings and connecting with community outside meetings, as well as stop using substances as an escape due to feeling stable in their housing.



ECONOMIC

Clients had time to find employment that they genuinely enjoyed, were able to pay off past debts, put money towards other needs, and create savings that further supported a sense of stability.



CIVIC/LEGAL

Housing stability enabled clients to maintain contact with the justice system which supported having charges reduced, getting off probation, finishing STEP court, and completing domestic violence classes, as well as obtaining drivers' licenses.

Program Challenges



Clients wanted **clarity and consistency** from the pilot, as well as mechanisms to hold the program accountable if they experienced issues.

Challenges included:

- Lack of awareness that OHP was required for initial and ongoing program enrollment
- Difficulty connecting with Housing Navigators and Care Coordinators
- Limited guidance on what was expected of clients, what clients could expect, and what to do if expectations were not met
- Limited individual staff and organizational capacity
- Some clients felt that advocating for oneself too vocally could lead to problems, and success was more likely if clients avoided drawing attention to themselves

Success Despite Challenges



Clients with more positive program experiences and those who described being able to more easily handle programmatic challenges attributed this to:

- **Alignment** between clients' personal goals and those of the program
- Understanding **what the benefit could and could not provide**, and the efforts they would need to put in themselves to see the greatest gains, including proactively choosing housing they felt they could sustain
- Some clients felt that their own **readiness and ability to advocate** for themselves led to a better experience with the pilot

Claims Analysis



**Did the pilot change health care
costs and utilization?**

Analysis Design

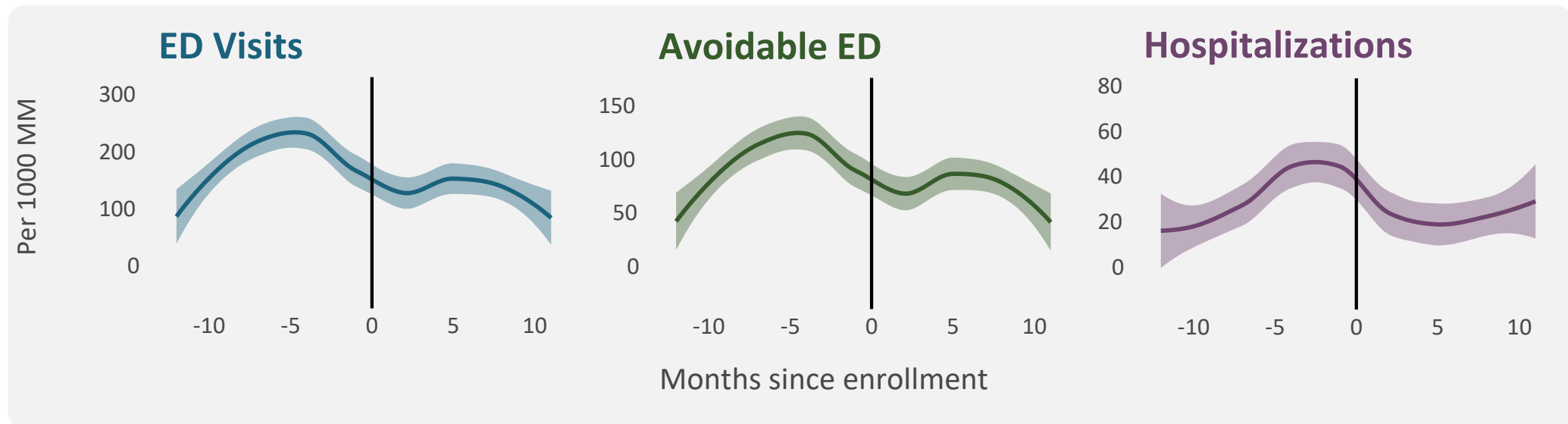
Population: 418 pilot participants and 278,064 potential comparison-group members with at least 3 months of coverage before and after enrollment

Data: Medicaid claims 12 months before and after enrollment; comparison members received aligned index dates

Method: Comparative interrupted time-series models assessed immediate changes, changes in monthly trends, and average differences over 12-month follow-up. Propensity score weighting created more comparable groups from similar Medicaid members

Prior to Enrollment

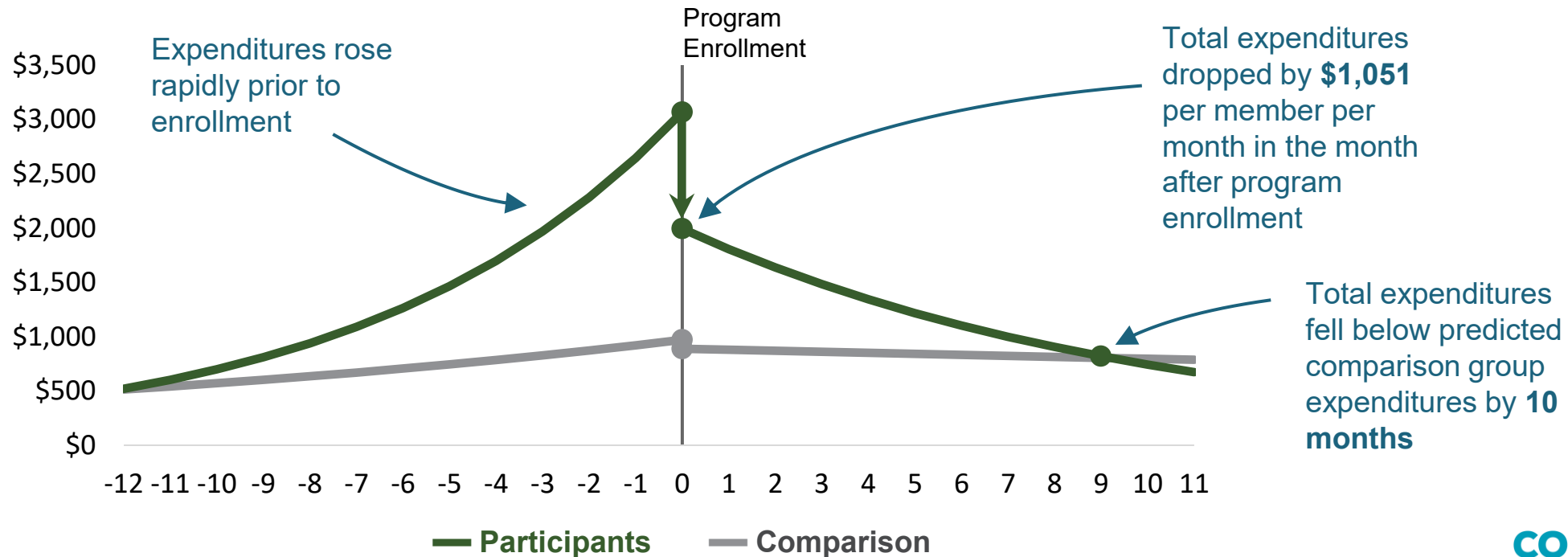
Utilization of **acute care increased** in the months prior to enrollment



Unadjusted propensity score weighted health care expenditures

Health Care Expenditures

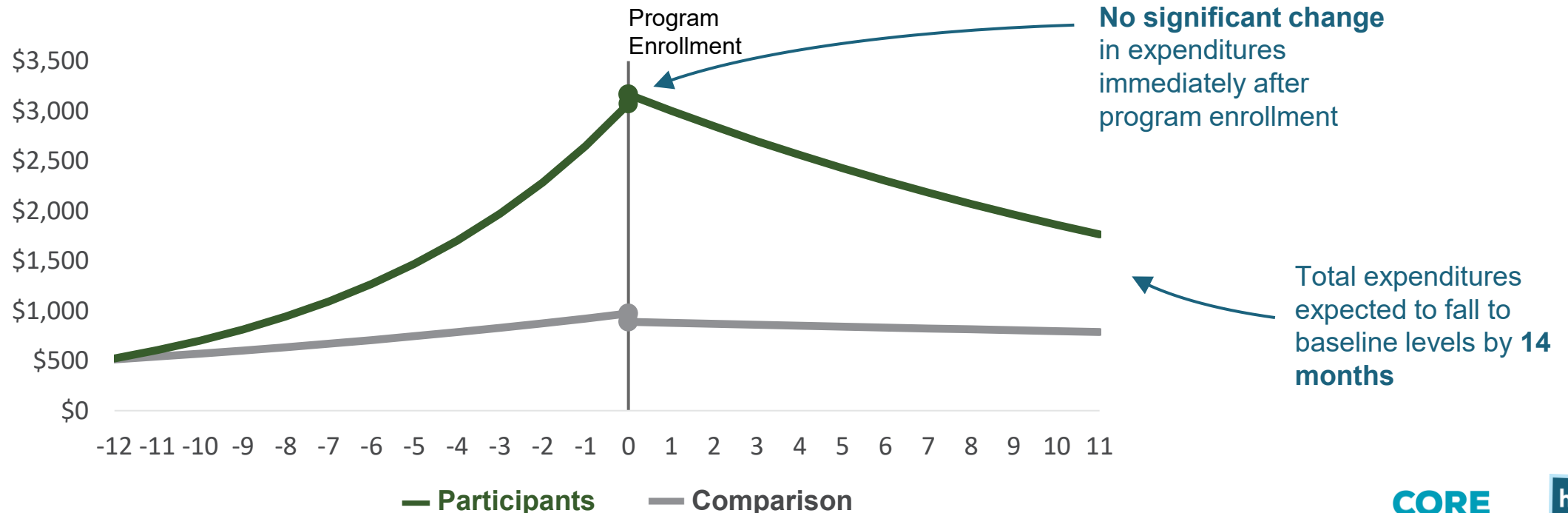
Total Health Care Expenditures **dropped immediately** after enrollment and **continued to decline** over time



Results of propensity score weighted comparative interrupted time series analysis

Health Care + Program Expenditures

When including program expenditures, there was no significant change immediately after enrollment, but **costs declined significantly over time**



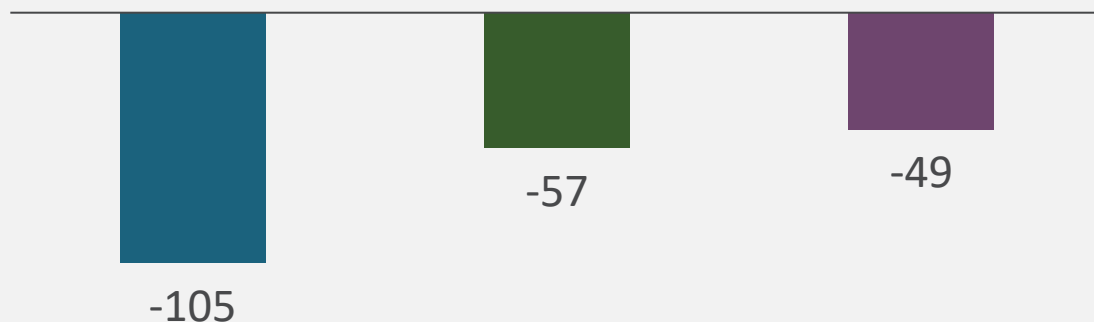
Results of propensity score weighted comparative interrupted time series analysis

Acute Care

Utilization and health care expenditures for **acute care dropped significantly** in the month immediately following enrollment

Immediate decreases in utilization

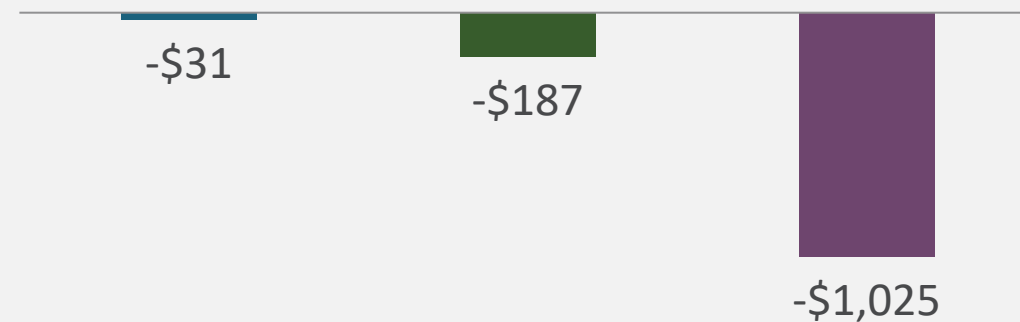
ED visits Avoidable ED Hospitalizations



*per 1000 member months

Immediate decreases in expenditures

ED visits Avoidable ED Hospitalizations



*per member per month

Results of propensity score weighted comparative interrupted time series analysis

Ambulatory Care

Utilization and health care expenditures for **ambulatory care** decreased **gradually** following enrollment

Decreases in utilization each month

- ↘ 64 Primary Care
- ↘ 105 Mental Health
- ↘ 1,141 SUD

*per 1000 member months

Decreases in expenditures each month

- ↘ \$6 Primary Care
- ↘ \$4 Mental Health
- ↘ \$471 SUD

*per member per month

After 12 Months

In the year after enrollment, **expenditures were significantly lower** than would have been expected had members not received housing supports

Program expenditures

↑ \$2,225

per member per month over 12 months
following enrollment

Health care expenditures

↓ \$280

per member per month over 12 months
following enrollment

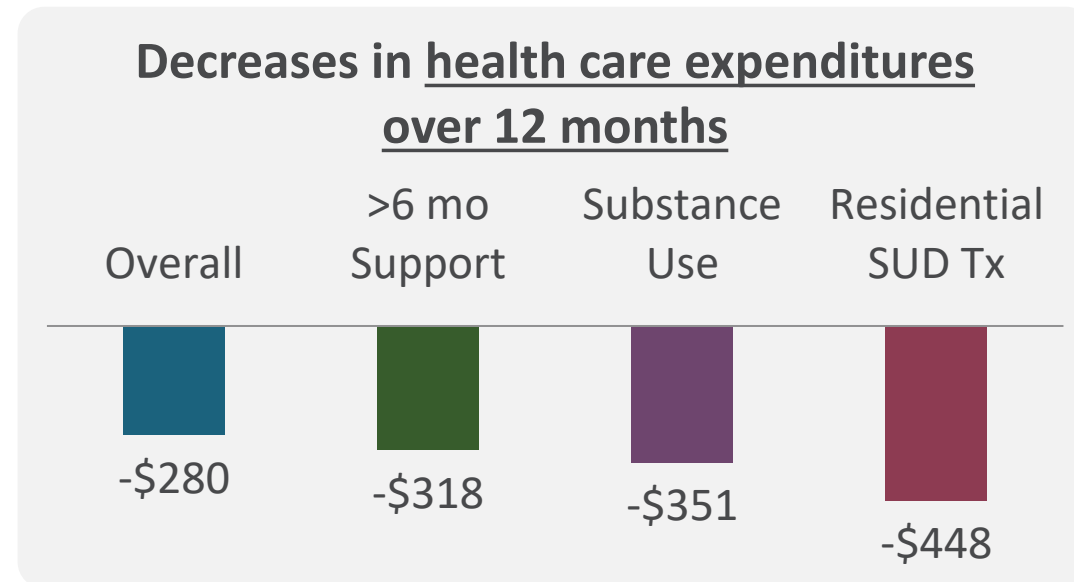
Combined health care and
program expenditures

↑ \$892

per member per month over 12 months
following enrollment

Optimal Impacts

Largest decreases were among those who received **more than 6 months of housing supports**, those diagnosed with a **substance use disorder** and those leaving **residential SUD treatment**



Results of propensity score weighted comparative interrupted time series analysis

Impacts on Costs and Utilization



Housing support was associated with immediate reductions in acute care and gradual declines in ambulatory care



Health care costs declined over time even after accounting for substantial program expenditures.

Housing Pilot - 5 Key Takeaways



IMPACTS ON HEALTHCARE UTILIZATION

Pilot participants had significantly lower acute care utilization immediately after program enrollment with more gradual but significant decreases in outpatient care in the year following program enrollment.



IMPACTS ON HEALTHCARE COSTS

Total healthcare costs decreased after program enrollment, but these savings did not fully account for substantial program and administrative expenditures.



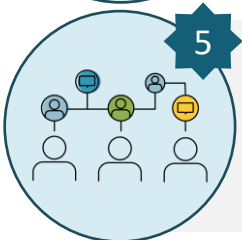
IMPACTS ON HOUSING AND SOCIAL HEALTH

The pilot significantly impacted participants' housing stability, creating positive ripple effects in their lives and emphasizing the value of healthcare investments in housing.



INNOVATION & LEARNING

The pilot was innovative and valuable, addressing unmet needs in housing support while offering a notable learning opportunity for healthcare-housing collaboration.



FUTURE CONSIDERATIONS

Deeper connections to the larger housing landscape, links to longer-term housing supports, and better aligning participant eligibility with available housing benefits are important to future planning.

A scenic landscape featuring rolling hills in the background under a cloudy sky. The foreground is filled with a field of purple lupines and yellow wildflowers. A dirt path winds through the field. A dark purple rectangular box with a white border is centered over the image, containing the word "Questions" in white text.

Questions