Health Share Housing Benefit Pilot

Evaluation Summary Report

Phase 1: March 2023 – December 2024

Data current as of October 11, 2024

Housing Benefit Pilot & Evaluation Overview

Purpose of the pilot: Given the wide-ranging health and social effects of housing instability, Health Share of Oregon (Health Share) created a pilot to connect individuals to housing supports at vulnerable transition points when they could most benefit from assistance.

Benefits provided and eligibility: Benefits were provided for 6-12 months and included expenses like monthly rent and utility support, hotel stays, and housing navigation. Eligible populations included people exiting certain systems or type of care (e.g., foster care, corrections, substance use disorder (SUD) residential programs).

517	individuals enrolled
20	contracted CBO partners
$2,225	average PMPM cost

Pilot details: The pilot was collaboratively implemented by health system-based Care Coordinators and Housing Navigators from contracted community-based organization (CBO) partners from 2022 to 2024.

Larger context: The pilot offers lessons for the design and implementation of similar efforts as state Medicaid programs include housing as a covered benefit (e.g., housing is included as a health-related social need benefit under Oregon's current 1115 Medicaid waiver).

Pilot evaluation: Health Share partnered with the Center for Outcomes Research and Education (CORE) to better understand the processes, cost implications, and outcomes associated with the pilot. Evaluation questions include whether the benefit reached the intended populations; whether it met their needs; its cost implications; its impact on participants' housing, health, and social needs; and staff experiences. This evaluation report summarizes Phase 1 findings.

Phase 1 (March 2023-December 2024) *Process improvements and early impacts*	Phase 2 (January 2025-December 2025) *Pilot outcomes and cost implications*
• **Initial retrospective study:** 16 informal interviews with partners involved in pilot planning and implementation. • **Staff interviews:** 32 interviews with referral sources, Housing Navigators, and Care Coordinators. • **Program data analysis:** Review of data collected at time of enrollment, assessments completed by staff, and invoices.[1] • **Participant survey:** Fielded and completed by 89 participants. • **Participant interviews:** Conducted with 26 participants.	• **Client survey:** Analysis of completed surveys about participants' experiences with the pilot and its impacts. • **Client interviews:** In-depth analysis of completed interviews about participants' experiences with the pilot and its impacts. • **Healthcare claims:** Analysis of medical and behavioral health claims for all encounters before, during, and post-exit from the pilot. • **Comprehensive evaluation:** Analysis across all data sources to synthesize findings in a final evaluation report.

More information on the Housing Benefit Pilot can be found on Health Share's website.

[1]Also published in: Gill M, Craigie A, Holtorf M, Gronowski B, Livingston CJ. Participant Needs, Service Utilization, and Costs in a Medicaid Housing Pilot Program. *JAMA Network Open.* 2025;8(5):e2512405. doi:10.1001/jamanetworkopen.2025.12405

Housing Benefit Pilot by the Numbers

A total of **716 individuals were referred** to the program, and **517 were enrolled** (72%). The majority were white, male, Multnomah County residents, and spoke English. Most participants entered the program from **a SUD residential program (48%), corrections (20%), or foster care (12%)**.

Housing, social, and health needs were collected by Housing Navigators as part of a baseline needs assessment and used to develop a housing plan. Participants reported **substantial needs at baseline**. While 52% of participants completed and graduated from the pilot, **nearly a quarter of participants were disenrolled due to loss to follow up**.

72% of those referred were enrolled
48% entered from SUD residential programs
52% graduated from the pilot

At baseline:
32% on housing waitlists
20% had property or utilities debt
16% evicted in the past 7 years

At baseline:
67% received food stamps
42% reported additional food needs
32% were employed

At baseline:
89% had a history of substance use
60% had a mental health diagnosis
45% hospitalized in the past year

Housing navigation services were built into the design of the pilot and used by nearly all participants; other frequently used services included **monthly supports** (rent and utilities) and **one-time supports** (move-in fees, move-in supports, hotel stays).

Top Services	% Need Assessed	% Used	PMPM[1]	Total
Monthly Rent Support	96%	74%	$966	$10,963
Move-in Fees	62%	66%	$189	$1,821
Move-in Support	62%	62%	$88	$896
Monthly Utility Assistance	82%	55%	$88	$1,047
Hotel/Motel Stays	16%	33%	$998	$6,902

[1]Expenditures per member per month of enrollment among those who utilized a given service.

Key takeaways

- Service usage fell short of assessed needs for monthly supports like rent and utilities and exceeded assessed needs for hotel/motel stays.
- Per member per month (PMPM) expenditures on one-time supports were generally highest in the first 2 months, but spending on monthly supports increased over the benefit period.
- Rent support was the most frequently used support and the service with the highest average and total expenditures.

Staff Perspectives on the Housing Benefit Pilot

Housing Navigators, Care Coordinators, and referral sources were interviewed during the program about their experiences and what was necessary for the pilot's success.

- Staff saw the need for the pilot, were excited to participate, and viewed it as a quickly accessible resource when other programs had long waitlists.
- Building trust with participants was critical to staff's work, and changing documentation, unclear processes, lack of role clarity, and late payments complicated these relationships.
- Staff faced challenges adequately supporting higher needs participants; they had concerns about long-term housing stability and the pilot's lack of wraparound supports. Staff also had to navigate differences between the benefit and housing sector norms (e.g., lease durations and promissory notes).
- Support from supervisors and coming together with others in shared learning spaces helped staff leverage their professional and lived experience.

"…the idea of this program is so awesome. Housing is a healthcare need. It is something that everyone should have. I think that kind of language and emphasis is super important."

"That's the difference between the Housing Benefit Program and our program is that we have those wraparound support services [so participants can] create their space, create a community for themselves. Also, create the toolbox that they need that they might not have had or that they had and just didn't know how to go about putting the pieces together."

"You're launching a program but there's other things that we've seen over the years [as staff] before you've connected with us to partner […] that we can bring to the table to help add to make it more impactful for the lives that we're trying to reach."

Lessons Learned from the Housing Benefit Pilot in Phase 1

Program data, surveys, and interviews with participants and staff revealed important lessons when designing and implementing an innovative housing pilot:

- **Determining who the benefit is meant to serve is key.** Staff and participants highlighted the potential value of more check-ins and wraparound services, particularly for higher needs participants. Developing a shared vision across housing and health sectors about who the program is designed to serve and how is crucial to program success.
- **Designing the pilot collaboratively can support participant needs.** Leveraging housing sector expertise can create a program well-designed to meet the needs of its intended participants and well-integrated into housing organizations' existing work.
- **Considering the larger context can support integration with other initiatives.** The pilot played a unique role in the housing landscape and complemented other initiatives. This dynamic could be furthered through intentional collaboration with other housing supports.

As states including Oregon add housing as a Medicaid covered benefit, lessons on what's needed for successful design and implementation are particularly timely. Phase 2 of the Housing Benefit Pilot evaluation will focus on the cost implications and outcomes associated with the pilot, and a final evaluation report will be completed in December 2025.