



Housing first

Policy aims to reduce costs, improve quality of life for chronic homeless

By Sandra Larson
Spare Change News

Housing the homeless is cheaper than paying for emergency services such as ambulance rides, emergency room visits and hospital stays, according to a recent Maine study that echoes the findings of other studies around the United States.

The study, released by the Maine State Housing Authority in October, shows that costs were reduced by about 50 percent for 99 formerly homeless, mentally ill people in the Portland, Me. area who now live in permanent supportive housing and receive regular care to manage ongoing physical and mental health problems.

The two-year study was modeled after studies done in larger metropolitan areas such as New York and Denver, tracking services used by a group of individuals before and after entering permanent supportive housing.

Melany Mondello, a coordinator of the Maine study, said that not all stud-

ies around the country showed cost savings overall. Instead, "cost neutrality" is often the result, she said, and taxpayers need to be aware that dollars spent are not necessarily reduced, but used more productively.

"It's important for people to know that a small segment of the homeless population costs a lot," Mondello said.

"The message we are trying to give is that housing programs help shift the burden away from expensive emergency care to preventive care and supportive services."

Some agencies and towns in Massachusetts have likewise been shifting action on homelessness to a "housing first" model, a philosophy that it is more effective to house a person first and deal with other problems such as addictions, mental illness or disabilities afterward. This is a fairly dramatic shift from the traditional model of requiring homeless people to become sober or to complete detoxification programs and go through a "continuum of care" before being eli-

gible for the ultimate goal of permanent housing.

"I think there's great momentum behind it," said Erin Donohue, spokesperson for Massachusetts Housing and Shelter Alliance (MHSA).

MHSA is "at the forefront" of the housing first movement, according to Donohue. The idea, she explained, was pioneered in the 1990s by Sam Tsemberis, a former psychologist who started Pathways to Housing in New York City when he saw how difficult it was for people with severe disabilities to navigate the traditional system with its series of required treatment centers and temporary living arrangements.

MHSA received \$600,000 to start a statewide housing first pilot program, in which homeless provider subcontractors began placing individuals in housing in Sept. 2006. The state funding has been doubled, to \$1.2 million, for fiscal year 2008.

The United States Interagency Council on Homelessness recognized

the city of Quincy as "a national model" for its success in implementing a housing first program.

Since 2005, more than 60 people have been moved from emergency shelters to permanent housing in the Quincy area. And inpatient hospital days and emergency room visits decreased by about 80 percent for those placed in housing, according to a report by Tatjana Meschede, Ph.D., of UMass Boston's Center for Social Policy.

"Quincy is definitely leading the way in Massachusetts," said Sean Glennon of the Quincy planning department.

Glennon said housing first is a fairly new concept in Quincy. Until about 2005, he said, the city focused on emergency shelter and transitional housing rather than permanent supportive housing.

Quincy's main partner in the quest to end homelessness is Father Bills & MainSpring, an organization formed from the recent merger of two shelters, Father Bill's Place in Quincy and

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MainSpring Coalition for the Homeless in Brockton. The new, larger organization will place more focus on permanent housing.

"In any other business, if you're continuously seeing a problem not get better, you change," said John Yazwinski, CEO of the merged organization, who has a business degree and worked in the lumber industry before joining Father Bill's in 1996. He called the change a "complete organizational transition" to a focus on permanent solutions instead of crisis management.

In the city of Boston, it is unclear whether a housing first model is going to replace the shelter model anytime soon. Glennon said he is not aware of Boston organizations actively pursuing a housing first strategy, though like Quincy, Boston and many other communities have adopted a 10-year-plan to end chronic homelessness, he said.

Boston's Pine Street Inn is known primarily for its emergency shelter, which offers overnight refuge and a hot meal for about 700 men and women every night, and its outreach vans that offer transportation to shelter or medical facilities.

But Pine Street has also been quietly transitioning some clients to various types of housing, including permanent supportive housing, for decades, according to spokesperson Alicia Ianiere. She said Pine Street opened its 26th residential facility in November—a "beautiful rehab" of an existing building in Roxbury—housing seven formerly homeless people.

Costs of housing are notoriously high in Boston, and so it may seem unrealistic that providing more housing could save money—but the emergency medical services that are overburdened with many people are homeless are expensive, too.

An ambulance ride in response to a 911 call in Boston costs \$850 at its most basic level, and up to \$1700 for a major medical crisis requiring treatment by paramedics, according to Jim Montgomery, Director of Administration and Finance at Boston Emergency Medical Services.

And for people without stable shelter, normally minor or manageable health problems can easily rise to crisis levels, causing greater use of emergency rooms and hospital beds.

The MHSAs report "Home and Healthy for Good" lists a dozen ways in which homelessness directly affects a

person's health, ranging from stark facts of life on the streets such as being unable to rest and having medications stolen, to more subtle factors such as increased stress during homelessness and the likelihood that care won't be sought until an illness is advanced.

"My diabetic patients who are homeless have a hard time finding a private place to inject insulin," said Dr. Jessie Gaeta, a physician advocate at MHSAs and internist with Boston Health Care for the Homeless Program and Boston Medical Center. It's also hard to keep the medication refrigerated, she added, and homeless diabetics are sometimes arrested for needle possession, or their needles are stolen.

"So some don't take their insulin and they end up in the hospital," she said.

"Housing is a medical intervention," stated Gaeta, "because it allows patients to care for their illness."

The city of Quincy's program is saving the Quincy Medical Center \$60,000 per year in emergency costs, based on the hospital stays of one group of women studied. While homeless, the 12 women spent a total of 44 inpatient days in the hospital in a one-year period. In the year following their transition to permanent housing, their total hospital

days dropped to just four.

In the Maine study, the mentally ill homeless people received more mental health care after being placed in housing, but it still cost less overall because the services were routine and managed instead of irregular emergency care, said Mondello.

Cost reduction is what housing first advocates emphasize to convince legislators and taxpayers. But those involved in ending homelessness are quick to note that the formerly homeless people also have much greater quality of life now.

"They are healthier, happier, more productive, and feel more a part of the community," said Glennon. He said they are also more likely to find employment or apply for state and federal programs than they would have been in an emergency shelter.

Mondello also emphasized the increased wellbeing of the newly housed people in the Portland area. She said she believes the housing first model is going to keep growing.

"I think it's starting to be clear that this approach is working," she said, "because it is humane; you can't go wrong with housing; and people realize that it actually works."