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Home Again breaks cycle



James Welsh, left, and Frank Schneider the first two tenants of the Home Again program leave the PIP Shelter Monday after the grant program was announced. (T&G Staff/DAN GOULD)

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WORCESTER — The Health Foundation of Central Massachusetts yesterday announced a \$426,824 grant to expand the supply of housing and combat homelessness in the city.

The grant will permit Community Healthlink to serve 20 to 25 chronically homeless people with case management and housing in and around Worcester, according to Deborah J. Ekstrom, CHL president and CEO. That is on top of the 29 formerly homeless people being served at Spencer House on Elm Street and at scattered-site apartments in the Home Again program implemented last November, according to Janice B.Yost, president and CEO of the private Health Foundation.

It brings the foundation's funding for the effort to \$1,646,409 since 2007.

Differences in program features

	Home Again	Standard care
Case management	Yes	Yes
Case manager/client ratio	1 to 10	1 to 70 or more
Case management appointments at home	Yes	No
Sobriety/abstinence required to get housing	No	Yes (except those in market housing)
Mental health treatment prerequisite for housing	No	Yes
Mental health treatment at home	Yes	No
Permanent subsidized housing	Yes	No
Average wait for permanent housing	Less than 3 months	More than 2-5 years (unless client can afford market-rate housing)
Case management support after housing	Yes	No (unless specific housing program provides it)
Housing retained during temporary departure (i.e., treatment facility, incarceration)	Yes	No

Source: Department of Community Health Sciences, Boston University School of Public Health
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In addition, the foundation announced results of a study by Boston University's School of Public Health that Ms. Yost said validates the Housing First concept employed in the Home Again program. At one time the approach prompted political debate in the city. Unlike traditional programs for homeless people, Housing First does not require sobriety.

Only last week, the People in Peril homeless shelter implemented rules designed to close the embattled shelter at 701 Main St. by next year. At a press conference at the shelter yesterday to announce the new funding, City Manager Michael V. O'Brien said, "Home Again's commitment of 75 percent of these new units for current PIP Shelter clients is vital to fulfilling our collective goal of ending the failed practice of emergency sheltering."

Mr. O'Brien, who also is chairman of the Worcester County Regional Network Leadership Council, said, "It is only through this type of coordinated regional approach that we will achieve our goal."

The Health Foundation expects to fund a similar increase in the number of Housing First scattered-site apartments next year. But with the demonstrated success of the Housing First concept, Ms. Yost said, the goal is to replace Health Foundation support with government funding for this type of housing to battle homelessness.

While case management services would be more expensive, she said, the study indicates that the government can save money through less use of services such as emergency sheltering and medical care.

U.S. Rep. James P. McGovern, D-Worcester, said, "The Health Foundation and our nonprofit providers are to be commended for stepping forward to adapt the Housing First approach in Worcester with the Home Again project. Three years ago, many members of our community were not familiar with this successful model, but the research here has removed any doubt."

The BU study, from Jan. 1, 2008, to Sept. 30, 2009, and funded by the Health Foundation, randomly assigned homeless people to Home Again, which supplies seven times more case management, or traditional services for homeless people. It showed that 97 percent of Home Again clients remained in housing for more than six months, or 2.5 times the rate of traditional programs.

While studies have shown that chronically homeless people are vast consumers of public resources, the Home Again clients reduced their use of emergency care by 1.46 visits per three months, while clients of traditional programs increased their use by 0.62 visits.

The study also showed Home Again clients were twice as likely to have a good social support network, which predicts good physical and mental health, and that the mental health of Home Again participants improved more than that of traditional clients.

While 38 percent of Home Again clients and 40 percent of traditional clients were deemed to have an alcohol problem after six months, 69 percent of Home Again clients reported having used any alcohol at

all in the past month at the six-month point, compared to 42 percent of traditional clients.

While that is statistically significant, BU assistant professor Emily F. Rothman said it could reflect underreporting by the traditional clients. She noted that Home Again clients probably are more willing to disclose alcohol use because of a closer relationship with their case managers, while traditional program clients may fear loss of services, such as housing, if they report violating rules requiring abstinence.

Two years ago, the City Manager's Task Force on Homelessness endorsed the Housing First concept and called for 600 additional housing units and other steps that will have an annual operating cost of \$4.4 million and one-time expenditures of \$4.5 million to end homelessness in three years and close the PIP Shelter. While the city has made the PIP Shelter, operated by South Middlesex Opportunity Council, a closed-referral system and envisions replacing it with a 25-bed assessment center operated by Community Healthlink next year, the task force called for a 12-bed assessment center.

James F. Welsh, 51, who has moved from the PIP Shelter to Spencer House to a Home Again apartment, said, "I was down in the bottom of the barrel and I didn't know how to get out again" until he was connected to Community Healthlink case managers.

Without them, said the man who spent his days at the Salvation Army or trying to blend in with patients in the Atrium at St. Vincent Hospital to stay out of the cold, said he'd "probably still be at the PIP."

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