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► HOUSING

Alliance's New Program Aiding Homeless With Health Problems

By Aglala Pikounis

A GROUP OF HOMELESS PEOPLE with serious chronic health problems who have been living on the streets for years are finding their way into new homes through a pilot program initiated by the Massachusetts Housing and Shelter Alliance.

The program is designed to not only provide housing for homeless people who have had trouble finding and maintaining homes in the past, but also to help keep them as healthy as possible.

By providing housing and helping them to stabilize their medical conditions, the hope is that these formerly homeless individuals will make fewer trips to hospital emergency rooms, ultimately saving the state the expense of having to pay for their costly emergency care and hospitalization.

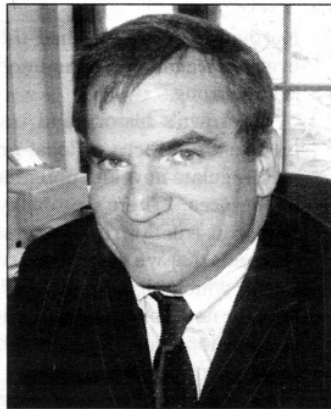
"This is really a way of linking services to chronically homeless folks in a very different manner than has been done before," said James T. Cuddy, executive director of the South Middlesex Opportunity Council, or SMOC, one of the groups participating in the program.

SMOC, a Framingham-based social service agency that administers shelter and other types of programs in the MetroWest region, has placed eight homeless individuals in a multifamily house that it owns. Located in Framingham, the home includes two four-bedroom apartments.

Cuddy explained that the people who were housed were chronically homeless and had a host of medical problems, often a mix of mental and physical health issues

along with substance abuse problems.

"The aim was to pull people off the streets," said Cuddy. "These were people who were in difficult shape."



JOE FINN
New system needed

SMOC is also providing case management for the residents – making sure they are linked to the appropriate services and spending time with them to ensure that their health issues are addressed.

In the next few months, SMOC is hoping to roll out the next phase of the program to house another eight individuals.

'Lifesaving Intervention'

The pilot program was started after the Massachusetts Housing and Shelter Alliance convinced the Massachusetts Behavioral Health Partnership, a private managed-care company that oversees Medicaid expenditures for behavioral health in the state, to get involved.

MBHP agreed to participate in a pilot program and signed contracts with three organizations – SMOC, the Boston Healthcare for

the Homeless Program and Community Healthlink in Worcester – to provide Medicaid funds to pay for the case management component of the program.

"Part of the reason MBHP was excited about doing this is that the chronic homeless cost a significant amount of money [in Medicaid expenditures]," explained Joe Finn, MHSA's executive director.

Chronically homeless people frequently visit emergency rooms, and because they're living on the streets, any pre-existing health conditions are exacerbated, he noted.

Dr. Jessie Gaeta, an internist for Boston Healthcare for the Homeless, said she views the pilot program as a "lifesaving medical intervention."

"Chronically homeless people as a group are very medically ill. This intervention is potentially a very important, and probably the most important, medical intervention you can make," Gaeta said.

Gaeta, who is helping to measure the outcomes of the pilot, said the people being helped by the program are the "biggest end-users of the state's Medicaid system."

"I expect that what we'll see is that they need less hospitalization," she said.

The concept and model for the pilot program is not new. Similar programs have been popular in other parts of the country, particularly New York City and San Francisco, according to Gaeta.

"Leaving people on the streets is not healthy," said Dr. James O'Connell, executive director of the Boston Healthcare for the Homeless Program.

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O'Connell and his team have followed a group of 119 homeless people for the last five years. In addition, to coping with substance abuse and mental health problems, most of them are also suffering from other chronic health conditions.

In five years, 33 of the people O'Connell followed have died. O'Connell said one died from heat exposure, another from hypothermia, and the rest died because of chronic health issues, including cancer.

The group O'Connell's team followed also accounted for 18,800 emergency room visits during that time – all of them paid for by Medicaid – and nearly 1,000 hospitalizations.

O'Connell said that the team doesn't know how often those homeless individuals use mental health programs or clinics or how many times they've ended up in prisons.

"We suspect that the overall cost to the state is very high," he said.

That's one reason why O'Connell was eager to participate in the pilot program. As part of the pilot, the Boston Healthcare for the Homeless Program has teamed up with HomeStart, an agency that helps homeless people in Greater Boston obtain housing.

So far, six men have been housed – three in apartments in Quincy and the other three in Boston. O'Connell said all of the men had been living on the streets for at least 10 years.

Before being placed in apartments, the men were taken to McInnis House, a facility in Jamaica Plain that provides short-term respite care to ill homeless people, where

they spent a week or two to get their "medical issues stabilized," explained O'Connell.

Now that they moved into apartments, O'Connell, a physician assistant and nurse, have been visiting them several times a week to monitor their health and to ensure that they are taking their medications properly.

A case manager from HomeStart also has spent time meeting with the residents, helping them search for apartments and assisting them with shopping and other tasks.

The program has not received any state support so far, according to Finn, who is pushing for \$500,000 in state funding.

Finn is hoping to coordinate the efforts of the three organizations participating in the pilot to better measure the outcomes.

The program represents a paradigm shift in dealing with the problem of homelessness, because it doesn't view housing as the end but as the beginning of a continuum of care, he said.

"We've had an emergency response to homelessness – shelters – for 20 years," said Finn. "It hasn't worked."

Finn said targeting help to the chronic homeless – those who have been on the street for long periods and in and out of shelters for years – is critical.

He pointed to the case of a homeless woman who accidentally burned herself to death in a cargo container in Framingham several weeks ago. The woman was reportedly just one-third of a mile from a homeless shelter that had a vacancy.

"A system that doesn't ask 'why is that happening?' isn't working," he said. ■