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## A roof of one's own

A CHRONICALLY homeless woman in her late 50s has emphysema from years of smoking, her condition aggravated by life on the streets or in cramped shelters where respiratory contagions flourish. Several times a year she collapses and needs to be rushed to the emergency room for oxygen, intravenous antibiotics, or other treatments. She costs the state Medicaid program an average of \$26,000 a year.

Then a new pilot project finds her a permanent living situation, say, in a staffed group home or one of many single units scattered about the state. Caseworkers or nurses check in on her regularly. Soon, the chaos of homelessness gives way to order, so that she can keep track of her medications and learn how to use an inhaler. She goes a full year without needing a single hospitalization. She is much cheaper for the state to care for and, of course, she is healthier.

This is the life story of a patient of Dr. Jessie Gaeta, physician advocate for the Massachusetts Housing and Shelter Alliance. The pilot program, Home and Healthy for Good, is an example of the "housing first" approach to homelessness the state is increasingly embracing. Since it began in late 2006, Home and Healthy for Good has found permanent housing for 357 hard cases, including one man who hadn't had his own place to live for 33 years.

Intuition would suggest that getting chronically homeless people into permanent living quarters will improve their well-being and save money spent on institutional care, whether it be hospitalizations, shelters, detox facilities, or jails. But in tight budget times, intuition isn't good enough. So it's good that Massachusetts has conducted the first statewide review of actual Medicaid claims for real homeless individuals, proving with hard numbers how cost-effective housing-first policies can be.

The state Medicaid office tracked the first 97 participants in the Home and Healthy for Good program - those who had been involved long enough for their Medicaid claim forms to clear. They found a 67 percent reduction in Medicaid costs among the participants: from an average of \$2,177 a month to \$708. Even factoring in the intensive support services the pilot program provides for each individual, and the cost of housing, their care was still cheaper for the state, by \$8,950 per person per year.

Since the program began, 84 percent of the participants have been able to maintain their tenancies, paying the rent on time and being good neighbors, despite often having mental health or substance abuse problems.

"We can't afford not to house this group of people," says Gaeta.

Proponents of the housing-first policy always knew it was compassionate. Now they can prove it's a bargain. ■

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