

FIGHTING ILLNESS AND HEALTHCARE COSTS -- STARTING WITH A PLACE TO LIVE

ANDREW KITCHENMAN | JUNE 25, 2014

Trenton group sees success with Housing First approach to health, which makes getting homeless off the streets the top priority



Mercer County Executive Brian M. Hughes.

Homeless people face many challenges, including mental illness and substance abuse -- which lead to frequent medical crises. So the success that a pair of programs in Mercer County have had in reducing homelessness are drawing attention across the state for the impact they could have in reducing healthcare costs.

One approach, by Greater Trenton Behavioral Healthcare, is based on a national model known as Housing First. In this approach, healthcare and social-service providers help the homeless find housing before meeting their health needs. It's

being explored elsewhere in the state, **including Camden**, but Trenton can already point to a track record of success.

Of 75 early participants in the program, 13 with the highest healthcare costs saw their annual hospital inpatient and emergency costs drop from an average of \$24,320 to \$5,269, a 78-percent decline, according to the agency.

In addition, the number of residents with no hospital costs grew from 20 to 37, or nearly half of all Housing First enrollees. All of the participants had mental or behavioral health issues and most had drug or alcohol problems.

In addition, the Mercer Alliance to End Homelessness has been pursuing a “rapid rehousing” program that aims to quickly find secure housing for families that are homeless or are in danger of becoming homeless.

Greater Trenton Behavioral Healthcare President and CEO John Monahan said the Housing First results were encouraging, adding that his organization has since increased the amount of integrated care that it provides, in which physical and behavioral healthcare are coordinated. The organization also is working with residents to improve their diet and exercise habits.

“If you added integrated care into the mix, you could have even bigger savings,” Monahan said.

Mercer County’s government supports the programs. County Executive Brian M. Hughes said he could understand from personal experience how insecure housing can be a hurdle to receiving needed treatment. While Hughes was never homeless, he is in the 25th year of recovery from alcohol and drug abuse and said it took periods of living with different acquaintances for short periods, three stays at treatment centers, and an arrest in Washington, D.C., before he could envision a future for himself.

“Had I had the resources that you have here and had I had the interventions that you can get now

in Mercer County -- through prevention and through early detection and early intervention -- I could have gone a lot earlier and found my bottom,” Hughes said, referring to his low point of experience that led him to recovery.

Hughes, the son of former Governor and state Supreme Court Chief Justice Richard J. Hughes, worked as deputy executive director of the Governor’s Council on Alcoholism and Drug Abuse before becoming county executive.

Hughes said the current focus on finding secure, permanent housing for homeless residents is a vast improvement from the past focus on short-term -- sometimes daily -- housing.

“It was a system that was broken,” said Hughes yesterday to a crowd largely composed of residents who have found housing through the programs. They had gathered at an event at Greater Trenton Behavioral Healthcare’s headquarters to announce some of the successes that the programs have had and to allow participants to share their personal stories.

For example, Aubrey Rice, 56, found housing through the Housing First initiative on November 23, after 10 years of intermittent homelessness. During this decade, he saw his blood pressure skyrocket, requiring trips to doctors. But he wouldn’t follow up for treatment due to a 35-year-long addiction to drugs and alcohol and the blood-pressure problem became chronic.

“Before, when I was homeless, I would make doctor appointments but I wouldn’t keep them,” Rice said. “You know, I would just ignore it.”

On his first day receiving help from Greater Trenton Behavioral Healthcare, they rushed him to the hospital for his blood pressure.

“Through my housing, it makes things a lot easier -- I can make the appointments and keep them,” Rice said.

Gail Collins, a 43-year-old Trenton resident, also was homeless for 10 years before finding housing through the Housing First program. While dealing with drug addiction, she had a spiraling set of health problems that led to frequent emergency room visits, including asthma, bronchitis, and hepatitis C.

“Sometimes once a week, sometimes twice a week -- depending whether I was tired, just to have somewhere to go,” Collins said she would go to the ER. “I couldn’t breathe or get my treatment, because I had the nebulizer machine -- I can’t have that if you’re homeless. Where am I going to plug it up?”

Now that she has housing, “it’s better. I have my medications -- I take them, they’re in one place, I don’t lose them. I have my machine plugged up,” Collins said. “Everything’s under control.”

Mercer County Human Services Director Marygrace Billek added that the programs have benefits that extend beyond saving healthcare costs: Housing First participants are also less likely to be jailed, while those who benefit from rapid rehousing are more likely to keep or get a job, she said.

Monahan, a member of the state Interagency Council on Homelessness, said he would like to see the federal and state governments devote more funding toward Housing First.

He said his organization has increased the number of residents that it serves through the program, despite a cut in government and private grants since it was launched as a pilot project in 2008. It currently serves 165 chronically homeless people with disabling mental illnesses who receive vouchers to live in one-bedroom apartments, as well as a broader group of 185 residents who had insecure housing but who require slightly less intensive services.

“These are people who’ve been betrayed by the system and have gotten kicked around,” Monahan said, adding that his organization’s housing counselors have worked hard to build trust. Of the 165

chronically homeless participants, only three have been evicted from housing by failing to follow program guidelines.

Monahan described his agency's staff as one of his primary "funding sources," since its workers are assisting 15 or 16 clients each, when a normal, full workload would be 12 or 13 clients.

Monahan isn't alone in advocating for more funding. The [Good Care Collaborative](#), a group of healthcare providers and policy experts, publicized yesterday's event as part of its broader effort to unite different programs across the state that have demonstrated success in improving healthcare outcomes by better coordinating patient care.

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