
Homeless Study Looks at 'Housing First'

Shifting Policies to Get
Chronically Ill in Homes
May Save Lives, Money

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A four-year study of homeless people with chronic medical problems in Chicago offers fresh evidence that efforts to move the homeless into permanent housing quickly can improve their lives and save taxpayer money.

The study was put together by a coalition of hospitals and housing groups seeking hard evidence supporting this approach to dealing with homelessness. Results of the study, which was financed by housing grants from the federal Housing and Urban Development Department and private charities, will be presented today at the National Housing and HIV/AIDS Research Summit in Baltimore.

The study, called the Chicago Housing for Health Partnership, or CHHP, is among the first to use a scientific approach in a housing study of homeless people with problems other than mental illness, according to Dennis Culhane, a professor at the University of Pennsylvania and leading researcher in the field who has followed the study's progress.



Arturo V. Bendixen

One group of homeless people that received housing and intensive follow-up by a case manager consumed fewer public resources than a separate group that received "usual care" -- the piecemeal system of emergency shelters, family and recovery programs -- according to a preliminary review of data by the researchers.

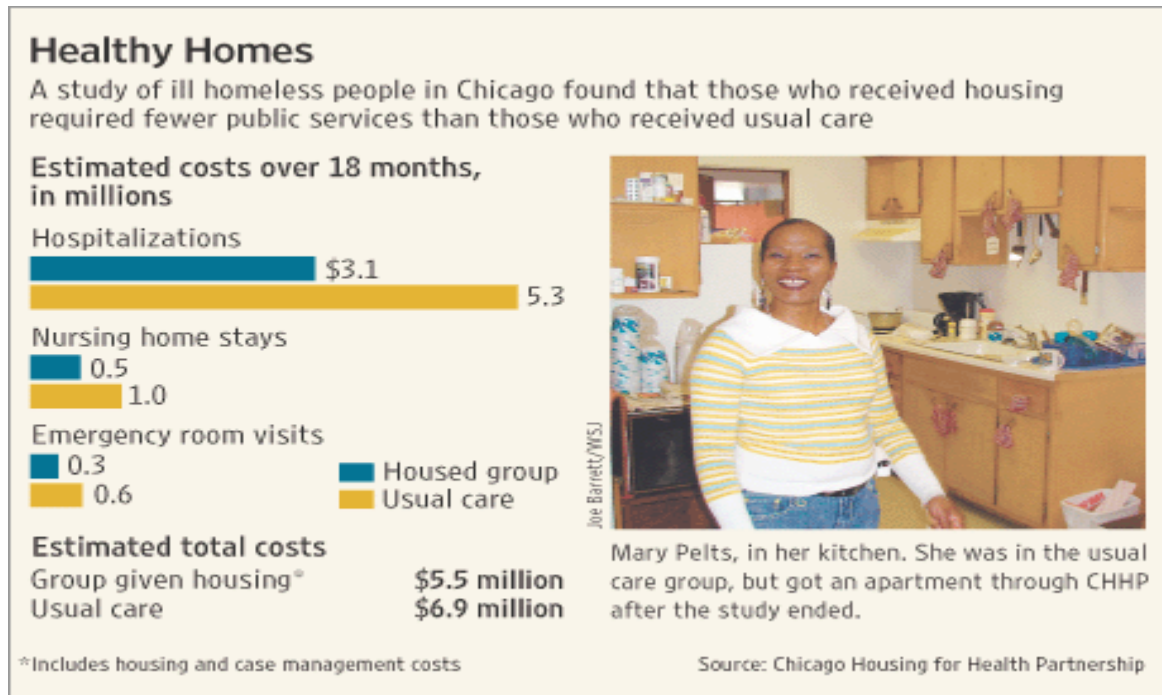
Members of the study group, such as Claude Ousley, a 60-year-old with congestive heart failure who had been homeless about five years, spent half as many days in hospitals and nursing homes and went to emergency rooms half as often as the usual-care group over 18 months. The savings more than made up for the \$12,000-per-person annual cost of providing housing and a case manager, according to the preliminary findings.

Some homeless advocates remain skeptical of "housing first," the rapid placement of the long-term homeless in apartments where they can work on the underlying causes of their homelessness. "Taking somebody quickly off the street and moving them to housing without building the right steps" can be a recipe for failure, said the Rev. John Samaan, who runs the 176-bed Boston Rescue Mission. He said homeless people, particularly those struggling with substance abuse, need the community of support and the structure that a residential treatment facility can provide.

Arturo Bendixen, director of the study and a vice president at the AIDS Foundation of Chicago, said housing first works only with the kind of intensive follow-up the study group was given.

The study is likely to add a push to an increasing national shift in homeless policy. Spurred in part by a Bush administration drive to end chronic homelessness over 10 years, many cities are moving to a housing-first policy.

The Chicago study "takes us another deeper step into what we know in the field," said Philip Mangano, executive director of the U.S. Interagency Council on Homelessness, who has pushed the housing-first model since President Bush appointed him in March 2002. "The old status quo responses of ad hoc crisis intervention are more expensive."



The Chicago study emerged from the experience in the 1990s of several people working at Interfaith House, a respite center on Chicago's West Side for homeless people recovering from illnesses. "If they went into housing, many of them stabilized their lives and became productive," said Mr. Bendixen, a former head of Interfaith House. If they were sent to shelters or other nonpermanent programs, many cycled back through the system after their next hospital stay, he said.

To attack the problem, Mr. Bendixen helped put together a coalition of three hospitals and a dozen housing groups. Around this time, the group heard about a study by Prof. Culhane that stressed the fiscal benefits of quickly taking mentally ill homeless people off the streets of New York. Other studies looked at homeless people who were the biggest users of emergency services, but few were scientifically designed.

To win funding and make a scientific case for the housing-first model, the Chicago group set up a rigorous study. Beginning in 2003, researchers recruited homeless people admitted to Cook County Hospital, Stroger Hospital Medical Center and Mount Sinai

Hospital Medical Center. Participants had to have a chronic medical condition such as HIV/AIDS, hypertension, or heart or liver problems. A total of 407 were enrolled and selected at random for either housing or usual care.

The housed group showed improved health, including important benchmarks among HIV-positive subjects. About 60% of the intervention group was in permanent housing at the end of their 18-month study period, compared with 15% of the usual-care group.

The cost of housing and case management for the housed group was a cumulative \$1.6 million over the 18 months that each person was tracked, Mr. Bendixen said. The savings add up quickly when comparing the two groups. For instance, the 201 members of the housed group spent 5,500 days in nursing homes, while the 206 usual-care patients spent 10,023 days there. The estimated cost difference for that service alone was nearly \$500,000.

Mr. Ousley, who got a housing voucher, had been suffering for years with congestive heart failure, degenerative joint disease and severe arthritis. Unable to afford housing, he would sleep for a few hours before and after his shift loading newspapers until a hand injury ended that job.

In January 2004, he was treated for pneumonia at Stroger Hospital, where he was approached by researchers for the study. His CHHP voucher got him his own apartment and a case manager who helps him stay on top of his medical problems. "Without it, I wouldn't be here," he says.

Mary Pelts, 43, an HIV-positive heroin addict, was in the hospital recovering from a suicide attempt in September 2005 when she was contacted by CHHP. She didn't want to be part of any study, she says, but the researcher was persistent.

She was selected for "usual care," but it didn't much matter. After she revived from her suicide attempt, police charged her with possession of heroin, and she was sentenced to a year in prison. She said she was surprised when a CHHP worker visited her there twice for follow-up interviews.

After her release, Ms. Pelts spent several months in a drug-treatment center run by the Sisters of Sobriety. Since her 18-month study period was over and CHHP was transitioning into a permanent program, her caseworker was able to arrange housing for her last April.

Ms. Pelts now lives in a one-bedroom apartment near a racetrack in Cicero, Ill. Her walls are decorated with pictures of her children, with whom she is reconnecting, and certificates to her sobriety. She is working on her high-school-equivalency degree and hopes to be a motivational speaker one day.

"They didn't give up on me, even when I gave up on myself," she says.