



## Camden County, N.J., Provides Hope to Its Homeless Residents

Developing a treatment model for integrated health services for co-occurring disorders in the homeless population

### SUMMARY

From July 2007 through June 2010, **Project H.O.P.E.** (Homeless Outreach Program Enrichment) developed and implemented an integrated treatment program for homeless people with mental health and substance abuse disorders living in Camden County, N.J. A 2004 study released by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) reports that 39 percent of homeless people suffer from mental illness; 40 percent have an alcohol problem and 26 percent have a drug problem.<sup>1</sup>

A 2000 study by the federal Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT) found that integrating treatment services to address both mental health and addiction problems is more effective in reducing substance abuse, homelessness, and the severity of mental health symptoms than sequential or parallel treatment<sup>2</sup>.

Project H.O.P.E. is the only provider of medical services that works exclusively with homeless people in Camden County.<sup>3</sup> Staff at Project H.O.P.E. designed and delivered an integrated treatment model in which:

- Primary care, mental health, and substance abuse treatment are provided on-site at a homeless services agency where homeless people already receive services.
- Screening, assessment, and recruitment are collaboratively undertaken by an interdisciplinary project staff.

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<sup>1</sup> *Substance Abuse and Mental Health Services Administration: Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorder.* DHHS Pub. No. SMA-04-3870, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2003. Available [online](#).

<sup>2</sup> *Insights and Inroads: Project Highlights of the CMHS and CSAT Collaborative Demonstration Program for Homeless Individuals.*

<sup>3</sup> Project H.O.P.E. was a program of Our Lady of Lourdes Foundation when it applied to RWJF, and the RWJF grant was made to Our Lady of Lourdes. During the grant, Project H.O.P.E. became its own separate nonprofit organization.

- Treatment services address both mental health and substance abuse disorders.
- Outreach workers recruit patients and encourage follow-up visits.
- Records are kept electronically.
- Efforts are taken to ensure that patients have access to physician-prescribed psychotropic medications.

The Robert Wood Johnson Foundation (RWJF) supported the project with a grant through its *New Jersey Health Initiatives* program. The program supports innovative community-based projects in New Jersey that address one or more of RWJF's priorities. See the [Appendix](#) for other sources of funding for the project. See [Program Results Report](#) for more information on the program and its other projects.

## Results

Patricia DeShields, MSW, LSW, RN, PE and director of Project H.O.P.E. reported the following key results in a report to RWJF and in an interview:

- An annual average of 200 homeless people received treatment that simultaneously and seamlessly addressed both their mental health and substance abuse disorders.
- Outreach workers recruited and followed up with patients.
- Staff developed and implemented a system of electronic recordkeeping.
- In the third year of the project, 68 percent of patients who enrolled and remained in the program met their goals for medication use and/or substance abstinence.
- Therapeutic counseling provided through the project helped patients improve their self-sufficiency.
- Some 73 percent of the participants who appeared for at least five visits demonstrated an increased readiness for substance abuse recovery and mental health treatment as measured by the University of Rhode Island Change Assessment Scale.<sup>4</sup>
- Immediate assessment and increased access to medication, including psychotropic medications, improved uninsured patients' medication compliance, which in turn improved their ability to function.

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<sup>4</sup> The scale is available [online](#).

## Lessons Learned

DeShields offered the following lessons in a report to RWJF and during an interview:

1. Develop practices that increase communication between behavioral health and primary care providers. Patient enrollment will increase as a result of multidisciplinary collaboration.
2. Collaborate with external service providers. Strong external relationships facilitate the timely referral of patients who need intensive outpatient behavioral health services.
3. Support policies that establish adequate funding for behavioral health case management. Case management is a critical and time-consuming service that is not reimbursable and is therefore underfunded.
4. Allow time for the institutional change that must take place in order for staff to accept and understand the importance of a new program. Staff comfort with the model increased over the three years of the project.

## Funding

RWJF provided a 36-month grant of \$260,248 to support this project.

## Afterward

Project H.O.P.E. continues to provide integrated, comprehensive primary care, mental health, and substance abuse services to homeless people by billing medical insurance carriers and public programs including Medicaid. Project H.O.P.E. staff plans to expand its services to include psychiatric consultations with individual patients and consultations between psychiatrists and the agency's primary care providers and licensed clinical social workers.

New Jersey Primary Care Association (NJPCA) is assisting two federally qualified health centers (FQHC) in the development of an integrated model of care that encompasses behavioral health, substance abuse, and primary health care services. This model represents a more progressive approach to health care delivery which offers behavioral health and substance abuse services onsite and in collaboration with primary health care services—and recognizes the interconnection between behavioral and physical health.

This project is made possible with grant funding from the Nicholson Foundation based in Newark, N.J. It is an 18-month project which began on October 1, 2010 in which two selected sites, Project H.O.P.E. in Camden, and the Center for Health Education, Medicine & Dentistry (CHEMED) in Lakewood, each received \$10,000 to assist with the integration of care model. NJPCA hired a Program Manager, Data Manager, and Technical Assistance Consultant to assist with program development and

implementation, monitoring and oversight, and dissemination of program outcomes to all health center sites.

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Program area: New Jersey

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## APPENDIX

### Other Funders

*(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)*

<b>Allegany Franciscan Ministries</b> granted through the Allegany Community Out Reach Program	\$5,000
<b>New Jersey Primary Care Association</b> and the <b>Nicholson Foundation</b>	\$10,000
<b>U.S. Department of Health and Human Services</b> granted through the Bureau of Primary Health Care’s Capital Improvement Program	\$306,385
<b>U.S. Department of Health and Human Services</b> granted through the Bureau of Primary Health Care’s Increased Demand for Services Program	\$120,489