

Mental Health And Homelessness



**A GUIDE FOR
MENTAL HEALTH
PLANNING
AND ADVISORY
COUNCILS**

This toolkit will help state mental health planning and advisory council members and others assess programs and services in their state plans for people who are homeless and have a mental illness.



Exemplary practices and resources for more information are provided with an emphasis on outreach and engagement to help council members use this document as a springboard for a more thorough understanding of the issue. Contact **the National Association of Mental Health Planning and Advisory Councils (NAMHPAC)** at (703) 838-7522 for more information about these practices or to receive information about state mental health planning and advisory councils.

More than 600,000 people are homeless in the U.S. on any given night. The Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services, estimates that approximately one-third have a serious mental illness. Planning councils can work with states to make certain that services—such as housing, mental health and substance abuse services, health care, income support, and vocational and legal assistance—for homeless people with serious mental illnesses are well-planned and coordinated. One way that planning councils can make a difference in their states is by ensuring that state support is available to provide active outreach and engagement to such homeless people where they live.

In considering programs, state planning and advisory councils should pay special attention to:

- **Co-occurring needs** – People who are homeless who have a serious mental illness often have a substance abuse disorder as well. Both disorders need to be treated appropriately.

- **Integrated service systems** – Providing the necessary services through a single agency or in an integrated manner that improves a consumer’s access to services is both cost-efficient and effective.
- **Principles of community-based care and prevention** – Integrated mental health and substance abuse treatment, as well as other social and medical supports, should be provided through community-based programs. Prevention cuts future costs and should be an underlying tenet of all such programs.

Outreach and Engagement

CMHS and NAMHPAC have issued this toolkit to urge that planning councils ensure that funding and administrative mechanisms support active outreach and engagement services to people who are homeless and have a mental illness where they live. Stable financial support for outreach services continues to be problematic in most states. Almost all funding for outreach services comes through line-item programs that are vulnerable to annual funding cycles. No federal health entitlement program exists to provide outreach services to people who are homeless. If planning councils choose to do so, Community Mental Health Block Grant funds could become a significant resource for outreach services.

Non-traditional settings—such as shelters, drop-in centers, soup kitchens, streets, public parks, transportation terminals,

libraries, clubhouses, jails, and other locations—have become the focal points for services to people who are homeless. Mobile outreach and drop-in centers have proven to be effective approaches. Both approaches have often been combined successfully in a single program with five important components:

- Locating people who live on the street;
- Engaging them in services;
- Assessing their needs;
- Linking them to long-term housing and other treatment and support services; and
- Following them after placement.

The most critical and challenging task for an outreach worker is to develop a trusting relationship with someone who is homeless so that person will agree to accept further services. Outreach workers must walk a fine line between being available to offer help and being overly intrusive. Ideally, they must be patient, persistent, consistent, reliable, and pay close attention to an individual's perception of his or her own needs. For example, programs that offer homeless veterans a place to stay as winter begins have had excellent results in many cities around the country.

Selected Literature Review

Psychiatric Outreach to the Mentally Ill, (Cohen, Neil; 1991). Details the inter-disciplinary mobile crisis and intervention outreach teams of Project Help in New York. In this model, an outreach team works on the street and provides labor-intensive intervention, often involving two or more staff members spending entire days with one individual.

Engagement of Persons Who are Homeless and Have Serious Mental Illness, (Wasmer, Daniel; 1998).

Surveys eight separate programs, all of which share a highly mobile “find and serve” approach that stresses direct help with basic needs, especially housing and physical health problems. The critical ingredient to success is a flexible and committed staff.

Outreach to Homeless Mentally Ill People: Conceptual and Clinical Considerations, (Morse, Gary; 1996) and *To Dance with Grace: Effective Outreach and Engagement to Persons on the Street*, (Erickson, Sally; Page, Jamie; 1998).

These literature reviews conclude that as federal demonstration programs have evolved and become more focused, they are “successful because they reach more severely impaired persons who are less motivated to seek out services.”

Models of Successful Federal Programs

Access to Community Care and Effective Services and Support (ACCESS)

Outcomes for people who are homeless and mentally ill can greatly improve when they receive services through outreach. Data compiled by the CMHS Access to Community Care and Effective Services and Support (ACCESS) program, for example, show that consumers reached on the streets experienced improvement on nearly all outcome measures equal to clients who were contacted in other services and shelters. ACCESS measured quality of housing, mental health, substance abuse, employment, social support, reduced victimization, and quality of life.

CMHS funded the ACCESS program to encourage community leaders to create a 'no wrong door' approach to services. This approach allows people to find help no matter how they arrive in the system. The ACCESS program evaluated how systems change when agencies make a determined effort to work together and how these changes affect the lives of people who are homeless and have mental illnesses.

Grantees in Connecticut, Illinois, Kansas, Missouri, North Carolina, Pennsylvania, Texas, Virginia, and Washington each have received between \$1.7 and \$2 million a year for ACCESS programs. These five-year CMHS knowledge development programs will evaluate strategies to achieve integrated local systems and the impacts of integration on consumer outcomes. Grantee sites must include strategies such as:

- Interagency coalitions;
- Interagency service delivery teams;
- Co-location of services;
- Linked information systems;
- Uniform application and intake forms;
- Cross-training of staff; and
- Flexible funding.



Outcome data from this study thus far demonstrates that people who are homeless and have a mental illness respond to outreach services, engage in case management services, and remain in housing if provided with appropriate supports.

As CMHS concludes its ACCESS demonstration program, planning councils should examine carefully the availability of other funding, such as Community Mental Health Block Grants and state general funds, to support these programs and replicate their successes.

Projects for Assistance in Transition from Homelessness (PATH)

CMHS also allocates formula grants to states and territories for the Projects for Assistance in Transition from Homelessness (PATH) program. These grants are used to improve services for people who are homeless and have a mental illness, including those with a co-occurring substance abuse problem. PATH-funded programs include services such as outreach; screening and diagnosis; rehabilitation services; community mental health services; alcohol or drug treatment; case management; supportive and supervisory care in residential settings; referral for primary health care, job training, and education; and a limited set of housing options. States distribute PATH funds to entities such as county and municipal governments and community nonprofit agencies select services that are most responsive to local needs.

PATH-funded programs often emphasize an active approach to establishing trusting relationships, providing critical supports, and monitoring services. These PATH projects use concepts of recovery and emphasize engagement, persuasion, active treatment, and relapse prevention over a long period of time.

CMHS sponsored technical assistance to PATH-funded providers includes these key principles:

- The key to facilitating recovery is to develop strategies that increase motivation, build self-esteem, and enhance readiness to take the steps necessary for positive change.
- The first step is to identify the need for and clearly define positive expectations as a path to recovery. Positive role models are a vital ingredient to recovery.
- Recovery does not occur in isolation. People need to develop meaningful personal/community relationships that provide the opportunity for emotional support.
- Interventions for co-occurring alcohol and drug abuse are essential. Technical assistance to PATH-providers emphasizes the value of simultaneous integrated interventions for both disorders.

Most often, States and local providers use PATH funds strategically to provide outreach services. These services have been successful in engaging thousands of homeless persons who have serious mental illnesses. The outreach staff then link engaged persons with mental health services, housing and other needed community resources. Many of these services are supported by block grant and other mainstream mental health program funds. This strategy of relying on mainstream providers, rather than establishing a parallel set of services for homeless consumers, conserves a State's scarce mental health resources.

The success of the transition of clients from PATH-funded outreach to mainstream services requires a good partnership between PATH-funded agencies providing outreach and mainstream agencies. The strategy of transition assumes that sufficient resources are available and accessible to homeless persons. Further, mental health services in particular, must be provided by staff sensitive to the



Note: Please consult the separate brochure developed by CMHS in collaboration with NAMHPAC on evidence-based assertive community treatment (EBACT) if this model of case management is chosen.

Assertive community treatment teams provide an essential adjunct to more traditional treatment approaches in addressing the special needs of people who are homeless.

needs of homeless persons and able to provide these services in nontraditional settings.

The array of services needed by homeless persons with serious mental illnesses also includes housing and frequently, primary health care, substance abuse services, assistance in obtaining entitlements, transportation, legal supports, training in independent living skills, educational services, job readiness and employment. PATH-funded staff link clients to these needed services by contacting agencies, arranging access to the services and often, maintaining communication with the provider as well as the client. Where PATH supported services formally include case management, the relationship between PATH-funded agencies and other providers may be more encompassing and continuing.

How to Use this Information

To further examine homeless programs in your state:

- Gather the resources listed in this document and distribute them to council members.
- Host a planning meeting and invite stakeholders with expertise on homeless services to address the topic. In addition to state and local chapters of the National Alliance for the Mentally Ill and the National Mental Health Association, include advocates for the homeless and state housing officials.
- Ask state mental health planning staff to provide an analysis of homeless programs and the number of people without homes with mental health needs within the state. This analysis should include an accounting of PATH funding and the availability of other resources for outreach and engagement services, such as block grant funding, or the Stewart McKinney program funds from HUD.
- Appoint a task force to work with state mental health staff to further explore the adequacy of homeless services and the adequacy of affordable housing for persons with serious mental illness. The task force should include mental health consumers and others who are knowledgeable about homeless services and representatives of other agencies such as housing and substance abuse.

This document does not attempt to comprehensively address mental health services to people without homes. Instead, council members should use this as a toolkit or study guide before meetings on the issue.

Additional Information

These organizations may be useful contacts for more information about best practices in treating homeless people with mental health needs:

**Center for Mental Health Services,
Substance Abuse and Mental Health
Services Administration
Knowledge Exchange Network (KEN)**
P.O. Box 42490
Washington, DC 20015
1-800-789-CMHS
<http://www.mentalhealth.org>
e-mail: ken@mentalhealth.org

**The Interagency Council
on the Homeless**
451 7th Street, SW, Suite 7274
Washington, DC 12054
Suite 7274
Phone: (202) 708-1480

**The National Alliance for
the Mentally Ill**
200 N. Glebe Road, Suite 1015
Arlington, VA 22203-3754
Phone: (703) 524-7600.
Fax: (703) 524-9094.
Home Page: <http://www.nami.org>.

The National Alliance to End Homelessness
1518 K Street, NW, Suite 206
Washington, DC 20005
Phone: (202) 638-1526

**The National Coalition
for the Homeless**
1012 Fourteenth Street, NW, #600
Washington, DC 20005-3410 Phone:
(202) 737-6444
Fax: (202) 737-6445

**The National Health Care for the
Homeless Council**
P.O. Box 68109
Nashville, TN 37206-9019
Phone: (615) 226-2292

**The National Mental Health Association's
Consumer Supporter Technical Assistance
Center**
1021 Prince Street
Alexandria, VA 22314
Phone: (703) 684-7722
Fax: (703) 684-5968
Home Page: <http://www.nmha.org>. For
technical assistance regarding matters of
healthcare reform and systems change, con-
tact NMHA's Advocacy Resource Center at
(703) 838-7524.

**The National Resource Center on
Homelessness and Mental Illness**
262 Delaware Avenue
Delmar, New York 12054
Phone: (800) 444-2415
Fax: (518) 439-7612.
Home Page: <http://www.prainc.com>.

**National Technical Assistance Center
for State Mental Health Planning**
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
Phone: (703) 739-9333
Fax: (703) 548-9517.
Email: ntac@nasmhpd.org.

Resources

Four documents form the basis of this brochure. The documents contain state-of-the-art information concerning service integration for the homeless and were provided to the planning and advisory councils in 1997. These documents, are available on-line through the CMHS-funded National Resource Center On Homelessness and Mental Illness: <http://mentalhealth.org>

Outcasts on Main Street, Report of the Federal Task Force on Homelessness and Severe Mental Illness, National Institute of Mental Health (1992).

Implementing Interventions for Homeless Individuals with Co-occurring Mental Health and Substance Use Disorders, CMHS (December, 1996).

Preventing Homelessness Among People with Serious Mental Illnesses, CMHS (1997).

Addressing the Needs of Homeless Persons with Co-occurring Mental Illnesses and Substance Use Disorders, National Technical Assistance Meeting, Richmond, Virginia, CMHS (May, 1997).

Additional documents relating to outreach and engagement also are available from CMHS as part of its 1999 initiative from the National Resource Center's toll free number, 1-800-444-7415, or send email to nrc@prainc.com:

Reaching Out: A Guide for Service Providers, Interagency Council on the Homeless (December, 1991).

To Dance with Grace: Effective Outreach and Engagement to Persons on the Street, Sally Erickson and Jamie Page, National Symposium on Homelessness Research, discussion draft (October 16, 1998).

Engagement of Persons that are Homeless and Have Serious Mental Illness: An Overview of the Literature and Review of Practices by Eight Successful Programs, Daniel Wasmer, unpublished manuscript, DePaul University (February, 1998).

"Psychiatric Outreach to the Mentally Ill", Neil L. Cohen, M.D., editor, New Directions for Mental Health Services, Number 52, Winter 1991 (Jossey-Bass Publishers, San Francisco, 1991).

"Outreach Intervention Models for the Homeless Mentally Ill," Neil L. Cohen, M.D. and Louis R. Marcos, M.D., Sc.D., Chapter 9 of Treating the Homeless Mentally Ill, American Psychiatric Association (1992).

"Short vs. Longer Term Effectiveness of an Outreach Program for the Homeless and Mentally Ill," Deborah Bybee, Carol T. Mowbray, and Evan Cohen, *American Journal of Community Psychology*, Volume 22, No. 2, at page 181 (1994).

"Outreach to Homeless Mentally Ill People: Conceptual and Clinical Considerations," Gary A. Morse, Ph.D., Robert J. Calsyn, Ph.D., Joris Miller, M.S.W., Peter Rosenberg, Lisa West, and Jackie Gilliland, M.S.W., *Community Health Journal*, Volume 32, Number 3, at page 261 (June, 1996).

Annotated bibliographies, "Outreach Services to Homeless People with Serious Mental Health Illnesses" and "The ACCESS Program," National Research Center on Homelessness and Mental Illness (September, 1998).

The state mental health planning and advisory councils have joined together to form the National Association of Mental Health Planning and Advisory Councils (NAMHPAC). Federal law requires the establishment of mental health planning councils to review state applications for

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Association of
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(NAMHPAC)**

block grant funding, to serve as advocates for adults with serious mental illnesses and children with serious emotional disturbances, and to monitor and evaluate state mental health planning systems. Although these activities are mandated, many states do not provide funding to support them. In many cases, this lack of funding combined with

council members' often short tenures prevent these organizations from making their full impact on service delivery and consumer empowerment. NAMHPAC intends to provide technical assistance to these organizations in the areas of exemplary practices, organizational development, and information sharing. In addition, NAMHPAC provides a national presence on mental health policy issues on behalf of the state planning and advisory councils.

Support from the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration made this brochure possible. We hope that each planning and advisory council member will closely read this document and use its information to develop the state plan for fiscal year 2001 and beyond. In addition, NAMHPAC will contact members of state councils to encourage them to use these materials, to evaluate how the materials were used, to identify topics for future pamphlets, and to gather suggestions for dissemination of such pamphlets.

CMHS and NAMHPAC are interested in your feedback. To help make this and future best practices brochures useful to planning and advisory council members, please fill out this section and either cut along the dotted line or photocopy this page and mail it to NAMHPAC at 1021 Prince Street, Alexandria, Virginia 22314-2971. Telephone: (703) 838-7522. Fax: (703) 684-5968.

Suggestions for future best practices topics:

- Integrated Services
- Children's Systems of Care
- Adult and Juvenile Justice
- Consumer-Run Programs
- Employment
- Other _____

Suggested Changes in Brochure Format or Content:

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**The National
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