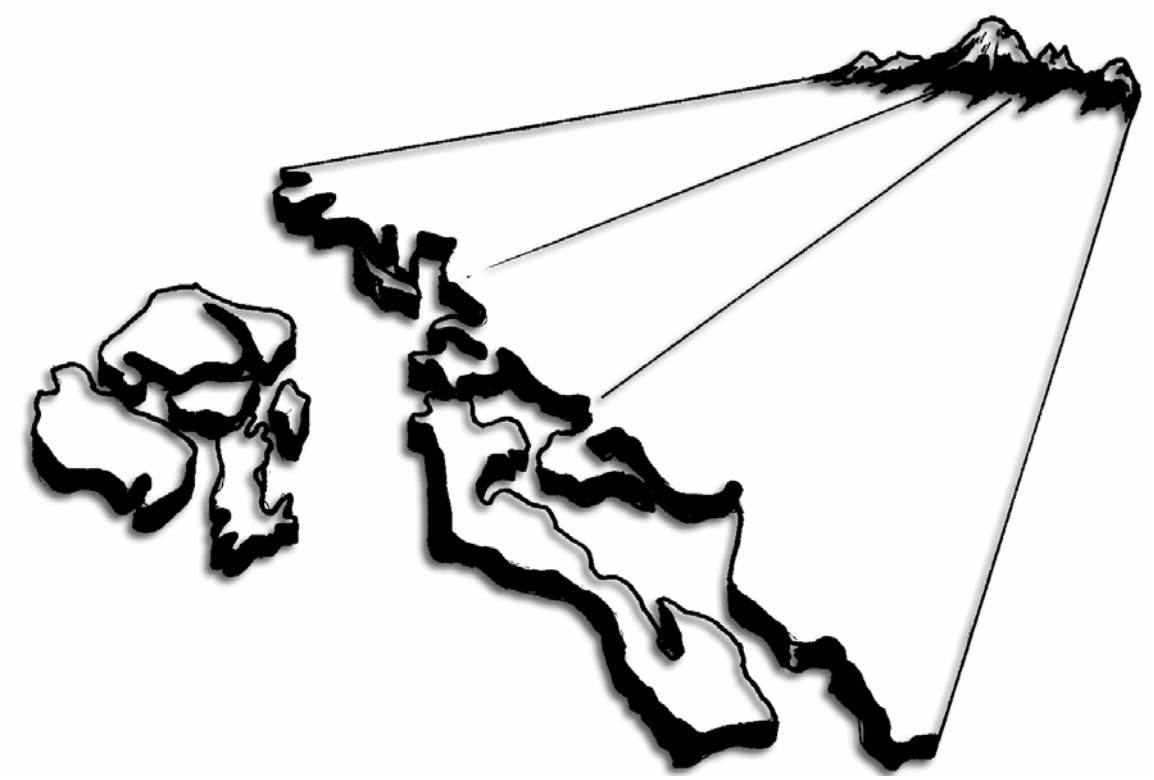

Homelessness Amongst People With Mental Illness In The North Sound Region

Approved by NSRSN Board of Directors on October 24, 2002 by Motion # 02-046

Homelessness amongst People with Mental Illness In the North Sound Region

Executive Summary

The mentally ill who are homeless are of major concern for they have some of the greatest need and have the least resources. It is estimated there are between 300 and 800 homeless people with mental illness in the North Sound Region on any given night. Concerns for the plight of mentally ill individuals who are homeless led to this becoming a priority in the NSRSN 2001-2003 Strategic Plan. An NSRSN workgroup met with providers, shelters, and the jails to better understand the issues of people with mental illness.

There is not currently an adequate funding source to support the aggressive support services that have proven to best serve people who are mentally ill and homeless. The Path funding which has been going to Snohomish County/Compass Health is the only funding dedicated to serving the mentally ill who are homeless. This funding was substantially reduced in the last year. Adequate funding for these services will become even more problematic with the pending State government financial crisis and the increased focus on serving people with Medicaid.

Recommendations

- A taskforce dedicated to supporting the development of additional housing for low-income people with mental illnesses should assume an ongoing responsibility to assure cross-system collaboration and joint projects in developing housing and related services projects.
- More transitional and long-term housing needs to be developed.
- Better collaboration and coordination of crisis community mental health services with other systems such as shelters, police, and jails needs to occur to better serve this population;
- Better collaboration and coordination of ongoing community mental health services needs to occur. Identifying a specific person at each provider agency to coordinate services with the shelters is one step in this direction that is working in some counties;
- Working with jails so they do not discharge mentally ill people with no place to stay in the middle of the night would ease some pressures on the shelters and allow more appropriate service coordination;
- In long range planning when funding is available, specialized services need to be developed. These services should feature assertive outreach over a long period of time, the use of peer counselors/case managers as part of the staff; and specialized “Safe Haven” shelters.

Introduction

Concerns regarding the large numbers of people who are mentally ill and homeless have heightened across the nation and in the North Sound Region. Public policy over the past three decades has been aimed at reducing the number of people living in state psychiatric hospitals and returning them to local community living. Too many individuals with mental illness have been released to the community without adequate support services and eventually became homeless. Advocates, NSRSN Board Members, and NSRSN staff prioritized studying homelessness in the 2001-3 Strategic Plan. A workgroup comprised of Dave Ashton-Lighthouse Mission and Agape House, Dan Bilson-Consumer Advocate; Marie Jubie-Consumer Advocate; Charles Albertson-Consumer Advocate; Jere LaFollette-APN; Gary Williams-NSRSN/Whatcom County Health and Human Services, Greg Long-NSRSN. This group met with the following people to learn directly about issues confronting the mentally ill who are homeless: Mary K. James-Friendship House; Scott Schreiber-Community Mental Health Services; Diane Head-Everett Gospel Mission; Anji Jorstad-Compass Health; Rick Weidman-Rainbow Center; Michael Watson-Lake Whatcom Center; Jane Relin-Whatcom Counseling & Psychiatric Clinic; Cheryl Coop-Snohomish County Jail; Chris Glans, Oxford House Operator, Joyce Pearson-Whatcom Counseling and Psychiatric Clinic; Michael Westford, Department of Corrections, Kathleen Coe-Vetter-Skagit Jail Project. The time and energy of the individuals committed to this project is greatly appreciated.

Counting the number of people who are homeless is difficult, as homeless people by definition have no fixed address. The possibility of undercounting or duplicate counting is a concern. Determining the number of homeless people with mental illness adds another level of subjectivity and uncertainty.

The mentally ill and homelessness in the North Sound Region

On any given night, 600,000 people are estimated to be homeless across the nation.[4] Based on these numbers, it can be roughly estimated there are approximately 2,000 homeless people in the North Sound Region on any given night. 15,154 people were turned away from shelters in the North Sound Region in 1999 according to the Washington State Consolidated Housing Plan. (People may have been turned away on many different nights.)

National estimates are that one third of the homeless are mentally ill. Washington State estimates that approximately 40% of the homeless population have serious mental illnesses. The current Mental Health Division's Prevalence Work Group's best estimate after much research by the Washington Institute is that 35.9% of the homeless have a serious mental illness in their lifetime and 28% have a serious mental illness at any point in time. A professional at one of the shelters in our region estimates that 60% of the men and women who come to his shelter have mental illnesses. Recent studies David E. Pollio of Washington University (St. Louis, Mo.) suggest the prevalence of mental illness amongst the homeless is increasing significantly more rapidly than in the general population. Using the latest data from the Washington State Mental Health Division's Prevalence Work Group estimate of prevalence of mental illness among the

homeless (28%) means there are 560 individuals with serious mental illnesses who are homeless in the North Sound Region on any given night.

In March of 2001, the NSRSN (MIS) indicated that 252 current consumers being served by community mental health providers were designated as homeless. 1,115 consumers' residential status was unknown so it is certain there are even more homeless people served by the mental health system.

Since community mental health centers serve people on Medicaid or with low incomes, nearly all of the people receiving services are at risk of becoming homeless if they lose their current housing. The risk of becoming homeless is a precarious situation, which adds an unneeded stress to the lives of people with mental illness.

One shelter care staff person stated that only 5-10% of their consumers are getting community mental health services. He believes that between 20-30% of their consumers need these services.

Shelters in the North Sound Region

There are numerous shelters and housing programs in the North Sound Counties. The Care Crisis Line Information and Referral Line lists 110 housing programs for Skagit and Snohomish Counties. The largest shelter providers are listed below.

Shelter	Location	Number of Beds	Number of Bed Nights Provided in 2000	Estimated percentage of people with Mental Illness
Men's Gospel Mission	Everett	140	40,856	Not Given
Women's Mission	Everett	75 women and Children	20,368	Not Given
Lighthouse Mission	Bellingham	80	33,982	30-60%
Agopi House	Bellingham	16	4,929	30-60%
Friendship House-Men	Mt. Vernon	24	8,217	50%
Friendship House-Women and Children	Mt. Vernon	24	4,784 (women) 2,308 (children) 7,092 (total)	50%

Data is for the year 2000.

The community mental health providers have crisis respite beds in most counties that are used at times to stabilize their consumers who are exhibiting signs or symptoms of decompensation which may be in some cases be due a housing crisis.

Current Programs Serving the Homeless

All of the mental health providers in the North Sound Region serve individuals who are homeless in their regular case management and crisis services. Compass Health has had a special homeless program under the federal Projects in Assistance in Transition from Homelessness (PATH) grant for years. Funding for this program has been reducing in recent years. Still, staff from this program provide over 354 new outreaches to consumers each year. They provide case management to over 100 consumers and they help more than 100 consumers move from GAU to permanent assistance each year under this grant.

The Rainbow Center in Bellingham serves many homeless people and staff from Whatcom Counseling and Psychiatric Services does outreach to the mission. A peer-to-peer outreach program is beginning at the Rainbow Center. A component of this Peer program is outreach to people living on the streets. Staff from Community Mental Health Services is assigned to the Friendship House Shelters to coordinate services. They make regular visits to the shelter in Mt. Vernon. Several mental health housing projects have been built based on homeless funding sources such as the McKinney Act.

APN assists mentally ill people who are homeless and who are coming out of inpatient services to get transitional or permanent housing because it shortens hospital stays and helps to reduce re-admissions to the hospitals. Over the last sixteen months, they have assisted 59 individuals at a total cost of $27,000 or an average of $464 per person.

Issues in Serving Individuals who are Mentally Ill and Homeless

A number of model programs to serve people with mental illnesses who are homeless have been funded principally by NIMH and HUD for over the past decade. Best practice recommendations have emerged from these programs as outlined below: [2,3,5]

- Mental health services to the homeless work the best if provided on an outreach basis. Intensive Case Management Teams are frequently used in serving this group;
- Team approaches to service delivery have been proven to be effective;
- Significant effort and time has to be devoted to outreach. Engagement time in some programs averages 3.9 months. Frequent service contact is a critical ingredient leading to positive treatment retention and housing outcomes;
- The goals of outreach are to develop trust, care for immediate needs, provide linkages to services and resources, and help people get connected to mainstream services and ultimately into the community through a series of phased strategies;
- Brokerage case management models have proved ineffective. Follow-up and managed referrals are of critical importance;
- Peer based outreach and the use of the expertise of homeless and formerly homeless persons and consumers has proven to be effective; and
- A range of housing options needs to be available for these programs to be effective.
- Safe Haven shelters are federally funded programs aimed at providing transitional housing to individuals who do not do well in shelters. These programs are designed

to serve the long-term homeless person with chronic mental illnesses. King County is currently operating one of these model programs.

Administratively, the major recommendation is that adequate and stable funding needs to be available for these mental health programs. It is acknowledged nationally that most community mental health programs face funding limitations on these programs. The NSRSN faces funding limitations because our system is based on Medicaid funding. Homeless people frequently are not on Medicaid and some may never become Medicaid eligible.

A recent study in New York indicates that the total system costs of serving homeless people with mental illness is equal to placing these individuals in supported housing.[1] These costs include emergency room, criminal justice, shelter costs, and mental health services. This study highlights the need for cross-system collaboration and shared funding. Another recent study indicates services to the mentally ill homeless improve when providers serving this group are meeting regularly, even if there is no additional funding. A recent study in California demonstrates that it is cheaper to serve chronically mentally ill individuals than to have them go untreated and overuse emergency rooms, jails, and other community services. In Washington, the separation of funding systems makes it difficult to redirect funding to better serve the mentally ill who are homeless.

Service requests from the community

Requests from shelter care and other providers of the community mental health system include the following:

- More outreach and engagement services;
- More rapid response of both crisis services and outreach/engagement services;
- More rapid access to medication evaluations and medications; and
- Emergency housing for people too difficult to house in standard shelters due to their acute mental illnesses.

Conclusion and Recommendations

Homelessness for people with mental illnesses is an ongoing issue in our nation and region. The best practice recommendations for better serving the homeless cover three areas, intensive outreach and engagement services, developing more affordable housing, and developing funding to support these services. The NSRSN recommends:

- Better collaboration and coordination of crisis community mental health services with other systems such as shelters, police, and jails needs to occur to better serve this population. The directors of the major shelters and their key staff should meet with the Regional Crisis Management Team. The head of the crisis team in each county should be known to the shelter providers to better coordinate crisis services;
- The NSRSN Planning Committee recommends the formation of a taskforce dedicated to supporting the development of additional housing for low-income people with mental illnesses. This taskforce should assume an ongoing responsibility to assure cross-system collaboration and joint projects in developing housing and services for the mentally ill who are homeless.

- All participants in this planning process agreed on the need for more transitional and long-term housing to be developed or made available for the mentally ill.
- Better collaboration and coordination of ongoing community mental health services needs to occur. Identifying a specific person at each provider agency to coordinate services with the shelters is one step in this direction that is working in some counties;
- Working with jails so they do not discharge mentally ill people with no place to stay in the middle of the night would ease some pressures on the shelters and allow more appropriate service coordination;
- In long range planning when funding is available, specialized services need to be developed. The NSRSN and its providers need to seek and develop additional funding sources or greater access to additional resources through cross-system collaboration; and
- These services should feature assertive outreach over a long period and the use of peer counselors/case managers as part of the staff.

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