

MENTAL HEALTH AND SUBSTANCE ABUSE WORKING GROUP

September 26, 1994

AGENDA

- 1:30 Welcome and Introductions
Bernard S. Arons, M.D., Director
Center for Mental Health Services
Alan I. Leshner, Ph.D., Director
National Institute on Drug Abuse
- 2:00 Priority: Home! -- Overview of the Federal Plan & Review of Policy Areas
Marsha A. Martin, D.S.W., Executive Director
Interagency Council on the Homeless
- 2:20 Examples of potential actions steps in each policy area
Larry Rickards, Ph.D., Center for Mental Health Services
- 1) Integrating housing and services
 - 2) Improving discharge planning (jails, prisons, state hospitals, & other institutional settings) and linkage of persons with housing resources after discharge
 - 3) Increasing access to and use of mainstream resources
- 2:40 Identification of additional potential action steps
- 3:00 Identification of subgroups to develop action recommendations, subgroup representation, and identification of subgroup chairs
- 3:20 Calendar for subsequent meetings
Identification of additional working group members
- 3:30 Adjourn

Introduction: Talking Points for Bernie

As representatives from the myriad of Federal Department and agencies responsible for addressing the needs of persons who are homeless, I want to welcome you to this first meeting of the Mental Health and Substance Abuse Working Group.

I want to thank the individuals responsible for organizing this meeting and bring us together: Jerry Britten and Mary Ellen O'Connell from the Office of the Assistant Secretary for Planning and Evaluation at HHS, and Marsha Martin, the Executive Director of the Interagency Council on the Homeless.

The need for departments and agencies to collaborate to address the needs of homeless persons with mental health and substance use disorders may be self-evident to some, but I think it bears noting. On any given night, upwards of 600,000 Americans are literally homeless. And of these homeless individuals, approximately one-third of the single adults (200,000 persons) suffer from the added burden of serious mental illnesses. For a substantial proportion of the population with serious mental illnesses, often estimated at between 50% and 80%, the abuse of alcohol and/or other drug complicates their lives. The combination of mental illness and substance abuse makes the escape from homeless particularly problematic. At CMHS, we recognize that escape from homelessness for these individuals is almost impossible without the coordination of mental health and substance abuse treatment, housing assistance, case management, income supports, legal protections, and a substantial variety of support services.

The characteristics and experiences of the homeless population with co-occurring mental health and substance use disorders are ones whose solutions may involve each of our departments and agencies. For example, this population often:

- Lacks permanent, safe, decent housing;
- Lacks a source of income or employment;
- Lacks life and job skills;
- Lacks treatment for the symptoms of serious mental illness and substance abuse. And very few public agencies can treat both disorders;
- Lacks basic health care;
- Faces discrimination (homeless, poor, minority);
- Is overrepresented in its contact with the criminal justice system.

Clearly, even this brief list of problem areas is too broad and massive for any one Federal Department or agency to cope with. This has been the strength of the Interagency Council on the Homeless, to develop an overarching Federal Plan to Break the Cycle of Homelessness, and to foster collaboration between the relevant government bodies who must work together to assist these homeless persons.

This working group is being formed to devote special attention to the segment of the homeless population who have mental health or substance use disorders. Today we want to begin to pull together our knowledge, expertise, thinking, commitment, and resources to make a difference in their lives.

Introduction: Talking Points for Alan Leshner

I want to add my welcome to that given to you by Dr. Arons, and my appreciations to the organizers of this meeting.

I was the Director of the National Institute of Mental Health during the period when the knowledge base that Dr. Arons was referring to was built. What was then the Office of Programs for the Homeless Mentally Ill provided funding for many of the early descriptive studies and the three generations of research and demonstration programs. These studies have helped us gain a clearer understanding of homelessness and impact of mental illness and substance abuse on homeless persons. They have served as the foundation for the current CMHS services demonstration programs under ACCESS and CMHS/CSAT Collaborative Demonstration Program for Homeless Individuals.

Now as the Director of the National Institute on Drug Abuse, I hope to foster a similar commitment and scientific endeavor in the arena of drug abuse, in both epidemiology and services research.

Dr. Arons made reference to the importance of interagency collaboration in addressing the needs of homeless persons with mental illnesses and substance use disorders. I want to underscore the importance of this. I have had the experience as a chair of an earlier Interagency Council on the Homeless multi-departmental work group, the Federal Task Force on Homelessness and Severe Mental Illnesses. The report of the Task Force was included in your meeting materials. Consistent across the action steps contained in that report is the necessity for cooperation and collaboration between Federal Departments and agencies in addressing the multiple needs of homeless persons with mental illnesses and substance use disorders.

Not only is this critical in helping this homeless population, it is good government. We reside in an environment that promotes the concept

of reinventing government. This concept emphasizes cooperation between government agencies and the inclusion of clients in decision making. It encourages us in the direction that we have already identified as important.

The plan for this work group is for action and accomplishment. Not recommendations that often lay idle and unfulfilled. We envision developing action steps that will make a difference in the lives of homeless persons. To accomplish this we will, later in this meeting, recommend that this work group initiate subgroups that will work on issues and report back to the larger body.

Together I believe we can realize the objective of helping homeless persons with mental illnesses and substance use disorders.

FOR BERNIE: Presenter Introductions

Marsha Martin

As you all know, Dr. Marsha Martin is the executive Director of the Interagency Council on the Homeless, where she is charged with implementing the administration's activities on behalf of homeless people.

But Marsha is no stranger to those of us working on issues related to homelessness and mental illness and substance abuse. For the past 15 years, she has been a researcher, a teacher, a service provider, and an advocate on behalf of homeless persons. She led the Mayor's Office on Homelessness and SRO Housing in New York City; directed the Manhattan Bowery Corporation's outreach program; taught others about these issues as an associate professor at the Hunter College School of Social Work; and conducted research and published extensively on the topic of homelessness.

There is no better to summarize our call to action. Please join me in welcoming Dr. Marsha Martin.

Larry Rickards

Larry Rickards is the Director of Intergovernmental Initiatives in the Homeless Programs Branch, Center for Mental Health Services. He has been responsible for monitoring many of our action steps with other agencies under *Outcasts on Main Street*. He also manages the grants under the CMHS/CSAT Collaborative Demonstration Program for Homeless Individuals. Larry will present possible activities under each of the topic areas outlined by Marsha Martin and give examples of successful interagency collaboration under *Outcasts*.

To: Jeremy and Stan
Fr: Elisabeth
Dt: 9/27/94
Re: **A CALL TO ACTION!:** New Opportunities for Community
Mental Health in HUD Housing Programs

Monday, 9/26

REINVENTING HUD -- HELPING COMMUNITIES RESPOND TO HOMELESSNESS

Jacque Lawing-- Office of Community Planning and Development HUD
Vision - building communities of opportunity

4 Principles: * Localities know best
* Planning must be comprehensive
* Economic development drives the economy
* The field knows best

Continuum of Care - variety of coordinated resources

Go to your mayors office and request a position on the board

Consolidated Plan - 1 community plan integrating all services/
connects econ. development/ housing development/homeless\$

HUD's CHANGES & THEIR IMPLICATIONS FOR LOCAL PROVIDERS

David Pollack, HUD Office of Special Needs Assistance Programs

Dianna Smith, YWCA of Greater Baltimore

Joanne Selinske, Mayor's Office of Homeless Services, Baltimore, MD

Baltimore, living example -- local planning process is difficult
and conflict arises -- yet it's invigorating and can work

COMMUNITY ORGANIZING FOR HOUSING EQUALITY

Ginja Bethel, National Low Income Housing Coalition, D.C.

Must begin to think with homeless-sensitive orientation.

Look at the barriers our agencies may create

Political will/organization is all we need to end homelessness

Karen Klein, Mental Health Assoc. of San Francisco, CA

Study other community examples to come up with innovative housing
development models

Direct services when mentally ill person in hospital can be key
to preventing loss of housing (assistance with rent
paying/check cashing etc.)

Leona Smith, National Union of the Homeless, Phila., PA

(formerly homeless--agency run by homeless/formerly homeless)

I'm supposed to be "grateful for these boards -- let's get real"

The business community only cares about getting us out of sight/
out of mind

Hud can pour in the \$\$, but must provide the services to go along
with the housing -- \$ to maintain house, job training, AIDS

HUD must not be part of the problem -- they're responsible for
homelessness -- rent/evictions/foreclosure -- lead to
shelter system

Prevention -- must have life skills design plan

Shelter system strips dignity -- must believe in others so they
will believe in themselves

Margarita Lopez, Project ReachOut, New York, NY
HUD's announcement is not an end to homelessness
How will people learn about the boards when they're trying to
find food/ survive
Mentally ill can't fight for themselves
Make sure you're in the process/ on the board--and boards are not
yet created--we can fight this /demand HUD be more specific
HUD should take responsibility to alert mental health community
"You have a nerve" to take over continuum of care but not
implement it yourself/ \$ must be allocated to alert mental
health community/ new face of racism

(Participants raised a number of questions about mayor's
authority to appoint the board)

STRATEGIES FOR BUILDING ALLIANCES/ Leona Smith

It's our job to support homeless board members (transportation/
preparation)

Phone co. gives voice mailboxes to homeless "telecommunication"
HUD pays slumlords \$18/day (1.8 million) to be caretakers of HUD
property - why not let us care for and buy that property -
put \$ in escarole account

We have to start somewhere -- if we have 51% on board, we can
out-vote them

If you're a non-profit under HUD guidelines - agency can fall
under CDC status & community development block grants have
simple paperwork - go to local HUD office and apply for CDC
status

Voucher system promotes stress & mental illness - given 1 year to
get on one's feet - each day the countdown to 1 year causes
stress - need home ownership

Tuesday, 9/27

MENTAL HEALTH CONTRIBUTION TO THE LOCAL CONTINUUM OF CARE

Martin Cohen, Technical Assistance Collaborative, Boston, MA

Veronica Jackson, Michigan Dept. of Mental Health, Lansing, MI

Lynn Aronson, Connecticut Dept. of Mental Health, Hartford, CT

Julie Sandorf, Corporation for Supportive Housing, New York, N.Y.

Summary of major themes:

- * Broadening base of support and constituency for those with
range of needs
- * Continuum of Care - remember the key transition to home
- * Politics of self-interest
- * Politics of inclusion - broadening your base - bring in
banks, church, civic & corp. leadership
- * Politics of place - must make connection to broader commun.
--make a case for your work - all housing with well financed
capital and service provision is working! is melding into
community -- people don't know b/c no press when it works

An opportunity for choice and constant feedback works best --
placing someone without their input does not work

Survey of what people want 1)security/safety 2)privacy/own lock
and key 3)decent closet space/ cutting boards/ basics

ESTABLISHING LOCAL INTAKE AND TRACKING SYSTEMS

Dennis Culhane, Cntr. for Mental Health Policy & Services Research
Has submitted proposal to HUD for centralized tracking system
Can be merged with other data (mental health/criminal justice/
Aids) in order to see patterns in co-occurring disorders
Minimally, system has all providers use paper form then submitted
to county/city/state
Sophisticated tracking system uses user-friendly software package
which is down-loaded to county each month
In Phila., shelters are reimbursed on basis of census logs/
everyone walks through the "same door"
Designed system could be incredible national view for tracking
and provide useful snapshot to assist with policy planning
Questions raised by participants regarding confidentiality - can
use encrypted info when sharing with other agencies

Dorothy Dailey, St. Louis Dept. of Human Services
Contracts intake services centered around hotline (#listed in
phone booths and elsewhere) - clients assessed on the phone
Street dwellers are tracked through specialist outreach team
(preferably M.D. and mental health specialists)

Gail Gregory, Community Shelter Board, Columbus, OH
Programs can be modified to offer agencies to have info needed to
meet agency funders' requirements
Tracking patters: people often change Soc.Sec. #s but usually
only change 2 numbers/ people rarely lie about mother's
maiden name
Participants raised questions about those not counted - those who
would be intimidated by tracking questions
Can have a subset of minimal data for hesitant street dwellers

USING NON-MCKINNEY HUD PROGRAMS FOR PEOPLE WITH SERIOUS MENTAL ILLNESSES

Ann O'Hara, Technical Assistance Collaborative, Boston, MA
Many HUD resources for non-homeless mentally ill - will be
governed in consolidated plan

Mary Eldridge, AMI of North Carolina, NC Division of Mental Health, Raleigh, NC

4 key elements:

- * mental health consumers are stigma target
- * mentally ill are very low income
- * need supports
- * choice - must talk to client about what they want

Home program (created in '90) has been very helpful - will be
part of consolidated plan

Community Development Block Grant Program "CDBG" - flexible, yet
most municipalities use for moderate income, parks,
monuments, etc.

FAIR HOUSING AND THE ADA: TOOLS FOR JUSTICE IN LOCAL HOUSING
Sara Pratt, HUD, D.C.

HUD enforces fair housing act

NIMBYism -- the first amendment protects opposing speech - when speech is intimidating or action is taken, the first amendment drops (drops different levels for each case)

HUD required to take action if a source they funded is discriminating, "this administration is taking action/affirmative steps" to combat discrimination

Joan Magagna, U.S. Department of Justice, D.C.

Title 2 of ADA - prohibits discrimination by state and local government - very broad statute - if local boards are discriminatory, may be a violation

Title 3 prohibits discrimination by public accommodations

Questions raised about mayors having power to make discriminatory decisions in board formation

Steve Coe, Community Access, New York, NY

Be able to talk positively - you're not bringing the neighborhood down/ you're not hurting property values

Participants discussed various client/agency-specific legal issues

CREATING A LOCAL STRATEGY

Marsha Martin, Interagency Council on the Homeless

HUD saying you must work at a local level, acknowledge that people are scared -- must take conference info and make it real

Go to local planning meetings and fight for a plan