

Preventing Chronic Homelessness: Effective Approaches Emphasize Flexibility

By Francine Williams and Deborah Dennis

This decade is experiencing a renewed national focus on preventing and ending chronic homelessness among people who have mental illnesses and co-occurring substance use disorders. This has led to an increased emphasis on implementing evidence-based and promising practices. Providing intensive supports to connect people with services that meet their treatment, housing and other support needs has long been known to be a key step toward achieving community tenure and stability. This is particularly true during critical transition periods, such as when people are moving from shelters, the streets, jails or hospitals to community living. The Critical Time Intervention (CTI) model is an evidence-based practice that demonstrates this.

Recent studies suggest that adapting evidence-based practice models, Assertive Community Treatment (ACT) in particular, offer promise for people experiencing chronic homelessness by increasing their retention in housing and access to mainstream services. Such adaptations demonstrate that supports need to be highly flexible in terms of meeting consumer needs and preferences. Furthermore, much like CTI, services do not have to be provided on a long-term basis to have lasting effects.

A case for transitional support

Critical Time Intervention (CTI) was developed at New York City's Ft. Washington Shelter during the late 1980s in response to the high recurrence of homelessness among those discharged from the shelter's mental health program. CTI focuses on transitioning people from institution to community where continuity of care often breaks down in the absence of effective discharge planning. It emphasizes intensive, short-term (six to nine months) support during critical transitions to help people connect and develop

relationships with community providers who can, in turn, offer continuous care.

CTI caseworkers provide mobile outreach and case management, housing placement, direct clinical and other support services, and linkage to mainstream community providers. Workers have low caseloads (10 – 15:1) that enable them to take a hands-on role in strengthening an individual's relationship with family and friends, services and housing providers. This is accomplished by accompanying clients to appointments and helping them develop relationships with providers, increasing the likelihood that they will keep future appointments. By taking an active role, caseworkers help people build strong relationships with community supports rather than becoming their primary support.

Studies of the effectiveness of CTI in preventing homelessness among people who have serious mental illnesses, including those with co-occurring substance use and chronic health disorders such as HIV/AIDS, have found that CTI significantly reduces new episodes of homelessness. Moreover, the positive effects of the intervention are sustained over time after CTI services are withdrawn.

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Intensive but flexible

The idea of providing short-term, intensive services to help people make transitions has been successfully used in other best practices approaches as well. Assertive Community Treatment (ACT) uses a multi-disciplinary team approach with low caseloads (about 10:1) to provide intensive supports that meet the clinical, housing and other rehabilitative needs of people who have mental illnesses. It has proven effective in reducing inpatient hospitalization, promoting continuity of care, and increasing community tenure and stability.

The ACT model has traditionally emphasized the provision of long-term, continuous care, but new evidence suggests that ACT services can be effectively provided for shorter periods of time. During the Center for Mental Health Services' Access to Community Care and Effective Services and Supports (ACCESS) program, researchers and clinicians found that many people with serious mental illnesses who are homeless can be discharged or transferred from ACT to other services without losing ground in mental health status, substance abuse recovery, housing or employment. In ACCESS, 18 communities in nine states were required to serve 100 new individuals with serious mental illnesses who were homeless each year. In order to continue providing services to new people, clients were transitioned to other services when they and/or their clinician believed they were ready—usually within a year.

In the ACCESS program, one of the keys to successfully using ACT as a time-limited intervention was a shift in the values that staff held about their work and the people they

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served. Faced with wanting to continue to serve new people in need, ACT staff became committed to keeping the front door open by making sure that strong connections were formed between people who were leaving and community providers. This required a fundamental shift in thinking. It meant starting early to prepare people for the transition, an emphasis on educating them about how to manage their illness, and developing new or stronger relationships with mainstream providers.

Combining supports with housing

Pathways to Housing in New York City brings together a modified ACT approach with immediate access to housing. By wrapping supports around people who are homeless and have serious mental illnesses and co-occurring substance use disorders, Pathways is able to place people directly from the streets into permanent independent housing. In doing so, the program drastically reduces chronic homelessness among the individuals it serves.

Key to the program's success is a philosophy that emphasizes housing as a basic right. To be eligible for Pathways to Housing, people are not required to graduate from a more structured setting, to accept services, or to be abstinent. Rather, individuals enter the program through outreach conducted by Pathways staff. The first thing they are offered is a scattered-site apartment in one of New York City's neighborhoods. Health, mental health, substance abuse, employment and other services are then offered by an ACT team where the type and intensity of services are determined by consumer needs and preferences.

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The National Resource Center on Homelessness and Mental Illness

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By combining consumer choice with housing and support services that are intensive enough to help people remain housed and flexible enough to facilitate recovery at one's own pace, the program represents an effective model for ending homelessness among people with serious mental illnesses and co-occurring substance use disorders. ■

For more information on Critical Time Intervention, contact Alan Felix, M.D., The Presbyterian Hospital Critical Time Intervention Mental Health Program, (212) 927-4048. For more information on Pathways to Housing, contact Sam Tsemberis, Ph.D., Pathways to Housing, (212) 289-0000.

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Voices from the Field: ACT as a Time-Limited Intervention

No one needs to convince Dan Wasmer of the effectiveness of ACT as a time-limited intervention—or time-flexible intervention, as he prefers to call it. Wasmer has seen its positive effects firsthand as the former director of the Thresholds ACCESS Program in Chicago.

For several years, Wasmer managed ACT programs that had a time-unlimited approach, while at the same time managing two ACCESS-funded ACT teams that were mandated to serve 100 new people every year. Because the ACCESS teams had a maximum capacity of about 120 clients, workers had to think differently about their relationships with clients.

What emerged, Wasmer said, was a distinctly different approach. ACT staff, from the day of intake onward, were constantly looking for support services that could be shifted to other providers, family members, friends, or be managed independently by the individual.

To Wasmer, the positive results of time-limited ACT intervention are not only helping more clients, but a fiscal reward as well. "In times where there is little new money for these services, stretching them seems wise as long as we don't compromise their effectiveness," he said.

Wasmer predicts all the obvious obstacles to transforming the traditional ACT model into a time-flexible one—program culture, resistance to change, and the availability of other providers to serve transitioning clients. But he's optimistic that it will only be a matter of time before providers see the value in the approach and begin to adopt it more widely.

For more information, contact: Daniel Wasmer, Illinois Department of Human Services, (773) 794-4207.

CALENDAR

August 3-8, Leavenworth, WA

2002 Annual AIDS Housing Leadership Institute. Sponsored by AIDS Housing of Washington. Call (206) 322-9444, visit www.aidshousing.org or e-mail rachel@aidshousing.org

September 18-22, Atlanta, GA

Building Partnerships: Strengthening Networks & Taking Action Together. Alternatives 2002. Sponsored by the Center for Mental Health Services. Call (512) 336-9029 or e-mail pguyton@horizonmeetings.com

October 13, Chicago, IL

Clinical Approaches to Working with Homeless, Mentally Ill Individuals: Challenges and Rewards. Sponsored by the Center for Mental Health Services and the American Psychiatric Association. Call (800) 444-7415, visit www.nrchmi.com, or e-mail nrc@prainc.com

October 24-26, Boston, MA

Recovery, Rehabilitation, and the Decade of the Person: Innovations for the New Millennium. Call (617) 353-3549 or visit www.bu.edu/cpr/conference

October 28-30, San Francisco, CA

The GAINS Center 2002 National Conference: Expanding Access to Community-Based Services for People with Co-Occurring Disorders in Contact with the Justice System. Sponsored by the Substance Abuse and Mental Health Services Administration. Call (800) 311-4246 or visit www.gainsctr.com/conference

November 9-13, Philadelphia, PA

American Public Health Association 130th Annual Meeting and Exposition: Putting the Public Back into Public Health Call (202) 777-2479 or visit www.apha.org

Resources You Can Use...

Bazelon Center for Mental Health Law. (2001) *Recovery in the Community: Funding Mental Health Rehabilitative Approaches Under Medicaid.* **Available from:** Bazelon Center for Mental Health Law, www.bazelon.org, (202) 467-5730.

Center for Community Change. (2001) *Home Sweet Home: Why America Needs a National Housing Trust Fund.* **Available from:** Center for Community Change, www.communitychange.org, (202) 342-0567.

National Coalition for the Homeless and National Law Center on Homelessness and Poverty. (2002) *Illegal to be Homeless: The Criminalization of Homelessness in the United States.* **Available from:** National Coalition for the Homeless, www.nationalhomeless.org/criminalizationrelease.html, (202) 737-6444.

National Low Income Housing Coalition. (2001) *Out of Reach 2001: America's Growing Wage-Rent Disparity.* **Available from:** National Low Income Housing Coalition, www.nlihc.org, (202) 662-1530.

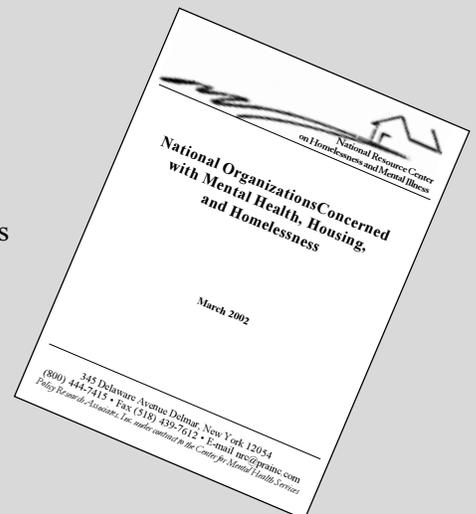
Straka, D., Tempel, C., Lipson, K. (2001) *TANF Funding for Services in Supportive Housing for Homeless Families and Young Adults.* **Available from:** Corporation for Supportive Housing, <http://intranet.csh.org/pdfs/TANFReportNov01.pdf>, (212) 986-2966.

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PATH Program News

Created under the McKinney Act, Projects for Assistance in Transition from Homelessness (PATH) is a formula grant program that funds the 50 States, the District of Columbia, Puerto Rico, and four U.S. Territories to support service delivery to individuals with serious mental illnesses, including those with co-occurring substance use disorders, who are homeless or at risk of becoming homeless. The program funds some 399 local providers who offer community-based outreach, mental health, substance abuse, case management, and other support services, as well as a limited set of housing services. This page will be a regular feature of future issues of Access.

Footwork and Food: PATH Providers Offer Vital Service in the Wake of September 11th

By Susan Milstrey-Wells

September 11th rocked the world. Fear, insecurity, and depression were common, even for those far from the scene of the attack. For people who are homeless in and around Manhattan, these emotions were amplified by their precarious living situation and by pre-existing mental disorders. Some of the services they depend on were curtailed or cordoned off. Two PATH-funded providers, one on Staten Island and one in Manhattan, rose to the occasion. They provided food, friendship, and ongoing services to people who were severely traumatized. These are their stories.

Food and friendship on Long Island

Over coffee at an interfaith meeting after September 11th, Rev. Terry Troia met a woman who lost her only son at the World Trade Center. Formerly homeless, she has bipolar disease and a substance use disorder, and she relapsed as a result of her devastating loss. After spending a week in detox and five weeks in a rehabilitation facility in upstate New York, she returned to find that she had lost her apartment and her job. She was doubled up with her mother when she met Rev. Troia. She had not been outside since her return to Staten Island until she ventured out for that cup of coffee. “Food is a basic human need, and we often use food in our work with people who are homeless to begin a conversation,” Rev. Troia says. “It’s a good way to establish a relationship with an individual or family that may have more needs over time.”

Rev. Troia is executive director of Project Hospitality, an interfaith effort serving the needs of people who are hungry and homeless on Staten Island. Project Hospitality receives PATH funds to support psychiatric treatment for people who are homeless. The agency operates five sites on the waterfront facing Manhattan—an AIDS clinic, a drop-in center, a recovery treatment center, a family shelter, and a soup kitchen.

Soon after the attacks on September 11th, Project Hospitality staff began walking building to building to check on their clients; they encouraged those who were sheltered to stay indoors, and persuaded others to come in off the streets. They filled their drop-in center to overflowing and kept their soup kitchen open.

Almost immediately, Rev. Troia went to a local food distributor and bought all the food it had, \$12,000 worth. “We didn’t have food deliveries for the rest of the week, so it was a smart thing to do.” The food helped feed Project Hospitality clients and nearly 300 evacuees from the site of the attack who spent several days in makeshift shelters on Staten Island. Five or six Project Hospitality employees served the evacuees, while the majority of the staff, some 200 strong, “paid absolute attention to our clients,” Rev. Troia says. “We had concerns about their stability.” Within hours, the two psychiatrists who serve Project Hospitality went to Ground Zero and didn’t return until the end of the week. Staff paid special attention to families and those individuals with mental illnesses.

Between September and December, 10 homeless people died of various causes, more than typically die in a year. “People succumbed so quickly, I think, because their conditions were exacerbated by depression and trauma,” Rev. Troia says.

In addition to their regular clients, who number 5,000 a year, Project Hospitality staff reached out to more than two dozen people who had been living in Battery Park in Manhattan and were put on a ferry bound for Staten Island. Not allowed to return for a week and a half, these displaced homeless individuals set up several encampments near the terminal. Project Hospitality provided blankets and other supplies, and, of course, the food to nourish bodies and begin a conversation. “We made friends quickly,” Rev. Troia says.

“A lot of footwork” in Manhattan

On September 11th, Tony Hannigan became part of a virtual stampede away from the crumbling remains of the World Trade Center. He was on his way to the administrative offices of Center for Urban Community Services, Inc. (CUCS), where he is executive director. For Hannigan, his staff, and the individuals they serve, life has yet to return to normal.

CUCS provides rehabilitation and support services for people who are homeless and have special needs (e.g., mental illness, AIDS, chemical addiction), and sponsors a national

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training and technical assistance program. The agency operates transitional and supportive housing and receives PATH funds for its Housing Resource Center. In 2001, SAMHSA presented CUCS with an Exemplary Program Award.

The agency operates a transitional housing community for 40 women with mental health needs located at 350 Lafayette Street, south of the World Trade Center collapse. For a week after September 11th, no one was allowed in or out of the area.

Using supplies on hand as part of their emergency disaster plan, residents at 350 Lafayette Street had enough food and water on site. Staff who lived in the area were allowed to walk in with medicines and other supplies.

“The residents were extremely frightened, and they didn’t want to be left alone,” Hannigan says. “We had to be able to carry through on our trust with them.”

Lack of all communications capability meant that Hannigan and his staff did things the old-fashioned way—they walked nearly everywhere they couldn’t drive and talked to people in person. CUCS operates programs from lower Manhattan to its northern-most tip.

“The further away from the World Trade Center you were, even in Manhattan, the less insecure you felt,”

Hannigan says. “Those more directly affected were those who saw it all.” Individuals in transitional settings were also more likely to feel traumatized. “When you’re living in shelters and on the streets, you feel battered as it is,” Hannigan says.

CUCS staff continue to work more intensely with individuals directly affected by the attack, a number of whom lost their jobs at or near the World Trade Center. The CUCS Housing Resource Center has developed or updated three training programs for staff: Introduction to Trauma and Disaster, Grief and Loss, and Post-Traumatic Stress Disorder.

Hannigan credits his success in responding to the events of September 11th to dedicated staff, “a lot of footwork,” and a good disaster plan. “Every downtown organization has taken disaster plans out of the files to review and update them,” Hannigan says. “At first you do it in light of September 11. Then you realize you’re creating a plan to respond to something so horrific, and you return to the hope that it will never happen again.” ■

For more information about the PATH program, visit the PATH Program website at: www.pathprogram.com
