



# *The Commonwealth of Massachusetts*

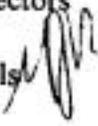
*Executive Office of Human Services  
Department of Mental Health  
160 North Washington Street  
Boston, Massachusetts 02114*

Mark J. Mills, J.D., M.D.  
Commissioner

AREA CODE 18

## MEMORANDUM

TO: Executive Staff  
Area Directors  
Facility Directors

FROM: Mark J. Mills 

DATE: February 22, 1983

SUBJ: Department Policy - Homeless Individuals

---

Dear Executive Staff:

As you know, the homeless have received the new Administration's highest priority. The attached Department Policy on homelessness is designed:

1. To ensure consistency, statewide, regarding the Department of Mental Health's responsibility in addressing this difficult problem;
2. To ensure that the mistaken notion that homelessness is a result of deinstitutionalization is dispelled;
3. To ensure that information is gathered that will support planning in this content area.

The policies and procedures outlined here should be implemented immediately by all Areas.

Thank you.

MJM:kfb

Attachment

## DEPARTMENT OF MENTAL HEALTH

### HOMELESSNESS

#### **OVERVIEW:**

Homelessness is defined as the lack for one or more days and nights, of safe, decent, humane lodging that is affordable and available to individuals or families. Homelessness may be caused by the lack of housing facilities, the lack of funding to pay for housing, the inclusion of certain categories of persons from available housing, or the lack of appropriate referral-coordination services. The problem of homelessness is not a new one; however, the number and needs of those who are homeless have increased in recent years. To date, there has been little documentation of this population's various characteristics.

The Governor's Advisory Committee on homelessness has recently identified seven groups with various characteristics and service needs who comprise the current homeless population:

1. chronically, long-term homeless (including alcoholic)
2. mentally ill
3. recently unemployed
4. battered women/children
5. adolescent runaways
6. elderly
7. families

In some cases, these groups overlap. Estimates of the number of mentally-ill people who are homeless vary, in part due to varying definitions of this group.

#### **AREA RESPONSIBILITY FOR CURRENT D.M.H. CLIENTS:**

"D.M.H. clients" refers to those individuals who are now receiving in-patient, out-patient, or any type of after-care treatment within the mental health system and those persons who, through screening, have been determined to be in need of mental health services.

1. In no instance should a person be discharged from an in-patient facility with directions to seek housing or shelter in an emergency shelter. Every effort must be made through careful discharge planning to work with the client and area resources to seek adequate, permanent housing.
2. If "temporary" shelter placement is unavoidable, the reasons for this should be well-documented. Active case management should focus on locating a suitable housing alternative as well as ensuring that the client continues to receive appropriate mental health services. In all instances, a case manager should be identified.
3. If a client exercises the right to refuse treatment and/or aid with placement, this should be documented. Documentation should include case management efforts. Whenever possible, outreach efforts should continue.
4. If a client receiving out-patient services becomes homeless, the clinician/case manager should work actively with the client and community resources to locate suitable housing.

Service gaps and resource inadequacies should be identified and documented whenever possible.

#### **AREA RESPONSIBILITY TO EXISTING SHELTERS:**

1. The Area in which a shelter is located has the responsibility to provide consultation and education to the shelter regarding health issues and services. Under no circumstances should this be construed as the Department's (or a particular Area's) acceptance of responsibility for the individual residents of a shelter, nor for the health, social and financial problems associated with homelessness.
2. Any shelter resident who requires emergency psychiatric care should be provided that care in the shelter's host Area\*; however, subsequent to the management of any emergency, an individual in need of mental health services is the responsibility of the Area that provided the last hospitalization (if any) where the client has ties and a confirmed support system (if any). (See "Department Policy--Area Responsibility for Previously Hospitalized Clients" - effective January 15, 1983.) The originating Area also retains responsibility for case management.
3. Any shelter resident who requires mental health services and who has no Area ties or previous history of hospitalization should receive services provided by the host Area\*.

## **GENERAL AGENCY INVOLVEMENT IN HOMELESSNESS:**

In order to respond effectively to the multitude of social and economic problems that contribute to homelessness, it is recommended that mental health participation include both the public and private sector at the Area/Community level. Area mental health personnel should participate in any community activities and committees that address the general problem of homelessness. The purpose of this involvement is twofold:

1. To provide assistance to community representatives and planners in dealing with the overall problem.
2. To provide mental health expertise, including accurate clinical and managerial information.

In no instance should D.M.H. take sole responsibility for homelessness, but this agency should clearly demonstrate a willingness to participate with the community and other ' agencies in responding to the problem. Each Area Director should be knowledgeable as to the extent of homelessness in that catchment Area, especially as it pertains to mental health needs. This information should be reported to the respective District Manager, the Chief Operating Officer, and the Commissioner, to support agency planning and policy development.

\* In those instances where a large number of shelters are concentrated in one Area, provision of mental health services may be assigned on a District-wide basis.

g:\shared\cps\homeless.doc

## Massachusetts Department of Mental Health

### CARE AND TREATMENT OF THE HOMELESS MENTALLY ILL

Homelessness is receiving refocused attention as a serious national problem. Since the early 1980's, the numbers of homeless people have increased dramatically, particularly in large urban areas. In 1992, a Human Services Research Institute study commissioned by the Massachusetts Department of Mental Health, estimated that of the total number of homeless individuals in the Commonwealth, about 2,000 had severe and persistent mental illness. The study indicated that more than half of the homeless mentally ill were located in the Greater Boston Area. The remaining individuals were scattered throughout the state, primarily in other urban locations.

Following the 1992 study, a DMH Special Homeless Initiative was established with support from the Administration, the Legislature and homeless advocates. The primary goal of the initiative is to address the cyclical nature of homelessness by creating not only transitional residences, but by developing or securing safe, affordable, permanent housing and a full range of appropriate support services designed to help stabilize individuals. Support services range from counseling, case management, education and training to clinical care and first aid.

By the end of FY99, a total of 904 new units of housing were developed statewide and 1,562 homeless mentally ill individuals housed and served. In addition, a total of 5,667 people received outreach, clinical and other support services. In the Metro Boston Area, which has the highest percentage of homeless mentally ill individuals, 652 units of housing were developed, 926 individuals housed and served and 2,667 clients received outreach, clinical and other support services. In addition, through partnerships with providers, local housing agencies, and city and town governments, DMH accesses and leverages more than \$71 million, primarily in federal funding, to assist with rental assistance, support services and capital ("bricks and mortar") costs associated with housing development.

Providing housing and support services for the homeless mentally ill remains a priority of DMH in FY2000. The longstanding commitment of the Administration and the Legislature for the initiative is reflected in the state appropriation of \$21.2 million. The increase of \$2.1 million over FY99 allowed DMH to place 189 additional clients in appropriate residential settings and provide housing support services on an annualized basis to 392 homeless individuals. The impact of the initiative is even more substantial than these figures reflect. An indirect result is that the DMH network of services also identifies individuals at risk--thus preventing future homeless situations.

The initiative has significantly increased the Department's capacity to provide outreach programs that are key to preventing homelessness. In the Boston area, a Homeless Outreach Team engages homeless mentally ill individuals who live on the streets and in emergency shelters throughout Boston and Cambridge and provides initial support and service referrals. All referrals for DMH transitional housing in Boston are funneled through the Homeless Outreach

## Massachusetts Department of Mental Health

Team. The federal Project for Assistance in Transition for Homeless (PATH) also has served as a major source of funding, enabling Massachusetts to do aggressive outreach and make an array of services available.

The DMH inpatient discharge policy also is aimed at further preventing homelessness. The policy states that DMH will not discharge a client from a state-run facility to a shelter or the streets and that every effort will be made to help the client find appropriate housing. An enhanced discharge protocol was instituted in the Metro Boston Area which, in addition to providing support services and individual service plans, monitors the discharge process and identifies supportive housing options for clients.

One aspect of the overall initiative is geared towards serving homeless individuals with co-occurring mental illness and substance disorders. In conjunction with the Department of Public Health, the federal Housing and Urban Development's Stewart B. McKinney program awarded a supportive housing grant. A total of \$2.4 million has been allocated over three years for an aggressive treatment and relapse prevention program. Five pilot projects, each with the capacity to house and support I I dually diagnosed individuals and one family, have been developed across the state. The goal of the program is to assist homeless individuals and their families with rehabilitation and recovery, achieving independence and securing permanent housing.

Employment is instrumental to successful reintegration of the homeless mentally ill client in the community. In partnership with the Division of Employment and Training, DMH operates an interagency project to help homeless, mentally ill clients find and retain jobs in competitive employment settings. The Employment Connections program provides employment services to homeless clients in the Metro Boston Area. Participants are employed in occupations such as personal care attendants, caterers, customer service representatives, administrative assistants, medical transcribers, computer repair technicians, landscapers, sales representatives and assistant managers. Employment Connections **provided services to 234 clients in the first quarter** of FY2000.

There has been a significant expansion of resources and a heightened sensitivity to the needs of homeless mentally ill individuals as a result of the DMH Special Homeless Initiative. By continuing to provide outreach, develop transitional residences and permanent housing, offer education and training, and treatment and support services, DMH seeks to provide health, safety, and dignity to this disenfranchised population.