GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH

COMPREHENSIVE STRATEGY
MENTAL HEALTH SERVICES TO THE HOMELESS

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1. Purpose.

The purpose of this Homeless Services Strategy is to set forth the Department of Mental Health ("DMH") strategy for providing services to individuals (both children and adults) who are temporarily or chronically homeless and have mental illness. This strategy includes a description of the DMH policies, programs and services targeted to this population (the "DMH Homeless Services Strategy"). The DMH Homeless Services Strategy was developed in accordance with the overall strategy for ending homelessness that has been developed by the Government of the District of Columbia (the "District") and is subject to change from time to time, based upon the needs of District residents. The DMH Homeless Services Strategy includes the following information:

- Description of the District government philosophy and structure for the delivery of services to people who are homeless; and
- Description of the DMH system and service array;
    - DMH mission, objectives and service philosophy;
    - DMH range of services for homeless individuals and families;
    - DMH services directed toward immediate access to care (crisis services); and
    - DMH services, including programs to provide affordable housing.

2. District Organization, Structure and Goals.

In 2004, Mayor Anthony A. Williams released "Homeless No More: A Strategy for Ending Homelessness in the District of Columbia by 2014" (the "District's Homeless Services Strategy").[1] The District's Homeless Services Strategy was developed by the Mayor's Policy Academy Team, a group of District officials, including the Director of DMH.

The District's Homeless Services Strategy includes three (3) central policy objectives:

- Increasing the District's homeless prevention efforts using local and federal resources;
- Developing and/or subsidizing at least six thousand (6,000) new units of affordable supportive housing by 2014; and
- Actively coordinating mainstream social services for homeless Continuum of Care residents.[2]

The District's Homeless Services Strategy also includes three (3) implementation strategies. The implementation strategies are intended to guide the work of the District and its community-based partners. The implementation strategies are:

- Interdepartmental coordination and cross-system policy implementation;

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[1] The District's Homeless Strategy is under review by the Fenty Administration as of the date that DMH adopted its Homeless Services Strategy.

[2] See *Homeless No More: A Strategy for Ending Homelessness in the District of Columbia by 2014, page 1, www.dc.gov*

- Community education and community outreach to gain support for the 10-year plan and the "housing first" and "housing plan" approaches; and
- Advocacy for reduction of federal and other barriers to delivering services and housing that can prevent and end homelessness.[3]

The District's Homeless Services Strategy identified the establishment of an interagency council on homelessness as the first step in the implementation process.

2.1 **District Implementation Activities**.

In 2005, the Council of the District of Columbia enacted the Homeless Services Reform Act of 2005 (the "Reform Act"). The Reform Act established the Interagency Council on Homelessness (the "Interagency Council"). The Interagency Council is chaired by the City Administrator and includes the directors of various cabinet agencies, including the Director of DMH. The Interagency Council is responsible for providing leadership in the development of strategies and policies that guide the implementation of the District's policies and programs for meeting the needs of the homeless or those at imminent risk of becoming homeless (the "homeless"). Among other things, the Interagency Council is responsible for developing the annual plan describing how the District will provide or arrange for services to the homeless. In addition, the Interagency Council is responsible for the annual plan describing how the District will provide hypothermia shelter.

The District Department of Human Services ("DHS") is the lead agency responsible for the coordination of homeless services in the District. DHS contracts with The Community Partnership for the Prevention of Homelessness, an independent non-profit corporation ("TCP") to manage the District of Columbia's Continuum of Care services funded through the federal Department of Housing and Urban Development ("HUD") on behalf of the city. DHS has recently begun directly funding street outreach services and Hypothermia Hotline and transportation services.

TCP defines[4] the Continuum of Care as including the following five (5) categories of services:

2.1.1 Low Barrier Shelter. An overnight housing accommodation for individuals, who are homeless, provided directly by, or through contract with or grant from, the District, for the purpose of providing shelter to individuals without imposition of identification, time limits, or other program requirements.

2.1.2 Temporary Shelter. A housing accommodation for individuals who are homeless that is open either twenty-four (24) hours or at least twelve (12) hours each day, other than a severe weather shelter or low barrier shelter, provided directly by, or through contract with or grant from, the District, for the purpose of providing shelter and supportive services; or a twenty-four (24) hour apartment-style housing accommodation for individuals or families who are homeless, other than

[3] See *Homeless No More: A Strategy for Ending Homelessness in the District of Columbia by 2014, page 4, www.dc.gov*

[4] Further information about TCP and the Continuum of Care is available on the TCP website, www.community-partnership.org.

a severe weather shelter, provided directly by, or through contract with or grant from, the District, for the purpose of providing shelter and supportive services.

2.1.3 Transitional Housing. A twenty-four (24) hour housing accommodation, provided directly by, or through contract with or grant from, the District, for individuals and families who are homeless; who require a structured program of supportive services for up to two (2) years or as long as necessary in order to prepare for self-sufficient living in permanent housing; and who consent to a case management plan developed collaboratively with the provider.

2.1.4 Permanent Supportive Housing. Supportive housing for an unrestricted period of time for individuals and families who were once homeless and continue to be at imminent risk of becoming homeless, including persons with disabilities as defined in 24 C.F.R. 582.5, for whom self-sufficient living may be unlikely and whose care can be supported through public funds.

2.1.5 Supportive services. Services addressing employment, physical health, **mental health**, alcohol and other substance abuse recovery, child care, transportation, case management, and other health and social service needs which, if unmet, may be barriers to obtaining or maintaining permanent housing.

DMH participates in the District's Continuum of Care through the provision of supportive services, transitional and permanent supportive housing for consumers who are chronically homeless and mentally ill.

3. Overview of Current DMH System and Service Array.

DMH is committed to meeting the changing needs of consumers who are chronically or temporarily homeless and have mental illness. DMH directly provides or contracts for a range of services that have been identified as appropriate for addressing the needs of this population. DMH, in conjunction with the other District providers of homeless services continually assesses the effectiveness of the program mix and reserves the right to alter the array of services offered as needed to address budgetary constraints or changes in demand.

3.1 DMH Mission and Objectives.

The mission of the Department of Mental Health is to support prevention, resilience and recovery for District residents in need of public mental health services. DMH has four (4) objectives:

- Expand the range of mental health services.
- Increase access to mental health services.
- Continually improve the consistency and quality of mental health services.
- Ensure system accountability.

3.2 DMH Philosophy and Vision for Providing Mental Health Services to Homeless Consumers.

DMH believes that homelessness is a temporary situation which can be overcome by offering a range of services to homeless individuals and families as they struggle to end homelessness. This includes offering assertive community services that can provide outreach, engagement and linkage to mainstream services. These services are organized to help individuals and families who are homeless to access necessary services and housing as a way to end their homelessness. To meet these objectives, DMH operates its specialized Homeless Outreach Program ("HOP") to ensure that services are in place to overcome barriers to access for both needed services and affordable housing.

Overcoming such barriers includes providing outreach to identify and assist individuals who are homeless in accessing mental health services, in staying connected to those services and coordinating care when multiple agencies are involved. In addition, DMH's HOP assists the homeless provider network in understanding mental health issues and the service delivery system available to the homeless population, through consultation and coaching of staff, including how to access these services and how to work within the system to keep homeless consumers connected. The HOP is staffed with a psychiatrist, two (2) supervisors and seven (7) specialists.[5]

The DMH services for individuals and families who are homeless are organized in accordance with the following three (3) principles with respect to service delivery:

- Community-based;
- Recovery focused; and
- Housing First.

3.3 Range of Services for Children, Youth, Adults and Families Who Are Homeless.

The HOP provides outreach, engagement, risk assessment and service linkage for adults, children and youth who are homeless and have mental illness. The HOP works closely with community providers to identify appropriate services for consumers and other individuals who reside on street corners, in abandoned vehicles and buildings, in low-barrier shelters, transitional programs, and other temporary residences. It also includes working with housed individuals in terms of crisis intervention and homeless prevention. These services are directed toward single adults as well as adults in families, and children and youth. The outreach and other services are provided in collaboration with DMH programs, District agencies and community providers. The HOP provides a wide variety of services not only to consumers with mental illness but also to providers and community members. Primary services include outreach/case finding and crisis services to individuals through regular visits to shelters, streets and homes in the District, coordination with other outreach programs, social workers and community members to consult on assessments, referrals, travelers' assistance, brief intervention services, and referrals to overnight shelter services. The HOP serves as a buffer between the mental health provider

[5] There are also nine (9) psychiatric residents who are working with the HOP in FY 2009. See section 3.3.1.4 below for further details about the psychiatric residents. The number of residents fluctuates each year depending on the number of 3rd year residents in the program at Saint Elizabeths Hospital.

community and the homeless provider community in that HOP understands both systems and can assist them in working together to help people who are homeless and have mental illness access needed services.

The HOP makes over two thousand (2,000) contacts annually to over nine (900) different persons who are homeless.[6]

3.3.1 Programs for Adults Who Are Homeless.

The HOP offers a variety of programs for adults who are chronically or temporarily homeless. Those programs are further discussed below.

3.3.1.1 Shelter-based Outreach, Engagement and Service Linkage.

DMH is committed to providing shelter-based mental health services. Currently, shelter-based services are provided by the HOP. The HOP staff developed a weekly schedule for visiting homeless shelters throughout the District. The staff of the HOP and psychiatry residents regularly visit shelters, drop in centers and soup kitchens to identify individuals who are homeless and mentally ill. Consumers refer themselves to HOP staff, shelter staff refer consumers to HOP staff and sometimes HOP staff identify individuals participating in these programs as well. As consumers are identified HOP staff provide screening/risk assessment and linkage services to DMH Core Services Agencies ("CSAs") and Assertive Community Treatment ("ACT") programs, occasionally make referrals for psychiatric stabilization, and assist with Medicaid, social security income ("SSI") benefits and housing referrals. The HOP staff has formed strong relationships with staff at many of these sites and work in a consultative fashion with these providers, often providing coaching to the staff on how to work with this population and the mental health service delivery system. The weekly schedule of visits is subject to change.

3.3.1.2 Street-based Outreach, Engagement and Service Linkage.

DMH is committed to providing street-based services, including outreach engagement and service linkage. Currently, street-based services are provided by the HOP. HOP staff and psychiatry residents work with street outreach programs to identify homeless consumers and link them to appropriate DMH CSAs and ACT programs. In addition, HOP staff provide assessments for psychiatric crisis, assist with Medicaid, SSI, and housing referrals as needed as well. The emergency rounds program described below is one of the proactive strategies HOP has developed to track the welfare of this vulnerable population on a regular monthly basis, in addition to follow up in between meetings.

3.3.1.3 Sobering Station.

During hypothermia season, the HOP oversees the operation of the Sobering Station, for intoxicated men and women who either refuse a traditional shelter or are living within the structure of a traditional shelter. Since the program's inception in FY 2002 through FY 2006, approximately one thousand seventy-eight (1,078) different individuals came to the Sobering

[6] This data is based on FY 2008 activity.

Station (unduplicated count per year), with about one hundred ninety four (194) entering detoxification services. During FY 2007, two hundred (206) different men and women were served at the Sobering Station, offering over nine hundred (900) bed nights of service. At least ten (10) people entered detoxification services. In FY 2008, one hundred eighty-five (185) different men and women were served, with three hundred seventy-four (374) bed nights, and about twelve (12) going into detoxification. The winter of 2008 was mild and another shelter opened in close proximity to the Sobering Station, which probably contributed to the reduced numbers served.

3.3.1.4 Saint Elizabeths Hospital Psychiatry Residency Training Program Collaboration.

The HOP psychiatrist works collaboratively with the Saint Elizabeths Hospital Psychiatry Residency Training Program to provide all psychiatry residents in their 3rd year of training with a community psychiatry experience in homeless services. Psychiatry residents are matched with private outreach programs, the HOP and other homeless programs. Each resident is provided with support and supervision on how to identify, screen for risk, engage and link individuals who are homeless to needed mental health services. This is an invaluable experience for the residents in training and is one of the few training programs across the country that provides such a training opportunity for residents. Residents spend approximately three (3) to four (4) hours each week in their homeless services placements.

3.3.1.5 Homeless Drop-In Center.

In FY 2008, DMH awarded a contract to Catholic Charities at Hermano Pedro Day Program to increase the number of services available to homeless individuals. The HOP oversees this contract. The Hermano Pedro Day Program is located in Columbia Heights and has been in operation for the past several years.

Hermano Pedro provides referrals for social services, substance abuse services, medical care, medical and financial benefits, food stamps, and to shelters. Like many drop-in programs for the homeless, Hermano Pedro also provides showers, laundry, lunch, snacks, and lockers. During FY 2008, three hundred ninety-seven (397) people were served through this program.

3.3.1.6 Emergency Rounds.

The HOP convenes monthly meetings with the street outreach providers and drop-in center providers, to discuss people who are homeless and deemed to be "at risk." The risk may be a physical health crisis, instability, or high-end user of District services. The HOP staff attend these monthly meetings. Representatives from the Metropolitan Police Department ("MPD") and representatives from the Fire and Emergency Services ("FEMS") Street Call program also participate in these monthly meetings. Any of the meeting participants may propose a person for discussion. The meeting provides a forum for discussing intervention strategies and sharing information about the individual's history. This forum also allows the HOP to provide coaching and consultation to the community network of outreach providers on screening/assessment issues and strategies for working with relevant service delivery systems.

3.3.1.7 Homeless Outreach Crisis Services.

The HOP, including psychiatry residents from Saint Elizabeths Hospital also provide crisis services (both shelter and street) to persons who are homeless that may also have mental illness. These services are available to children, youth, families and adults. The specific services provided by the residents, include, but are not limited to assessment, counseling and linkage to community mental health, primary health care or social service agencies.

3.3.1.8 Shelter Plus Care Program Support.

The HOP assists the District in facilitating supportive housing for people who are homeless and have mental illness through the Shelter Plus Care (S+C) program. The HOP psychiatrist works closely with TCP to review applications for individuals seeking housing in conjunction with receiving mental health services. Those individuals found to have a sufficient mental health diagnosis are certified to receive care. The entire HOP team also has played an instrumental role in helping numerous existing S+C participants (individuals and especially families) re-establish mental health services.

3.3.2. Programs for Children and Youth Who Are Homeless.

3.3.2.1 Shelter-based.

The HOP has a dedicated staff member providing focused outreach to homeless children and youth. This focused outreach primarily requires work with homeless families. The HOP staff member makes regular visits to the homeless shelters and other homeless service providers. The emphasis is engaging, assessing and building a therapeutic relationship with homeless families and their children, in an attempt to refer and link the families and children to needed mental health services.

Activities include:

- Providing field/site-based clinical-community support to homeless children and families in crisis;
- Linking homeless children and families to appropriate mental health and social services;
- Consultation with school personnel; and
- Extensive coordination and collaboration with all agencies and individuals concerned with the outcome of presenting cases in an effort to facilitate expedient intervention and positive outcomes.

3.3.2.2 Family Rounds.

The DMH HOP has instituted a Family Rounds program, to coordinate care for children and family members with mental illness and to provide education and information about mental health resources to providers also working with this population. This program is similar to the Emergency Rounds program described above in section 3.3.1.6 and includes staff from child-serving agencies within the District.

3.3.3 Crisis Emergency Services – Access to Care.[7]

DMH operates or makes available a wide range of crisis emergency mental health services. These services are available to all persons in need of mental health services and are not targeted specifically to those who are homeless and have mental illness.

3.3.3.1 Comprehensive Psychiatric Emergency Program ("CPEP").

CPEP is the District's site-based psychiatric emergency program for adults. CPEP is located on the grounds of D.C. General. CPEP operates twenty-four (24) hours per day/seven (7) days per week providing psychiatric evaluation, treatment and stabilization, and observation for adults (individuals over the age of eighteen (18)) who are experiencing a psychiatric crisis. Services can be accessed by telephone or in person.

3.3.3.2 Childrens National Medical Center ("CNMC")

DMH contracts with CNMC to provide site-based psychiatric emergency care to children and youth (individuals younger than age eighteen (18)). CNMC provides psychiatric evaluation and treatment for children and youth experiencing a psychiatric crisis.

3.3.3.3 Mobile Crisis Teams.

In FY 2009, DMH implemented mobile crisis teams for both adults and children. The adult mobile crisis teams operate through CPEP. The adult mobile crisis teams provide mobile response sixteen (16) hours/day, three hundred sixty-five (365) days/year, from 9:00 a.m. – 1:00 a.m. The teams provide a range of crisis stabilization services onsite – including not only initial visits but also follow-up contacts, dispensing of medications, assessment for voluntary and involuntary hospitalizations and any linkage to other needed services.

The child mobile crisis and stabilization services program ("ChAMPS") is operated by Catholic Charities through a contract with DMH. ChAMPS has a very similar philosophy to the adult mobile crisis services team. The goal is to provide onsite crisis stabilization via rapid response (within 1 hour of call), but also to provide whatever follow-up visits are needed to stabilize the family situation and/or connect the family to needed support services. ChAMPS has staff physically present from 7:30 a.m. to 10:00 pm, and have on-call availability after 10:00 pm for emergencies. ChAMPS also arranges for crisis/respite beds for children and youth in need of such services.

3.3.3.4 Court Urgent Care Clinic.

The Court Urgent Care Clinic ("CUCC") is operated by the Psychiatric Institute of Washington under contract with DMH. The CUCC opened in June 2008. The CUCC identifies and provides immediate services to persons in need of mental health assistance who have been frequently involved with the judicial system and have been resistant to mental health treatment. The overall

[7] The Homeless Outreach Program and the monthly emergency rounds specifically target mentally ill, homeless consumers, who are sometimes in need of crisis services.

goal is to stabilize psychiatric symptoms and re-direct them to avenues of appropriate mental health services. This may include the on-going provision of clinical treatment and aggressive case management services by the CUCC, as needed.

3.3.4 Mental Health Services and Affordable Housing.[8]

3.3.4.1 Division of Integrated Care and Care Management.

In FY 2009, DMH established the Division of Integrated Care to manage services to focus exclusively on individuals receiving inpatient services from Saint Elizabeths Hospital, who are in need of intensive care management to remain in the community. The target population includes: a) consumers who are discharge ready but are reluctant to leave and/or have complex needs; b) consumers who are discharge ready and have been at Saint Elizabeths Hospital for six (6) months or more; and c) consumers who have been admitted to an inpatient setting three (3) or more times in the twelve (12) month period immediately prior to the current hospitalization. The overall goal is to reduce the census at Saint Elizabeths Hospital by avoiding admissions through more intensive community supports and facilitating discharge for the targeted populations.

The Division of Integrated Care will be actively involved in the needed assessment of Saint Elizabeths Hospital consumers who should be referred to community-based ACT teams.[9]

3.3.4.2 Expand ACT Capacity.

DMH has established a goal to expand ACT capacity from the FY 2008 capacity of four hundred forty (440) consumers to eight hundred fifty (850) by the end of FY 2011. Effective November 1, 2008, DMH increased the reimbursement rate for ACT services and has begun recruiting new ACT providers from within the current provider network.

3.3.4.3 My House Project.

The MyHouse Mediation Project was initially funded by the Hilton Foundation as a pilot homelessness prevention program in 2007. The DMH implementation of this project focuses on landlord/tenant mediation to assist DMH consumers who are in danger of losing their homes. These consumers represent approximately twelve percent (12%) of persons housed by DMH.

DMH implemented the MyHouse Mediation Project in 2007. The project provides landlord/tenant mediation exclusively for consumers of mental health services. Services include:

- establishment of a communication link between the landlord and consumer and community support worker;
- analyzing lease/housing issues and making recommendations to consumers and staff about options for resolution;
- offering the mediation project as a resource during the lease period;

[8] The mental health programs described in this section do not specifically target mentally ill, homeless consumers. However, all are focused on maintaining stability for consumers, which includes stable housing and therefore would benefit consumers who are chronically or temporarily homeless and have mental illness.

[9] The planned expansion of the ACT program in FY 2009 is further discussed in section 3.3.4.2.

- conducting mediation sessions with consumers, staff, and significant others, as appropriate; and
- training of landlords/property managers.

In FY 2008, the MyHouse Mediation Project expanded to include two (2) additional services:

- pre-lease mediation to assure that the consumer understands the lease that he or she is signing; and
- focused mediation for consumers living in "hot spots." "Hot spots" are properties with high police presence, crime, and infiltration from non residents who prey upon tenants and sometimes take control of their units.

3.3.4.4 Housing Programs

The DMH Housing Division (the "Housing Division") serves as the single point of entry for mental health consumers to access a range of affordable housing opportunities. The Housing Division is responsible for identifying and developing safe, decent and affordable permanent housing for individuals with a serious mental illness who access local subsidies and federal vouchers through DMH.

3.3.4.4.1 *Subsidy Programs*.

A major function of the Housing Division is providing and managing housing subsidies to consumers who receive mental health services and supports from DMH provider agencies. This includes housing and subsidies for chronically homeless consumers (living on the street, in a shelter or in unsafe/substandard/unsanitary living conditions, rent burden, or faced with an emergency, such as eviction or forced relocation due to fire or other unsafe or substandard condition). There are two DMH subsidy programs, the bridge subsidy program and the local rent subsidy program.

3.3.4.4.2 *Other Housing Programs*.

As part of the District's plan to house individuals who are chronically homeless, DMH committed resources to a number of housing programs. Those programs include:

- Supported Independent Living;
- Transitional Housing; and
- Contracted Community Residential Facilities also known as CRFs.

3.3.4.4.3 *Housing Emergency Funds*.

The Housing Division provides housing emergency funds to consumers in need of assistance as a result of a housing emergency. The Housing Division meets the needs of consumers with a wide range of presenting issues including homeless (street and shelter), leaving Saint Elizabeths Hospital and other institutional settings (jail, nursing homes, other hospitals), crisis beds, CRFs, persons diagnosed with HIV/AIDS, substance abuse, medical conditions that present significant challenges to residing in the community, living in unsafe/substandard/unsanitary living conditions, rent burden, and emergency conditions (eviction, fire, no heat/air, hot water).

3.3.4.4.4 *Development of Affordable Housing Units.*

In addition, the Housing Division oversees and participates with the Department of Housing and Community Development ("DHCD") to manage fourteen million dollars ($14,000,000.00) in capital funds that has been appropriated to support the development of three hundred (300) new affordable housing units for individuals with a mental illness. DMH anticipates that twenty percent (20%) of the three hundred (300) new affordable housing units developed by DHCD in 2008 and 2009 (a total of sixty (60)) will be used by chronically homeless individuals with a mental illness.[10]

3.3.4.5 N Street Village.

Since FY 06, DMH has provided grant funds to the Recovery House at N Street Village ("N Street Village"). N Street Village provides assistance to homeless women of the District of Columbia who are mentally ill and have a co-occurring disorder of substance abuse. Women are referred directly to N Street Village from a medical detoxification unit, homeless outreach teams, from the street, and/or other shelter. N Street Village offers a three (3) phase program. Phase I (Sarah House) is for direct entry from detox, shelter, jail or street for women with mental illness and substance abuse (12 beds). Phase II (Tubman House) is for women who have completed Phase I and are sober for more than ninety (90) days (9 beds). Phase III is Transitional Housing a residential program for individuals who complete Phase II (20 beds). Phase III is a more independent level of the program where the women can have choice, self-determination, empowerment, independent living skills, and social skills development under the support of N Street Village staff. Women can remain in this program up to two (2) years. N Street Village provides case management services, socialization and leisure activities, life skills training, twelve (12) step program, housing, rehabilitative services and facilitates employment for all phases.

3.3.4.6 Housing First Services.

In 2004, DMH contracted with Pathways to Housing DC ("Pathways") through its mental health rehabilitation services program. Pathways works with individuals who have been turned away from other programs because of active substance use/abuse, refusal to participate in psychiatric treatment, histories of violence or incarceration, or other behavioral problems.

Pathways' admission requirements are minimal. To be eligible, consumers must be homeless, have a psychiatric disability, and elect to participate in the program. After settling into new apartments, consumers are offered a wide range of support and clinical services that include psychiatric and substance abuse treatment, comprehensive health care, supported employment services, art and photography workshops, and family reconnection. Pathways separates housing from treatment. It treats homelessness by providing people with individual apartments, and then treats mental illness with intensive and individualized programs that seek out and actively work with consumers as long as there is a need, in order to address their emotional, psychiatric, medical, and human needs, on a twenty-four-hour, seven-day-a-week basis.

[10] As of November 20, 2008, there were 182 units under development with expected availability beginning April 2009.

Pathways is certified by the District to provide assertive community treatment ("ACT") services. Pathways currently operates two (2) ACT teams in the District and provides services to over one hundred (100) persons[11] who are chronically homeless.

3.4 **Organizational Development and Training**.

DMH makes training and education available to consumers and staff serving the mental health community. Some of the training and educational programs available are described in this section.

3.4.1 Ida Mae Campbell Consumer Wellness Center.

In FY 2008, DMH awarded the Ida Mae Campbell Foundation a $1.2 million dollar contract over five years to open and operate a community based wellness and resource center for mental health advocacy, work skills training and leadership development. The Ida Mae Campbell Wellness and Resource Center is being run by consumers, called Peer Specialists, and is open to all individuals who want to participate in peer-supported activities regardless of participation in psychiatric treatment or involvement with traditional case management. The Ida Mae Campbell Consumer Wellness Center is part of the array of publicly funded mental health services available in the District and not specifically targeted to the consumers who are homeless.

3.4.2 SSDI Training for Homeless and Mental Health Providers.

Many adults who are homeless, particularly those who are chronically homeless and have mental illness and/or other disabilities, do not receive Social Security Administration ("SSA") benefits. The DC SSI/SSDI Outreach, Access and Recovery Services ("DC SOARS") Project attempts to facilitate the acquisition of benefits for these individuals. The DC SOARS Project began in FY 2007 and is overseen by the DMH Homeless Services Coordinator. A four (4) day train-the-trainer model was implemented followed by a District-wide two (2) day planning meeting. Training for approximately twenty-five (25) providers was held in FY 2007. Based on follow-up telephone contact to providers, the training was viewed as helpful in filing an increased number of disability applications for individuals who are homeless and disabled.

Additional trainings will be offered in FY 2009 to facilitate access to benefits for individuals who are homeless and are often unable to complete the application process on their own. DMH will gather data on the number of applications submitted by the individuals receiving this training and the number of applications approved.

3.4.3 Training and Education for Homeless and Mental Health Providers.

The HOP provides a variety of training for publicly funded shelter, transitional housing and permanent housing providers, hypothermia providers, and street outreach workers on working with consumers who are homeless and also have mental illness. Training is also available for other District agencies on working with consumers who are homeless and also have mental illness.

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[11] DMH anticipates that Pathways will expand its services as part of the overall expansion of ACT services within the District. See section 3.3.4.2 for a further discussion about the expansion of ACT.

4. Summary and Future Commitment.

DMH is committed to providing a range of services to homeless individuals and families as they struggle to end homelessness. This includes offering assertive community services that can provide outreach, engagement and linkage to mainstream services. These services are organized to help individuals and families who are homeless to access necessary services and housing as a way to end their homelessness. DMH does not have a cap in the number of persons who are homeless and mentally ill who can be served. During FY 2009, DMH plans to expand ACT services, which will be available to persons who are homeless and mentally ill if they require that level of care, in addition to the services currently offered by existing ACT programs and Pathways. All of its CSAs and specialty services (including ACT) serve individuals who are homeless and mentally ill.[12]

In FY 2008, the HOP provided services to one thousand five hundred thirty-six (1,536) individuals (this includes homeless and formerly homeless individuals (adults and children) as well as people living in family units).

According to TCP, there were six thousand forty-four (6,044) total individuals identified as literally homeless within the District's Continuum of Care.[13] An additional three thousand six (3,006) individuals were identified as formerly homeless and living in permanent supportive housing. There were five hundred eighty-seven (587) families identified as literally homeless, which included six hundred eighty-seven (687) adults and one thousand one hundred forty-nine (1,149) children. Most of the families were headed by a single female.

According to TCP, of the individuals identified as literally homeless, the following had a serious and persistent mental illness:

- Two thousand nine hundred seven (2907) single adults living in shelters - 18.9% or five hundred forty-nine (549) consumers also had a serious and persistent mental illness
- Two hundred one (201) adults living in family shelters – 3.5% or seven (7) consumers also has a serious and persistent mental illness
- Three hundred seventy-eight (378) adults living without shelter – 43.1% or one hundred sixty three (163) consumers also had a serious and persistent mental illness.[14]

DMH, in conjunction with the other District providers of homeless services continually assesses the effectiveness of the program mix and reserves the right to alter the array of services offered as needed to address budgetary constraints or changes in demand.

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[12] During FY 2009, DMH will begin planning for its system redesign, which will focus on increased service access for all persons with mental illness, including those who are homeless. DMH providers and homeless advocates have identified the need to reimburse providers for outreach services as essential in increasing access to mental health services for persons who are homeless. DMH intends to address the need for reimbursement for outreach services during the system redesign process.

[13] These are individuals counted by TCP during its annual point-in-time enumeration of the homeless. It includes only those individuals served by TCP contracted agencies and may not accurately reflect the total number of people who were homeless in the District in 2008. *See http://community-partnership.org/cp_dr-Fastf.php.*

[14] Data regarding street-bound consumers with a serious and persistent mental illness was not available. Data regarding children with a serious emotional disturbance was also not available.