

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH**



November 4, 2003

The Honorable Sandy Allen
Chair, Committee on Human Services
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, N.W.
Suite 408
Washington, D.C. 20004

Dear Chairperson Allen:

Per your request, I have enclosed my testimony to be delivered at tomorrow's Public Roundtable of the Committee on Human Services on "The District of Columbia's 2003-2004 Homeless Services Hypothermia Plan."

I would be happy to answer any questions you may have about my testimony. I can be reached at 673-2200.

Sincerely,

Martha B. Knisley
Director

Enclosure

TESTIMONY OF
MARTHA B. KNISLEY, DIRECTOR
D.C. DEPARTMENT OF
MENTAL HEALTH

AT A PUBLIC ROUNDTABLE OF THE
COMMITTEE ON HUMAN SERVICES

COUNCILMEMBER SANDRA (SANDY)
ALLEN
CHAIRPERSON

ON
“THE DISTRICT OF COLUMBIA 2003-
2004 HOMELESSNESS SERVICES
HYPOTHERMIA PLAN”

WEDNESDAY, NOVEMBER 5, 2003 AT 10 A.M.
COUNCIL CHAMBER
JOHN A. WILSON BUILDING
1350 PENNSYLVANIA AVE., N.W.

TESTIMONY OF MARTHA B. KNISLEY, DIRECTOR
D.C. DEPARTMENT OF MENTAL HEALTH
AT A PUBLIC ROUNDTABLE OF THE COMMITTEE ON HUMAN
SERVICES
COUNCILMEMBER SANDRA (SANDY) ALLEN, CHAIRPERSON
ON "THE DISTRICT OF COLUMBIA 2003-2004 HOMELESSNESS
SERVICES HYPOTHERMIA PLAN"
WEDNESDAY, NOVEMBER 5, 2003 AT 10 A.M.

Introduction

- Good morning, Councilmember Allen, members of the Committee on Human Services and members of the Council. I am Martha B. Knisley, Director of the D.C. Department of Mental Health, and I appreciate the opportunity to testify today about the progress being made by our Department in providing services to people who are homeless.
- During FY 2003, we continued to expand our outreach efforts among street-bound adults. We focus on meeting people where they are, which recognizes that each person who is homeless is facing a multitude of challenges everyday. Before we can link that person to ongoing mental health services, first we must form a trusting relationship, which ultimately will lead to enrollment with a Core Service Agency. Certainly, we want to help each street-bound homeless person achieve his or her individual level of recovery.
- We are working on different fronts to achieve this outcome, including training. The DMH Training Institute, for certified providers and others interested in certification, is addressing the cultural competence issues related to homelessness during its fall 2003 session.
- DMH now has a track record of service delivery that is our foundation for future growth.

Sobering Station

- Last winter, for the first time, the Department's Community Services Agency and the Department of Health Addiction

Prevention and Recovery Administration, operated a Sobering Station during hypothermia season. The Court Monitor praised this initiative in his July report, noting that it is an initiative for street-bound people with co-occurring disorders, which is an “exceedingly high-risk population.”

- The Sobering Station served 243 individuals while providing 965 bed nights. The average attendance was nine guests per night. Originally, we intended to operate the Sobering Station on declared hypothermia nights; however, the severity of the winter dictated that we keep this life-saving facility open every night.
- Guests were provided food, showers and a safe, warm environment for the night. They also were offered enrollment/renewed engagement at Core Service Agencies. Approximately 20 people entered detox from the Sobering Station.
- I would like to point out that of those 243 people, 55 stayed at the Sobering Station more than one night and 15 stayed there consistently. These numbers let us know we are on the right track to reach street-bound homeless people. Additionally, these repeat visits indicate that we are on the right track to achieving the trust necessary to take the next steps to linkage to mental health and substance abuse services.
- We will reopen the Sobering Station this hypothermia season with the following amenities:
 - Food and beverages.
 - Showers.
 - Clean linens.
 - Toiletries.
 - Health screening and medical evaluation.

Assertive Community Treatment

- I am happy to report the substantial progress made by the Department of Mental Health to assist the recovery of people

who are homeless and have mental health needs. As we enter the hypothermia season, I would like to point out that homelessness coupled with mental illness occurs year-round.

- The experiences of one person we work with who has been street-bound for a number of years illustrate the Court Monitor's definition of being part of this exceedingly high-risk population. His account exemplifies the promise of the Mental Health Rehabilitation Services system, specifically the service known as Assertive Community Treatment.
- He is in his 40s, with multiple physical disabilities, bi-polar disorder, seizure disorder and alcohol dependence. He has been one of the heaviest users of District emergency medical and police services, including those of the DMH Comprehensive Psychiatric Emergency Program.
- Today, he is enrolled with the DMH Community Services Agency, receiving ACT services, which include bringing his medication to him, rather than requiring him to come to us. His ACT Team arranged a hotel room for him until appropriate, longer-term housing could be identified.
- Assertive Community Treatment is an intensive, integrated rehabilitative, crisis, treatment and mental health community support provided by an interdisciplinary team, 24 hours a day, seven days a week. For the first time, we have the tools to begin providing useful services to people who are homeless.
- We are not naïve enough to believe all the hurdles to recovery have been leaped; but for the first time, we have evidence that recovery is possible.

CPEP and Homeless Outreach Program

- The Department of Mental Health assists people who are homeless, as well as the organizations that provide services, throughout the year.
- The Mobile Crisis Services located at CPEP (Comprehensive Psychiatric Emergency Program) and Homeless Outreach

Program provide crisis assessments and service linkages in the community, working closely with the Access HelpLine and DMH-certified Core Service Agencies to link consumers to services and provide appropriate emergent care.

- Overall, DMH and our certified providers approximately 38,000 service contacts during FY 2003 with people who are homeless.
- More intensive service is delivered by the DMH Comprehensive Emergency Psychiatric Program (CPEP). The attached charts show the monthly levels of service provided to people who are homeless by CPEP in FY 2003.
- In FY 2003, CPEP provided mobile outreach services to 83 homeless people. CPEP also provided on-site services to 255 people who are homeless in FY03.
- During hypothermia season, our staff takes special care to frequently visit vulnerable street-bound people to track their progress and needs. In addition, they provide on-going services such as travel assistance to people stranded in the District who want to return home or reunite with family in other parts of the country.
- The DMH CSA Homeless Outreach Program is a services-linkage and crisis team consisting of five staff: a psychiatrist, registered nurse, Licensed Professional Counselor, Licensed Social Worker, and a Mental Health Specialist. This team serves adults only at this time. Plans to expand to provide services to children are underway.
- I will cite our activities of the last year that illustrate the direct and indirect services provided to people who are homeless with a mental illness:
 - Supervised seven psychiatric residents, providing mental health services in shelters, outreach agencies, and soup

kitchens. Each resident serves approximately three to four individuals each week.

- Began outreach services to family shelter (Park Road Family Shelter/Coalition for the Homeless) in Mid-September. Nine individuals/families have been seen so far.
- Visited more than a dozen individual homeless programs weekly to identify homeless individuals in mental health crisis or in need of services.
- Weekly three-hour shelter visits to work with staff and consumers of two different shelters. Altogether, DMH is providing psychiatric services to people at nine shelters currently and will add regular visits to hypothermia shelters later in the evenings during this hypothermia season.
- These shelters include Meridian Hill, Sacred Heart, the Unity Church, New York Avenue, the Franklin School, Father McKenna Center and others that will open during hypothermia season.
- Services continue to be provided at La Casa (a fourth-year psychiatric resident is assigned here), Downtown Services Center, N Street Village, First Helping, Miriam's Kitchen, Emory Shelter, Gale School and Neighbors Consejo.
- Working closely with Unity Healthcare to identify consumers in need of services and plans to link them appropriately by providing medications, referrals for hospitalization or crisis beds.
- Participated actively in three different homeless coalitions to provide information on DMH services and network with homeless providers.
- Participated in monthly case conferences to coordinate services for specific homeless individuals.
- Designed and began implementing multi-agency outreach during inclement weather to target street-bound individuals.
- Provided sandwiches, drinks, blankets to street-bound homeless individuals several times per week.
- Participated weekly on the Ward 2 Neighborhood Services Core Team.

- Provided three trainings for homeless service providers on working with individuals who are homeless and mentally ill.
 - Assisted with design of a curriculum for homeless service providers to improve their skill and knowledge to provide a range of services to individuals who are homeless and mentally ill.
 - Participated in Dual Diagnosis Work Groups designed to build skills in working with individuals who are homeless and dually diagnosed.
 - Completed and was approved for PATH funding of \$300,000 from Center for Mental Health Services/SAHMSA for the DMH Drop-In Center.
- Services offered by the homeless outreach program during hypothermia season include:
 - Multi-agency outreach prior to inclement weather and during inclement weather, in cooperation with our other private and public sector outreach partners – Salvation Army, First Helping, Friendship Place, Downtown BID, the United Planning Organization and others. This strategy was also employed in September prior to Hurricane Isabel.
 - Extended outreach to hypothermia shelters/late evening coverage especially during particularly cold weather.
 - Blanket and food distribution.
 - Participation in service coordination with St. Elizabeths Hospital and outreach agencies. This coordination is structured and occurs on a regular basis.
 - Participation in weekly hypothermia conference calls with other hypothermia private and public sector partners
 - To help the Metropolitan Police Department, we created a fold-over business card that includes the Shelter Hotline Number and also details the information needed to decide whether to seek emergency psychiatric care for individuals. Many of the individuals impacted by these services are homeless.

- The community in many different settings has warmly received this card, which has been distributed at the MPD training center, Neighborhood Services Core Team training, Community Court, US Attorneys' Office Outreach Services, Capitol Police training and MPD training for youth services.
- Whenever this card is presented, it is stressed that those who do not need emergency evaluation are often in need of shelter. The Shelter Hotline Number is highlighted on the back of the card.

Homeless Empowerment Mentoring Program

- Through our new initiative, the Homeless Empowerment Mentoring Program we want to identify two to three Core Service Agencies to work with approximately 10-15 consumers each who are chronically homeless and mentally ill.
- Staff from each CSA will work in close collaboration with the Homeless Outreach Program and other homeless providers to engage consumers in the community, and identify resources and services, with the goal of assisting the consumer in moving into stable, safe housing. Because of the challenges of connecting with and providing services on the street, CSA staff will work in a mentoring relationship with Homeless Outreach Program staff.
- CSAs will be expected to work on housing as a priority service, working closely with the DMH housing office. Agencies also will work to engage consumers utilizing non-traditional methods such as buying coffee, candy bars, hot dogs.
- Immediate, temporary shelter will be available through the DMH housing office.
- CSAs will be expected to:
 - Provide services on the street, in shelters, or wherever the individual can be found.
 - Spend time engaging individuals.

- Develop a housing plan including both immediate and permanent housing.
 - Participate in case conferences in the field involving multiple agencies.
 - Provide support to homeless programs in working with identified consumers.
 - Immediately participate in crisis planning for consumers by coming to CPEP, St. Elizabeths, or other hospital emergency rooms.
 - Provide daily visits to St. Elizabeths, bringing items to the consumer in order to bolster the relationship, as appropriate.
 - Participate in regular conferences involving all providers (St. Elizabeths, community, family and consumer).
- A Request for Proposal has been let for this program and Green Door has applied. The decision on their application will be made this week.
 - These CSAs must assure that mental health services are fully integrated with other the service systems with which the consumer interacts; and the CSAs are to assure access, promote continuity, prevent unnecessary institutional reliance, and avoid cost shifting.
 - DMH is responsible for these outcomes at the system-wide level.

Housing First Assertive Community Treatment

- The Department of Mental Health has long realized that we need services that will help homeless individuals move directly from being chronically homeless to having housing.
- We have boldly stated that we want to end homelessness for persons who are considered chronically homeless, and we do not underestimate this goal. This year we will begin the long process to make this happen in the District for persons who have a mental illness and co-occurring disorder.

- To bolster our efforts to reach individuals who have co-occurring disorders and homeless, we are engaging Pathways to Housing, a nationally recognized outreach agency in New York City, to assist DMH in expanding our capacity to engage consumers and help them access supported housing.
- We will use local funds as start-up as Pathways comes to DC. This cost will be gradually transitioned to MHRS-funded services, and, where possible, federal Medicaid funds will be used.
- Based on Pathways' experience in New York we expect that 25 percent of the cost of each team can be covered by Medicaid during the first year of operation. Thereafter, approximately 50 percent of the cost can be recovered.
- Each year, Pathways will serve about 65-70 new consumers, providing them first with housing, and then all the wrap-around services needed to support consumers in their new homes. These services will include, but not be limited to:
 - Medical services.
 - Employment services.
 - Life skills.
 - Applying for benefits.
 - Substance abuse services.
- DMH is working very closely with the Community Partnership, Unity Health Care, APRA and the DC Housing Authority to make sure that, whenever possible, federal funds or programming are used to provide housing subsidies and health care.
- DMH also will work closely with our partners to pursue federal housing subsidies for this important project.

Emphasis on Housing

- Another major achievement is creating new housing opportunities by taking advantage of grants and partnering with other District government agencies.
- Again, the MHRS system is the catalyst for helping with recovery as a result of having one's own housing. We know that the pace and progress of recovery are enhanced once an individual is in his or her own home, not a group home.
- Supported housing is provided to people who are homeless and mentally ill through a variety of DMH and HUD rental assistance programs. In FY 2003, approximately 43 of the consumers of mental health services who received this assistance were homeless.
- DMH rental assistance covers the portion of the rent up to the HUD Fair Market Rent in excess of 30 percent of the consumer's income. This allows the remaining portion of the consumer's income to be used for living expenses. Emergency flexible funds for emergency housing, eviction prevention and utility payments also are available through this program.
- Permanent affordable housing is a key to ending homelessness.
- Today in the District the average cost of a market rate one-bedroom apartment requires almost twice the amount of a person's SSI check. That means higher costs to the District to support consumers' housing. That means staff spend more time searching for ways to help consumers make ends meet. That means the consumer has less money for the consumer to meet life's other daily needs, such as food, clothing and transportation. That means the consumer needs more social services income to live.
- In fact, the District is the fastest growing US jurisdiction in terms of "unaffordability" for a person with a disability. Therefore, it is imperative that we are committed to increasing our efforts to

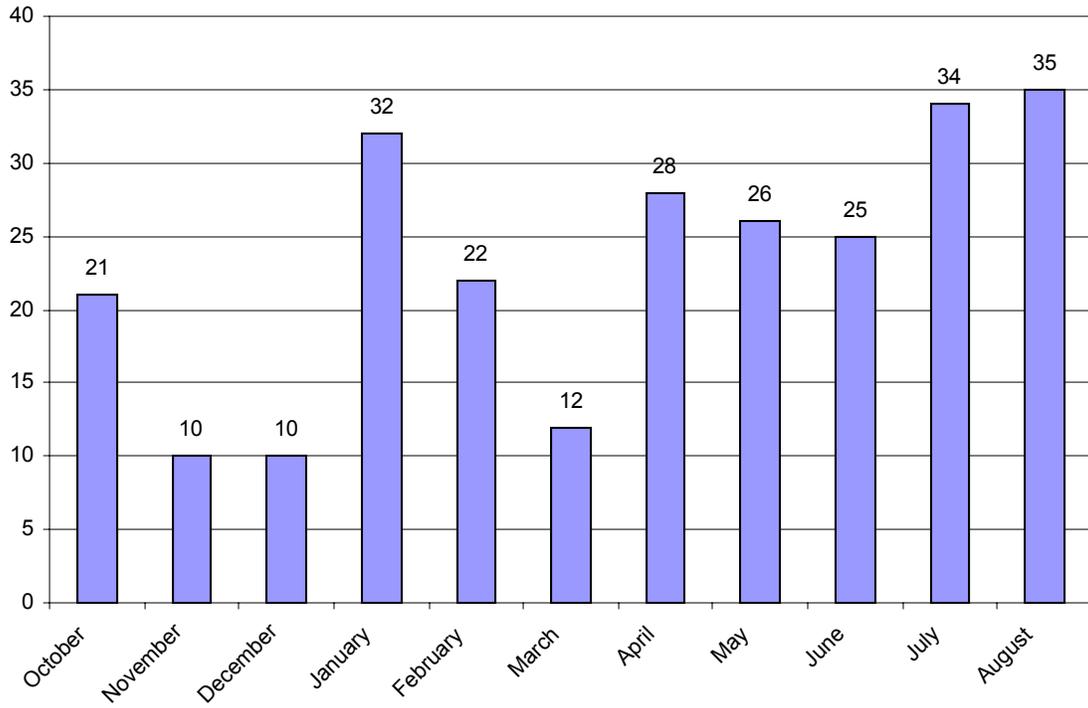
develop affordable housing secure favorable financing and subsidies wherever possible for DMH consumers through the DMH capital funds.

- I would personally like to thank the Council for its support for these efforts.
- Last year 141 units of housing were developed with these funds through the Department's partnership with Cornerstone, a private non-profit intermediary. The Department's goal this year is to develop at least 150 new housing units.
- Another goal is to increase the amount and type of leveraging of DMH funds to rely on available housing grant funds as opposed to financing to ultimately reduce rental costs to a level that consumers can afford. We have developed a uniform application for obtaining District and federal housing funds. We also have developed a collaborative process to review our current housing plan. A Housing Advisory Committee, comprised of a cross-section of stakeholders, including housing advocates, participates in reviewing and updating the DMH housing plan.
- DMH and Cornerstone have assisted five organizations with eight properties in obtaining a total of 78 project-based housing vouchers from the DC Housing Authority. The new housing sites are scheduled to begin coming online in December 2003. This new housing will be available to persons who are homeless.
- We are in the process of developing a uniform application for obtaining District and federal housing funds. We also are developing a collaborative process to review our current housing plan.
- We are supporting a \$500,000 HUD Supported Housing Program grant awarded to Green Door for two six-bed houses for people who are homeless and mentally ill. The Department

is providing \$150,000 in DMH capital funding and in-kind services to match the award.

- The following sites have been made available to DMH for housing for people who are homeless: 3401 13th Street, SE (22 units), 831 46th Street, NE (4 units), 4908 Jay Street, NE (4 units), 4319 Kane Street, NE (vacant lot/ 2 units).
- We estimate that renovation/construction costs will be approximately \$2.4 million to make these sites habitable. The Department expects renovation/construction on the smaller units to be completed by late FY 2004 and all units will be available in early FY 2005. Approximately, 32 persons who have a mental illness and are homeless will be housed at these four sites set-aside by District government.
- In conclusion, I would like to say that we have much work to do to improve the lives of people who are homeless and mentally ill; however, we have created the infrastructure in which to achieve that goal.
- Thank you, again, for this opportunity to testify. I am happy to answer your questions.

Homeless Seen at CPEP FY '03



CPEP Mobile Outreach to Homeless FY '03

