

The Continuum of Care



CHAPTER

THE CONTINUUM OF CARE

BY ANN O'HARA

During the past several years, the federal government has developed a comprehensive, coordinated and flexible approach to assist affordable housing, community development, and homelessness activities at the state and local levels. Through the U.S. Department of Housing and Urban Development's (HUD) Consolidated Plan process, local and state officials can identify and prioritize needs and resources, and develop strategies and action plans for the investment of federal housing and community development funds. Building from the Consolidated Plan, states and communities are also implementing HUD's Continuum of Care approach to alleviate homelessness - an approach that fosters a community-based and comprehensive response to meeting the different and frequently complex needs of homeless people. A Safe Haven can be an important element in a community's Continuum of Care.

The Continuum of Care approach arose from evidence that previous homeless assistance efforts had produced a patchwork of homeless assistance projects and programs that often had little or no relationship to one another. The lack of a systematic approach left significant gaps in homeless services, despite the best intentions of dedicated advocates and providers. In many communities, the special needs of some homeless subpopulation groups were often unmet or only partially addressed.



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THE SAFE HAVEN AND THE CONTINUUM OF CARE SYSTEM

This situation certainly applied to homeless persons with a mental illness or co-occurring substance use disorder. Often the most visible, yet the hardest to reach homeless population, the opportunities for these individuals to move beyond homelessness are reduced by the very nature of their disability, which disrupts their judgment, motivation, and social skills. Because of their complex needs and frequent resistance to both mental health and/or homeless services, a comprehensive and flexible array of specialized services and supports must be readily available to assist them.

The Continuum of Care approach has given states and localities a framework and resources to address the complex needs of homeless people with a mental illness or a co-occurring disorder, as well as other priority needs. The Continuum of Care approach helps communities plan for and provide a balance of emergency, transitional, and permanent housing and service resources. McKinney funding and other resources can then be targeted to develop new housing and service options that must be available within a seamless and comprehensive system to alleviate homelessness.

The lack of systematic approach left significant gaps in homeless service, despite the best intentions of dedicated advocates and providers.

Safe Havens were authorized by Congress to fill a critical gap identified within the Continuum of Care system for homeless people with a mental illness or co-occurring disorder. The Federal Task Force on Homelessness and Severe Mental Illness, which was convened by the Interagency Council on the Homeless, proposed the concept of a Safe Haven in its report

Outcasts on Main Street published in 1992. *Outcasts on Main Street* documented what many homeless advocates and service providers knew from experience – that the unique needs of many homeless people with mental illness living on the streets frequently couldn't be addressed by the outreach and emergency shelter programs

that serve the general homeless population. The Task Force proposed a national strategy and specific action steps designed to end homelessness among people with mental illness, including Safe Havens.

In 1994, HUD's Supportive Housing Program (SHP) was expanded to include the development and operation of Safe Havens targeted exclusively to the most difficult to reach people who are homeless and who have a mental illness. Safe Havens serve as a portal of entry to the homeless and mental health service systems. They offer an array of basic services and supports and access to more traditional housing and service options.

THE CONTINUUM OF CARE FOR HOMELESS PEOPLE WITH MENTAL ILLNESS INCLUDES:

- Assertive outreach, engagement and assessment activities to establish trust and to assist in meeting basic human survival needs;
- Immediate access to a low-demand and safe alternative to the streets and access to an integrated system of services and supports;
- Transitional housing with appropriate supportive services;
- Permanent supportive housing.

OUTCASTS ON MAIN STREET

“Safe Havens can accommodate homeless mentally ill persons coming from shelters or emergency rooms (when hospitalization is not required) as well as those coming directly from the street. They offer a relatively stable and secure environment for people not yet willing to participate in more mainstream housing options -- both temporary and permanent -- for homeless individuals.”

DEFINING AND PRIORITIZING THE NEED FOR A SAFE HAVEN

As new and potential Safe Haven projects are considered across the country, the purpose of the Safe Haven within the Continuum of Care system must be clearly defined and understood. The mission of a Safe Haven is to serve hard-to-reach homeless persons with severe mental illness who are on the streets and have been unwilling or unable to participate in supportive services. This Safe Haven mission statement clearly defines what Congress intended the Safe Haven target population to be. It is not a program for homeless people who can be easily engaged in mental health services and who are ready for residential settings, such as group homes, permanent supportive housing, or independent living. It is not a hospital diversion program, nor is it a hospital discharge program for persons at-risk of homelessness. And, although the length of stay is not defined, it is not permanent housing.

A community needs to consider several other factors when determining the relative priority for a Safe Haven:

- Because it is transitional in nature, a Safe Haven will serve more individuals over the course of a year than its capacity at any point in time.
- Some people who are homeless and who have a mental illness may continue to be resistant to any services after a Safe Haven is made available to them.
- In order to maximize the use of a Safe Haven within the Continuum of Care system, “next step” programs are needed for Safe Haven participants ready to move to transitional or permanent supportive housing.

The Continuum of Care process can assess and quantify a community’s need for a Safe Haven through a variety of sources. The homeless component of the local government’s Consolidated Plan should contain an estimate of the number of homeless persons with a mental illness, as well as information on the

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number of persons living in places not designed for human habitation. Using these estimates as a basis, more specific needs data can be obtained from a street census conducted by outreach workers, from hospital emergency room staff, from detox and substance abuse service facilities, emergency shelters, homeless drop-in centers, and other programs serving homeless persons who have a mental illness.

PRECONDITIONS FOR DEVELOPING SAFE HAVENS WITHIN THE CONTINUUM OF CARE

The available literature as well as interviews with Safe Haven sponsors point to a number of factors that are key to developing successful Safe Havens within the Continuum of Care system. Ideally, Safe Haven projects should:

- Be developed in communities where there are sufficient numbers of hard-to-reach homeless individuals with mental illness to ensure a high ranking with the Continuum of Care process. By design, Safe Haven projects should periodically accommodate new residents and assist current residents to move on to more permanent housing. This design means a significant number of potential program participants should be identified as needing the services of a Safe Haven.
- Have a clear strategy for leveraging resources that can be used in combination with SHP funding for Safe Haven’s development, operations, and supportive services.

- Have a sponsor who brings expertise and experience with homeless people with a mental illness and a strong track record in the community. These factors become critical when seeking political and community support and when siting the program.
- Seek some political and community support for the project when developing the project concept, which can later be leveraged into broader support as the project proceeds into development.
- Include formerly homeless peer counselors who can overcome barriers to outreach and engagement that often prevent homeless people with a mental illness from taking the initial step toward services and treatment.
- Encourage the empowerment of Safe Haven’s residents by giving them an opportunity to participate in the operation of the facility.
- Have a readily available network of “next step” transitional and permanent housing options within the Continuum of Care system.

IT IS UNLIKELY THAT ANY SAFE HAVEN WILL HAVE ALL OF THE ABOVE IN PLACE. HOWEVER, FOUR BASIC ELEMENTS ARE ESSENTIAL:

1. Knowledge and understanding of the needs of the target population and how they are, or are not, currently being met within the Continuum of Care system.
2. An experienced sponsor with a good track record who can “sell” the project and operate it effectively.
3. Linkage with the public mental health system or community-based mental health service providers.
4. Realistic strategies for leveraging the housing and service resources needed by Safe Haven residents, particularly “next step” resources for mental health and supportive housing.

WHAT IS THE SAFE HAVEN PROGRAM ACTUALLY LIKE?

Safe Havens are designed with consideration to the specialized needs of individuals with a mental illness, who have been living on the streets or who occasionally use emergency shelters. A Safe Haven provides a highly supportive environment where an individual can rest, feel safe, and where there are no immediate service demands.

Safe Havens are small (limited to 25 overnight residents), readily accessible (open 24 hours a day, seven days a week) and low demand (residents are not required to participate in treatment programs). There are no time limits for Safe Havens, although the goal is to assist residents to move on to other transitional or permanent supportive housing. This non-intrusive, low-demand environment can help homeless people with a mental illness re-establish trust and to eventually re-engage in needed treatment and services.

Safe Haven facilities are designed with these goals in mind, by offering either private or semi-private accommodations along with common use of kitchen facilities, dining rooms and bathrooms. In addition to residential facilities, the Safe Haven may also provide assertive outreach and other supportive services, such as food, clothing, bathroom and laundry facilities, health and mental health care, to eligible persons who are not residents on a drop-in basis.

WHAT LINKAGES HELP A SAFE HAVEN FIT INTO THE CONTINUUM OF CARE SYSTEM?

To fulfill its purpose as a portal of entry within the Continuum of Care system, the Safe Haven must be linked to *all* other components of the Continuum of Care system that are needed by homeless people with a mental illness. The flexibility of the program permits many of these services (i.e. assertive street outreach services, drop-in centers, emergency residential services, health, mental health, and substance abuse services) to be funded through HUD’s Supportive Housing Program. However, to avoid unnecessary overlap and duplication of effort, Safe Havens must develop link-

ages whenever possible with other Continuum of Care programs, such as the Supportive Housing Program, the Shelter Plus Care Program and HUD's Section 8 Program.

Because of their unique role as the system's entry point, Safe Havens must be maximized for their intended purpose. Therefore, the "essential" next step resources of transitional, permanent supportive housing, and independent living that are appropriate for people with mental illness, must be identified and readily available to Safe Haven residents. Once a Safe Haven is open, movement within the system becomes essential for both the homeless individual with a mental illness who is living on the streets and who needs the services of a Safe Haven, and for current Safe Haven residents who are ready to take the next steps toward community re-integration.

LINKING WITH OUTREACH REFERRAL NETWORKS AND STRATEGIES FOR SAFE HAVENS

Targeted outreach and engagement activities, which can be funded as SHP supportive services, are critical components of the Safe Haven. Safe Havens may have their own outreach staff and/or may rely on referrals from existing programs in their community, including the McKinney-funded Projects for Assistance and Transition from Homeless (PATH) program. Along with outreach activities, it is also important to educate the police and people working at local shelters, meal programs and hospitals about the availability of the Safe Haven and the process for making referrals.

The basic services and supports provided by Safe Haven drop-in centers are integral components to outreach and engagement strategies. By offering the essentials of life such as food, clothing, laundry, storage and basic health care, drop-in centers become "portals of entry" to the program by establishing a point of contact from which trust can build. When based at the drop-in center, outreach staff can remain in contact with homeless persons as they make their transition from the streets to the residential component of the Safe Haven.

Although many Safe Havens have co-located a drop-in center exclusively for people with a mental illness

on-site, other innovative outreach and referral strategies can be developed in conjunction with the Safe Haven residential program. For example, successful outreach/referral and drop-in center programs already operating within the Continuum of Care system might be augmented to accommodate the specific needs of people with a mental illness, thus avoiding duplication of capacity. The Safe Havens project in Columbus, Ohio, is now pursuing this strategy after having difficulty siting a new facility that includes both a drop-in center as well as supportive housing at a single site.

LINKING WITH PUBLIC MENTAL HEALTH SYSTEM RESOURCES

One of Safe Haven's long-term goals is to give every Safe Haven resident better access to the mainstream network of community-based mental health services. Making this transition is essential if the resources of the Safe Haven are to be maintained for their transitional purpose. Ideally the community mental health system is involved in the initial planning and development of the Safe Haven so that linkage to mainstream mental health system resources can be addressed during project development.

In Houston, the Safe Haven was conceptualized and sponsored by the mental health system to address the needs of a specific population of their consumers who cycled repeatedly from the streets to jails and shelters. The Harris County, Texas, Mental Health/Mental Retardation Authority acts as the single point of accountability for all mental health consumers in the area, and has developed a number of successful programs serving homeless and formerly homeless consumers. The agency's commitment to this population will facilitate access to mainstream mental health programs when Safe Haven residents are ready. Next step transitional and permanent housing resources will also be available through McKinney-funded SHP and Shelter Plus Care Program and through state supportive housing resources controlled by the Harris County Authority.

Some sponsors have succeeded in identifying sufficient mental health service resources within the Continuum of Care to begin developing a Safe Haven without support or funding from the agency that controls the purse strings. These Safe Havens may confront problems later when trying to transition program participants into mainstream mental health housing and

supportive service programs. The lack of public support from county or local mental health authorities could make it difficult to leverage the political and community support needed during the siting process. Safe Havens initiated without the initial support of the public mental health funding system may also have difficulty leveraging commitments of this funding “after the fact.”

Interviews with a number of Safe Haven sponsors in this situation appear to indicate a potential correlation between the public mental health system’s previous commitment to other supported housing programs, and their interest in financially supporting a Safe Haven project. For example, a Safe Haven sponsor in the Midwest reports that the county mental health board has shown little interest in and contributed no funding for the project. This mental health board, which ultimately controls all mental health service funding, has had no involvement with any HUD McKinney housing programs, although the community’s Consolidated Plan states that more than 1,000 homeless people with a mental illness are in need of supportive housing in the region. Fortunately, a community mental health center administering the McKinney SHP transitional housing and Shelter Plus Care programs has agreed to provide supportive services for the project and will help link program participants to permanent supportive housing resources.

LINKING WITH SUBSTANCE ABUSE AND HEALTH CARE SERVICES

The availability of substance abuse services, particularly ancillary detox and short-term “holding” programs, are essential for Safe Haven participants. Hard-to-reach homeless persons with mental illness frequently need access to primary health care to address medical emergencies as well as chronic and complex medical and dental problems. During the outreach and engagement process, entitlements such as Medicaid may not be in place to pay for these services. Safe Haven sponsors have looked both within and beyond the Continuum of Care system to identify and plug into networks that can provide these services.

In Boston, Safe Haven residents will have access to new specialized 28-day detox and early recovery services that were added to the Continuum of Care system in 1996. Advocates for homeless people

worked closely with the Massachusetts Legislature for over a year to obtain this funding targeted specifically for homeless substance abuse services within the state Department of Public Health’s budget. Staff from this program, which is co-located within Boston’s public emergency shelter system, are trained and supervised by mental health professionals who are also certified in addiction services.

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Health Care for the Homeless programs are providing valuable primary health care services to many Safe Havens across the country. Freestanding medical and dental clinics, and community-based health centers have also volunteered to provide free care for Safe Havens residents in several communities. In New Haven, Connecticut, the Safe Havens sponsor has affiliated with the local Visiting Nurse Association, which will provide an on-site team for initial health screenings and physical examinations.

LINKING WITH MANAGED CARE

The term “managed care” refers to a set of principles and technologies used to ensure that the most applicable clinical care is provided in a cost-efficient manner. In recent years, states have increasingly looked to see how the principles and technologies of managed care can be applied to Medicaid and non-Medicaid services, including those funded by state mental health, health, and substance abuse agencies. In these states, the implementation of managed care may have significant implications for programs within the Continuum of Care system.

In many cases, the impetus for embracing managed care comes from governors, Medicaid directors, and managed care organizations who may be seeking

opportunities within managed care for cost savings as well as improvement in access and quality of care. At this point in time, it is unclear what impact managed care technologies will have on specialized housing and supportive services programs targeted to serve homeless persons with a mental illness. One of the opportunities provided by managed care is that it allows public mental health systems more flexibility to move away from traditional financing models and toward more nontraditional approaches, such as those offered in a Safe Haven.

However, few national managed care organizations have had experience with either Medicaid recipi-

ents or homeless persons with severe disabilities. These organizations may not understand the value or scope of services that are offered within Continuum of Care systems, since they go beyond traditional inpatient and outpatient services. To preserve funding for these programs in a managed care environment, managed care organizations will need to understand how the success of programs within the Continuum of Care system is directly related to keeping people out of more costly settings such as inpatient care.