

# Transition Planning to Prevent Homelessness

Massachusetts Department of Mental Health  
Metro Boston Area Office

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Preparing People for Change: Knowledge & Choice

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# Who We Serve

- It is estimated that 48,000 adults in MA have serious mental illness.
- DMH serves the poorest and most disabled of this population.
- DMH clients have an average income of 15% of area median income.
- 60% are dually diagnosed with mental illness/substance abuse
- Most rely on SSI benefits and cannot afford housing without assistance.



# Homelessness in Massachusetts

- In the last study commissioned by the MA Dept. of Mental Health there were approximately 8,957 homeless adults without children living in Massachusetts. [1]
  - 2,000 of those residents have serious mental illness
  - 1,200 of those with SMI live in the DMH Metro Boston Area
- More Recent Estimates
  - There are approximately 3,200 state-funded shelter beds in MA which are over capacity most of the time. [2]
  - An estimated 28,000 individuals were served in the state's emergency homeless shelter system in 2003. [3]
  - An estimated 25 to 30 percent of the homeless population in MA is mentally ill.

[1] Human Services Research Institute. Homelessness Needs Assessment Study: Findings and Recommendations for the MA Dept. of Mental Health, Aug. 1985

[2] Massachusetts Housing and Shelter Alliance. Census of Homeless Individuals in State Funded Shelters, 1993-2005

[3] The McCormack Institute. Hard Numbers, Hard Times: Homeless Individuals in Massachusetts Emergency Shelters, 1999-2003.



# Transition Planning in Massachusetts

- The high cost of housing and the high rate of homelessness have made transition planning a statewide priority.
- Since 1983, DMH has enacted transition planning policies to prevent discharge to homelessness.  
*“Every effort must be made through careful discharge planning to work with the client and area resources to seek adequate, permanent housing.”*
- In addition to good planning and coordination, transition planning requires access to housing.



# Housing Supply and Development

- Housing development is a critical element in developing a community-based system of care.
- Over the past 2 decades DMH has developed more than 3,000 units of housing and expanded services for the people we serve.
- A significant portion of the housing is set aside for formerly homeless individuals through the State Legislature's Special Initiative to House the Homeless Mentally III.



# What Works in Metro Boston

- The MA DMH system is divided into 6 regions, with Metro Boston being the largest.
- 2/3 to 3/4 of the MA homeless population lives in Metro Boston

## HOUSING

- In 1988, the Metro Boston Area had 469 beds in the community, primarily in 8-12 person group homes.
- In the past 16 years Metro Boston has leveraged over \$67 million from a wide variety of non-DMH funding sources to create an additional 1,652 beds, bringing the total today to 2,121 (not including 165 transitional shelter beds).



# What Works in Metro Boston

## *continued*

### HOUSING, cont.

- The DMH housing stock includes a wide array of specialized and innovative housing for previously underserved populations:
  - Culturally and Linguistically Competent programs
  - Programs for Women and Young Adults
  - Safe Havens Housing First models for hard to engage chronically homeless
- 1,038 units of housing are set aside for mentally ill people who are homeless through the special legislative initiative.



# What Works in Metro Boston

## *continued*

### TRANSITIONAL SHELTERS

- 151 beds at 4 sites
- Admissions from:
  - Streets
  - Generic Shelters
  - Acute Psychiatric Facilities
  - DMH Intermediate Care Facilities
  - Forensic Facilities
- Who is served:
  - Waiting for housing
  - Not ready or willing to accept housing
- 70 to 85 percent discharged to permanent housing
- 300 Plus Club: A monthly clinical review and planning process for all guests residing in DMH/TS for more than 300 days



# What Works in Metro Boston

*continued*

## INTERMEDIATE CARE UNITS

- The Metro Boston Area maintains 203 beds in 3 Intermediate Care Units for individuals needing a longer stay than can be provided in an acute unit.
  - Erich Lindemann Mental Health Center: 42 Beds  
*ELMHC is a forensic facility - all of its admissions are forensic, and a large number of its patients are discharged to court/police/jail.*
  - Solomon Carter Fuller Mental Health Center : 36 Beds
  - Metro Boston Mental Health Units: 125 Beds



# Notice of Discharge of Homeless Patients to Generic Shelters or Unknown Destinations

FACILITY: \_\_\_\_\_ DATE RECEIVED: \_\_\_/\_\_\_/\_\_\_  
 Client Name: \_\_\_\_\_ DMH Client Reg. ID# \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Date of Birth: (MM/DD/YY): \_\_\_\_\_  
 Soc. Sec. #: \_\_\_\_\_ Gender (M/F): \_\_--\_\_\_\_\_  
 DISCHARGE DATE: \_\_\_/\_\_\_/\_\_\_ Discharge to: (Agency and Address) \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Did contacted person accept the individual? Yes  No  If No, Explain: \_\_\_\_\_  
 Reason(s) for discharge (Please relate to reason for admission)  
 \_\_\_\_\_  
 \_\_\_\_\_

Community Services offered upon discharge:

Date	Service/Provider	Service Type (DPH,DMR,Other?)	Accepts/Refuses
_____	_____	_____	_____

Supports in Place Post Discharge (i.e., Case Manager, Outpatient, or other):  
 \_\_\_\_\_  
 \_\_\_\_\_

Next Appointment and/or Center Follow-up: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Housing/Residential Service Referrals pending: \_\_\_\_\_  
 \_\_\_\_\_

Has client been tested for Tuberculosis? Positive  Negative  Not Tested

Does Client receive psychotropic medications? Yes  No

Is this client motivated to take medication? Yes  No

Diagnosis: Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

ANY ADDITIONAL RELEVANT INFORMATION (include medical issues)  
 \_\_\_\_\_  
 \_\_\_\_\_

Center Director or Designee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Area Director or Designee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Staff filling out form: \_\_\_\_\_ Date: \_\_\_\_\_

FAX TO: Sue Shaw/Janet MacDonald and Patricia Kenny, Director of Adult Services  
 Homeless Services Unit 626-8634 Metro Boston Area Office 626-9216



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# What Works in Metro Boston

*continued*

## DISCHARGE FROM INTERMEDIATE CARE UNITS, FY '04

	<u>ELMHC</u>	<u>SCFMHC</u>	<u>MBMHU</u>
<b>Capacity</b>	42	36	125
<b>Homeless</b>	31	32	115
<b>Forensic Admissions</b>	97.9% (ALL)	4%	30%
<b>D/C Destinations</b>	69% (15b)		
DMH Comm. Hsg.	9	24	31
Court/Police/Jail	73	0	0
Family/Friends	51	12	28
Trans DMH Shelter	8	2	16
AWA	0	5	21
Streets/Generic Shelter (4 non-DMH)	8	2	4
Other/Death	40	7	17

- **88% of the patients were homeless at the time of hospital admission.**
- **Less than 1% of the DMH clients were discharged to streets or generic shelters.**



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# What Works in Metro Boston

*continued*

## DMH INTERMEDIATE CARE STATISTICS, FY '04

### At Entry:

- 45 percent came from streets and shelters
- 47 percent came from DMH or private hospitals
- 8 percent came from jail, a substance abuse facility, or another location

### At Discharge:

- 58 percent moved to DMH housing or other housing of their own
- 15 percent went to live with family or friends
- 12 percent went to other institutions
- 1 percent went back to streets or generic shelters

*(These were people who were offered housing alternatives but did not choose to accept them.)*



# What Works in Metro Boston

## *continued*

### LINKAGE WITH PRIVATE HOSPITALS

- Homeless Outreach Team (HOT)  
11 FTEs who do outreach in generic shelters and on the streets.
- One HOT member assigned to work with over 40 private psychiatric hospitals.
- Short length of stay at acute units presents serious obstacles.
- Nonetheless, it seems the alliance has significantly improved transition planning for DMH eligible patients.



# Private Acute Psychiatric Facilities Statistics FY '03

	<u>DMH Eligible</u>	<u>DMH Non-Eligible</u>	<u>Total</u>
		(not eligible or did not apply)	
<b>Homeless Notification to HOT (at admission)</b>	<b>513</b>	<b>251</b>	<b>764</b>
<b>D/C Destinations</b>			
Street/Emerg. Shelter	170	199	369
Trans DMH Shelter	105	0	105
DMH Comm. Hsg.	73	0	73
Family/Friends	59	24	83
Intermediate Care Bed	57	0	57
Transferred out	29	0	29
Inpatient/Programs	19	0	19
Court/Police/Jail	1	1	2
Sub abuse programs	0	25	25
Other/Death	0	2	2

- Despite the short stays at acute facilities, 67% of the DMH eligible patients were discharged to appropriate settings and not to homelessness. (The remaining 33 percent were followed closely by HOT.)
- Only 21% of non-DMH eligible patients were discharged to similarly appropriate settings.



# What Works in Metro Boston

## *continued*

### FORENSIC TRANSITION TEAM

- FTT assists DMH eligible inmates with the transition from jail or prison to community mental health care
- FTT works with clients to develop individualized post-release service plans, coordinated through local DMH sites.
- In Metro Boston, the director of the team and senior management meet monthly to review cases and ensure the most effective transition possible.
- Upon release, FTT continues to coordinate service delivery by working with the eligible individual and their community based system for a period of 90 days during the process of reentry.

