# HOUSING AND CONTINUITY OF CARE

*By Peter Case*

The Connecticut mental health system is not doing a good job of providing continuity of care for psychiatric patients discharged from hospitals. That was the assessment of James McCreath, Ph.D., President and CEO of St. Vincent's Behavioral Health Services in Westport. He was speaking about continuity of care and medication adherence to a group of family members and consumers at NAMI Fairfield's March 3rd speaker meeting.

"Half the people discharged from inpatient psychiatric care in Connecticut never make it to outpatient care," he said. "The inpatient social worker needs to see that the discharged patient keeps his outpatient appointment, actually drive him there if necessary." He said he was surprised on a visit to one of the southern states to find its continuing care success rate was better than Connecticut's. The reason, he discovered, was that it does in fact support that kind of intensive follow-up.

It can sometimes take years of continuous care to ensure the discharged patient sticks to his or her medication plan, which is the most important factor in preventing relapse, he said. Despite recent technical advances like I-Phone medication reminder apps and longer-lasting, smoother injectable delivery systems, the patient's family still needs to take the long view.

Asked about the role of housing, he said the trend is away from transitional group living or half-way houses that impose strict rules and rigidity. The preference is to live with family or in rental apartments in the community after discharge, under a program that provides intensive, flexible outpatient care. The trouble is, he said, there are not enough programs like that.

One program that meets Dr. McCreath's criteria – and provides a glimmer of hope for Connecticut – was discussed at a housing symposium on February 25 at St. Vincent's Behavioral Health Services. The program, called "Housing First," was described by Sam Tsemberis, Ph.D., founder and CEO of Pathways to Housing, the New York City organization that developed it. Sharing the podium with him were Carol L. M. Caton, Ph.D., a Columbia University professor and the author of Homeless in America, and Barbara Geller, Director of Statewide Services for the Connecticut Department of Mental Health and Addiction Services (DMHAS).

Housing First is unique among supported housing programs in that participants are provided with their own apartments immediately upon discharge from inpatient psychiatric units, or directly from shelters or the street, without first having to complete a satisfactory program of psychiatric treatment. Nor is a period of sobriety or abstinence from drugs required. The participants have a role in selecting the apartment and its furnishings.

To balance the absence of admissions criteria, the program incorporates intensive outpatient care as an integral part. This care can be assertive community treatment (ACT), in which a multidisciplinary team works directly with the individual to provide individualized treatment planning and long term follow-up, or the less costly intensive case management (ICM), in which those providing the care broker existing community services on behalf of the individual.

The experts agreed that the Housing First program works, for several reasons:

- Having a place of one's own with a choice in its selection is empowering and motivating.
- The individual signs a lease and has the same rights and responsibilities as other tenants.
- The rent is subsidized; the individual pays no more than 30% of his or her income.
- At least 80% of the apartments are occupied by "regular" tenants, so the individual feels like part of the larger community.
- The program's housing and its clinical services are independent: a clinical crisis does not lead to eviction; an eviction does not mean discharge from services.
- The intensive care services are flexible and adapted to the individual's personal needs.

The good news for Connecticut is that DMHAS is currently pilot testing the program in Hartford and New Haven. A total of ten people in each city will participate, five who have been discharged from hospitals and five homeless individuals. Local mental health authorities are providing clinical services and the Department of Social Services and the New Haven Housing Authority are subsidizing the rent. Chrysalis Center in Hartford and Continuum of Care in New Haven are providing intensive case management.

Four people in each city will have been housed as of May 1, according to the DMHAS Statewide Services Division. Five more in each city are in "active engagement." There is a long way to go, but this is a promising first step.