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The New HUD Continuum of Care and Behavioral Health: Why is it Needed and How Do We Make it Work?

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How We Got to Where We Are: CoC/Housing First

275,000 unsheltered homeless in the United States (2024 HUD Point in Time survey) **and 67% have mental and/or substance use disorders** (JAMA, 2024)

HUD Continuum of Care (CoC) Housing Program:

Homelessness providers are supposed to prioritize people with disabilities

Encouraged to partner with DMHs or treatment-providing organizations, but don't do a very good job of this as it takes money and persistence

Approach used is Housing First: Provides immediate, permanent housing to people without preconditions like sobriety or mandatory treatment participation

CoC/Housing First: How has it Worked for the Unsheltered Homeless

Housing First proponents claim success because people stay in housing at high rates, but:

Lack of emphasis on treatment and inadequate services lead to:

- Continued mental illness and substance abuse
- Worsened SMI, addiction, physical health problems and death
- Safety of the individual with SMI/SUD as well as the community threatened

E.O.: Ending Crime and Disorder on America's Streets

- Acknowledges the link between unsheltered homelessness and untreated behavioral health conditions such as mental illness and addiction.
- EO moves away from policies that have framed homelessness solely as a housing problem
- Recognizes the central role of behavioral health in both the causes of homelessness and the pathways out of it.
- Realigns federal strategy with on-the-ground realities

New HUD CoC: Requirements

Paired housing and healthcare services

Utilize a full continuum of care:

- CCBHCs for outpatient community treatment
- Inpatient psych beds for stabilization with return to community

Certified Community Behavioral Health Clinics (CCBHC) funded through the Safer Communities Act (2022)

Required Services

- Crisis Services: Mobile as well as bricks/mortar facilities.
- Screening, Assessment, Diagnosis & Risk Assessment.
- Treatment Planning.
- Outpatient Mental Health & Substance Use Services.
- Targeted Case Management.
- Outpatient Primary Care Screening and Monitoring.
- Peer, Family Support & Counselor Services.
- Psychiatric rehabilitation services (including ACT/AOT).
- ***States develop certification criteria for these programs***

What Happens When People Who Need Treatment Refuse It: Expansion of Civil Commitment

- Serious mental illnesses are chronic, brain diseases: e.g.: schizophrenia, schizoaffective disorder, bipolar disorder, severe substance use disorders
- There are no medications to ‘cure’ these diseases; medications only help to resolve symptoms: hallucinations, extreme anxiety/agitation, violence, disorganized thinking
- People with these conditions lack awareness of that illness
- Lack of illness awareness leads to repeated failures to adhere to recommended treatment
- In the most severely ill, results are often homelessness, involuntary hospitalization, incarceration, and early death.

Use of Civil Commitment to Compel Treatment for Serious Mental Illness

- Psychosis, delusions, hallucinations: common symptoms of serious mental illness
- Behaviors that represent danger to self/others/grave disability can trigger civil commitment that requires a (short) period of inpatient mental health treatment
- These symptoms can also be associated with a spectrum of criminal activity:
  - nuisance infractions such as criminal/willful trespass
  - serious crimes where innocent people are harmed in the throes of paranoid delusions
- Justice system involvement with criminal cases.
- State laws can compel conditions of competency restoration (inpatient, jail, community based).
- State can also compel continued treatment with outpatient commitment

Current Civil Commitment: Too Little, Too Late

- Civil Commitment compels cooperation with treatment, including the use of medications to extinguish the hallucinations and delusions
- Current civil commitment laws and competency restoration statutes are for short periods of time—***days to several months***
- With expiration of order or symptom resolution: civil commitment ends and person frequently becomes non-adherent to treatment
- Leads to what has been termed the “revolving door” of treatment noncompliance—relapse to psychosis, to the street, to incarceration

Other "Costs" of the Lack of Longer-Term Civil Commitment

- "Right to refuse treatment" has been predominant in U.S.
- Case for "Right ***to*** Treatment" with longer civil commitment for those with SMI and frequent violent/destructive behaviors and legal infractions

Why Should We Do This?

- Research shows that the longer the duration of untreated psychosis and the more psychotic episodes, the more severe and debilitating SMI becomes
- Psychosis is toxic to the brain
- Symptoms become more resistant to medication treatment; higher doses/more side effects occur
- Increased and longer hospitalizations; poor quality of life

Modifications to Civil Commitment Laws are Key to Fulfilling E.O. "Ending Crime and Disorder on America's Streets" and HUD CoC

- States should:
- Define what constitutes serious mental illness and severe substance use disorders that will require compelled (involuntary) treatment.
- Expand civil commitment laws to extend treatment requirements for those most severely ill from months to years.
- Maintain psychiatric services for the most severely ill
  - Penalize facilities with a reduction in reimbursements for failure to continue effective medication regimens, meet ongoing treatment needs, or renew civil commitment.
  - Require court appearance to end a civil commitment.

Summary

- The majority of unsheltered homeless have untreated SMI/SUD.
- The HUD approach has been Housing First for many years which does not prioritize treatment and ends up worsening SMI/SUD.
- Required pairing of treatment with housing is the humane and compassionate approach to people who lack the insight to help themselves.
- Use of extended outpatient civil commitment in a full continuum of care will improve lives and community living for all.

MORE INFORMATION:

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