



Residential Services Transformation Whitepaper

Montgomery County Office of Mental Health



Introduction

Adequate affordable housing is a basic human need. Housing is an essential resource that provides safety and comfort, and promotes a sense of positive well-being. Having a home is extremely helpful in reducing and containing stress; it is essential for supporting recovery for individuals with behavioral health challenges.

In the mid-twentieth century during the era of institutionalization, housing in the mental health field typically referred to beds in state institutions. At that time housing, social control and involuntary treatment were intertwined elements of the approach to mental health services. In the 1970's when increasing costs and a lack of effective outcomes began to be better understood, the beginning of the de-institutionalization era commenced; "half way housing" came into vogue. In Pennsylvania these new resources were called Community Residential Rehabilitation Services (CRR's). Treatment was no longer provided on site but rather through community mental health centers which individuals attended for day treatment. Rehabilitation and support services in congregate living settings became the way initially to assist people to leave institutions and/or to achieve stability in the community. Over time the community mental health system became more diversified, flexible and, in many cases, successful in constructing various levels of congregate housing programs.

That traditional mental health system developed as a linear congregate-based residential continuum. It was predicated on the notion that individuals' mental health recovery strengthened over time as did their independent living skills. It did not take into account that living in a more independent setting could play an important role in fostering an individual's recovery.

Relative to many social factors, increasing numbers of individuals who are poor and have mental health and/or substance abuse challenges became homeless over the past two decades, evoking a societal demand for more effective solutions to homelessness. This gave birth to the "Housing First" approach in which people with serious mental health challenges who often had limited-to-no track record of success in, or willingness to even enter, the congregate housing system, were housed in non-congregate settings. This was a radical departure from traditional continuums wherein recovery gains were achieved by moving through congregate settings gradually before being given the opportunity to live independently with mobile services and supports. The Housing First approach, no longer just associated with serving the homeless, has enjoyed considerable success, especially in serving those individuals who had not been successfully supported through the traditional residential system.

Housing first approaches with mobile supports also are proving quite helpful in assisting persons leaving institutions, individuals who have relied heavily on inpatient services to manage symptoms and crisis, and others. This success, combined with the growing knowledge about recovery, has promoted a national movement away from solutions that emphasize group living. There has emerged a growing consensus that services and supports to people living in their own homes (alone or with whomever they choose) should be the starting point and organizing principle for individual recovery planning and system financing in relationship to "residential services". When individuals desire and are capable of working on their recovery in a home of their own, this consensus dictates following the person's choice and providing supports and skill training via mobile supports and services.

However Montgomery County Office of Mental Health clearly sees a need for a wide range of solutions and resources within and beyond the County mental health system. A continuum of housing opportunities is needed to meet the needs experienced by people in all stages of recovery and with varying needs and preferences. The operation of this continuum must reflect the growing understanding that access to the opportunity of one's choice typically yields the most positive recovery outcomes.

The County supports an array of options for people in recovery that includes a housing first approach in addition to congregate programs. Through the transformative work and learning that has occurred during the past eight years, Montgomery County is poised to become a system that begins planning with individuals through a housing first mindset of working to identify the most independent housing situations feasible in terms of resources and supports. This new commitment will use both mobile supports and redesigned congregate programs to assist recovering people to be able to access living in their own homes with mobile supports as soon as they can. This will drive substantial change. Changes will include seeking additional resources, realigning current service delivery approaches, and the creative reworking of current budgets to support movement toward a housing first approach. Most significantly a housing first approach requires a commitment to funding effective mobile supports. Additionally the thrust of service delivery at congregate residences will be modified to better support preparation for faster movement toward independent living in the community with these mobile supports. Service planning will be increasingly individualized and focused on developing natural supports and connections in the community to effectively assist people to be increasingly ready to move to their own home.

This commitment to community housing will be enhanced through the increased presence and support of our core providers. Recovery coaching and peer supports are essential services in helping people achieve and maintain their housing choice. These existing services will augment those of the transitional residence by providing individualized supports that expand community access and involvement. People living in transitional residences, whose illness related challenges pose barriers to the goal of community living, will require core providers to collaboratively and intentionally address these challenges. This involves the creation of a fluid and enhanced relationship between clinical and residential services in support of the implementation of the person's recovery plan and community housing goal. The extent of clinical provider involvement in the delivery of transitional housing supports will vary according to the needs of the person in recovery.

In order to provide opportunities for individuals to access more independent housing the County must utilize all housing resources available and must expand efforts to stabilize current housing environments of all types. Finding and financing new and additional housing is very expensive and largely outside the abilities of the mental health system to address independently. Such financing can however occur through increased partnerships at both the County and provider level with the housing sector including the Department of Housing and Community Development, the Montgomery County Housing Authority, Pennsylvania Housing and Finance Agency, and local developers and contractors.

Because losing housing is a common destabilizing factor in the lives of many people who experience mental health challenges, Montgomery County will further prioritize assisting people to maintain their current housing as a vital system goal. To do this the County plans to utilize some of the new mobile services capacity to assist people to maintain, enjoy and thrive in the homes of their choice. Ongoing efforts will be made to identify early warning indicators that an individual is in jeopardy of losing housing in order that preventative interventions may occur. In

addition to supporting people where they live now, the system needs to prioritize assisting people in recovery to work, save, find compatible roommates and share expenses in order to pay for all or most of their own housing costs whenever feasible.

In summary, Montgomery County will work to further promote a housing first approach and mindset, to support and respect the preferences and choices of recovering people, to develop and maintain a range of diverse housing and support options, to increase mobile and continuing recovery services and supports, and to continue to foster a system that promotes recovery and community connections.

Key Principles for Montgomery County Residential Transformation

The principles stated below articulate the Department's philosophy and approach related to housing and services to people in their own homes and congregate residences.

1. In a recovery –oriented system that is organized based upon housing first principles, the choice and desire of the person is the most powerful factor in planning for and securing housing. Capitalizing as quickly as possible on the motivation to have a place of one's own (with or without housing mates) can decrease frustration and increase self-esteem, effort, and focus. Individuals should be offered choice in available housing options. It is the role of the County Office and providers to develop intentional processes to promote choice, and to work to increase those options recovering people most prefer over time.
2. Supports within congregate settings (non-Personal care) should be time limited and organized to address targeted goals that enable a person to live in a more natural setting with flexible mobile supports. The expectation for both the provider and the person living in congregate settings is to partner in ways that increase skills in wellness management and community living.
3. Services and supports (site-based or mobile) should be organized to assist people in recovery to learn essential skills and abilities and/or to acquire the supports required for supported independent living. These include the skills of tenancy, developing a satisfying and adequate social support system, identifying a suitable roommate for social and/or financial supports, learning to have a place, a role and satisfying things to do in the community, money and budgeting skills. All residents are expected to be engaged in developing their own self-directed wellness plan (WRAP is one approach to this). Assisting people to take charge of their own lives and their recovery is central to growth and personal empowerment, and a key factor in maintaining housing.
4. It is expected that all recovering people moving from congregate program into a home of their own will have available to them professional and/or peer mobile services, as well as community based natural supports. The professional and/or peer services could either be done by each provider individually, by a selected provider(s) or by coalitions of providers forming combined mobile services teams. The services could be delivered by professional and peer teams or by peer only mobile services. Flexible ongoing supports and continuing relationships ideally increase during stressful transition periods and support the motivation and desire to successfully move on from the congregate program. Individuals who have successfully made this transition to living in their own homes will be used as mentors to

assist others thereby fostering their own recovery, giving back to others, and building natural peer connections in the community. Fostering peer mentoring connections is a way to increase both the quantity and quality of social connections and supports in the community.

5. Mainstream employment opportunities will be supported, encouraged and even developed by all residential service providers. It is critically important that work is supported and advanced in the context of residential services as it can be a key factor in promoting an individuals' recovery and their future housing opportunities and stability. As incomes increase independent living opportunities increase and system-wide housing subsidy expenses become more affordable.
6. The concept and practice of "Residential" services should be broadened to include psychiatric rehabilitation expertise and explicitly address multiple life domains that will relate to where the person will be living, working and socializing in the future when they have moved on from the service. By expanding the expertise and skills of the residential services team a more holistic and effective approach to supporting recovery will be promoted.
7. Treatment services must be more closely connected and even integrated to more practically support individuals in residential and housing services. Residential providers and all pertinent clinical care providers should develop, monitor and maintain Partnership Agreements that set standards for collaboration and communication and ensure that crises are prevented, medication is available at all times, access to psychiatry is prioritized during periods of crises, and , most basically, clinical and residential care staff are on the same page.
8. Exploration should occur regarding changes, modifications and/or waivers regarding licensure and regulatory requirements that impede recovery oriented practices.