

Housing Choices

A Newsletter for Mental Health Professionals

July 2007

Sponsored by the Pennsylvania Office of Mental Health and Substance Abuse Services

Carving a Journey to Recovery

By Peggy Robertson

Kevin McKernan has been dually diagnosed with mental illness and co-occurring disorders for 30 years. He was also diagnosed with major depression and anxiety, he is an alcoholic and has diabetes, arthritis, high blood pressure, and asthma. In many ways it is amazing he is alive today. Mr. McKernan's recovery is remarkable. Prior to his recovery, Mr. McKernan had been out on the streets for a year drinking and not taking his medications. As he attests, "If you told me before that I would be here today, I'd say you were crazy."

Sometimes it seems like life is full of coincidences. Mr. McKernan was homeless and living on the streets. One day he was near the Office of Behavioral Health (OBH) in Delaware County helping someone with her medical issues. He started talking with Bill Chambers, OBH Mental Health Program Director, and Mr. Chambers connected Mr. McKernan with Horizon House, a behavioral health provider for the five county region and Delaware. Mr. McKernan met with staff from Horizon House who determined that he met the criteria for their PATH Housing First Program. To be eligible for the program an individual must be: age 18 or older, a Delaware County resident, homeless (as defined by HUD), have a mental health diagnosis or co-occurring mental illness and substance abuse (MISA) disorder, an interest and willingness to participate in the program, and be capable of self-preservation.



Kevin McKernan with the cane he carved on his road to recovery.

The Housing First program is designed to: identify and engage homeless individuals with mental health disabilities or co-occurring disorders; and to assist them in accessing and maintaining permanent housing in collaboration with various community-based resources and supports. Individuals are provided with the opportunity to move directly from the street or emergency shelter into housing while receiving supportive services. The program not only

(Continued on page 2)

Inside This Edition...

<i>Collaborative Effort to Ensure Continuum of Care</i>	<i>4</i>
<i>LHOTs Make a Difference</i>	<i>8</i>
<i>Greetings from the LHOT Conference</i>	<i>10</i>

(Kevin's Journey continued from page 1)

provides assistance with activities of daily living, but also includes linkages with behavioral health resources and other mainstream services, household management, budgeting, medication management, symptom management, mobility and transportation and community resources for educational, vocational, social and recreational use.

The program is funded through a variety of sources. It receives county PATH (Projects for Assistance in Transition from Homelessness) dollars for staff and support services and rental subsidy dollars from the Delaware County Housing Authority, the HUD McKinney Shelter Plus Care (S+C) program and OBH county dollars. Each year for the past three years, OBH has applied to HUD for a new S+C Samaritan Bonus project to serve the chronic homeless population. The idea is to expand the number of subsidies each year, with Horizon House serving as the S+C project sponsor and the Housing Authority committing additional Section 8 certificates as they become available. In this manner, PATH Housing First expansion has become the cornerstone of the County's HUD-mandated Strategy to End Chronic Homelessness.

The PATH Housing First program works to get people into housing as quickly as

possible. Referrals may be self-initiated or identified by any source including emergency shelters, provider agencies or outreach programs. Once the Horizon House team receives a referral, they assess whether or not the individual meets the criteria. If accepted, each participant comes up with a plan that includes his or her goals, which can vary dramatically. Some people need assistance with their daily living skills or education on how to be a good tenant. Linda Loughin, EASR (Engagement, Assessment, Stabilization and Referral) PATH Team Leader, explained, "Horizon House has established very good relationships with the landlords and there haven't been any problems. Horizon House is there to advocate on behalf of the consumers if need be. And the consumers have been willing to accept some level of support."

Although Mr. McKernan was accepted in the Housing First Program, the Horizon House outreach team recommended that he first receive treatment, to which Mr. McKernan readily agreed. In January 2006, he entered a rehabilitation program in which he received partial treatment and then moved on to a halfway house. He spent a total of 69 days receiving treatment at these three places. Although he actually wanted more time in the

program, the funding terminated. However, Mr. McKernan's experience in rehab was very significant and set him on his way to recovery.

After Mr. McKernan came out of rehab, he went to a homeless shelter in Delaware County, at which time he was receiving intensive out patient treatment. While Mr. McKernan was in the shelter he did everything that was asked of him. The Horizon House outreach team worked continuously with Mr. McKernan and ultimately everyone agreed that he was more than ready to look for independent housing.

Mr. McKernan was receiving support from a Horizon House Behavioral Health Specialist, who happened to see a "For Rent" sign in front of an apartment complex. She and Mr. McKernan went and met with the landlord. Mr. McKernan was satisfied with the apartment and in May of 2006 he moved in. His furniture was provided for him by Horizon House and he also got an Acme Voucher for food. Support services helped him with medical appointments and his medication, and told him where he could go to receive other recovery oriented services. And his rental subsidy from Horizon House was in place. The subsidy that a consumer receives is permanent, which is the same as a Section 8 certificate, in

(Continued on page 3)

(Kevin's Journey continued from page 2)

that the consumer only pays 30% of his or her income. Both the consumer and Horizon House pay their rental portion directly to the landlord.

The Housing First Program's success is based primarily on how long participants of the program can maintain housing and whether or not they are meeting the goals of their plan. The program currently has 16 "slots", 13 of which are filled. The program began in 2005 and to date, no one has been terminated from the program. As already noted, Kevin's success in the program has been exemplary.

The story of Mr. McKernan's path to recovery is carved on his cane, which he started while in rehab. What makes his story not only unique, but extraordinary, is that he could only use paper clips to carve his wooden cane because knives were not allowed in rehab. The cane, intricately carved with the symbols he associates with his recovery journey, are both a tangible reminder of the individual path he has taken to change his life and a visual inspiration to others who hear him relate his remarkable recovery story.

Mr. McKernan continues to carve out an inspirational journey through his recovery, as he sets forth to help others with their recovery. He has been going to Alcoholics Anonymous and is an active

member. He has gone to different rehab centers as a motivational speaker. He sits on several homeless services committees, is being trained on the computer, is learning new skills and is working on improving his writing talents. "I want to get a job working in the field of recovery so that I can help other people. I applied for the Peer Specialist Program and recently became certified."

Mr. McKernan further noted, "The options were there for me to better myself as a person, not just to get housing. I am a success today, a productive part of society, and all of this was made available through the program at Horizon House. It is almost like I went to heaven! I do deal with depression and go to a therapist from Northwestern Human Services, but I know I will be able to be a positive influence on people who are going through similar experiences."

Mr. McKernan added, "You get out of the program what you want, and what you put into it. I wanted more, and it has been offered to me. I am very thankful for the program because otherwise I would have ended up dead or in jail. I have learned to change the aspects of my life that made me homeless. I now serve on about five different committees. Two that I feel I can make a significant

contribution are Outreach, Homeless Services Coalition and Housing First Advisory – I know that what I say matters. I owe my life to the program – it has helped me branch out in a direction I have never gone before. What I have learned I can now give back."

Ms. Loughin was quick to clarify. "Kevin works really hard. He has gotten up at 2:00 a.m. as a volunteer for the Point In Time Survey of the homeless. He wanted to learn how to use the computer and he has. He wanted to be a peer specialist and he is now certified. He has helped mentor other people and has been an inspiration to all of us. I would say that approximately 75% of our participants feel the way Kevin does about the program. For the other 25%, they are happy to have a place to live. But people are at all different points and the important thing about Housing First is that people can live in a safe, stable environment with dignity."

Mr. McKernan is able to maintain his apartment, his health, and keep his addiction in check. He has established a good relationship with his landlord and said, "Where I am now has exceeded all expectations I have ever had in my life. As an aside, my brother got me a real carving set and I still carve!"

Collaborative Effort to Ensure a Continuum of Care

By Peggy Robertson

Delaware County has combined multiple funding sources to develop three innovative "shallow rent" programs. Through the creative use of rental subsidies, these programs assist individuals with mental illness to obtain affordable housing, help to prevent families from becoming homeless and help recently homeless families and individuals to move to rental housing.

The three programs described in this article were developed over the past 15 years through a collaborative planning process between the Delaware County Offices of Adult Services, Behavioral Health and Housing and Community Development. In the early 1990's, well before HUD instituted the Continuum of Care process, these three public agencies along with numerous service providers met regularly to build a continuum of housing and services in Delaware County. This planning process resulted in the following three programs which through combining local resources and not relying on HUD programs, are able to flexibly respond to local needs.

- Supported Living Services
- Short-Term Emergency Prevention Program (STEPP)
- Shallow Rent

Supported Living Services:

Delaware County provides a shallow rent subsidy program through Supported Living Services (SLS), which is administered by the provider Horizon House, Inc. The program, which provides rental assistance and supportive services, is designed for individuals with serious mental health disabilities who come from CRRs, other residential programs, or are living in their own apartment. The goal is to expand and improve housing options and supports, and residential rehabilitation services as part of a comprehensive system of treatment, rehabilitation and community supports.

Both the supportive services and rental assistance are funded by the Delaware County Office of Behavioral Health. The services are funded through mental health base funding and the rental subsidies through the creation of a designated Housing Resource Fund. Richard Ziegler, Director, Horizon House, Delaware County and Chester County Services, explained, "We at Horizon House recognized, based on what we were experiencing and hearing from consumers, that there was a need to create alternatives to existing

residential options that included permanent housing for individuals with serious mental health disabilities that could also support families. We wanted to maximize resources we had so people could get into their own homes or maintain their homes with the necessary supports. One way we thought of was to provide rental subsidies. Although we would have preferred to provide full rental subsidies similar to Section 8, we knew that given the limited resources, shallow subsidies would enable us to create affordable housing for more people while assisting them in obtaining larger mainstream subsidies, such as Section 8."

SLS provides community living supports to assist individuals in maintaining their housing by using "bridge" subsidies to provide temporary rental assistance until a person receives a more permanent housing resource. Individuals who participate in the community mental health system are eligible for SLS services. Mr. Ziegler said, "We want to meet people where they are at and ask what type of housing supports they want. When we receive referrals, which can come from the clients themselves, we discuss with the consumer his or her preferences, strengths, needs,

(Continued on page 5)

(Collaborative Effort continued from page 4)

and resources to see what will be the best fit. We are fortunate that there are a range of housing and support options available through Horizon House and the County-wide system. Within SLS, a person can receive a rental subsidy and support services, or just support services. The SLS program currently provides supports for 25 individuals in their own apartments, and out of those 25, 23 individuals are receiving a rental subsidy. The expansion of this program through a partnership with Northwestern Human Services will serve 11 more individuals by June 2007."

Individuals who are eligible for SLS hold their own lease and receive a maximum of \$300 towards a rental subsidy which is paid directly to the landlord. These subsidies have no time limit but the goal is to focus on the individual generating more income, either through an alternative subsidy or possibly employment. When this occurs, it is not necessary for the individual to move out of his or her current housing. A basic premise of this service approach is that resources and supports move based on the individuals' need and preferences rather than the individual having to move.

In terms of evaluating the program, Michelle Oslar, Horizon House Program Director for Residential

Services said, "It is the rare exception that people lose their housing. What is more likely is that people "graduate" to a Section 8 subsidy or are served by a different funding stream or want a different level of support services. When someone is referred, we assess what type of supports are wanted and/or needed. Once we have identified someone as a candidate for the SLS program, depending on availability, it can take as little as two weeks to get someone in housing. Some barriers that can delay the process are getting utilities turned on or obtaining furniture. Part of our process for people in SLS is coordinating with landlords to assist in the leasing and subsidy process. Budget worksheets are completed with consumers and they identify where they want to live and we assist them in determining the availability and affordability of apartments in those areas. We have found that the landlords are very open to working with us. Once a person is in SLS, we reassess their needs frequently and complete an outcome form that evaluates the different domains of their life every six months. This also includes a consumer satisfaction survey. Overall, the program has met with success, people have maintained and conveyed

satisfaction with their housing."

Mr. Ziegler noted, "As a local community and through our continuum of care we have been able to analyze what our needs are, what is most effective and cost efficient, and what services and funding may fill the gaps. Horizon House, in collaboration with consumers, other providers, and the County, have developed options that we can offer people that best meet their needs and preferences. We have been able to utilize funding and adapt services in a way that recognizes that people may want and need different housing options and supports at different times. The SLS has provided subsidized living arrangements so that individuals can live in permanent housing of their choice and move forward in their personal recovery."

As Mr. Ziegler noted, SLS is designed to assist individuals with serious mental illness by providing affordable housing options through rental subsidies and supports. The programs described below also provide rental subsidies and supports but they are different in that participants must be homeless or at-risk of homelessness.

STEPP:

The Delaware County Office of Adult Services (OAS) recognized that for many people who may be one step

(Continued on page 6)

(Collaborative Effort continued from page 5)

away from homelessness, temporary rental assistance is all that is needed to restore their self-sufficiency and prevent them from becoming homeless. Christine Seibert of OAS developed Delaware County's program based on other successful programs in the nation. She said, "The idea for the program is not to provide a subsidy that is income based, but to provide a subsidy that is calculated on a case-by-case basis that will prevent homelessness. The Short-Term Emergency Prevention Program (STEPP) was developed specifically for those individuals experiencing a temporary loss of income. The subsidy provides temporary assistance for people at-risk of homelessness so that they can remain in independent housing."

Ms. Seibert explained that STEPP provides financial assistance to households who may not be eligible for assistance through other state or federally funded programs. The goal of this program is to keep at-risk households in their current housing situation by providing case management and financial rental assistance until their short-term housing crisis is resolved. Generally speaking, households can receive assistance for up to six months. Ms. Seibert noted, "The program is flexible and helps support people who are not always eligible for traditional homeless programs.

We look at each referral on a case-by-case basis and find that usually people need rental assistance to tide them over for a short period of time, often to assist them following a short-term loss of income."

STEPP is funded through two sources. Delaware County Office of Housing and Community Development (OHCD) provides \$120,000 annually from their Affordable Housing Fund for the rental subsidies. Carol Catania, OHCD Housing Coordinator, said, "These funds don't have a lot of restrictions. If a person is behind in rent, the STEPP program can provide a subsidy that will prevent someone from becoming homeless and ending up in the system."

The case management, which is provided by Catholic Social Services (CSS), is funded through the Homeless Assistance Program (HAP), a state program that provides funding to each county for such services as case management, emergency shelter, bridge housing, and rental assistance. Because STEPP fills an important gap in the continuum of care, Ms. Seibert is confident that the program will continue to be funded.

Ms. Seibert stated that most of the participants in STEPP have contacted her office directly and some have been

referred by other providers. Currently STEPP serves 20 households. As mentioned, many of the STEPP participants are not eligible for traditional homeless programs. Once a person is referred or contacts the office for assistance, a case worker goes to meet with the individual and does an assessment of their situation. A committee made up of a representative from OAS, CSS and OHCD meet to discuss the best course of action. The committee reviews the cases every two weeks and after the participants become self sufficient, two contacts are made up until six months to make sure the individual has remained stable. For example, one participant had to raise her grandchildren and was unable to work because she could not afford a babysitter. She was going to be evicted. STEPP provided her with a rental subsidy for 4 - 5 months, after which time she was able to get a job. Fortunately, homelessness was prevented. Another woman avoided homelessness when she received a subsidy while she was out on maternity leave. Although not every case works out, the program has been successful in preventing eviction.

Ms Seibert noted, "Since the program is relatively new, we are working on an evaluation that will track individuals at three and six months to assess

(Continued on page 7)

(Collaborative Effort continued from page 6)

whether the program was helpful and to determine if the participants are still stable. If a person's situation presents as "savable" and there is a permanent housing plan in place and achievable within 6 - 9 months, we will accept them.

In 2005 - 06, 25 total households were served. 40% (10 cases) were homeless when they entered and were in the program temporarily, waiting for their Permanent Housing Program to come through. In 44% (11 cases) of the cases, eviction was prevented, persons were able to remain in their housing and not become homeless. The other 16% (4 cases) had other outcomes such as shelter placement or long-term transitional housing program placements.

Shallow Rent:

The Shallow Rent Program, which was the county's first tenant based rental assistance program, assists homeless families in their move from emergency shelter into permanent housing by providing case management and financial rental assistance until their housing crisis is resolved. The program is targeted to households that are employed and need extra financial assistance to regain housing. It is similar to STEPP in that it provides financial assistance to households who may not be eligible for assistance through other state

or federally funded programs. Delaware County uses \$67,000 of HAP funds for the rental assistance and operating costs under the Innovative Supportive Housing Services category. They are one of few counties in the state that has opted to use a portion of their HAP funds under this funding option. The case management, provided by Community Action Agency of Delaware County, Inc. (CAADC), is funded through a portion of the HAP Case Management funds.

The majority of the program participants are identified by shelter staff and referred to the CAADC Transitional Housing Disposition Committee. Approved program participants are assigned a Shallow Rent Case Manager (SRCM), complete a needs assessment, participate in a program orientation and develop a goal plan with their SRCM. The SRCM assists clients in securing a lease, other start up services and financial assistance needed to move into a rental unit. The client enters into a lease agreement with the landlord. CAADC will pay a rental subsidy of \$300 to the landlord directly for six months. The SRCM makes monthly visits as part of the Service Plan. At the fifth month of the client's lease, a determination is made as to the status of the client's

discharge from the program. If the client is unable to handle the total housing costs, a request for a possible three month extension is submitted for approval by the County Department of Human Services. If an extension is needed at the eighth month, it must be approved by the State Department of Public Welfare.

When participants are discharged, there is follow-up for a minimum of one year after discharge. This program has helped approximately 150 families leave shelters and obtain a home.

All of the programs described above exemplify how Delaware County agencies work collaboratively to carry out a continuum of housing and services for individuals with serious mental illness, the homeless and those at risk of homelessness.

These three programs do not rely on HUD funding and therefore have less restrictions in their eligibility requirements. Because of the nature of the "shallow rent" programs, the goal is for participants to live as independently as possible and eventually seek out alternative subsidies or income sources. The major accomplishment for all of these programs is that participants have the means to stay in affordable housing with the supports they need.

LHOTs Make a Difference

By Peggy Robertson

It has been six years since the idea of forming Local Housing Option Teams (LHOT) was conceived. LHOTs in Pennsylvania have grown beyond expectation and the concept of bringing key stakeholders together at the county level has resulted in numerous solutions for meeting the housing needs of people with mental illness. On March 20th, 2007 a one day LHOT Conference sponsored by the Pennsylvania Department of Welfare (DPW) Office of Mental Health and Substance Abuse Services (OMHSAS) took place. Diana T. Myers and Associates, Inc., technical assistance provider for OMHSAS, organized the day's activities. On that day a number of key issues that initially brought people to the LHOT table were addressed, and new ideas were presented.

The goal of this one day meeting was to provide an opportunity to hear about the accomplishments and activities of the LHOTs, to share concerns about their formation and on-going activities, and to brainstorm solutions to problems. Keynote speaker Shelley Bishop, Executive Assistant to the Deputy Secretary of OMHSAS, is a strong advocate of LHOTs and energized the participants with

her opening remarks.

"In November 2004 a *Call for Change to a Recovery Oriented Mental Health System for Adults* was released by OMHSAS which laid the foundation for Pennsylvania's recovery transformation efforts. One step in moving forward this transformation, was the formation of a Housing Workgroup to focus on the huge need of housing, identified as a priority by consumers and county Mental Health and Mental Retardation (MH/MR) programs. LHOT's have been shown to be very effective in helping to create local mental health housing plans. The Housing Workgroup established the goal to get an LHOT in every county in the state, knowing that it has to be a collaborative effort, partnering with consumers as well as those who are 'walking the walk'."

Working collaboratively is crucial to the success of an LHOT. Panelists from five LHOTs representing different regions of the state spoke about how they were able to address the unique needs of the communities they serve by sharing and utilizing resources.

Jim Davis, MH/MR Program Specialist, started an LHOT two to three years ago in Luzerne County. The LHOT has been receiving support from the Commission of Economic Opportunity and the County Commissioners. The LHOT works closely with the Luzerne County Homeless Coalition and has developed a team of seasoned professionals that get together to brainstorm solutions when there are crises in the county. Funds from the Luzerne County Office of Housing and Community Development (OHCD), PA Department of Community and Economic Development (DCED), HUD, the Luzerne County Mental Health/Mental Retardation Department and Volunteers of America were used to buy a building and provide transitional and permanent housing for eight youth.

David Hartman, MH Housing Specialist and Lebanon County LHOT Coordinator, said that the county's Task Force for the mentally ill expanded into an LHOT. Mr. Hartman stressed how important it is for LHOTs to have their public housing authorities involved. Together with the housing authority, a provider agency and consumers, their LHOT was

(Continued on page 9)

(LHOTS Make a Difference continued from page 8)

successful in planning a project for scattered site permanent housing for ten homeless individuals with mental illness who will have access to case management services and a mobile counselor.

Linda Thompson, Cameron/Elk County LHOT Co-Chair, emphasized the value of sharing information, partnering and brainstorming ideas. Their LHOT was able to identify the resources they had and what resources needed to be developed. They received a grant to put together a Resource Manual of Housing and Homeless Services and partnered with the local career and technology center to do a web-based version.

Doug Johnston, Chair of the Bradford County LHOT, has good relations with the mental health office and the housing authority and knows the 'go to' people. Because of his ability to develop partnerships he has been successful in creating needed affordable housing stock. The LHOT has also been successful in promoting a health fair that began prior to the development of the LHOT. The health fair has a housing twist and was critical in building community awareness that there is a need for more affordable housing. As a result, attitudes

in the community have changed.

The common thread that connected each of the LHOT accomplishments presented by the panelists is how important it is to partner with the right people.

After the morning sessions, concurrent afternoon sessions were offered. One was for counties looking to establish an LHOT or for LHOTs that were relatively new. At the end of this session, county representatives met as individual teams to identify LHOT mission and goals, potential participants and to determine their next steps. The other afternoon session was held for existing LHOTs, so that they could share successes, explore challenges, and brainstorm solutions and alternatives.

A majority of participants returned their evaluation forms with positive responses, indicating that the meeting was very valuable and provided them with worthwhile information. There were many suggestions for topics to be addressed at future meetings as well as requests for technical assistance. Some of the topics people would like to learn more about include:

- Best practices in relation to housing needs issues
- Specifics on other non-HUD state and federal funding avenues and ideas for creative financing strategies
- Training on HUD requirements and housing programs such as applying for Section 811 housing
- How the teams come together and how they develop into an LHOT

This input will help shape ongoing efforts to address the concept of promoting housing and recovery oriented services to mental health consumers. LHOTs will continue to play a critical role as the basis for the development of housing solutions. Toward this end, OMHSAS is continuing the provision of technical assistance to LHOTs. They also plan to offer a one day conference on the process for using reinvestment dollars for housing and for crafting effective County Housing Plans.

A special thank you goes to the Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuses Services, to John Ames, Shelley Bishop and Lisa Yaffe for the support they have provided to make housing for people with mental illness and co-occurring disorders a priority in the Commonwealth.



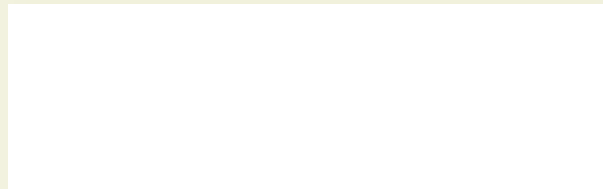
A wave from the participants at the one-day LHOT Conference in Harrisburg this past March.

Housing Choices is published by: Diana T. Myers and Associates, Inc. and sponsored by the Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services (OMHSAS).

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We welcome your submissions and ideas for articles. If you have information about a related project or would like more information about a project described here, please contact us at the following address:

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