

Housing Choices

A Newsletter for Mental Health Professionals

March 2007

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A Creative Use of Resources

By Peggy Robertson

The provision of technical assistance to help counties in Pennsylvania form Local Housing Option Teams (LHOTs) remains a high priority, primarily because the LHOT is a concept that works. Each LHOT is different due to the needs that are identified by the participating members. In February 2005 Huntingdon/Mifflin/Juniata (HMJ) received technical assistance from John Ames, Housing Specialist with the Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services in order to establish an LHOT. Bob Henry, Mental Health Adult Program Specialist with the HMJ Office of Mental Health/Mental Retardation, said, "John was able to help the LHOT participants get a clear understanding of why it was important to form an LHOT."

Mr. Henry explained, "In our initial meetings, our LHOT was able to determine where our strengths and weaknesses were within the continuum of housing in the tri-county area. By identifying the gaps in our region, we realized we needed to increase independent living opportunities for individuals with disabilities. As an LHOT, we became committed to advocating for the development, renovation or rental of properties that are safe, decent and affordable."

Creativity and commitment have been a driving force in the success of the HMJ LHOT. Mr. Henry said, "Because our LHOT has no financial backing, we got technical assistance from everyone we could. We also made sure that we would address the needs of everyone at



Robert Morrow (left) and Barry Bubb, Jr. (right) stand in front of their home that was recently converted from a CRR to Supported Housing.

the table and let people know that this would not be a waste of time. Our core participants in the LHOT are from the Children and Youth Agencies from Mifflin and Juniata Counties, Tri-County Drug and Alcohol (SCA), Public Housing Authorities from Huntingdon and Mifflin Counties, Shelter Services, Base Service Units, consumer membership, property owners, Center for Independent Living of Central PA, Mifflin/Juniata Human Services Office, and the Special Needs Center (MR). In fact, the two housing authorities have attended every meeting and are actively involved in all LHOT activities, including subcommittees. The housing authorities as well as our other participants understand why the LHOT is so important in the community. The bottom line is that the issues we are addressing have an

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impact on each agency around the table. The individuals we serve are rarely involved with just one service provider or agency and the issue of housing becomes everyone's business. I really believe in a housing-first philosophy that if someone has to worry about the stability of their home, then expecting them to make progress in any other venue is somewhat unrealistic."

Mr. Henry added, "We have also received technical assistance from Diana T. Myers and Associates, Inc., Lynn Stewart (Center for Independent Living of Central PA) and Kim Stucke (Stairways Behavioral Health). Having these folks attend our meetings and clarify the purpose of an LHOT and what can be accomplished really helped keep the group together in the beginning. We initially set out to issue an RFQ to see if there was interest in developing a Section 811 program in our area. The group received two responses, one of which withdrew their proposal before the selection could be made. Left with only one response that didn't really address the concerns or needs of our primarily rural population, the LHOT decided to forego the Section 811 and focus on other projects."

At that point in time, the HMJ LHOT had not completed any "bricks and mortar" projects. Mr. Henry explained, "Rural

LHOTS are faced with different issues than those in urban areas. The number of "street homeless" are not comparable and the types of projects to meet the community's needs can be somewhat different. Our LHOT decided to move forward this fiscal year with planning and implementing projects that can be accomplished with existing resources. I view the LHOT as not only a group instrumental in bringing new funds to a community, but also as a way to improve and use more effectively what is already there."

"We knew that we had a gap in our mental health housing continuum that needed to be addressed – the need for Supported Housing. One way in which we decided to use existing resources was to devise a plan to gradually reduce the number of CRR beds while increasing the flow of money into support services. Early phases of this plan included discussions with the CRR provider and gaining their acceptance of providing a different level of care. Fortunately we are working with a provider that is willing to embrace the change."

The HMJ LHOT anticipated being able to provide a greater package of support services for mental health consumers by converting one of their three CRRs, the

South Main Street home, to Supported Housing. The process of converting the home meant a reduction of staff from 24 hours a day to 8 hours a day. The plan began by taking a look at individuals already living in the three CRR homes. The three homes have maintained between 12 and 15 CRR beds. Four people were identified from the other two CRRs as being ready and willing to make the change to a congregate supported living environment. (The other two homes remain as CRRs and are currently full.) Transition of the South Main Street home from a CRR to Supported Housing took place on November 1, 2006. One person dropped out and the other three residents are working out a process to fill the vacancy. Mr. Henry noted, "The three guys currently living in the South Main Street home are really doing well. I attribute peer support within the home to their success and have seen their level of functioning increase. They have their house organized according to their skills and are receiving supports. They are now looking for someone who can cook! When we started this home, we stayed as close as possible to the Fidelity standards of the Fairweather Lodge model. This is because in the future we are considering turning the South Main Street home into a Fairweather Lodge. In fact, the residents, support staff and I

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are planning a trip to Erie to see how their Lodges operate.”

Mr. Henry talked about the cost analysis. “Converting the CRR at this point has been cost neutral. Our plan is to reduce the staff, and those additional dollars will be used to package more supportive services for our consumers moving into private independent living. This will hopefully allow us to attract more landlords to rent to our consumers. We have a plan and place that will help make this possible.”

In addition to the CRR conversion, the HMJ LHOT has been working with Lynn Stewart, the Dauphin County LHOT Coordinator, to put together a landlord protocol tool similar to what is being used in Dauphin County. The objective is to increase availability of supportive housing through increasing the availability of private housing. This tool was created based on input from the landlords and was made possible, in part, because of the formation in the Spring of 2006 of the Mifflin Juniata Housing Coalition. The HMJ LHOT decided to become a subgroup of the coalition specifically to represent and advocate for the disability community. Being part of a larger group has allowed the LHOT to focus on what they really want to accomplish. For example, before the LHOT became part of the coalition, they did not have landlord

participation in providing housing for people with serious mental illness. Since that time, landlords, including the President of Central PA Rental Property Owners Association, have been attending LHOT meetings.

The Landlord Communication Protocol, implemented through the Tri-County MH/MR Program, was developed in cooperation with the landlords and in response to their concerns. This protocol is intended to provide landlords with a “one-stop” resource to address issues for which they believe a mental health service intervention is required. The contact for the landlords is an 800 number that connects to the Tri-County Crisis Line. Although there is a release form from the consumer that can provide feedback to the landlord, it is important to understand that confidentiality regulations may prohibit an exchange of certain information that cannot be disclosed from the mental health system to the landlord. However, landlords are free to identify the person about whom they are calling and the specific nature of the perceived problem. A feedback loop will provide landlords with notification that intervention has or has not taken place and the contact information for the mental health provider that is overseeing the individual’s service delivery. A flowchart

of communication provides landlords with steps they need to take in order to work toward a resolution as quickly and professionally as possible. Mr. Henry has attended a property owner’s meeting to present the concept and has several landlords willing to work collaboratively with the LHOT. The landlords are now aware that mental health consumers who rent units who are referred through MH/MR case management come with a bundle of support services.

Working with the landlords and converting the CRR reflect what an LHOT can do by creatively using existing resources. Mr. Henry feels that the LHOT has been a great benefit. “We were able to identify where our strengths and weaknesses were in the continuum of housing and when we identified the gaps, we could move to fill in what was missing. We’ve broadened our network and created more community awareness. The LHOT has pulled everyone together with a common thread of interest.”

“We are all volunteers and it’s pretty amazing that we have accomplished things without bringing in new dollars – we have filled gaps with existing dollars. We have also taken advantage of any technical assistance, primarily in housing. Everyone has bought in to the collaborative process and the results speak for themselves.”

Innovative Forensics Program

By Peggy Robertson

Mental Health Forensics Services – A Continuum of Care in Allegheny County

There are many individuals with a mental disorder or co-occurring mental illness and substance use disorder who encounter the criminal justice system and become incarcerated. In the state of Pennsylvania, a critical concern is what can be done to provide the least restrictive but most appropriate alternative to or transition from incarceration? Amy Kroll had a dream of providing a better way to ensure that inmates coming out of prison would have a greater chance of staying out. What they needed was a reason to stay out.

“I’ll never forget when I was a correctional officer and saw guards prying the fingers of an inmate with mental illness from the jail cell bars in order to release him...”

A Better Way

Ms. Kroll, Director of Mental Health Forensics Services for the Allegheny County Department of Human Services’ (DHS) Office of Behavioral Health (OBH), was hired in 1994. Her job was to assist individuals coming out of the Allegheny County Jail in obtaining housing and other mental health services. In 1996, she also began providing these services to individuals

with a mental illness being released from the State Correctional Institutions who had served their maximum sentence. Ms. Kroll recalled, “I’ll never forget when I was a correctional officer and saw guards prying the fingers of an inmate with mental illness from the jail cell bars in order to release him. The inmate was terrified because he had no better place to go than his cell. I knew then that there had to be a better way.”

Ms. Kroll, whose background includes working in an emergency psychiatric clinic in Massachusetts and as a correctional officer in Camp Hill State Correctional Institution, developed a better way. The Allegheny County State Forensic Support Program works specifically with individuals who have a behavioral health disorder who are released from the Pennsylvania prison system. The program helps former inmates reintegrate and also promotes a safe and stable community. The premise is an active “in-reach” program through which Mental Health State Forensic Support staff develop a meaningful support and recovery plan for inmates with a mental illness who were from Allegheny County.

A key component of the

success is due to the fact that the program works to develop this plan well in advance of the inmate’s release from any of the state’s 26 prisons. This enables the Mental Health State Forensic Specialist to establish a relationship with the inmates while they are still institutionalized, work with the individuals to develop a service plan for both behavioral health services and other supports, and assists the individuals in their reintegration back into the community. In fact, in 2005, this Mental Health State Forensic Program won The Innovations in American Government Award because of Allegheny County’s strategy to reintegrate individuals with a strong network of early support.

In addition to the Mental Health State Forensic Support Program, the Mental Health Forensic Services include other programs to assist individuals with a mental illness or co-occurring mental illness and substance abuse disorder that have become involved in the Criminal Justice system. These include the following as further described below:

- Mental Health Forensic Diversion Services
- Mental Health Forensic Support Services

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- Mental Health Court
- Drug Court
- CROMISA (Community Reintegration for Offenders with Mental Illness and Substance Abuse

And in development are:

- A Police-Based Crisis Intervention Team (CIT); and
- A Pre-Booking Jail Diversion Program.

Forensic Diversion Services

The Mental Health Forensic Diversion Services provide an array of supports to assist persons with a mental illness and/or co-occurring mental illness and substance use disorder who are about to enter the Allegheny County Jail. Staff coverage is provided at the lock up/jail intake from 5 P.M. until 1 A.M. Monday-Friday and 24-hour on-call coverage is provided for processing of involuntary emergency commitments. Additionally, the Forensic Diversion Specialists provide coordination with courts, community services and local providers to divert individuals from incarceration or to avoid extended jail stays for this population. Ms. Kroll said, "Our Diversion is the front door of supports for an individual with a mental health diagnosis who encounters the criminal justice system. My belief is that some people make bad

choices; because of their mental illness they may not have the resources and skills to make good choices. The Forensic Diversion Specialist develops a service plan to present at the Preliminary Hearing with the hope that the charges will get reduced to summaries, be dismissed, or that the individual will only have to pay a fine. "

"...participants in the Allegheny County State Forensic Program are eligible to receive supports that may include assistance with transportation, up to \$200 for clothing, and assistance with temporary housing as well as financial and organizational assistance in finding permanent housing..."

Forensic Support Services

The Forensic Support Program provides "in-reach" and support to individuals with a mental illness or co-occurring mental illness and substance abuse disorder who are in the Allegheny County Jail and the State Forensic Support provides similar services to individuals who are reintegrating from the State prisons. Services include "in-reach", access to benefits, housing, and other treatment and support services.

In-Reach While Incarcerated

Not all individuals can be diverted from incarceration. For those that end up in the county jail or state

prison, what are the specific factors about the Forensics Program in Allegheny County that make it work and produce positive outcomes for the individual? Ms. Kroll replied, "Typically, on the day of their release from a state prison, individuals are left to themselves with a bus ticket and, often, no place to go. In contrast, participants in the Allegheny County State Forensic Program are eligible to receive supports that may include assistance with transportation, up to \$200 for clothing, and assistance with temporary housing as well as financial and organizational assistance in finding permanent housing. Most importantly, a Forensic Support Specialist is available during this transitional period to help the participants with various administrative tasks and to accompany them to appointments with health and social service providers."

Ms. Kroll explained, "Our in-reach is critical to the program's success. For an individual being released from the County Jail, we provide linkages and arrange for their first in-take appointment while they are still in jail to assess what their needs are once they are discharged. We work

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to ensure individuals have their medications both while in jail and upon release from jail.”

Access to Benefits

Another obstacle for individuals being released from the County Jail or State Prison has been the ability to access their public benefits shortly after their release from jail or prison. It has taken up to nine months to start or re-start benefits and is a source of great stress for these individuals. Through the efforts of program staff, most individuals in the Allegheny program receive medical assistance soon after release (within 7-10 days). Because of the improvements in the collaborative relationship between the Department of Corrections and the State Forensic Support Services, the Department of Corrections identifies eligible candidates for the program six months before their release from prison, and provides the State Forensic Support Specialist with detailed medical and behavioral health information that assists in determining their eligibility for Medical Assistance so that they will be able to have access to benefits upon release.

Ms. Kroll explained, “We

provide linkages to the mental health system, hand walk them through the social security and medical assistance process, and do a tremendous amount of in-reach in prison to get the necessary forms they need to make sure they have medical insurance and benefits upon release. If they are in the state prison, a staff person generally will see them at least three times before they are discharged and if they are in the county jail, staff will see them on a bi-weekly basis. When they are released, each individual has a service plan that spells out the conditions of release and is signed by both the client and the Forensic Support Specialist.”

“...Whatever type of housing individuals move into, we build the supports and services around their needs.”

Housing Options

Ms. Kroll continued, “We immediately provide them with clothing, food and housing. If a person’s diagnosis includes drug and alcohol use, many individuals when released go into a 28 day in-patient rehabilitation program. After they leave the rehabilitation program, we assist them with placement in a halfway house or safe house for

3 – 6 months. During that time, staff will work with them to find independent housing that will best meet their needs. Some people may move into a personal care boarding home, Community Residential Rehabilitation facility (CRR), Supportive Housing, or Single Room Occupancy (SRO). However, we also have many individuals who are ready to move into a private apartment. Through contingency funds or Family Support Services funds we are able to assist with their first month’s rent and a security deposit. Whatever type of housing individuals move into, we build the supports and services around their needs.”

One of the challenges is finding housing in the private sector. The lack of community housing options for program participants continues to be a problem. Since the stigma of having a mental illness coupled with a criminal background often limits access to public housing, program staff are proactive in reaching out to private landlords who have indicated an interest in considering program participants as renters.

The program has been particularly successful in working with area landlords

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who are willing to rent to individuals who are being served in the Mental Health Forensic Services. Ms. Kroll said, "Because many public housing facilities will not take people with a criminal background, we started working with private landlords. At first we were working with three landlords and now we are working with thirteen who are agreeable to renting to our clients. We guarantee that they have someone to call on a 24 hour, 7 day a week basis if a crisis occurs with one of the program participants. We believe strongly in Housing First. We also believe that when we put together a service plan for our clients, we back it up 100 percent. We don't say we are going to do something unless we mean it. We build our reputation on our integrity."

Specialty Courts: Mental Health and Drug Courts

Approximately 35% of the individuals that come through the mental health court and drug court are homeless. Our underlying philosophy for these clients is Housing First. Additionally, as with other populations, it is important to ensure that these individuals have access to benefits and behavioral health services.

Mental Health Court

The Mental Health Court is a collaborative treatment court

designed to maintain communication between the criminal justice and mental health systems. It is used to divert individuals with non-violent criminal charges and a documented diagnosis to community-based services, maintain treatment, housing, benefits, supervision and support services for the individual and promote support public safety. Not everyone is eligible for the Mental Health Court; those who are eligible include:

- Any client who voluntarily expresses an interest in the Mental Health Court
- A client who is currently charged with committing a misdemeanor and/or non-violent felony in Allegheny County
- An adult male or female in Allegheny County awaiting trial
- A client who has a documented diagnosis of a mental illness, mental disability or is dually diagnosed with a mental illness in conjunction with drug and alcohol

Drug Court

The Allegheny County Drug Court is designed specifically for persons who are actively using illegal substances and involved with the criminal justice system. If accepted and court approved, individuals are placed on Restrictive Intermediate Punishment for 23 months followed by six months of

probation and enrolled in intensive drug treatment.

CROMISA (Community Reintegration for Offenders with Mental Illness and Substance Abuse Services)

CROMISA is a six to nine month voluntary therapeutic community program that provides treatment, training and recovery-oriented support services for men with co-occurring mental illness and substance use disorder who are on probation or parole.

Sequential Intercept Model

Ms. Kroll explained about the "Sequential Intercept" Model (Munetz and Griffin) which identifies essential "intercepts" where individuals with a mental illness might encounter the criminal justice system. The intercepts include:

- Pre-arrest Diversion
- Post-arrest Diversion
- Court/Jail Diversion
- Re-entry from Jail
- Probation/Parole

Beginning this Spring, Allegheny County Office of Behavioral Health, through the Mental Health Forensic Services, will be able to offer programs at each intercept. Ms. Kroll said that they recently received two new grants, one from the Department of Justice for a Police-Based Crisis Intervention Team and one from the Pennsylvania Commission on Crime and

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Delinquency (PCCD) for a pre-booking diversion program. To help to celebrate this accomplishment, Allegheny County Department of Human Services is sponsoring a National Conference highlighting the Sequential Intercept Model and Best and Promising Practices for serving individuals with a mental illness who become involved in the Criminal Justice System. The conference titled, "Which Way Out? The Sequential Intercept Model, A Framework for Decriminalizing Mental Illness" will be held at the Station Square Sheraton Hotel in Pittsburgh on November 14 - 16, 2007. This conference will provide the tools needed based on a model of success to help integrate the forensics population with mental illness into the community.

Reentry into the Community

Ms. Kroll explained, "Once the individual moves back into the community, we assist them with obtaining a part-time job, or some kind of connection with the community, even as a volunteer. Many of program participants come out of prison a shell and need to rebuild their self-esteem. The minute they step out the door, we are able to offer them up to \$200 to go shopping at Kmart or Value City to buy new clothes. This tells them that they are somebody. We also provide them with food vouchers to the local grocery store, Giant

Eagle. I teach my staff about the importance of getting to know your client. We need to find out the reason that they will want to stay out of prison. Everybody has a hook - if you don't know your client's favorite food or color, you don't know your client. We need to find out what they value as important to their quality of life and to find out what they really want in life that will help them stay out of jail. All of these supports help make a client's reentry into the community easier."

"Once the individual moves back into the community, we assist them with obtaining a part-time job, or some kind of connection with the community, even as a volunteer..."

Ms. Kroll said that they are starting to gather evidence that shows that their program saves the county money. Reentry into the community is more cost effective than the \$58 a day county jail price tag. The average cost per client is \$3,000 to provide supports for reintegration into the community, compared with the \$25,000 it costs for a year in prison. In addition, statistics are being gathered to support that the program is a proactive approach to reducing the recidivism rate. When asked if the people will be taken back if they have already been through the program and are a repeat offender, Ms. Kroll replied, "Yes, we take them back. We

feel like we didn't learn enough about the client the first time. And we never know when this is the time that the client is going to take advantage of our services and begin the journey of recovery. We really believe in the program and as a result, have seen people change their lives."

Program Growth

This personal assistance provided by the Program promotes self esteem, which has been recognized as an essential aspect of recovery. By insuring the success of the first few days out of prison, the program greatly increases the chances of successful reintegration into the community. When asked how the program could be improved Ms. Kroll responded, "When the program first began in 1994, I was the only staff member. I now supervise a staff of 28. My staff is diverse and work well with the individuals that we serve. However, because the need is so great, the program could always use more staff to help serve all of our clients."

A Model Program

Allegheny County State Forensic Support Services has created a model that offers solutions to transitioning individuals with a mental illness from incarceration into the community. Statistics from 2005 show that of the 347 participants in this program,

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10.4 percent have recidivated and were re-arrested.

Nationally, 61 percent of individuals released from state prisons with a behavioral health diagnosis have recidivated.

The real key to the program's success in Allegheny County is the staff's ability to build meaningful, trustworthy relationships with their clients. These relationships begin while the client is still incarcerated and then continue as they move into the community. Staff members have the resources to help support the medical, behavioral health and social service related needs of these

individuals as they are reintegrated into the community. Although this process is intensive and requires a great deal of time and effort and financial resources, the potential payback is enormous. It means that program participants can become valued members of a community and that they can become employed and contribute to society as taxpayers. And in addition to the cost benefits, the program promotes public safety within the community.

Clearly there are many factors that have contributed to the success of the Allegheny County State

Forensic Program. However, the driving force that elevated this program to a model that can be replicated across the country began with Amy Kroll's dream of a better way. Her inspiration and leadership have energized those with whom she works to turn her vision into reality. In turn, hundreds of program participants are using their freedom to become productive citizens of society.

For more information about Forensics Services in Allegheny County please go to the Behavioral Health tab at the Allegheny County Department of Human Services Website at www.county.allegheny.pa.us/dhs/

HUD Releases Important Homelessness Study

This information is from the National Alliance to End Homelessness Online Newsletter at www.endhomelessness.org.

The U.S. Department of Housing and Urban Development (HUD) released the Annual Homeless Assessment Report (AHAR), the department's first report on homelessness to the Congress since 1984. The report concludes that 754,000 people were homeless (sheltered and unsheltered) on any given night (January 2005) and that over a three-month period from February 1, 2005 to April 1, 2005, approximately 704,000 people were among the sheltered homeless. HUD's assessment is based on two sources of data: a national sample of communities that have implemented homelessness information management systems (HMIS) and CoC point in time estimates. HUD's estimate is similar to the National Alliance to End Homelessness estimate released in January. The AHAR is a rich source for information on homelessness nationally. Among some of the important findings:

- Before becoming homeless 12.4 percent of single adults came from public systems and institutional settings, including psychiatric facilities, substance abuse treatment centers, hospitals, jails, and foster care.
- About 19 percent of sheltered homeless adults were veterans.
- Disabled persons made up 25 percent of homeless adults.
- Emergency shelter utilization for families was 86.6 percent and for individuals 104 percent; transitional housing utilization for families was 72 percent and for individuals was 85 percent.

HUD is currently working on analyzing data for future AHAR reports to Congress.

The study can be accessed at www.hud.gov/offices/cpd/homeless/ahar.cfm.



Visit the Pennsylvania
Housing Choices Website at
www.pahousingchoices.org

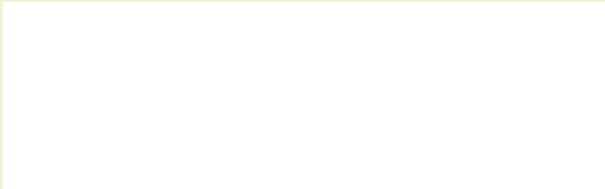
In the next publication of ***Housing Choices*** you will learn how Delaware County has combined multiple funding sources to develop three innovative “shallow rent” programs to assist individuals and families who have recently become homeless, who are at risk of becoming homeless, or who face challenges in obtaining affordable housing in the private market or through traditional subsidy programs.

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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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