

Office of Mental Health and Substance Abuse Services
County Housing Plan Policy
August 2007

In the fall of 2006, the Office of Mental Health and Substance Abuse Services (OMHSAS) in the Pennsylvania Department of Public Welfare issued "A Plan for Promoting Housing and Recovery-Oriented Services" consistent with the OMHSAS landmark 2005 document entitled *A Call for Change: Toward a Recovery-Oriented Mental Health Service System for Adults*.

"A Plan for Promoting Housing and Recovery-Oriented Services," drafted with support from consumers, providers, County MH/MR programs and other stakeholders, provides guidance to County MH/MR Programs for their planning, resource allocation and development of effective supportive housing models and modernization of housing approaches. The Plan spells out specific actions for OMHSAS, its state partners and County MH/MR Programs for housing policy and development. Subsequently OMHSAS has increased technical assistance to counties in Housing Plan development, and specifically provided guidance on the allocation of HealthChoices Reinvestment funds for supportive housing.

With these endeavors underway, OMHSAS is requiring that any county seeking to utilize HealthChoices Reinvestment, Community Hospital Integration Program Project (CHIPPP) or Base Funds for any housing activity, must prepare a Housing Plan utilizing the OMHSAS Housing Plan template. All planning must identify the priority group most in need of permanent housing by age, type of disability/need or other designation. This priority group must include the housing needs of persons currently being served in state psychiatric hospitals. The Housing Plan must be reviewed and approved by OMHSAS. In addition, every county will be required to move forward in developing a County Housing Plan as a requirement of the 2009/2012 County Plan Guidelines.

Housing activities requiring submission of a plan must include:

- Development of any services, management, rental or capital resources for supportive housing including Fairweather Lodges or other evidence based supportive housing approaches (Attachment A);
- Allocation of resources to purchase, build or to substantially modify or convert Community Residential Rehabilitation Services (see specific Guidance below) or Long Term Structure Residences;
- Allocation of resources for contingency funds (move-in or eviction prevention assistance);
- Allocation of resources for staff including housing specialists, program or project managers and time limited technical consultation; and/or
- Development of Enhanced Personal Care Boarding Homes.

Requirements

1. Counties shall submit their County Housing Plans to Shelley Bishop, Executive Assistant to the OMHSAS Deputy Secretary for Consumer and Family Issues (shebishop@state.pa.us) with a copy to the Program Manager in the appropriate Field Office. Each County will be offered technical assistance prior to formal submission to OMHSAS.
2. OMHSAS will review and approve housing plans. Plan approval notices will be forwarded to the County MH/MR Administrator.
3. Upon Housing Plan approval, counties will make formal request for use of these funds.

HealthChoices Reinvestment – Counties shall briefly summarize their request as a single HealthChoices Reinvestment Plan priority using Attachment 3 and 4 of Appendix N, extracting information from their approved Housing Plan to complete the following categories: Target Population, Description of Program or Service, Description of Fund Expenditures, Data Analysis and Stakeholder Involvement in Decision Making.

- Counties must also submit Attachment 5 if their Housing Plan includes development costs including real estate pre-development, purchase, new construction or rehabilitation. OMHSAS is updating Attachment 5 to provide relevant guidance for counties entering into partnerships with housing organizations for real estate purchases, new construction or rehabilitation. A draft of this new guidance will be forwarded to you under separate cover.

CHIPP Funds: Counties shall briefly summarize their housing and service requests in the CHIPP Letter of Agreement. The description of housing development to be funded by CHIPP can be extracted from their approved Housing Plan to complete the Agreement in the following categories as applicable: program objectives, staffing, service development (services and housing), budget, and implementation timeframes.

4. Counties that have identified housing as a priority for HealthChoices Reinvestment or CHIPP funds, but have not completed their Housing Plan within the required timeframe for these requests, must submit their projected requests for housing in the following manner:

HealthChoices Reinvestment Funds – Counties shall submit their projected reinvestment request for housing as part of their single reinvestment plan that commits reinvestment funds. This Reinvestment

Plan should identify the target population, identify the timeframe for completing a housing plan, broadly identify the housing activities anticipated and state the total dollars targeted for reinvestment. The Housing Plan, once completed and approved by OMHSAS, will document the specific fund expenditures and housing development to be accomplished. Implementation can occur for multiple years.

CHIPP Funds: Counties shall describe their projected housing and service requests in the CHIPP Letter of Agreement. The Agreement will broadly identify the housing activities anticipated in the following categories as applicable: program objectives, staffing, service development (services and housing), budget, and implementation timeframes. As part of the CHIPP Agreement the county must also commit to and establish a timeframe for the development of an approved housing plan for OMHSAS review and approval.

5. Additional guidance will be forthcoming for counties to report progress on implementation of their Housing Plans as well as in regard to Quality Assurance requirements, to include Consumer Satisfaction surveying.
6. Given that new housing resources from other sources may become available during the period of time covered by the Housing Plan, County MH/MR Programs have the opportunity to expand or modify their Housing Plans to match resources. If the county is going to make a substantial change which is the greater of 25% or \$50,000 of the amount allocated for the Housing Plan priority, requires the County MH/MR office to submit a modified housing plan for approval to Shelley Bishop, using the same Housing Plan template. A County's Housing Plan modification must be approved by OMHSAS before submitting a change in the Reinvestment Plan or CHIPPS proposal.
7. OMHSAS has partnered with the Pennsylvania Housing Finance Agency to create a new Project Based Operating Subsidy Program. Separate guidelines and application process is required for access to this program. Please contact Shelley Bishop at the above e-mail address for more information on that program.
8. Any county plan that includes the development of a "bank trust" fund must be approved by OMHSAS in the overall County Housing Plan.
 - A bank trust is not considered a Housing Trust Fund, defined distinctly as a trust created by legislation or ordinance.

Community Residential Rehabilitation Services Guidance

1. All requests to de-license CRRS beds must be submitted to OMHSAS in a Housing Plan using the OMHSAS Housing Plan template. There is a formal process for conversion of a CRRS program to supported housing, and this process coupled with the required conversion documentation will be provided to counties through OMHSAS funded Technical Assistance.
2. OMHSAS will only approve CRRS conversions to Supported Housing (as defined in Appendix A of the OMHSAS Housing Plan) or other Evidence Based Housing Practice.
3. There are three approvable CRRS de-licensing/conversion choices, which are listed below. A combination of these choices will also be allowed.
 - a. **Conversion of the program AND the site** from a residential services program to one of supported housing. The site would become simply a rental unit, where the residents would have a standard tenant landlord lease, either as a family of unrelated individuals; or each tenant would have a separate lease, similar to what college roommates would have. Documentation must be provided that residents of the CRRS, prior to conversion, were offered the opportunity to move to other rental units, with rental support if needed.
 - b. **Closure of the Program and the site.** Documentation must be provided that residents of the CRRS were afforded support in developing workable and affordable community based housing choices, and will have necessary housing support services. Evidence of appropriate use or disposal of the site for non-residential purposes must be provided as well as a budget indicating the alternate use of these funds.
 - c. **Transition of the site and the program to a congregate living venue that is an evidence-based practice, such as a Fairweather Lodge.** (Note: if any congregate living situation is proposed other than Fairweather Lodge, documentation that the proposed venue is an evidence based practice must be documented.) Documentation must be provided that residents of the CRRS, prior to conversion, were offered the opportunity to move to other rental units, with rental support if needed. Provider must adhere to the Evidence Based Fidelity Standards (for Fairweather Lodge, these are the Lodge Fidelity Standards), and the Evidence Based Practice consumer outcomes must be tracked. If not a Fairweather Lodge, then evidence based practice fidelity standards must be provided, and adhered to; and consumer outcomes must be documented and be tracked.

Appendix A from the Housing Workplan

Definition of Supportive/Supported Housing:

Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges – individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

A supportive housing unit is:

- Available to, and intended for a person or family whose head of household is experiencing mental illness, other chronic health conditions including substance use issues, and/or multiple barriers to employment and housing stability; and may also be homeless or at risk of homelessness;
- Where the tenant pays no more than 30%-50% of household income towards rent, and ideally no more than 30%;
- Associated with a flexible array of comprehensive services, including medical and wellness, mental health, substance use management and recovery, vocational and employment, money management, coordinated support (case management), life skills, household establishment, and tenant advocacy;
- Where use of services or programs is not a condition of ongoing tenancy;
- Where the tenant has a lease or similar form of occupancy agreement and there are not limits on a person's length of tenancy as long as they abide by the conditions of the lease or agreement; and
- Where there is a working partnership that includes ongoing communication between supportive services providers, property owners or managers, and/or housing subsidy programs.

Supportive Housing is:

1. Safe and Secure
2. Affordable to consumers
3. Permanent, as long as the consumer pays the rent and honors the conditions of the lease

Supportive Housing is linked to support services that are:

1. Optional. People are not required to participate in services to keep their housing, although they are encouraged to use services.
2. Flexible. Individualized services are available when the consumer needs them, and where the consumer lives.