

## **Developing a Recovery Oriented System Supporting and Enhancing Opportunities for Community Housing**

### **It is about philosophy not services.**

Think outside the box. Be creative. The community in its entirety is all at different places around understanding and promoting recovery. It is not about people “living” in the community; it is about people being a part of the community.

### **Each county has a culture and what worked for us may not work for you.**

It is not only about each county but each boro, city, township and how best to reach out and invite involvement.

### **It is about everyone coming to the same table and reaching consensus.**

Our Community Support Program (CSP) became the leader in planning, in doing, and in educating. Our CSP provides provider training as well as consumer training. They serve as lead on the MH Planning process. Since providers, consumers, family members and the county use this process to reach consensus people are on the same page, working toward the same goals.

### **Develop positive relationships with the Housing and Redevelopment Authority.**

We are fortunate to have a very progressive Housing and Redevelopment Authority who has a strong interest in supporting individuals in the community. Several years ago our office supported the Authority in developing a part-time Special Needs Housing Coordinator which is funded through MH but works for the Authority. This really proved beneficial in educating the Authority and MH in both systems. This position was valuable in establishing solid relationships between the two systems and providing support to individuals in locating apartments, community resources, accessing housing vouchers, and being a part of the neighborhood. We have since funded another position at the Authority- MH Housing Development Specialist. This is a full time position with a goal of developing an array of housing opportunities for folks in the community.

### **Put your money where your values are.**

This can be a challenge. As we developed new supports and services we did decrease contracts in more traditional medical model services and put increased resource into the newly created services. We were clear from the beginning what our plan was. By following number three above everyone was on the same page. Start small and evaluate the results and build from there.

### **Talk to folks and be sure you understand what they need and want.**

Individuals can tell you what they need. Services and supports that are developed need to reflect this, not what we think they need.

**You can't convert without having supports in place for folks.**

Plan for what is needed. You can not remove a support for folks without having other supports in place. You need to think about what folks want and develop from there. One size does not fit all or work for all. Flexible services.

**Services created or expanded in keeping with the values which helped us be prepared for Housing Plan and Transformation**

Targeted case management  
Supported Living  
Mobile and site based Psychiatric Rehabilitation  
Mobile Crisis  
Satellites for Outpatient and Social Rehabilitation  
Community Treatment Team  
Certified Peer Specialists  
Warmline  
MH Housing Development Specialist  
Recovery Training  
Stakeholder Training  
Wellness Recovery Action Plans and ongoing support groups  
Peer to Peer (NAMI)  
Family to Family (NAMI)  
Support Group (NAMI)  
Evidence Based Practice- Illness Management and Recovery, etc  
Case Manager for Individuals who are homeless or at risk of homelessness