

# Housing Choices

*A Newsletter for Mental Health Professionals*

Fall 2003

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

## MISA TREATMENT – AN INTEGRATED APPROACH

By Peggy Robertson

### **Background**

One of the most vulnerable populations, individuals who are dually diagnosed with mental illness and a substance use disorder, often do not receive integrated treatment in the current separate mental health and drug and alcohol service systems within the Commonwealth. To address the treatment barriers for individuals with co-occurring disorders, a pilot program designed to create systems of care, which have the capacity to provide integrated, continuous treatment is being implemented.

In 1997 the Pennsylvania Department of Public Welfare's Office of Mental Health and Substance Abuse Services (OMHSAS) and the Department of Health's Bureau of Drug and Alcohol Programs (BDAP) jointly sponsored a statewide Mental Illness and Substance Abuse (MISA) Consortium to examine integrated approaches to working with people who have co-occurring substance abuse disorders and mental disorders. Stakeholders from the mental health and drug and alcohol systems participated and their report issued in 1999 recommended service and systems integration in four areas: assessment, professional credentialing and training, service standards, and adolescent services. Pennsylvania's MISA Pilot Project is the embodiment of these recommendations.

Based on the Consortium's recommendations, OMHSAS and BDAP issued a letter to ascertain county interest in establishing MISA services and systems of care. Twenty-nine counties responded affirmatively, and in April 2001 OMHSAS and BDAP issued a solicitation for MISA pilot projects to interested county Mental Health administrators

and Single County Authority (SCA) directors. The solicitation announced the availability of funds to be used as seed money for the development of program models that combine resources and expertise from the community mental health and drug and alcohol systems. A total of 18 proposals were received and reviewed by an interagency evaluation committee consisting of representatives of OMHSAS, BDAP, Policy, DOH Licensing, and advocacy groups including persons in recovery. After a competitive review process, four adult (Washington, Blair, Beaver, Mercer) and one child and adolescent (Berks) proposals were selected for funding. Mental Health and Drug and Alcohol funds have been allocated for the projects over a two-year period with an additional year of funding for evaluation by the Center for Mental Health Policy and Services Research (CMHPSR) at the University of Pennsylvania.

### **Pilot Project Characteristics**

The goals of the MISA Pilot Project are to create services and systems of care that have the capacity to provide comprehensive, integrated, continuous treatment to adults, children and adolescents with co-occurring disorders. Each diagnosis is considered primary. An important charge to each county was to create models for welcoming individuals regardless of where they access services. Each county is required to have a MISA Coordinator to oversee the project. The projects are creating models for the appropriate treatment that matches the diagnosis; assure availability of MISA case management; and establish structures for inter-agency care coordination. Success of the project is contingent upon demonstrating that specialized MISA initiatives are cost-effective alternatives to traditional service delivery systems and that the results can be replicated by other counties. The anticipated outcomes include:

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increased identification of individuals with co-occurring disorders; increased retention in treatment; increased satisfaction with services; reduced utilization of high-end services; reduced involvement with the corrections, juvenile justice and child welfare systems; and reduced homelessness.

Additionally, the projects are expected to generate ideas for future policy and program development as well as funding for MISA services. According to Rob Primrose, Director for the Division of Substance Abuse Services, who has had the opportunity of working with SAMHSA Director and former OMHSAS Deputy Secretary Charlie Curie, the projects in Pennsylvania have been recognized at the national level and were included in the 2002 Co-Occurring Report to Congress. Mr. Primrose affirmed, "Pennsylvania is on the leading edge of systems and service integration. Each of the five pilot programs has been put together differently but they all offer a comprehensive process that engages all of the stakeholders." The stakeholders usually include the MISA Coordinator, representatives from provider, county and social services agencies, consumers, family members, a forensics case manager, prison staff, and any other individuals who make up the MISA Workgroup.

The following are program highlights of the five MISA Pilot Projects in Pennsylvania. The

first three counties that are profiled work primarily with MISA adult individuals. All of the MISA pilots serving the adult population are administering the Screening Interview for Initial Placement (SIIP) tool to consumers/clients upon their initial entry into the MISA system of care. The SIIP is being developed in a cooperative effort between BDAP and OMHSAS and through a contract with Hahnemann University. It is designed to assist professionals from Mental Health, Drug and Alcohol, and integrated systems with the identification, screening, service determination and subsequent referral of persons with co-occurring disorders.

### **Blair**

The Blair County MISA project is unique because they have designed a system with the "no wrong door concept" that utilizes a Central Point of Contact to welcome consumers/clients into treatment. This model exemplifies meeting a person where he or she is by engaging the individual and building trust. This includes outreach into the community to historically un-reached MISA clients and in some cases to clients who have not shown up for the first meeting. During the first year of the project (January 1 – June 30, 2002), Blair County served 134 individuals, and in the first nine months of year 2 they served 214 individuals, 72 of whom also received services in the first year.

Blair County has been successful in creating a strong model of

systems integration through development of a full continuum of integrated care including Altoona Hospital, Home Nursing Agency, Pyramid Health Care and White Deer Run at Cove Forge. They have also established a MISA Project Coordinator, MISA Policy Council, MISA Team, MISA Triage/Outreach Counselor and Intensive (MISA) Case Management services. The dually licensed MISA treatment services include Residential Treatment (Pyramid and WDR/Cove Forge), Outpatient Services (Altoona Hospital and Home Nursing Agency), and Partial Hospitalization (Home Nursing Agency).

Theresa Rudy, MISA Coordinator, who works with Judy Rosser, D&A Program Administrator/SCA at the Blair County MH/MR/D&A Program provided some history on services in Blair County. "In 1999 Judy and I co-convened a work group with the Blair County Behavioral Health Providers Association to review the DPW/OMHSAS and the DOH/BDAP MISA Consortium Report and develop a plan to further the integration of mental health and drug and alcohol services. We had been looking at the concept of having a single point of contact for about ten years. We were in a good place organizationally going into the MISA Pilot Program. It has helped us to improve and truly integrate our whole continuum of care system and resulted in strong collaboration between agencies and providers who have not previously worked together. It has also brought a team of people

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together who have a great deal of expertise in providing MISA services and who are able to support each other.”

Ms. Rudy explained the assessment process. “No assessments are done at the Base Service Unit. The assessments are done by the provider agency for Mental Health, Drug and Alcohol, and/or MISA services. Following many months of using the state-approved SIIP, we in Blair County collaboratively revised that instrument resulting in a shorter user-friendlier tool. Blair providers have been using the tool for a few months with positive responses and results. OMHSAS has reviewed the tool and has offered approval of the revisions. More importantly, anecdotal information indicates that persons are remaining in treatment longer and a recently completed satisfaction survey showed that consumers and persons in recovery are generally satisfied with their treatment.”

### ***Mercer***

Mercer County’s pilot program served 74 individuals in the first year. In addition to their MISA Coordinator position, they established positions for two new MISA Case Managers, a part-time person who handles statistics, a MISA assessor (different from the Case Manager) and a MISA Interagency Subcommittee. Mercer County makes available their assessment services at several sites; while most intakes are done in the main office of the Mercer Behavioral Health Commission, there are also three

other sites where regular assessments are scheduled. The MISA team also goes to additional identified sites upon request such as the hospital. Like Blair County, Mercer County has been successful in integrating their service network. It now includes the Sharon Regional Health System, Community Counseling Center and the UPMC Horizon Hospital System.

Joe Montone, Mercer County Behavioral Health Commission’s Chief of Clinical Operations, said, “We have been very pleased with the results of the program so far. The people who are in treatment, as well as the providers, are very positive about it. What we hear from our clients is that finally someone is indicating that two separate diagnoses (mental illness and drug/alcohol abuse) can exist and be addressed at the same time. I have found the project to be very interesting because we have chosen to create a third system of care in our county where we can accept people as is into the project. We have neither targeted any specific population nor limited where we get our referrals - as long as individuals are dually diagnosed then they will qualify for MISA services. We have had an interesting mixture diagnostically from a variety of different referrals including the criminal justice system, children and youth services and self-referrals. In addition, the project gives us another venue where we can work collaboratively with other provider agencies and coordinate

information and resources.”

### ***Washington***

Washington County has the largest program at this point in time. They currently have multiple MISA screening sites and are determining how to develop mobile assessment capabilities. They have a full continuum of MISA services within their county and have served 211 MISA adults in the first year. The Washington County program includes the development of a MISA Halfway House, MISA therapeutic community housing, and a mobile crisis service. They have also established a MISA Oversight Committee and a MISA Task Force to promote community awareness and supports. Enhancements to the dually licensed continuum of care include Greenbriar Treatment Center, Spectrum and Southwest Behavioral Care.

Jan Taper, Mental Health Program Director for Washington County MH/MR noted, “This pilot program has allowed us to welcome and connect people to MISA services from any entry point. We receive referrals from a wide variety of places. Since the program began, a real positive is that two providers that we have worked with have become dually licensed. And we have found that many of the mental health case managers have a philosophy of treatment and the skills needed to work with our MISA population.”

Ms. Taper went on to discuss the response of the clients to the

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MISA treatment program. “At first a lot of people were not interested in our services. They were used to the traditional system of only getting treatment for one disorder and in many cases they were taking a long time to admit they had a co-occurring disorder. However, the clients who have stayed in the program have seen the difference and benefits in the MISA treatment. Because the attitudes of our clients have changed, they themselves have been promoting the program. In addition, our clients benefit from the familiarity of having worked with providers in the past who have since become dually licensed. We think this is making a big difference. The providers agree that being afforded the opportunity to take advantage of dual services has been effective in engaging clients more quickly. We have observed that the time between a client’s relapse and his or her reentry into treatment is shorter than when he or she was only being treated for one disorder. And we have found that our clients have been staying in recovery for a longer period of time as well.”

### **Beaver**

Beaver County’s pilot project is slightly different because individuals enter this pilot while incarcerated in the Beaver County Jail. They have established a MISA Forensic Case Management position. A problem Beaver County has encountered is that only one local provider, Gateway Rehabilitation Center (GRC), has been willing to obtain dual licensure. GRC offers MISA

outpatient treatment in the jail and at their three community sites. For other MISA services, clients have to use out of county providers. They have been successful in working with the criminal justice system, including the provision of integrated treatment for the county criminal justice client, both incarcerated and paroled, as well as a strong focus on community support services (housing, vocational, social services, etc).

Arlene Bell, Drug & Alcohol Administrator, and Nancy Jaquette, Planner in the MH/MR Office, have shared responsibility for project administration. Ms. Bell said, “The program concentrates on the forensics population.” Caseworkers in the county jail use their initial assessment to refer inmates to GRC staff who then utilize the SIIP to identify individuals in need of MISA services. Nancy Jaquette explained how a mental health resource case manager has been used to provide MISA forensic case management services. “Every client who enters the MISA pilot is offered this service. This position is the client’s link to community resources and the key to a successful transition from jail to community. The MISA forensic case manager has also been a very important liaison to the court system and has formed strong working relationships with probation and parole officers.”

As noted, Beaver County has had to send clients out of the county for MISA services, so

they are working with local providers to try to raise their interest in being licensed by both Drug & Alcohol and Mental Health. Beaver has been successful in getting providers to come to a MISA Network Committee that meets quarterly and includes the mental health and substance abuse communities, consumers, advocates, treatment consultants and housing specialists. Training opportunities funded through this pilot have increased provider awareness about how to deal with a dual diagnosis and engaged involvement from all of these stakeholders. One measure of success is that there has been no attendance drop-off at these meetings. This pilot also contracted its own evaluator to provide specific data about the project.

Ms. Bell said that after clients have been discharged their housing options include an integrated halfway house, a community residential rehabilitation (CRR) unit designed to serve dually diagnosed individuals and other residential programs in other counties. She also made mention of a new housing option for released offenders in Beaver County. This program, funded with Health-Choices reinvestment money, opened in March 2003. More information is provided about this new facility called Stone Harbour on page 6 of this newsletter.

### **Berks**

The Berks County pilot project is unique because it only serves children and adolescents. The

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first thing Berks did as part of their program was to work on an assessment tool that they were comfortable with for youth with co-occurring disorders. They have developed an initial screening tool and are in the process of developing integrated policies and procedures in partnership with the University of Pennsylvania. As they move forward with the project, they are creating different ways to provide service integration. This includes working with a Berks County alternative school and the Intermediate Unit. Their goal is to expand to a full continuum of care for youth and adolescents with co-occurring disorders.

A full array of services is available in the project and includes: Intensive Outpatient provided by The Reading Hospital and Medical Center-Center for Mental Health; Outpatient provided by Berks Counseling Center; Intensive Case management, Resource Coordination and Administrative Case management provided by Service Access and Management (SAM), Inc. Also, the MISA Workgroup is a subcommittee of the CASSP Advisory Board to tie MISA services into the full spectrum of child-serving agencies within the County.

Kathy Noll, Program Specialist with the Council of Chemical Abuse said, "We have developed a screening tool with the help of the University of Pennsylvania. We are piloting the tool now. Both the Base Service Unit (MH/MR) and the Central Intake Unit (D&A) are using the tool for

intake for MH and D&A assessment. The purpose of the tool is to tell which path a client should take and to decide whether the youth is diagnosed MISA or either Drug & Alcohol or Mental Health. We will then be able to measure how well the tool is working by its accuracy to screen for MISA and determine whether or not modifications need to be made to the tool."

The Berks County MISA program, which was designed in part by the county's Intermediate Unit, is offered inside of the Alsace Alternative School. The School has students from all different school districts in the county. Ms. Noll commented, "The school districts have been very cooperative. To participate in the MISA program, the client has to attend the alternative school. However, there is an out-patient MISA program where students who are not enrolled in the alternative school can be screened. Also, we receive referrals from different sources – mainly the alternative school but also from the Reading Hospital. What is gratifying is that most of the parents have been actively involved with their children in the MISA treatment program. During the summer the MISA program is moved to the Reading Hospital and Medical Center."

The project enforces the Berks County vision to expand MISA services beyond the pilot to incorporate adults, as well as working with providers and school districts to establish

satellite offices in elementary schools to fulfill the mandate of elementary student assistance programs (SAP) and builds on the strong relationship between the Council on Chemical Abuse and the Berks County MH/MR Program.

### ***MISA's Future***

Pennsylvania's MISA Initiative is the beginning of developing a system that is welcoming, accessible, integrated, continuous and comprehensive with a common goal of recovery. Mr. Primrose said, "In addition to accessible and integrated service, MISA clients have repeatedly indicated that they want...a place to live, a job, and a date on the weekends. Perhaps not everyone specified a date on the weekends, but people do want social supports, friends and family. Through the MISA projects, we are meeting the needs of these individuals."

The first year summary by all the counties from the perspective of individuals involved in the MISA initiative was clearly positive. Mr. Primrose said, "Individuals considered MISA services a benefit. They have one place to go where they can get the services they need. They really appreciate the integrated services. In addition, there is good coordination among the participating agencies. Different people in different systems have learned to work together and have learned about each others' agencies and services. The drug and alcohol and mental health fields have shown that they can work together while maintaining the integrity of their respective discipline."

## New Program Eases Transition Into The Community

By Peggy Robertson

Housing the dually diagnosed forensics population after incarceration has been an ongoing concern of housing specialists throughout Pennsylvania. A new facility, Stone Harbour, opened in March of 2003 in Beaver County. Stone Harbour is a 12 bed facility set up to accommodate six men and six women who have been released from jail and have been diagnosed with a mental illness and a history of chemical dependency.

The Stone Harbour P.H.A.S.E. program is a residential program designed to **Provide Hope, Alternatives, Support and Encouragement** in a structured therapeutic setting that is home-like. The staff supports eligible clients to make a successful transition back into the community. The program collaborates with existing community agencies and resources that provide the following:

- Mental health treatment,
- Drug and alcohol treatment,
- Family therapy,
- Education,
- Job skills training,
- Life-skills training,
- Recovery meetings and
- Socialization.

This is to ensure that the resident

has the best possible chance for maintaining abstinence, treating mental illness and addressing other issues that once were obstacles.

This new program is under the umbrella of Supportive Services, Inc., an agency that provides rehabilitative housing for mental health consumers.

Eugene Williams, Director of Stone Harbour, explained, "The idea for the Stone Harbour P.H.A.S.E. Program originated from the Beaver County Jail Task Force about five years ago. This committee is spear-headed by the Executive Director of the Beaver County Mental Health Association, and includes The Warden and other representatives from community organizations and county agencies that serve the forensics population. After completing a point in time study, results showed that there was a real need for transitional housing for dually diagnosed individuals being discharged from jail. The idea was then put before the jail board and they were receptive to the proposed model. Stone Harbour received two-year funding through reinvestment dollars from the HealthChoices managed health care company. They currently have an application into HUD for future funding.

The Intake Process for potential residents is as follows. Stone Harbour receives a referral from the Beaver County Office of Mental Health/Mental Retardation Base Service Unit's Forensic Case Manager. Once a release is signed, the Stone Harbour staff will make the necessary contact/s to set up the initial face-to-face interview with the potential resident. This interview session is the first of four. These sessions are designed to get to know the potential resident and assess his or her needs. The sessions last approximately one hour in length. During one of the sessions a treatment team will meet with the potential resident to help determine the best plan for success and help him or her transition back into the community. The P.H.A.S.E. treatment team reviews each case to determine if Stone Harbour is appropriate.

Mr. Williams said, "Six of our seven residents have come from the Beaver County MISA pilot program and this has had some added benefits. The same members of the Gateway Rehabilitation Center team that provided services to our clients in jail are providing treatment for them now. This truly is a continuum of care. We also recognize that relapse is often

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part of the recovery process and are willing to work with our residents if they should slip. If this occurs, we will take a team approach and may recommend a higher level of treatment if needed.”

Steven Pisani, Supervisor at Stone Harbour noted, “The team approach has really worked well and our residents feel safe here. While in the program, residents are actively involved in all activities. After a resident is in the program for six weeks they have to have a sponsor who basically serves as a mentor. The mentor, usually someone who has been in recovery and has successfully integrated into living in the community, is there to assure the resident that he or she doesn’t have to go through the journey alone. The mentors often help guide the residents to become involved in a variety of activities. Some of the activities our residents have become involved in include classes in anger management, Psychiatric Rehabilitation services, and two of our residents have been hooked up with the Office of Vocational Rehabilitation.”

Mr. Pisani clarified, “Not all of our residents have to come from the jails. We get referrals from outside agencies such as the Office of Drug and Alcohol, Intensive Case Managers, Probation Officers, and Drug Rehabilitation Centers.

Statistics show that the average stay in a transitional program is six to eight months. At the time when the team, which includes the consumer, thinks it is time for the consumer to move into permanent housing, referrals are made to a variety of housing options such as: public housing, apartment programs or the Supportive Services’ Harbour Point Housing Program.”

If an individual is accepted into the P.H.A.S.E. program, arrangements are made to pick the individual up from his or her place of resident. He or she is then taken to the Public Welfare Office, Social Security Office, Probation Office, etc., and from there to Stone Harbour. Any potential resident of the program must meet the following criteria prior to placement.

- Have a mental health diagnosis and be dually diagnosed
- Be at least 18 years of age or an emancipated minor
- Be willing to pursue goals and attend outside programs/activities designed by a Goal Plan (Employment is considered an activity.)
- Be active in AA/NA or some other form of drug and/or alcohol prevention treatment (if the individual is an active alcoholic or drug user)
- Be referred through the Beaver County OMH/MR

Base Service Unit

- Be eligible for, have applied for, or be receiving Social Security, SSDI, SSI, or General Assistance from the Pennsylvania Department of Welfare
- Be willing to sign and abide by the Service Agreement and House Rules of the agency.”

If possible and necessary, a new resident will be scheduled for a complete physical including x-rays, blood work and serology. Readmission policies will be similar or identical to the aforewritten. More specific contracts may be developed for returning residents who left previously due to failure to conform to P.H.A.S.E. guidelines.

Stone Harbour is one of the few models of its kind in Pennsylvania. It is too early to report on whether or not the residents have successfully moved into permanent housing because they are all still in the program. However, it has all of the right pieces in place - MISA treatment, sponsorship, successful collaboration, a team approach – and the residents feel safe and have a Goal Plan. Most important, the program **provides hope, alternatives, support and encouragement** so that the residents can transition successfully into the community.

## Honoring A Person's Narrative

By Peggy Robertson

Dr. Maureen Gibney, clinical neuropsychologist and trainer, provided insight into the aging issues faced by the mentally ill elderly at the June Quarterly Mental Health Housing Specialist Meeting in State College. She opened the discussion by stating, "We want to find out how to allow individuals as much autonomy, interdependence and quality of life as possible."

She explained that one of the problems is that mental health disorders occurring in older individuals may be attributed to the aging process. As a result, mental illness is often under-recognized in later life and when it is recognized it often goes under-treated. In addition, most older people do not seek mental health professionals, instead they go to their physicians or clergy for care. Unfortunately this can lead to misdiagnosis and difficulty in identifying a person's care needs. Another problem is that many older people don't share their feelings with others. Many times their distress goes unnoticed; the suicide rate for the mentally ill elderly is the highest of any age group.

The Housing Specialists brainstormed a list of possible resources that might be available to help meet the housing needs of the mentally

ill elderly. Long-term care planning is essential to determine available services and supports needed for the mentally ill elderly to live independently. Living arrangements where the mentally ill elderly are currently residing include state hospitals, nursing homes, personal care homes, Shelter Plus Care, public housing, single homes or apartments, either alone or with family members, and in some cases, jails. Generally speaking, even if the living arrangements are unsatisfactory people may have a fear of moving and making change. In order for change to occur, the proper resources and supports need to be identified and made available.

The Delaware Valley Mental Health Aging and Advocacy Committee (DVMHAAC) proposed a Continuum Of Care stating that "any continuum of care for older adults with behavioral health needs should place an emphasis on maintaining people in their own homes. In-home training, supports, and services should be available to both caregivers and the individual served to enable them to live in the residence of their choosing.

The continuum of care will allow older adults with mental health problems to 'age in

place' in whatever setting they desire, whether it be independent living, senior housing, assisted living, personal care homes, or nursing homes. In order to achieve this continuum of care model, the first step is to identify who the mentally ill elderly are through outreach and through engagement. As Dr. Gibney said, "We need to learn how to honor a person's narrative."

A few fictional cases were discussed in detail by the participants at the June meeting. During this time there a great deal of attention devoted to key issues of care management, quality and comprehensiveness of care, dignity, housing supports needed and other services indicated.

Supports and services to help the mentally ill elderly live independently might include:

- Case Management Services, often available through County MH/MR Offices and Area Agencies on Aging (AAA)
- Medication Management such as through Mobile Meds programs
- Access to vocational and social outlets and supports such as: Peer Programs; Senior Center Outreach

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Programs; Adult Day Care Centers; and Congregations

- Meals on Wheels
- Local Food Banks
- Assistive Technology
- Home modifications
- Representative payee services, which are available through some MH/MR Offices and/or private non-profit agencies
- Transportation services, such as those available through paratransit agencies
- Advocacy/Ombudsman, or an official who is designated to assist a person overcome the delay, injustice or impersonal delivery of services

In reviewing some of the available resources for the mentally ill elderly, the gaps in the services became apparent.

They include:

- Culturally sensitive services
- Language/interpreter services
- Need for “aging” services before 60 – 65.
- Consistency in the age restrictions for certain benefits from HUD, the Pennsylvania Department of Aging, Medicaid and other major providers of services for the elderly

There are several agencies that provide information on services that are available to assist the mentally ill elderly.

They include:

- County Mental Health and Mental Retardation Offices
- Area Agencies for Aging
- Pennsylvania Department of Aging
- Mental Health and Aging, a project of the Mental Health Association of Southeastern Pennsylvania

Selected links include:

- Ageless Design – smarter, safer living for seniors - [www.agelessdesign.com](http://www.agelessdesign.com)
- Alzheimer’s Association - [www.alz.org](http://www.alz.org)
- American Society on Aging – [www.asaging.org](http://www.asaging.org)
- Bazelon Center for Mental Health Law – [www.bazelon.org](http://www.bazelon.org)
- Center for Advocacy for the Rights and Interests of the Elderly – [www.carie.org](http://www.carie.org)
- Center for Disease Control National Prevention Information Network - [www.cdcpin.org](http://www.cdcpin.org)
- Center on Aging, University of California/Berkeley – [www.socrates.berkeley.edu/~aging](http://www.socrates.berkeley.edu/~aging)
- Mental Health and Aging Task Force of Mental Health Association of Southeastern Pennsylvania – [www.mhaging.org](http://www.mhaging.org)
- National Institute on Aging – [www.nia.nih.gov](http://www.nia.nih.gov)

## Upcoming OMHSAS Housing Specialist Meeting

# *SAVE THE DATE*

**Wednesday, September 17, 2003 - 10:00 A.M. - 3:00 P.M.**

Harrisburg State Hospital Complex  
Beechmont Hall Room 145  
Harrisburg, PA

**Tentative Agenda Topics:**  
Stone Harbour P.H.A.S.E. Program  
Mentally Ill Elderly Continued  
Youth Aging out of the Foster Care System

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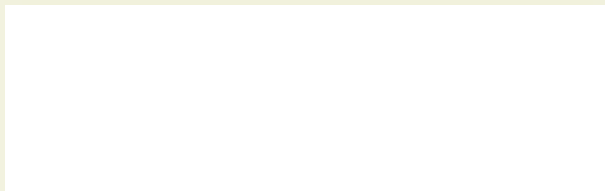
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We welcome your submissions, ideas for  
articles, and information on related  
housing efforts and projects. If you have  
information about a related project or  
would like more information about a  
project described here, please contact us  
at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

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*John Ames, Mental Health Program Specialist with the Office of Mental Health and  
Substance Abuse Services, at the June Housing Specialist Meeting in State College, PA.*



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