

Housing Choices

A Newsletter for Mental Health Professionals

January 2003

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

Preventative Measures to Incarceration

By Peggy Robertson

Erie County Treatment Court

John Doe lives in Erie, Pennsylvania and has been diagnosed with a mental illness. One evening he is picked up by a police officer for disorderly conduct and making terroristic threats. He is taken to the police station where he is thrown in jail while he waits for his hearing. Because he does not have an attorney, he is assigned a lawyer from the Public Defenders Office. The public defender (PD) takes his client's information and assesses that John Doe should go to the Treatment Court. The Treatment Court is unique because it links the criminal justice system, the mental health system and the drug & alcohol system together in order to work with people with mental illness, people with a substance abuse diagnosis and/or people who are dually diagnosed and have been charged with a non-violent crime. In order to better serve the clients the Treatment Court Program separates the Drug & Alcohol cases from the Mental Health (MH) cases.

In order for John Doe to be a participant in the Treatment Court, he must plead guilty to his crime. He is then taken to the Erie County Adult Probation Office where he is assigned the parole officer (PO) who handles all clients who are assigned by the Treatment Court program. John Doe is placed on probation, or parole, and

must agree to the condition that he attends Treatment Court on a weekly basis. If not, he may end up in jail. John Doe is then linked up to services that he needs. He is assigned a case manager from the mental health system, or if he is dually diagnosed, he would be assigned a case manager from the Drug and Alcohol system.

Social Responsibility Treatment Program

Because John Doe has a mental health diagnosis, he is referred to the Stairways Behavioral Health Outpatient Clinic where he is enrolled in the Social Responsibility Treatment Program (SRTP) to receive mental health services. The SRTP includes four phases. Phase I, the introduction phase, lasts one hour during which time John Doe follows the standard intake process and learns the rules. If he agrees to them, he signs a contract and is then assigned to a specific group in the program based on his individual needs.

Phase II is the initial phase which lasts twelve weeks and involves weekly participation in the following groups – life skills, anger management, addiction counseling and healthy living. When John Doe appears in Treatment Court having satisfactorily completed the initial phase, the judge commends him for his accomplishment and rewards him with a pass to the YMCA. Mr. Doe then moves into Phase III, the intermediate phase, during which he participates in an eight-week program that meets bi-weekly and stresses building relationships and addiction counseling. When Mr. Doe successfully completes this phase he is rewarded with a gift certificate to a restaurant by the

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Judge. He is then moved into Phase IV, the advanced phase of the program, during which he attends meetings once a month. There is no time limit for the SRTP and Mr. Doe's progress is monitored and reports are given to the MH Court Liaison, his case managers and his probation officer. When Mr. Doe moves from Phase I to Phase II and from Phase II to Phase III he receives a certificate of completion from Stairways which helps motivate him to complete the entire program.

The Hearing

John Doe must go before the judge each week and this court experience is designed to be supportive rather than punitive. Prior to these meetings the judge meets with the case manager, the mental health probation officer and the district attorney to review all of the cases that will be seen in Treatment Court. The Drug and Alcohol cases are heard in the morning and the Mental Health cases are heard in the afternoon. The dialogue of Mr. Doe's hearing may proceed as follows.

Judge:

How are you doing today, Mr. Doe? The last time I saw you, you had had a relapse. I was concerned because you were doing well for almost four months and I know you can do well when you want.

Mr. Doe:

I've been clean all week.

Judge:

Are you taking your meds and going to all of the meetings you are supposed to attend?

Mr. Doe:

Yes, Judge. But the meds I'm taking are making me really tired.

Case Manager:

Mr. Doe has been working with Stairways and we are going to check to see if we can get him some new meds.

Judge:

Has your family been supportive?

Case Manager:

He has been getting a lot of help from his dad.

Judge: Well, it seems like you are doing better this week and your urine sample came back clean. Does everyone agree that Mr. Doe has had a good week?

Everyone agrees.

Judge:

Then let us give Mr. Doe a round of applause.

Graduation

At the point where John Doe has successfully completed the Treatment Court program and all four phases of the SRTP, he graduates from the program. The Judge recognizes his

achievement publicly. Mr. Doe would probably tell others that Treatment Court and the SRTP are very intense and demand a great deal of participation and work on the part of the client.

As a graduate of the Treatment Court program and having completed the SRTP program, Mr. Doe may have an opportunity to continue with the Court in another role. There is an exciting new opportunity for the graduates of the program - a newly formed mentoring program. This program, which is starting with the Drug and Alcohol side of the Treatment Court, provides an opportunity for graduates to problem solve with new participants and to explain to them about the requirements of the program. This provides new participants with an incentive to avoid incarceration. The Treatment Court is also planning on developing a mentoring program for the Mental Health side so that Mr. Doe can share his rigorous and rehabilitating experience with newcomers to the program.

The Judge's Perspective

Mr. Doe's is a typical case seen before the Treatment Court. It is important to note that the Treatment Court in Erie is successful due to a number of factors. Jeffrey Shaw, Treatment Court Coordinator and County

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Probation Officer, said, "The Treatment Court really got going because of the judicial leadership. Judge Cunningham, who presides over the Treatment Court, was a prosecutor and then appointed judge in 1998. He became very interested in drug courts and visited many of them before the Treatment Court began. He decided he wanted to rule over the Treatment Court. The judge hears the cases, puts people into the Treatment Court Program, and then on a weekly basis determines what different sanctions or rewards and incentives a client receives."

Judge Cunningham elaborated on his involvement with the Treatment Court. "The Court is not meant to be punitive, it is meant to hold people accountable and provide positive reinforcement. For the most part, the clients' recovery is much better than if they had been incarcerated, but I have come to learn that relapse is a part of the recovery process. And I have become more sensitive to what people's needs really are. There was a woman who came to the drug court – she was very anti-social and what we might call a 'cocaine street whore'. Right away she relapsed and was put into jail. I was ready to write her off. Then we realized that her problem revolved more around mental health issues so we got her into detox and into

mental health treatment. She was able to get her daughter back who had been in foster care. I wish I could say that this is where it ended. Unfortunately she relapsed and I was crushed. She was like a family member. But now I know I have to keep my distance."

When asked if the Treatment Court is worthwhile, Judge Cunningham responded, "The numbers won't stagger you and the cases are very labor intensive. But when you go to a graduation and you see the changes the program has made in people's lives, yes, it is worth it. And I have come to appreciate the small victories. We had one client who had been in the Drug Court. While in the Treatment Court he was well for a while and then relapsed, committed a crime and wound up back in jail. But he said to me – Judge, I've been messed up all of my adult life and at least in the program I was clean and sober for 5 or 6 months." The judge then added, "And one thing I have found is that if the clients know that the judge cares, it provides motivation and they don't want to disappoint."

Benefits of the Court

Mr. Shaw talked about the individual clients. "We like to get the cases as soon as the crime is committed. This way we can keep our clients from going to jail, which is a win situation for them and does not

clog up the jails. I believe in this and that's why I stick with it. I have a sincere interest in helping individuals and protecting the community. In setting up a program for our clients, we often have to think outside the box. Everyone on our team works together to develop an individualized plan for each client. The Treatment Court does not decide innocence. The client must plead guilty and then go into the program. After the client has completed the program the charges are dismissed." Currently there are 90 cases in the Treatment Court, 12 of which are Mental Health cases.

Karen Croyle, Senior Administrator for Psychiatric Treatment Services at Stairways Behavioral Health, discussed the mental health treatment the clients receive. "We have incorporated a lot of people into the planning of the program, including the people who work in the jail. All clients have an orientation before they enter the 12 week program. They receive a binder that includes resource information and the rules of the program. At the end of the 12 week program we ask our clients to fill out evaluations to help improve the program. One response was that a client wanted to know more about the symptoms of his disease. Since our nurse understands what the diagnoses of the people in our group are, the

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nurse is now prepared to educate our clients. We tell our clients we want to exceed their expectations. By working with the case manager, the parole officer and a forensic liaison, we have developed a very successful program. And we are blessed with the amount of inner agency cooperation that has occurred.”

A True Collaboration

The Treatment Court receives a combination of county and

state funding including grants from the Pennsylvania Office of Mental Health and Substance Abuse Services and the PA Commission on Crime and Delinquency. This funding supports the case manager, the probation officer and the out patient treatment services.

The Erie County Forensic Mental Health Project is designed to ensure that people with serious mental illness are treated with dignity, and are provided access to

individualized treatment. It is also designed to protect the safety of the community. What is truly unique about this project is that it links the criminal justice system, the mental health system and the drug and alcohol system together and brings all parties to the table regularly. The project exemplifies a true integration of systems working together to provide an alternative to incarceration for the mentally ill person in the criminal justice system.

Free Psych Rehab Training Offered Through OMHSAS and Drexel Universal

The Office of Mental Health and Substance Abuse Services (OMHSAS) and their training partners at Drexel University are offering training opportunities in psychiatric rehabilitation for fiscal year 2002 – 2003. If your program is affiliated with the OMHSAS, you will be approved for tuition-paid attendance.

The Psychiatric Rehabilitation Training is offering several courses in the western, central and eastern regions of the state. Courses include Orientation to Psychiatric Rehabilitation, Goal Setting, Functional Assessment, Curriculum Based Teaching, Outcomes, Indirect Skills Teaching and Coaching and Connecting Skills. The recommended course for those who have not had trainings before is Orientation to Psych Rehab. The description of this course, the sites and dates are below.

Orientation to Psychiatric Rehabilitation Principles and Practices (12 hours)

Psychiatric rehabilitation has been described as a major component of services that practitioners offer in order to promote opportunities for the recovery of persons with serious and persistent mental illness. This course outlines the major values and principles of psychiatric rehabilitation. It also includes an overview of several approaches to psychiatric rehabilitation that may be helpful to consumers in promoting recovery.

Sites and Dates

Holiday Inn Greentree February 5-6, 2003
 Holiday Inn Greentree April 2-3, 2003
 BHE (formerly MCP) Drexel April 10-11, 2003
 Holiday Inn Clarion May 15-16, 2003

To learn more about the Psychiatric Rehabilitation services and to find out about the courses offered and the training calendar go to the following website: http://www.drexel.edu/bhe/psychiatric_rehabilitation.html or contact Joann Roesner at 215-842-4381. .

Horizon House Recipient of Award from U.S. Department of Health and Human Services to Improve Care for Homeless Individuals

By Peggy Robertson

On October 1, 2002 HHS Secretary Tommy G. Thompson announced \$14 million in grants to expand and strengthen community substance abuse treatment services and primary health care for homeless individuals experiencing substance abuse disorders and/or mental illness. "As a society we will be judged by our ability to help our most vulnerable members", Secretary Thompson said. "We cannot allow persons with severe substance abuse or mental health problems to live in the streets. We must provide shelter and treatment for their disorders."

The awards include 19 grants totaling almost \$11 million to expand and strengthen community treatment for homeless individuals with substance abuse disorders, mental illness or with co-occurring substance abuse disorders and mental illness. These Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who are Homeless grants are administered by HHS' Substance Abuse and Mental Health Services Administration (SAMHSA).

"On any given night, upwards of 600,000 persons are homeless," SAMHSA Administrator Charles G. Curie noted. "These

funds will help meet needs by promoting entry to housing and helping individuals remain housed, while they are receiving the treatment they need for substance abuse, mental illness or both."

The "homeless" in these grants also include the "doubled-up" -- those persons who are at imminent risk of becoming homeless because they are sharing another person's dwelling on a temporary basis. These persons are sheltered only as long as the primary occupant of the home is willing to continue the arrangement and could be thrust out on the street at any time without notice.

"This new program creates a model of collaboration that may well pave the way for joint efforts in many communities," said Elizabeth M. Duke, Ph.D, Administrator of HHS' Health Resources and Services Administration (HRSA), which is co-dispenser of the grant with SAMSHA. "It's important that we work together at the community level to address the complex needs of homeless individuals and families."

Philadelphia, Pennsylvania's **Horizon House, Inc.** was one of the grant recipients. The agency will receive \$586,574 annually over the next three years to bring individuals with long histories of

substance abuse, street homelessness, and serious mental illness in from the streets and stabilize them in permanent housing.

Horizon House, Inc. provides an array of community-based social services to more than 3,000 low-income adults in the Southeastern PA region and the state of Delaware. Profiled in the Summer 2001 publication of *Housing Choices*, Horizon House is an innovative non-profit social service agency that works in partnership with disabled individuals and their families. They assist adults with mental health needs, substance abuse problems, homelessness or developmental disabilities in acquiring a sense of confidence and independence so that they can participate in and contribute to the community fabric.

The program, dubbed "New Keys," will be run in partnership with the city and others. The philosophy behind the program is that an individual must first have a home before he or she can get straight. "Once housed, individuals get a regimen of alcohol and drug-abuse recovery support, psychiatric and other counseling," said Jeffrey Wilush, President and CEO of Horizon House.

With the inception of the New Keys Project, SAMHSA

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resources will be combined with HUD Supportive Housing Program funding to serve 100 individuals over the three-year grant period. As part of the City of Philadelphia's Continuum of Care application, HUD will fund 25 units of independent housing for New Keys participants over a three-year period. The City of Philadelphia's letter of support reflects that additional housing resources for the New Keys program will be prioritized within the city's various housing systems. The support infrastructure will combine community treatment and rehabilitation services for substance abuse and mental illness. A core principle of the service will be that setbacks and adverse events in the course of recovery will be anticipated and incorporated into the service model.

Mr. Wilush noted that Philip Beltz, former Director of Homeless Services, and David Dunbeck, the new Director of Homeless Services, were instrumental in obtaining this important funding. The project is now in its developmental stages. Consumers are being identified, protocol is being established, staff members are being recruited, a team is being built and responsibilities are being clearly defined. The outcome goal for the clients will include stable housing and engagement of community-based outpatient services as appropriate beginning in the first

quarter of 2003.

Jeff Wilush is thrilled about New Keys. He explained, "What is particularly encouraging about New Keys is the collaborative effort involved in helping to solve the homeless problem in Philadelphia. The formal partners Horizon House will be working with include the City of Philadelphia's Behavioral Health System (BHS), a non-profit housing development corporation, and the University of Pennsylvania Center for Mental Health Policy and Services Research (CMHPSR). In addition, Project H.O.M.E. and the entire outreach community in Philadelphia are playing a part in targeting a population with whom we can be most effective."

The target population includes individuals experiencing chronic homelessness who have a substance abuse disorder co-occurring with serious mental illness who have not responded to increased efforts and resources over the past several years to engage them. Horizon House is using the "housing first" model, which has been successfully used by the Pathways to Housing Program in New York. Founded in 1992, Pathways to Housing offers scattered site permanent housing to homeless individuals with psychiatric disabilities and addictions. The Pathways program provides clients with housing first, and then offers services and treatment to people in their homes. (This program

was profiled in the Summer 2002 publication of *Housing Choices*.)

Most of the programs in Philadelphia emphasize treatment prior to permanent housing, which is not always a motivational factor in getting chronically homeless individuals off the streets. Part of the success of the "housing first" model is that after housing is provided, the support services are taken to the individuals in their own homes.

Mr. Wilush noted, "We believe that the ultimate motivation for many people on the streets is housing first. With New Keys, scattered site housing will be provided for homeless individuals and our Assertive Community Treatment (ACT) team will build support services around the individual in their home. The ACT team, staffed by Horizon House, includes psychiatric support, nursing, case management, social workers and counselors. The ACT team will establish individualized protocols for their clients, providing them with treatment, the skills needed for the activities of daily life, and access to other available resources. We do anticipate, however, that consumers may encounter certain setbacks during their recovery to independence. If this happens we will intervene quickly so that the setback does not become a major relapse. In addition, BHS

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will serve as the gatekeeper to other resources in the system. For example, if a person has a setback or failure, they may receive clinical treatment resources from BHS, which may result in the individual being out of his or her home for a temporary period of time. During this time, Horizon House will maintain the home until the individual is ready to move back. I would also like to mention that part of our goal is not just to find homes for our consumers, but also to integrate

them into the community. And as a person becomes more independent, we would like to transition him or her out of the intensive services New Keys provides and into other service venues that aren't as intense in order to free up space for new people."

Mr. Wilush stated, "A truly exciting component of New Keys is the involvement of the CMHPSR. They will do an analysis of the project resulting in a formal publication for SAMHSA that will report on the

efficiency of the services provided through the New Keys program. New Keys will be a model of service that will be able to accurately detail its success and the significant impact it will have on Philadelphia. For me, it is very energizing to work collaboratively with dedicated people who are coming up with creative ways to deal with the homeless situation in Philadelphia. And this is what we all want to achieve, an end to homelessness."

Upcoming OMHSAS Housing Specialist Meeting

Tuesday, March 11, 2003

Harrisburg-Hershey Marriott, Harrisburg, Pennsylvania

Agenda Topics:

**Housing the Mentally Ill Forensics Population
Mental Health Courts**

For more information contact Charolett Payne at 215-576-1558

No Need To Choose Between a Job and Health Care

The Pennsylvania Department of Public Welfare Office of Income Maintenance is providing health care coverage to workers with disabilities so that they do not have to choose between a job and health care.

Medical Assistance for Workers with Disabilities (MAWD) encourages persons with disabilities to work and enjoy the financial benefits of being employed. Under this program, you can receive Medicaid, while you work, even if your earnings increase above the limits for other Medicaid programs.

There are two coverage groups:

- Worker with a Disability – these individuals must meet the Social Security Administration's standard of disability and must be employed and receiving compensation.
- Worker with a Medically Improved Disability - these individuals must have been previously covered under the Worker with a Disability group but had an improvement in their disability condition. They must be working at least 40 hours per month and earning at least the minimum wage.

Who is eligible?

To be eligible for MAWD, you must:

- Be at least 16 years of age but less than 65
- Be employed and receiving compensation
- Have a disability as determined by the Department of Public Welfare (DPW)
- Disabilities may include physical or developmental disabilities, mental health or mental retardation.
- Have countable income below 250 percent of the Federal Poverty Level
- Have \$10,000 or less in countable resources. Countable assets do not include homes or automobiles

MAWD Categorically Needy Income & Resource Limits Based on 2002 Federal Poverty Income Guidelines			
Number of Persons	Federal Poverty Level (FPIG)	Monthly Income Limit (FPIG Limit)	Resource Limit
1	Less than 250%	\$1,846	\$10,000
2	Less than 250%	\$2,488	\$10,000

Are there any premiums?

All participants must pay a monthly premium based upon five percent of their countable monthly income.

What are the benefits of MAWD?

Benefits may include:

- Doctor visits
- Durable medical equipment
- Prescription drugs
- Acute care
- Mental health services

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- Dental services
- Drug and alcohol treatment
- Hospital stays
- Rehabilitation services
- Hospice services
- Medical Assistance Transportation Program (MATP) services
- Enrollment in HealthChoices - Pennsylvania's Managed Care Program

How do I apply?

Contact your local County Assistance Office (CAO) or caseworker to apply, or to find out more about how this program can help.

Call the Department of Public Welfare help line at (800) 692-7462 for more information. TTY/TTD users please call (800) 451-5886.

This information is available on the Department of Public Welfare website -

<http://www.dpw.state.pa.us/oim/medicaid/oimmawd.asp>.

*William Boyer, Mental Health Program Specialist, OMHSAS, Bureau of Policy and Program Development,
presented information about MAWD at the September 2002 OMHSAS Housing Specialist Meeting*

Visit the HARP Website

HARP is a program sponsored by the Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services and administered by Diana T. Myers and Associates, Inc. HARP provides assistance on meeting the housing needs of people with mental illness.

One of the many services offered by HARP is the HARP website.

www.harpojpa.org

MAILING LIST UPDATE

Please let us know if the contact names and the mailing address on the label of this newsletter are correct. If not, contact Charolett Payne at 215-576-1558 or email her at cpayne@mycomcast.com with the correct mailing information. Thank you.

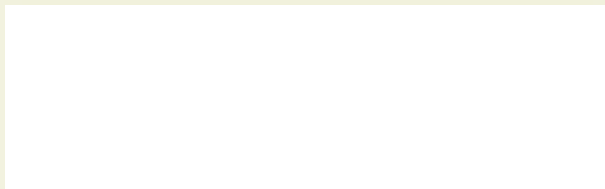
REQUEST FOR INFORMATION

The PA Office of Mental Health and Substance Abuse Services is conducting a survey on what is being done in the rural areas to help get individuals with mental illness and who are homeless off of the streets and into housing. Please contact John Ames at 717-705-9510 with any information and/or ideas addressing this important issue.

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

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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: Diana T. Myers and Associates, Inc., 6 South Easton Road, Glenside, PA, 19038.
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