

Housing Choices

A Newsletter for Mental Health Professionals

Summer 2002

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

Milestones Setting New Trends In Pennsylvania

By Peggy Robertson

Milestones Community Healthcare, Inc., a subsidiary of Salisbury House, Inc., has been providing housing and other supports for people with mental illness since 1982. Like many other progressive organizations, Milestones believes that all people should own and/or control their living arrangement to the extent possible. One of the things that makes this agency unique is that founder and owner, Paul Volosov, Ph.D., aggressively seeks innovations to convert this and other beliefs into reality.

In the Salisbury House 1999 Annual Report, Dr Volosov stated, "We have been told repeatedly by consumers that sharing a bedroom with a stranger is one of the top factors that lower their satisfaction." Individuals are much more satisfied with their living arrangement when they have their own private bedrooms. Based on this, offering private bedrooms has become a top priority at Milestones. Interestingly enough, this scenario does not necessarily cost more. Although housing costs increase when private bedrooms are offered, staffing costs may actually decrease. This is because there is less conflict among residents when each one has a private bedroom. Dr. Volosov asserted, "All our new residential opportunities offer private bedrooms. We are now going back to all of our older residential arrangements and converting them into one person per bedroom homes. In this conversion process, we are also looking at alternative ways to pass ownership and control of the properties to the residents."

The most poignant example of this major change is taking place in Montgomery County. Milestones has operated two group homes with a total of 18 residents in Montgomery County for many years. Until recently, most of the bedrooms in these homes were shared by two people.

Milestones is about to complete the first stage of the conversion process. A third home in Montgomery County has been purchased and renovated to house nine individuals, each with his/her own bedroom. The home has been licensed as a personal care home. The unique part of this venture is that the home is being set up as a co-operative living arrangement. Under this arrangement, each resident will buy into the "Co-op" and become a member of the board of directors. Thus the combined group of residents will control their shared home. As a "Co-oper", each resident will have exclusive use of his/her own bedroom, shared use of a living room and bathroom for each cluster of three bedrooms, and shared use of a common kitchen, dining room, living room, and recreation room for all nine residents. Thus, each resident will have three levels of privacy: private bedroom, semi-private living room and bathroom, and a variety of common areas.

This is the first cooperative living arrangement for people with disabilities in Pennsylvania. The Self-Determination Housing Project of Pennsylvania (SDHP) recognizes this program as a Demonstration Project because it exemplifies an innovative living arrangement that empowers individuals to take control of their housing choice. As part of this project, SDHP has committed to give each individual buying into the Co-op a loan

(Continued on page 2)

Inside This Edition...

<i>Pennsylvania Setting the Pace.....</i>	<i>4</i>
<i>Moving in the Spirit of Olmstead.....</i>	<i>6</i>
<i>Upcoming Housing Specialists Meeting.....</i>	<i>10</i>

(Milestones continued from page 1)

of \$1,000. In addition, attorneys with Regional Housing Legal Services (RHLS) will provide pro bono assistance to the residents on how to become Co-op members and serve on the board of directors of the Co-op. During the first year of operation, Salisbury House Management, Inc., another subsidiary of Salisbury House, Inc., will provide management services on behalf of the board of directors. Subsequently, the board of directors will be free to renew the contract with Salisbury House Management, hire a new management company, or work out any other management arrangement they choose. SDHP and RHLS will continue to work with the board to ensure that appropriate decisions are made and that the rights of all residents are respected.

According to Roland Turk, Vice President and C.O.O. of Milestones, "The residents will be learning, living, and working in the community. We want the residents to make the most appropriate decisions and manage their own lives in an independent and inter-dependent manner."

Milestones will offer support services to the residents through staff under the direction of Eric Marmon, Program Director. Unlike traditional staffing arrangements that assign staff to specific homes, the staff will work as a team and be assigned to help each resident whenever

The "Co-op" in Montgomery County

and wherever that help is needed. This approach incorporates many of the features of the Community Treatment Team model but emphasizes the role of paraprofessionals in supporting each individual who needs support. This arrangement is more flexible and efficient than home-based staffing models since staff do not need to stay in a location when they are not needed.

Another innovation at Milestones is the use of person-centered planning for all consumers who reside in homes managed by Milestones. This approach, pioneered in the field of mental retardation, has only recently been considered for use with people who are mentally ill.

The person-centered planning process involves considering the individual first in assessing his/her housing and support needs. The assessment is done as a team with the consumer as the primary participant. Family members and/or significant others, case managers, and staff are also involved. After each individual assesses his/her circumstances, he/she chooses the housing that best meets his/her needs.

Milestones is involved in other innovative housing initiatives. They recently opened a home for six people who are deaf and mentally ill. The building was renovated to include a bank of three different colored strobe lights in each individual

(Continued on page 3)

persistent mental health problems, Salisbury House affiliates offer alternative services such as Case Management; Clubhouse; Crisis Stabilization Home; Intensive Assisted Living; Mobile Volunteer Work Crew; Outpatient Therapy; Parent Education Program; Partial Hospital; Sheltered Workshop; and Supported Work Program.

For more information about Salisbury House of Southeast PA, Inc. and Milestones Community Healthcare, Inc contact their Montgomery County Office at:

614 North Easton Road
Glenside, PA 19038
215-886-1505
fax 215-576-5491

Dining Area in the "Co-op"

(Milestones continued from page 2)

bedroom and in the common area. One light is hooked up to the front door, one light is hooked up to the bedroom door, and one light is connected to the phone. A fire alarm light and a sprinkler system were put in and they have installed a mechanism to shake the beds in case of a fire while an individual is sleeping. All but two of the staff are deaf.

Dr. Volosov made it clear that housing is not the primary focus of Salisbury House, that providing supports is. However, he and his staff are aware that the individuals they serve must have their housing needs met and be integrated into the community. Salisbury House continually develops creative

and innovative ways to help improve the lives of people with mental health disabilities. Dr. Volosov commented, "We are helping people make their own decisions and I'm excited to be a part of that."

About Milestones

The mission of Milestones is to provide quality human services to people in need. The therapeutic environments are community based alternatives to hospitalization. Milestones values and nurtures individual worth and cultural diversity. Milestones believes no person is too difficult to serve.

As a supplement to traditional treatments and services for people with serious and

*Eric Marmon, Program Director,
in the living room of the "Co-op"*

Pennsylvania Setting the Pace

By Peggy Robertson

Diana T. Myers opened the Housing Choices '02 Conference, which was held at the Harrisburg Hilton on March 6th and 7th, with introductions and an intriguing analogy of Pennsylvania's housing resources. Ms. Myers explained, "Pennsylvania has a full tool kit and each tool represents the different services available to help meet the housing needs of people with disabilities throughout the state." She elaborated. "The different tools in the toolbox represent all of the elements that, when combined together, can create more affordable and accessible housing opportunities."

She described information available through the Self-Determination Housing Project of Pennsylvania, including videos, newsletters, publications, a website, technical assistance and training opportunities. In addition, she pointed out that Pennsylvania now has better data on what the housing needs are for people with disabilities and how this information has helped launch many pilot programs. In fact, several initiatives have begun using new financing tools. Specifically designed to meet the needs of people with disabilities, the Pennsylvania Department of Community and Economic Development started a new statewide home modification program called the Access Grant

Program. In addition, the Pennsylvania Housing Finance Agency offers programs for special down payment and closing costs and home modification loans for home buyers, as well as a Rent Escrow Pilot Program to make eligible apartments affordable to renters with disabilities.

Ms. Myers added, "Collaboration is another tool that is essential. Bringing the right mix of people together in the local communities to form Local Housing Options Teams has met with a great deal of success in addressing the housing needs of people with disabilities." She concluded by stating that "The final piece that completes the tool kit is community-based services, because they enable people with disabilities to live independently in the community."

Ms. Myers then introduced Keynote Speaker Nancy Thaler, Deputy Secretary for the Pennsylvania Department of Public Welfare (DPW) Office of Mental Retardation (OMR). Ms. Thaler referred specifically to two of the tools that have helped shape the evolution of a new philosophy in Pennsylvania. "There is now an overwhelming point of view that people are born in communities and that's where they should live their whole lives. DPW is not designed to be a housing agency

but has become one because for so many years funding went to the providers and the providers are the ones who became homeowners. We are now working to de-couple services and housing so that people with disabilities, and not the providers, become the homeowners. Housing is integral to keep people in the community and home and community-based services can make this happen. One of our major commitments is to help people move from institutions into the community which means making sure that we move the funding out of the institutions and into the community as well."

In addition to community-based services, Ms. Thaler also discussed collaboration. "Collaboration is a lot of work but it creates a richness of opportunities that make it worth the effort." Ms. Thaler noted that collaboration among all of the deputy secretaries has been essential in order to create an information system through technology that will regionalize home and community-based services in order to make them more accessible and consistent throughout the state. There is a reconceptualization of home and community-based services to allow for greater choices in the support services system and to help individual families control

(Continued on page 5)

(Setting the Pace continued from page 4)

how their funds will be spent and to choose their own providers.

She explained that technology is helping to make this possible on a much wider scale throughout the state. The goal is to create ten different sites that will allow people to find out quickly what services are available and to provide information about eligibility, enrollment and different providers. In addition, a Home and Community-Based Services Stakeholder Planning Team has been created that will take this new system into the next administration. Ms. Thaler added, "This is a wonderful vehicle to stay the course and to let people have a voice."

A further show of collaboration took place on the second day of the conference at which time conference participants had an opportunity to "Dine with the Deputies". Marilyn Eckley, DPW Director of the Office of Policy Development, introduced a panel of representatives of the four key Offices of the Pennsylvania Department of Public Welfare. They included Deputy Secretary Nancy Thaler of OMR, Deputy Secretary Gerald Radke of the Office of Mental Health and Substance Abuse Services, Deputy Secretary William Gannon of the Office of Social Programs, and James Pezzuti of the Office of Medical Assistance Programs.

A common theme mentioned by

all of the panelists is the separation of support services from housing so that individuals with disabilities can have more flexibility in their housing choices. Deputy Secretary Radke noted that there is a transformation in the mental health field where the funding is moving from state control to a more localized county control. He would like to see the counties concentrate solely on providing the supports and the treatments, working together with the housing professionals whose role it is to make the housing available. Deputy Secretary Gannon concurred that services need to be unbundled so that people can be in a home that they perceive as being their own. He also noted the importance of technology, which Ms. Thaler had discussed in her keynote address, and stated, "We are committed to the virtual government process. We can do our jobs better and better service consumers by working in partnership with other offices and the housing partnership."

Jim Pezzuti emphasized the importance of keeping the elderly in their own homes and communities by providing the community home-based care that they need. PACE, Pharmaceutical Assistance Contract for the Elderly, is a new initiative that allows seniors to continue living in public, affordable, assisted living projects by providing on-site clinics, therapists, pharmacies, day care and other services.

Two locations in Philadelphia will be ready in the fall of 2002 and another site is being planned for Beaver County.

Nancy Thaler explained that historically people with disabilities have been sorted and segregated and that although the intentions may have been good, the consequences were not. The push now is for consumer owned and directed housing that is integrated into the community.

Clearly, the leadership in Pennsylvania is setting the pace to meet the housing needs of people with disabilities in community settings throughout the Commonwealth. Through collaboration and ensuring that the necessary services are available and accessible, Pennsylvania will have a full toolbox that will enable people with disabilities to live

Moving In The Spirit of Olmstead

By Peggy Robertson

Michael Allen, Senior Staff Attorney for the Bazelon Center for Mental Health Law, was guest speaker at the June 27th OMHSAS Housing Specialist Meeting held in State College, PA. He explained that the Bazelon Center is a civil rights law firm that focuses on mental health issues. Mr. Allen has a great deal of expertise in housing and housing discrimination for people with mental illnesses. Mr. Allen has authored several articles including *"Separate and Unequal: The Struggle of Tenants with Mental Illness to Maintain Housing"* and *"What 'Fair Housing' Means to People with Disabilities"*. He has co-authored publications including *A New Vision of Public Mental Health* and he serves on the Advisory Board for Building Better Communities Network. He is a former Co-Chair of The Consortium for Citizens with Disabilities Housing Task Force.

Mr. Allen began his presentation by providing the basis for the evolution of the *Olmstead* case. He cited the *Helen L. v. DiDiario* case (1995) where a non-elderly Pennsylvania woman was in a nursing home and wanted to go back to her own home if support services could be mobilized for her. This case went to the Third Circuit Court of Appeals where it was argued that according to federal policy people must be in the

most integrated setting that meets their needs. The circuit court ruled that the federal Americans with Disabilities Act (ADA) requires states to offer community services to residents of institutions when (1) the residents could be appropriately served in the community and (2) placing the residents in a community setting would not fundamentally alter the state's service system or impose an undue financial burden. The Court said that the State of Pennsylvania violated the ADA by confining a person in a nursing home who did not require nursing home care.

In the *Olmstead* case (1999), in a 6-3 opinion authored by Justice Ruth Bader Ginsburg, the Supreme Court held that unjustified isolation of individuals with disabilities is properly regarded as discrimination based on disability. The court reasoned that unjustified segregation in institutions is discrimination not only because it perpetuates unwarranted assumptions that people with disabilities are incapable or unworthy of participating in community life, but also because confinement in an institution severely curtails everyday life activities such as family relations, social contacts, work, educational advancement and cultural enrichment.

Mr. Allen said that the *Olmstead*

decision was revolutionary because it reinforces that unnecessary holding of people in institutions is discrimination. He added that the ADA requires states to do an assessment to determine if people are ready to go out into the community. This means there must be a comprehensive, effectively working system for moving people out of the institution and there must be a way to move the money from the institution into the community in order to provide individuals with the necessary supports. Some of the institutions that qualify under the *Olmstead* decision are psychiatric hospitals, nursing homes, jails and prisons and personal care homes. The decision also covers people at risk of going into institutions.

The U.S. Department of Health and Human Services became the lead federal agency to implement the *Olmstead* decision. Approximately 200 complaints were received in the first year and a half. Mr. Allen commented that it appears Pennsylvania is moving in the spirit of *Olmstead*. Mr. Allen suggested that there are two ways to proceed from *Olmstead*. One is to go out and file a lot of law suits. He mentioned that there actually have been institutions that discreetly call out "someone sue us" as a cry for help in complying with

(Continued on page 7)

(Spirit of Olmstead continued from page 6)

Olmstead. The second way is to work with the legislature and state agencies to effectively move the money into the more integrated part of the system. Mr. Allen gave examples of best practices in the country that have been effective in integrating individuals with mental illness into the community. The first model, Pathway to Housing in New York, was recognized by the National Alliance to End Homelessness Best Practices and Profiles. This program ends homelessness for people with mental illnesses and/or substance addiction by immediately re-housing them into supported, private-market housing. Following is a more detailed description of the Pathways program and other successful models discussed by Mr. Allen.

Pathways to Housing, New York, NY

Founded in 1992, Pathways to Housing offers scattered site permanent housing to homeless individuals with psychiatric disabilities and addictions. Despite the challenges this population presents, Pathways is unique in what it does not require of its residents: "graduation" from other transitional programs, sobriety, or acceptance of supportive services. Most clients are contacted through the outreach efforts of Pathways staff. Other referrals come from city outreach teams, shelters and drop-in centers. 1999 data showed that 65% of tenants had

last lived on the streets, 18% in shelters, 7% in treatment facilities, and the remainder had lived with friends, at the Y, or in transitional facilities. The vast majority of clients are moved directly from the streets into permanent, private market housing. The program then uses Assertive Community Treatment (ACT) teams to deliver services to clients in their homes. The ACT teams help clients to meet basic needs, enhance quality of life, increase social skills, and increase employment opportunities. Data from 2000 showed that 88% of the program's tenants remained housed after five years. The program currently serves over 400 people.

Pathways to Housing staff assist clients in locating and selecting private market rental housing. The housing department keeps logs of new vacancies and the over 200 landlords they work with, and works to negotiate leases and complete Section 8 applications. The greatest challenge to the program is finding vacant apartments at fair market rent. Landlords are amenable to renting to Pathways' clients because they get guaranteed rental payments. Tenants pay 30% of their income towards rent, and Pathways pays the remaining amount if the client does not have a section 8 voucher.

The Pathways program provides an alternative to the more common "linear residential

treatment programs," which move people through a continuum of services beginning with outreach, some intermediary housing which helps people become "housing ready", and ending with permanent housing. Pathways provides clients with housing first, and then offers services and treatment to people in their homes. The tenant determines the type, frequency, and sequence of services. The program requires that the tenant meet with a service coordinator twice a month and participate in a money management program. Refusal to participate in sobriety or other treatment programs does not disqualify an individual, nor does a history of violence or prison time.

Ohio Department of Mental Health "Housing-as-Housing" Model

The Ohio Department of Mental Health Housing-as-Housing Model states its goal as to promote the availability of decent, stable, affordable housing for all persons with mental illness, including those with severe mental disabilities in communities throughout Ohio. They believe that housing should be available in settings which maximize integration of mentally ill people and increase opportunities for acceptance into the community. As such, the settings should include the same range and types of living environments as are available to the general public. Their

(Continued on page 8)

(Spirit of Olmstead continued from page 7)
 philosophy includes assisting people to actively participate in the selection of their own housing from a full range of options and opportunities, including renting, owning, and cooperative living, and make sure that assistance is available regardless of where they choose to live.

“Housing-as-housing” is the provision of permanent, individual housing that is not inherently a treatment or service setting, and which is a place to live rather than a place to be treated. Supportive services may be necessary or desired, but the services are designed to support the person in the housing rather than the housing designed to facilitate treatment or services. This housing model recognizes that everyone needs a place to live.

Treatment services can, and should, be provided regardless of where the person chooses to live. Housing should be decent, stable, and affordable. Housing should not be located in areas of high crime rates or substandard physical conditions. Most mental health consumers have a very low income and, thus, special financing of housing is often necessary. Because the housing is simply housing, and because it is permanent, it is the person's own home rather than mental health housing. Therefore, descriptors such as admission criteria, house rules, on-site live-in staffing, or

requirements for involvement in treatment services are wholly inapplicable. Instead of group living designs, housing-as-housing emphasizes scattered-site, mixed-site design, meaning that buildings are geographically dispersed and that tenancy at a given site includes both mental health consumers and the general public. Sites occupied wholly by mental health consumers should be very small, generally with no more than four persons per site (e.g., duplexes or townhouses). One, two, or three bedroom rentals units or home ownership should be planned to promote the unification of families, and to facilitate friendships and roommate selection by choice. Housing for mental health consumers does not require any unique physical design as mental health consumers can and should live in the same range and types of living environments that are available to the general public. When group living occurs, it is because each individual in the group chooses to live with that particular group, and under rules determined by the group for themselves.

Vinfen of New England

Vinfen is a private, non-profit human services organization that provides a wide array of programs and facilities to help people with disabilities live independently and with pride. Vinfen supports over 200 sites in Massachusetts, from the New Hampshire border through the

Boston metropolitan area to Cape Cod, as well as in Connecticut. Vinfen supports approximately 1,800 consumers a year in acute care and in residential, respite and day programs, and over 3,000 people a year through crisis intervention services. Consumers of Vinfen's services range from some of the most disabled persons in Massachusetts to persons functioning at relatively high levels, including men, women and children with psychiatric and developmental disabilities, mental retardation, mental illness, behavioral health issues, and HIV-related health conditions. Vinfen offers a continuum of residential services, ranging from independent living to highly supervised settings. Residential services focus on maintaining a true home environment while building skills through supported activities such as shopping, household budgeting, and cooking. Vinfen transforms lives by building the capacity of individuals, families, organizations and communities to learn, thrive and achieve their goals. Close to the consumers and close to their communities, Vinfen supports men, women and children and their families, offering them opportunities to attain the highest possible level of independence and quality of life.

Vinfen has refined its emphasis on rehabilitation, community

(Continued on page 9)

(*Spirit of Olmstead continued from page 8*)
 involvement and achieving a good quality of life for over two decades. *The Vinfen model is based on facilities and programs that support people in the communities where they live backed by a robust matrix of clinical, rehabilitation and training services.* In the past many of Vinfen's consumers would have remained institutionalized, but in the Vinfen care network they are able to become functioning, productive community members.

These models have one very important element in common. They support integrating people with mental illness into the community, in housing of their own choice and with the supports that they need so that they can take an active role in their own treatment and recovery. The philosophy behind these models is similar to an initiative currently underway by The Bazelon Center that is described in *A New Vision of Public Mental Health*.

In this publication, the Bazelon Center has set out to reshape the debate about mental health system reform by developing and disseminating a model law for adaptation by states and localities. *An Act Providing a Right to Mental Health Services and Supports* seeks to transcend the recurring debate about inadequate funding by providing a legally enforceable entitlement to recovery-oriented mental health services and supports, in

sufficient amount, duration, scope and quality to support recovery, community integration and economic self-sufficiency. Under a statute based on this template, states or counties may define eligibility broadly or narrowly, but may not turn away any eligible person.

The public mental health system increasingly rations care in such a way that people with serious mental illnesses must "hit bottom" before receiving the services and supports they need to live successfully in the community. In many communities, jails and prisons have become the largest providers of mental health services, and homeless shelters and nursing homes have become housing of last resort for people with mental illnesses. While not appearing on the mental health department's budget line, the costs of care for people with mental illnesses are borne by these other systems--and by taxpayers. Clearly, it is fiscally more prudent, as well as more humane, to address mental health needs before they reach the point of crisis.

As previously discussed, the United States Supreme Court held in *Olmstead* that it is against the law to segregate people with disabilities in large institutions and recognized that it would be wrong to place people with serious mental illnesses into community settings "devoid of the services and attention necessary for their

condition." The model law seeks to prohibit such neglect by the mental health system and to empower people with mental illnesses to be full partners in their treatment and recovery.

Mr. Allen stated that individuals have rights to make their own choice. He added that the model law is somewhat revolutionary because it will allow mental health consumers to go to court to fight for their rights. *A New Vision of Public Mental Health* and many other publications are available on The Bazelon Center website, including an article, "Separate and Unequal", written by Mr. Allen that describes the problems created for individuals with mental illness as a result of bundling housing and supports.

For more information about the Bazelon Center for Mental Health Law, visit their website at www.bazelon.org. Mr. Allen can be contacted at his e-mail address, michaela@bazelon.org.

Information in this article was obtained from the following websites:

Bazelon Center for Mental Health Law, www.bazelon.org

The National Alliance to End Homelessness, www.endhomelessness.org/best/pathways.htm

New Housing Opportunities, Inc., www.newhousingopp.org/hah.htm

Vinfen, www.vinfen.com/index.html

Upcoming *OMHSAS Housing Specialist Meeting*

September 11 and 12, 2002

Harrisburg, Pennsylvania

Special Presentation

Stairways Behavioral Health in Erie will present an innovative approach that provides housing options for people with mental illness, especially ones that maximize choice and independence. The Fairweather Lodge is a living arrangement for people with mental illness who are active members of society and wish to live independently. Since 1969, the Fairweather Lodge has been a successful national model that provides decent, affordable supportive housing for people with mental health disabilities. Stairways Behavioral Health in Erie is the first organization to implement this model in Pennsylvania. Stairways is successfully leading the way in developing this program and the Pennsylvania Office of Mental Health and Substance Services is sponsoring them as a statewide trainer for the Fairweather Lodge model.

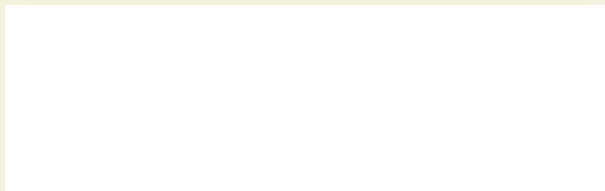
For more information contact Charolett Payne at 215-576-1558

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).

Project Director: Diana T. Myers Newsletter Editor: Peggy Robertson

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.

Telephone: (215) 576-7270 Fax: (215) 576-8650



FIRST-CLASS MAIL
U.S. POSTAGE
PAID
GLENSIDE, PA
PERMIT NO. 916

Housing Choices c/o
Diana T. Myers and Associates, Inc.
6 South Easton Road
Glenside, PA 19038