A Plan for Promoting Housing and Recovery-Oriented Services

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Prepared by the Housing Work Group (HWG)
of the
Adult Advisory Committee of the
Pennsylvania Office of Mental Health and
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A. Rationale

In the fall of 2005 the PA Office of Mental Health and Substance Abuse Services (OMHSAS) unveiled a landmark document entitled *A Call for Change: Toward a Recovery-Oriented Mental Health Service System for Adults.* This document establishes a firm foundation for the Pennsylvania transformation to a mental health system for adults that is "integrated, uses best practices and most importantly, is recovery-oriented." The report goes on to define recovery as "a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that allow people to reach their full potential as contributing community members."

During that same time, the county mental health offices submitted their 2005-06 Plans to OMHSAS. A review of the Plans revealed that for the second year in a row, the county offices identified housing as one of the greatest needs they face in serving persons with serious mental illness and co-occurring disorders. In response to this need, the OMHSAS Adult Advisory Committee formed a Housing Work Group to develop a set of principles, strategies and action plans for expanding housing with recovery-oriented services for consumers. The group was charged with developing a document that is consistent with the guiding principles set forth in *A Call for Change* and that can be used by OMHSAS and other Commonwealth agencies to set priorities and target resources, and by the county mental health offices to address the housing needs of their consumers.

This document is the report of the Housing Work Group; it addresses housing with recovery-oriented services for *all adults* with serious mental illness and co-occurring disorders.

B. Philosophy

Stable housing is an essential component of mental health recovery. People with serious mental illness and co-occurring disorders must have access to a comprehensive array of permanent, affordable, barrier free housing options as well as the supports necessary for them to obtain and maintain the housing of their choice. This philosophy is supported by the National Association of State Mental Health Program Directors *"Position Statement on Housing and Supports for People With Psychiatric Disabilities,*" which reads:

Housing Options

It should be possible for all people with psychiatric disabilities to have the option to live in decent, stable, affordable and safe housing that reflects consumer choice and available resources. These are settings that maximize opportunities for participation in the life of the community and promote self-care, wellness and citizenship. Housing options should not require time limits for moving to another housing option. People should not be required to change living situations or lose their place of residence if they are hospitalized. People should choose their housing arrangements from among those living environments available to the general public. State mental health authorities have the obligation to exercise leadership in the housing area, addressing housing and support needs and expanding affordable housing stock. This is a responsibility shared with consumers and one that requires coordination and negotiation of mutual roles of mental health authorities, public assistance and housing authorities, and the private sector.

Provision of Services

Necessary supports, including case management, on-site crisis interventions, and rehabilitation services, should be available at appropriate levels and for as long as needed by persons with psychiatric disabilities regardless of their choice of living arrangements. Services should be flexible, individualized and promote respect and dignity. Advocacy, community education and resource development should be continuous.

Context

While the Housing Work Group was formed specifically to address housing, it also recognizes that housing must be viewed within a broader context. Specifically, the ability of individuals to satisfy their housing and other basic needs is dependent upon their income, which in turn is largely dependent upon their ability to work. At the present time, however, there is a serious lack of opportunity for employment, education, entrepreneurial opportunities and other avenues for increasing income that consumers need to access housing and services. Therefore, the Work Group stresses the importance of employment and other meaningful daily activities, not only as the means to meeting housing needs, but also as inextricably linked to the ability of individuals to "reach their full potential as contributing community members." In short, if the major goal of the mental health system were to get people to work, housing would not be the pressing issue that it is.

Secondly, the Work Group acknowledges that while adequate housing is critical, individuals cannot be living isolated lives in that housing, but must be integral and integrated members of the community. This is especially important in light of the fact that communities define themselves by the housing they provide…healthy communities embrace a wide range of housing types and individuals.

Finally, the Work Group takes the position that adequate housing is more than a safe, decent house to live in. Adequate housing means a decent HOME, as eloquently defined by Habitat for Humanity: "A decent home is full of intangibles that create a framework in which families thrive and individuals grow into their full potential. At its best, home is a haven for rest and comfort; it affords a sense of place and permanence; it fosters relationships, connects generations and grounds them in hope."

C. Benefits

Although there are a variety of housing options that can be considered by persons with serious mental illness and co-occurring disorders, most have the characteristics of "supportive housing" or permanent, affordable housing that is linked to flexible, voluntary supports. A complete definition of supportive housing as offered by the Corporation for Supportive Housing and as adopted by the Housing Work Group is found in Appendix A.

There are numerous studies that demonstrate the benefits of supportive housing for individuals with serious mental illness and co-occurring disorders. Specifically, these studies have found that the number of hospitalizations as well as emergency room and shelter bed use are dramatically reduced, and the ability to obtain and sustain employment is significantly increased. In fact, decent housing and supports are not only essential to recovery, but also cost effective alternatives to homelessness, incarceration and other undesirable alternatives. Statistics from several recent studies are striking:

- Residents of supportive housing increased their earned income by 50% and their employment rate by 40%.[1]
- Prior to living in permanent supportive housing, homeless people with mental illness used an average of $40,449 per person per year in shelters, hospitals and correctional institutions. After living in supportive housing for six months or more those costs dropped an average of $16,282 per person per year.[2]
- Medicaid costs for mental health and substance abuse treatment decreased by $760 per service user and costs for in-patient and nursing home services decreased by $10,900 per service user six months following their move into permanent housing.[3]
- In 2004, Pennsylvanians receiving SSI would have had to spend 98.4% of their income to rent a one-bedroom apartment.[4]

D. Principles

[1] Culhane, Dennis, Metreaux, S.: Hadley, Trevor (2001) The impact of supported housing for homeless persons with severe mental illness on the utilization of public health, corrections, and public shelter systems: the New York/New York Initiative, Philadelphia, PA: The University of Pennsylvania: Center for Mental Health Policy and Services Research.
[2] Culhane, Dennis, Metreaux, S.: Hadley, Trevor (2001)
[3] The Connecticut Corporation for Supportive Housing
[4] Priced Out in 2004, Technical Assistance Collaborative, Boston, MA

The Housing Work Group was charged with developing housing strategies for people with mental illness that are consistent with the 10 fundamental elements and guiding principles of mental health recovery set forth in OMHSAS' *"A Call for Change: Toward a Recovery-Oriented Mental Health Service System."* Recovery:

- Is self-directed
- Is individualized and person-centered
- Is empowering
- Is holistic
- Is non-linear
- Is strengths-based
- Embraces peer support
- Fosters respect
- Encourages responsibility and
- Hope.

These principles served as the foundation for the Housing Work Group's efforts and were used in the development of strategies and recommendations for providing people with mental illness and co-occurring disorders access to permanent, affordable housing and recovery-oriented supports.

Additional information on the Housing Work Group's application of these principles is included in Appendix B.

E. Goal

The Housing Work Group recommends that OMHSAS adopt the goal that the mental health system ensure that all Pennsylvanians with serious mental illness and co-occurring disorders have access to a range of decent, safe, affordable housing options and recovery-oriented services

In order to accomplish this goal, Pennsylvania needs OMHSAS and its Regional Offices as well as county offices and providers to embrace the concept of recovery and to organize and deliver services in ways that support recovery. It needs public and private housing developers to partner with the counties and service providers in offering a range of affordable housing options. Although outside the charge of this work group, it needs a mental health system that supports individuals in securing employment and meaningful activities. And for all of this to happen effectively, it needs people with serious mental illness and co-occurring disorders to provide direction and to be involved in every step along the way.

F. Barriers

Unfortunately, there are barriers to meeting this goal in Pennsylvania. The members of the Housing Work Group identified five major barriers that must be overcome (not in priority order):

1. Incomplete Acceptance of the Recovery Concept

The concept of recovery has not yet been widely embraced by the mental health community in Pennsylvania. The mental health system has traditionally viewed people with serious mental illness as sick people who need to be taken care of, rather than as people who can recover given the needed supports. This means that consumers, family members, program administrators, line staff and policy makers must not only understand, but also embrace the concept of recovery and apply it throughout the system. There needs to be a paradigm shift from an illness approach to a wellness approach.

2. *The Lack of Funding and Other Resources*

There are few if any new mental health dollars available to address housing and support needs. Therefore, the use of every mental health dollar that is spent on housing must be maximized. This means prioritizing community-based housing options and, if necessary, shifting dollars to support them. It also means looking outside the traditional mental health system, especially to the housing arena, for additional housing resources. Unfortunately, resources necessary to create new affordable housing, such as development subsidies and long-term rental assistance, are also in limited supply. Finally, while the state has some resources over which it can exert control, significant housing resources flow directly from the federal to the local level or originate at the local level and are not subject to state policies and priorities.

3. The Lack of Informed Consumer Housing Choice

Not only does the concept of recovery need to be embraced, but also the integral nature of stable housing to a recovery-based model. There are no clear state or county standards for determining if an individual's current housing meets his/her needs and preferences and there is incomplete buy-in by consumers' families and staff of the need for housing choice. In addition, while many county mental health offices and service providers are uninformed about the full range of housing options and resources, they do not have access to funding, staff training and other resources necessary to adequately address housing issues. There is no clear assignment of responsibility for ensuring that consumers attain the housing of their choice, and adequate housing assessment tools are neither widely available nor consistently used. Counties do not formulate or monitor individual housing plans for mental health consumers and few have comprehensive inventories of existing housing and supportive services. Concerns about risk and liability often inhibit service providers from encouraging consumers to even consider independent housing options. Finally, some counties have insufficient coordination between housing and service providers in addressing supportive housing needs.

4. The Lack of Decent, Safe, Affordable, Accessible Housing

A large majority of decent, safe, private market housing in Pennsylvania is not affordable to people with serious mental illness and co-occurring disorders, and the housing that is affordable is frequently substandard. At the same time, subsidized housing and rental subsidies are in extremely short supply and the lack of public transportation, especially in rural areas, limits access to the small number of affordable units that do exist. In addition, many of the subsidized units are concentrated in single buildings or communities, options that are unacceptable to many people with serious mental illness and co-occurring disorders. Further, there are an insufficient number of experienced supportive housing developers in many areas of the Commonwealth. While partnerships between experienced housing developers and mental health agencies are an alternative for expanding housing opportunities, such partnerships are few and far between.

There are additional barriers to accessing the affordable units that do exist. People with serious mental illness and co-occurring disorders often face discrimination in housing by landlords and others in the real estate industry. Consumers with a criminal history face additional obstacles erected by public and private landlords who place bans and/or restrictions on individuals with criminal records. Furthermore, supportive preferences that can be very therapeutic, such as pet ownership, are also disregarded by property managers and landlords.

5. The Lack of Local Networks of Flexible Recovery-Oriented Services and Resources for Individuals to Obtain and Maintain the Housing of their Choice

Many counties devote a majority of their residential services dollars and other housing related resources to Long-Term Structured Residences (LTSRs), Community Residential Rehabilitation Services (CRRS's- group homes), enhanced Personal Care Homes and other housing models that may not be recovery-oriented. Since these models consume considerable resources, the most promising strategy is to shift the use of these funds to housing and support services that better promote recovery. This means converting CRRS's and LTSRs where possible to supportive housing options and offering alternatives to mental health consumers currently residing in Personal Care Boarding Homes. The goal is to reallocate resources in order to leverage other funds and to create supports and services that are flexible and mobile. Finally, it is important that these supports and recovery-oriented services have a focus on assisting individuals to secure and maintain housing that meets their needs and preferences.

Although these types of conversions are necessary, they are complex, and will require a significant commitment of time and resources by both state and local officials. Finally, it is critical that in planning these changes**,** state and county examine how housing and services policy can include rather than exclude people with a mental illness who are in the criminal justice system, people who have poor housing histories and people who meet the criteria as chronically homeless. Unless these groups are accommodated, communities will be forced to establish separate housing arrangements for these groups that will duplicate services and drain resources.

G. Recommendations

The Work Group offers recommendations in six key areas as follows (not necessarily in order of priority):

POLICY

The Work Group recommends that:

- **OMHSAS** endorse the Housing Work Group report and review all relevant policies and regulations and modify them to ensure that they require and reward counties for developing a range of housing options with recovery-oriented services.
- **OMHSAS** *set a target goal of assisting 5,000 households with serious mental illness and co-occurring disorders to obtain supportive housing (as defined in Appendix A) within five years*. In order to meet this goal OMHSAS must transform the current mental health system. It must:
    - meet strategic goals in the areas of housing development, rental assistance and support services;
    - shift $100 million of funds that are currently being spent on CRRS's (group homes) or other structured residences into housing and recovery oriented supportive service options by the year 2012;
    - commit to not approving or funding any additional CRRS's unless the County MH Program provides compelling justification for the need for that type of facility and the inability to provide reasonable housing and service alternatives;
    - target new resources and opportunities to County programs that have demonstrated success and built capacity through Local Housing Option Teams (LHOTs) or other local partnerships; and
    - expand training and technical assistance to help county programs and providers in meeting these goals.
- **OMHSAS** support state legislation that requires the net proceeds of the sale or lease of state psychiatric facilities that are downsized, consolidated or closed and not transferred to another governmental entity, be deposited into a Mental Health Community Services Trust Fund. Whereas these facilities served as home to individuals with mental illness for decades, a significant portion of these funds (but not less than 50%) should be allocated on a recurring basis to support individuals with serious mental illness and co-occurring disorders to live in their own permanent home in the community with essential assistance to support their recovery.
- **OMHSAS** recognize that housing and housing support services are critical to the resiliency building and recovery of transition age youth with behavioral health needs. To assure adequate planning for this age group, OMHSAS shall convene a discussion with transition age youth and parents of transition age youth to develop specific recommendations regarding the housing and support needs of this population.

- **OMHSAS** establish policies to assure that all person's rights are promoted in their housing through informed housing choice and that barriers such as service contingencies placed on housing are eliminated.
- **OMHSAS** establish directives and standards with measurable outcomes to guide counties in creating and expanding supportive housing.
- **OMHSAS** form a Work Group to develop strategies for increasing consumer income through benefit eligibility, employment and education.
- **Pennsylvania Housing Finance Agency (PHFA)/Department of Community and Economic Development (DCED)** increase prioritization of and resources for expanding supportive housing options.

HOUSING ASSESSMENT AND PLANNING

The Work Group recommends that:

- **OMHSAS** require each county to conduct continuous reviews of the housing and housing support service needs and preferences of all consumers in the mental health system.
- **OMHSAS** require individual housing plans to be incorporated into a consumer's plan for recovery and that these plans be monitored on a regular basis for consumer satisfaction and other outcomes.
- **OMHSAS** require each county to develop and regularly update a comprehensive inventory of affordable housing options as well as recovery-oriented services to support people in their homes. Information on the accessibility and availability of resources should be included, along with contact information for each source.
- **OMHSAS** require each county to assess its current system and available resources to see if it can address the housing and support needs of consumers, and if not, that it reconfigure its system in order to do so. This process must involve consumers, providers and other stakeholders.
- **OMHSAS** require each county to develop a consumer-driven strategic plan for meeting the housing needs of its consumers that is consistent with the above policies and that includes documentation of the specific number of CRRS's or other dollars to be shifted into or developed for housing with recovery-oriented services.

ADMINISTRATION

The Work Group recommends that:

- **OMHSAS** require every county to establish a Local Housing Option Team or other local housing coalition that has consumer participation and is mandated to identify innovative models and to increase permanent housing options for people with serious mental illness and/or co-occurring disorders.
- **OMHSAS** require counties to allocate resources for at least one person to be responsible for housing and supportive services in order to qualify for assistance in one or more of the initiatives listed below. The organizational structure and amount of resources allocated must be sufficient to assure results.

HOUSING DEVELOPMENT AND OPERATIONS

The Work Group recommends that:

- **OMHSAS** work with its state partners—**PHFA** and **DCED**— to develop a set of strategies that provide resources and support for counties, local private and non-profit housing developers, public housing authorities (PHAs) and other organizations to increase capital and operating funds. We strongly urge exploration of the following:

  PHFA/DCED/OMHSAS assist communities in establishing development strategies with housing partners to fully utilize and leverage federal, state and local resources such as Low Income Housing Tax Credits (LIHTCs), PennHOMES, HUD Section 811, Housing Trust Funds, HOME, local capital, HealthChoices reinvestment funds, grants, Housing Choice Vouchers, and HUD McKinney-Vento grants.

  PHFA/DCED/OMHSAS explore options for increasing housing development capacity by providing access to pre-development funding for site acquisition, engineering and environmental studies, consulting and other "start-up costs."

  PHFA/DCED/OMHSAS establish a Bridge Housing Fund that provides rental assistance to individuals until their name comes to the top of the waiting list for Housing Choice Vouchers or other affordable permanent housing.

  PHFA/DCED/OMHSAS establish a Permanent Housing Rental Assistance Program with state and local partners that includes set asides and targets for both tenant-based and project-based rental assistance. Priority should be given to projects sponsored by LHOTs, partnered with local public housing authorities or other entities, and that serve people with serious mental illness and co-occurring disorders.

  PHFA/DCED/OMHSAS create incentives through priority consideration in the application review process for developers who establish formal working agreements with counties to target resources for persons with serious mental illness and co-occurring disorders. These incentives could include establishing thresholds or other targeting of LIHTCs, PennHOMES or other resources such as those used by PHFA to encourage developers to make wheelchair accessible units available to households with incomes at or below 20% of the median.

  PHFA/DCED/ OMHSAS explore options to finance non-traditional housing models such as homeownership or homes that can be used as Fairweather Lodges, housing cooperatives, shared housing, safe havens or other non-traditional housing options that meet the definition of supportive housing as defined in Appendix A of this document.

- **Department of Public Welfare (DPW)** work with housing partners to provide an opportunity for persons living in Personal Care Boarding Homes to move to permanent supportive options of their choice. DPW should assure that the Supplemental Security Income (SSI) State Supplement or funding equivalent continue to be available to the person moving from the home or for persons who would have qualified for the supplement in a personal care boarding home.

- **OMHSAS** recognize that pet ownership by persons with disabilities can be very therapeutic and that they advocate for pet ownership to be included as an accommodation in rental agreements for those who desire it.

SUPPORTIVE SERVICES

The Work Group recommends that:

- **OMHSAS** provide funding options and guidance to counties in creating flexible supports to assist individuals to get and keep housing of their choice. Funding options include using Medicaid Managed Care (called HealthChoices in Pennsylvania) Reinvestment funds, Community Hospital Integration Program Project (CHIPP), Mental Health base allocations provided to the County Mental Health Programs by the state OMHSAS; and Medicaid reimbursement. For the latter, OMHSAS should explore changes in the Medicaid state Plan to add assistance to individuals in getting and keeping housing.

- **COUNTIES** realign local resources to create flexible supports to assist individuals in obtaining and maintaining the housing of their choice. Two alternative service models are recommended. One is an integrated approach that ensures that housing support to help individuals get and keep housing is included as part of the service component within appropriate existing services. The second is that counties use Reinvestment, CHIPPS, redirected CRRS's funding or funds from other sources, to establish a housing support team whose sole purpose is to help individuals get and keep housing.

- **OMHSAS/COUNTIES** identify and replicate innovative uses of CHIPPS funds to create community based supports and services that enhance recovery and facilitate the move of people from state hospitals back to the community housing of their choice.

- **COUNTIES** allocate HealthChoices reinvestment and other dollars to the development of housing options and supportive services aimed directly at persons getting or being able to keep their own housing. These should include but not be limited to: the development of safety net services such as emergency housing and respite services; bridge rental subsidies; funds for acquiring property or other pre-development costs; programs for increasing non profit housing capacity; and for contingency funds for individuals who need rental and utility deposits, furnishings and other costs associated with supportive housing. OMHSAS should develop templates for counties to use in submitting these requests and developing these options.

- **OMHSAS** expand peer services (support and mentoring) to assist people to get and keep housing that meets their needs and preferences.

TRAINING AND TECHNICAL ASSISTANCE

The Work Group recommends that:

- **OMHSAS** secure funding to expand technical assistance and develop the capacity to track and evaluate results necessary to fully implement and sustain this Plan.
- **OMHSAS** assist counties to expand housing options by providing tools and technical assistance for:
  - conducting needs assessments;
  - creating local housing and service inventories;
  - developing strategic housing plans;
  - establishing and operating LHOTs or equivalent housing coalitions;
  - facilitating partnerships between housing developers and mental health agencies and service providers in order to take advantage of the above housing development opportunities; and
  - structuring specific housing development deals including the development of Fairweather Lodges and other innovative housing models.

- **OMHSAS** investigate the feasibility of replicating innovative local models for increasing housing development capacity and resources such as 1260 Housing (Philadelphia) or Residential Resources, Inc. (Allegheny County).

- **OMHSAS** continue and expand training for consumers and families on recovery, housing choice, tenant rights and responsibilities, housing options and resources as well as on how to advocate for more affordable housing in their communities.

- **OMHSAS** sponsor provider and county staff training in recovery, housing options, housing assessments and housing plan development.

- **OMHSAS** provide staff training to housing providers on available services and how to access them.

SUMMARY

The Housing Work Group has constructed an aggressive and forward-looking Plan that will require the full commitment and support of all stakeholders. If OMHSAS adopts this Plan it will need to ensure the availability of its own resources and that of its state partners, PHFA and DCED. It will need to provide training and technical assistance in understanding the integral role of housing in recovery and in shifting dollars and generating new resources for supportive housing options. It will need to work closely with consumers to develop standards for housing assessment, individual and county strategic housing plan requirements and monitoring of outcomes, including consumer satisfaction. OMHSAS will need the critical cooperation of the counties and provider agencies to implement this plan and guarantee its success. Implementation of the Plan will not only be an important component of transforming Pennsylvania's mental health system, but also of ensuring the recovery of its citizens with serious mental illness and co-occurring disorders.

APPENDIX A

Definition of supportive/supported housing to be used in data collection and for other purposes by DPW-OMHSAS.

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

A supportive housing unit is:

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

Supportive Housing is:

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

Supportive Housing is linked to support services that are:

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

APPENDIX B

PRINCIPLES

A Call for Change: Toward a Recovery-Oriented Mental Health Service System contains ten fundamental elements and guiding principles of mental health recovery. The Housing Work Group has applied these principles to recovery–oriented housing as follows:

Principle 1- Self-Direction
Practice- Consumers exercise choice in determining where they want to live. There is agreement among all stakeholders that consumers have a right to live in the housing of their choice. Consumers are educated about the housing options/choices available and the means to access housing and supports. Tenant based housing is available that is independent of MH services. (i.e. not contingent on service compliance is the primary housing option or goal with flexible mobile staffing supports available to support individuals in housing as needed.)

Outcome- Consumers are satisfied with their current living situation.

Principle 2- Individualized and Person-Centered
Practice- Consumers express their needs for supportive services. There are a range of affordable and accessible housing and support options available that can meet individual needs and preferences.

Outcome- Consumers plan for housing and services with appropriate support service providers.

Principle 3- Empowerment
Practice- Consumers are involved in all decision making regarding their housing and support services. Consumers receive assistance and training on assessing options and determining personal preferences, strengths and needs related to housing including the full range of issues and concerns that all individuals must consider in deciding where they will live, (e.g. location, household composition, finances, safety, access to transportation and resources, skills and supports needed).

Outcome- Consumers obtain control of their housing choices.

Principle 4- Holistic
Practice- Consumers have access to a wide range of supportive services beyond traditional mental health services. Consumers interact with all as individuals, not a diagnosis. Housing supports to individuals include assisting individuals to build competencies, enhancing their interpersonal capabilities and developing personal support systems that enable them to be successfully housed, and to live satisfying, meaningful lives.

Outcome- Consumers live in housing of their choice, and are effectively involved with supportive services that relate to physical health, dental health, employment, social and spiritual needs.

Principle 5- Non-Linear

Practice- Consumers will choose from a range of available housing options, which can be entered at any point on the recovery continuum. It is not expected that consumers must move through each step of a continuum to obtain permanent housing (e.g. shelter housing to CRRS or transitional housing to permanent housing). Supports to consumers are flexible and can be adjusted to meet the needs as they change. Consumers do not have to move to another housing option simply because their needs change, rather supports are moved in and out of the person's life as needed. Mainstream natural supports are to be utilized whenever possible.

Outcome- Each consumer's recovery journey is unique. Housing and support practices will be flexible to reflect changes in needs and desires of the individual during the journey.

Principle 6- Strengths Based

Practice- Housing choices and supports reflect and build upon consumer strengths rather than deficits. Consumers will focus on building and enhancing their strengths through developing and achieving housing goals and planning to utilize effective services which support housing choices.

Outcome- Consumers thrive and grow in their living, working and learning and participate fully in their community.

Principle 7- Peer Support

Practice- Consumers will have access to self-help, peer support and consumer operated services. Peer supports are available to consumers in all housing options.

Outcome- Consumers are able to provide support to each other resulting in secure and stable housing and mental wellness.

Principle 8- Respect

Practice- The consumer is validated as a person. Those who help or support the journey of consumers will respect diverse cultural backgrounds, ethnicity, sexual orientation and personal life experiences. Housing options reflect respect and dignity for the individual including safe, healthy environments free of stigma and discrimination. Housing options are integrated and compatible with the neighborhoods/communities where they are located.

Outcome- Consumers experience improved self-esteem.

Principle 9- Responsibility

Practice- Consumers are strongly supported in their life decisions. Supports are available to assist individuals to build competencies that will enable them to successfully assume responsibility for choices even when professionals do not agree with the choice. Consumers are educated about the responsibilities associated with options and choices and the potential risks, rewards and consequences; however, consumers have the right to make bad decisions, from which they can learn and grow.

Outcome- Consumers accept responsibility for their life decisions.

Principle 10- Hope

Practice- Consumers will always be met with a positive attitude by helpers and supporters. Supporters, teachers, professional staff and friends will demonstrate their belief that individuals with MH disabilities can succeed in the housing of their choice. The options, supports, and practices reflect this belief. Individuals are not limited to housing options based on their illness, but rather are supported in living the life they choose.

Outcome- Consumers have a positive attitude about their life and have hope for continued recovery.

Glossary

- **Affordable housing.** Affordable Housing is generally defined as housing where the occupant is paying no more than 30 percent of his or her adjusted gross income for housing costs, including utilities.

- **CHIPP.** The Community Hospital Integration Projects Program (CHIPP) is a state initiative designed to promote the discharge of persons from state mental hospitals who have a long-term history of hospitalization or otherwise complex service needs and who have been unable to be supported successfully in the community. The state-to-county funding program allows County Mental Health Programs to develop the community resources and programs needed for each state hospital resident to be considered for release to the community.

- **Chronically homeless.** HUD's definition of chronic homelessness is, "An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in emergency shelter during that time. Note that HUD's definition of chronic homelessness does not include families. In addition, to be identified as chronically homeless, an individual must have a disabling condition, defined as, "A diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions".

- **Co-occurring disorders.** Co-occurring serious mental illness and substance use disorder. Individuals who meet the definition for SMI (defined below) and are diagnosed with substance abuse disorders are considered to have co-occurring diagnoses.

- **CRRS, Community Residential Rehabilitation Services.** Transitional residential rehabilitation programs in community settings for persons with chronic psychiatric disability. CRRS provide housing, personal assistance and psychosocial rehabilitation to clients in non-medical settings. There are two levels of care, full or partial, which are distinguished by the level of functioning of the clients served and the intensity of rehabilitation and training services provided by CRRS' staff to the clients.

- **Development subsidies.** These are funds used to reduce the cost of developing affordable housing.

- **Fairweather Lodges.** The Fairweather Lodge is a housing and employment program that allows adults with a serious mental illness or co-occurring disorder to reintegrate into the community. Using a structured consumer-governed shared housing and employment model, the goal for each Lodge is to provide emotional support, empowerment, a place to live and employment for its members. The

Lodges are consumer run, and function effectively through formal and informal peer support initiatives.

- **HOME.** The HOME Investment Partnership Act was authorized under the National Affordable Housing Act of 1990. It is a formula-based allocation program intended to support a wide variety of state and local affordable housing programs. The formula funding allows state and local governments flexibility to use the money in ways that best meet locally defined needs. Funds can be used for acquisition, construction, reconstruction and moderate or substantial rehabilitation activities that promote affordable rental and ownership housing. HOME funds can also be used for tenant-based rental assistance programs.

- **Housing Choice Voucher Program (Formerly called Section 8).** These rental subsidies are available through local Public Housing Authorities (PHA's). Some PHA's have a "preference" for people with disabilities which enables people with disabilities, including those with mental illness to receive priority for obtaining Housing Choice Vouchers.

- **Housing cooperatives.** Housing cooperatives provide affordable housing with maximum community control. The individual is member of a nonprofit corporation that owns and manages the development. The co-op resident becomes not only a co-owner of the cooperative but also a vital member of the community. This approach provides housing choices that balance the individual's support needs with his or her desire to live within a broader community.

- **Housing Trust Fund.** Dedicated capital pool established by legislation, ordinance, or resolution to receive specific on-going revenues from sources such as taxes, fees, or loan repayments. Proceeds can be used for a range of affordable housing including housing for people with serious mental illness and co-occurring disorders.

- **HUD Section 811, Supportive Housing for People with Disabilities.** Under the Section 811 Program, HUD provides funding to nonprofit organizations to develop rental housing for very low-income adults with disabilities to provide on-going rent subsidies for the projects to help make them affordable. Projects may be targeted to a single disability and supportive services are available.

- **LHOT, Local Housing Options Team.** LHOTs are formed at the request of County Mental Health Program Administrators, and bring together the key stakeholders at the county or regional level to identify the housing needs of people with Serious Mental Illness or Co-occurring Disorders to develop action plans, long-term solutions and specific housing options to meet their housing and supportive service needs.

- **LIHTC, Low income housing tax credits.** The Low Income Housing Tax Credit Program became law through of the Tax Reform Act of 1986. LIHTC does not provide loans or grants but rather a tax incentive to owners of affordable rental housing. The incentive is an annual tax credit (a dollar for dollar reduction in the tax payer's federal taxes) earned in the initial ten years following when the units are placed in service assuming program requirements are met. A developer markets or

"syndicates" the credits allocated to the development to investors whose contributions are used as equity in the development's financing plan.

- **LTSR, Long Term Structured Residential facility.** LTSR is a highly structured therapeutic residential mental health treatment facility designed to serve consumers 18 years of age or older. The LTSR provides alternative long-term treatment to consumers at risk of hospitalization.

- **McKinney Vento Continuum of Care**. In 1987 Congress passed the Stewart B. McKinney Homeless Assistance Act to provide funds to states, local governments and non-profit organizations to address the housing and service needs of homeless families and individuals. The program is administered by the U.S. Department of Housing and Urban Development (HUD). It provides funding for supportive services, transitional housing, and permanent supportive housing for homeless families and individuals. There is an annual competitive application process for these funds.

- **PennHOMES.** The PennHOMES program, administered by the PA Housing Finance Agency (PHFA) offers interest-free, deferred payment loans for building, rehabilitating, or preserving rental housing for low- and moderate-income households.

- **Personal Care Home.** Personal Care Homes (PCH) provide lodging, food and some support services for people who are elderly or who have mental or physical disabilities; who are unable to care for themselves but who do not require 24 hour nursing services in a licensed nursing care facility.

- **Project Based Rental Assistance.** Site based rental assistance. The rental voucher subsidy is attached to a housing site, rather than to any specific person or family.

- **Reinvestment funds** – As part of the HealthChoices program if the County/BH-MCO has savings at the end of the contract year they can use the savings to develop services and supports that benefit the unmet or undermet needs of MA recipients. These funds are called "reinvestment funds". These funds may be used in a subsequent Agreement year to purchase start-up costs for In-Plan Services, development or purchase of Supplemental Services or non-medical services, contingent upon DPW prior approval of the Primary Contractor's reinvestment plan.

- **Rental subsidies.** Funds that supplement rental income, either through tenant-based rental assistance or project-based rental assistance (see definitions).

- **Safe havens.** A form of supportive housing that serves hard to reach homeless persons who have severe mental illness, provides 24-hour residence for an unspecified duration, provides private or semi-private accommodations and has overnight occupancy limited to 25 persons.

- **Serious mental illness.** Serious Mental Illness (SMI) - Pennsylvania adopted the Federal definition of "serious mental illness" as follows: "an adult with a serious

mental illness is a person aged 18 and older who, at any time in the past year, was diagnosed with a mental, behavioral, or emotional disorder meeting the diagnostic criteria specified in the Diagnostic and Statistical Manual, DSM-IV or its successor documents as designated by the American Psychiatric Association, which resulted in functional impairment, substantially interfering with or limiting one or more major life activity. Pennsylvania set its service priorities to the mentally ill in the Adult Priority Group. In order to be included in the Adult Priority Group, a person's condition must: meet the federal definition of serious mental illness; be age 18+ (or age 22+ if in Special Education); have diagnosed schizophrenia, major affective disorder, psychotic disorder NOS or borderline personality disorder; and meet at least one of the following criteria - A. Treatment History, B. Functioning Level, or C. Coexisting Condition or Circumstance."

- **Shared housing.** Shared housing is a living arrangement where two or more unrelated people share a home or apartment to their mutual advantage. Each person has a private room and shares common living areas.

- **Supportive housing, see Appendix A.**

- **Tenant-Based Rental Assistance.** Assistance to low- and very low income families for obtaining decent, safe, and sanitary housing in private rental accommodations by making up the difference between what they can afford and the approved rent for an adequate housing unit.