

III. Adults – Recovery Oriented Services

Background

In 2005, the OMHSAS Advisory Committee established an overarching goal of system transformation for adults. The foundation of the change involved a systemic focus on the concept of “recovery.” Recovery is a highly individualized journey toward health and healing. It is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that enable people to reach their full potential as individuals and community members. *A Call for Change–Toward a Recovery-Oriented Mental Health Service System for Adults* was published by OMHSAS in 2005 and became a guide to stimulate thinking, generate discussion, and serve as a foundation for more targeted strategic planning throughout Pennsylvania.

“People with serious mental illness do, in fact, recover. Some become fully symptom-free with time, while others live rich and fulfilling lives while still experiencing some psychiatric problems. One of the basic premises of this (recovery) movement is that the role of a mental health system is not to “do for” or “do to” but to “do with.” *A Call For Change*

Snapshot –Adults Recovery Oriented Services

- 1,160 Certified Peer Specialists (CPS) and 720 Certified Peer Specialists Supervisors (CPSS) have been trained
- Forty-three ACT or ACT-like teams serve about 3,400 consumers throughout Pennsylvania
- Twenty-six clubhouse programs are operational throughout Pennsylvania, the second largest number of clubhouses in any one place in the world
- 1,752 individuals are working competitively, through supported employment programs in 34 counties
- Forty-six County MH/MR programs (serving 53 counties) have housing programs funded by HealthChoices reinvestment dollars (2010)
- By the end of 2010, Pennsylvania will have over 40 Fairweather lodges

The priority projects endorsed by the Advisory Committee set an agenda to create consumer-run services, reduce reliance on large institutional settings, create housing and employment opportunities, and develop integrated services for co-occurring mental health and substance use disorders. This ambitious agenda required strong partnerships with other Department of Public Welfare (DPW) offices, such as the Office of Medical Assistance Programs and Office of Developmental Programs, as well as other systems,

including the criminal justice system and Department of Health offices among others. The Advisory Committee recognized the importance of having a financing strategy for initiatives to ensure long-term sustainability, including changes in the state's Medicaid plan to support a recovery and resiliency orientation.

Projects and actions identified to support a recovery-oriented system included:

- Expand and support consumer-run services and supports
- Develop a Center of Innovation for Promising and Evidence-Based Practices
- Support community reintegration for individuals who have been in the state hospital over two years
- Implement an integrated system of services and supports for co-occurring mental health/drug and alcohol recovery
- Implement housing workgroup
- Implement forensic workgroup
- Develop employment opportunities
- Restructure Medicaid State Plan to support recovery and resiliency

Consumer-run services

Peer support is a system of giving and receiving help by and from individuals in recovery. It is founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. In 2004, OMHSAS received a three year Mental Health Systems Transformation Grant from the Centers for Medicare and Medicaid Services (CMS) to implement a Medicaid-funded Peer Support service. Peer support services are provided by individuals who utilized services in the behavioral health system and are trained and certified as Certified Peer Specialists (CPS). Peer support is not based on psychiatric models and diagnostic criteria but rather on empathetic understanding of another's situation through the shared experience of emotional and psychological pain. The mutual experience creates a connection without the constraints of a traditional expert/patient relationship. The trust that is engendered results in hope and allows people to move beyond self-concepts built on disability, diagnosis and trauma.

The Mental Health Association of Southeastern Pennsylvania partnered with OMHSAS to develop a statewide CPS training curriculum. The curriculum, recently adopted by the Veterans

Administration, has specialized training for transition-age youth, adults, older adults, justice-involved, and bilingual individuals. In 2006, CPS services were added to Pennsylvania's Medicaid State Plan, allowing federal match for these important services. Pennsylvania added "Certified Peer Specialist" as a civil service classification in 2008, the first new civil service class in 12 years.

"On June 6, 2005, I became a member of The Dauphin Clubhouse. For the first time, I was asked what I wanted to do, not told what to do. Within two weeks, I was at the clubhouse five days a week, from morning to night. The clubhouse had given me something that I had wanted my whole life: a sense of belonging to something noble, with no judgment. These people that I was ready to look down upon accepted me as me. They didn't care that I felt I was broken. They just cared. More importantly, that taught me to care. Today I work at The Dauphin Clubhouse as a peer support specialist. I carry the lessons I have learned from all my peers. That is the secret to being a peer support specialist. I love walking with other peers on their journey to do what they want to do with their lives. My favorite time is when a peer tells me, "Tom, I can take it from here." Certified Peer

In 2009, Pennsylvania had almost 600 people employed as peer specialists, more than any other state. Of the 21 other states that employ peer specialists, none had over 400, and only two had more than 300. In Pennsylvania, 100 programs are licensed to provide peer support services. Not only do peer specialists impact the culture of the service system, these CPS positions offer employment, recognition, and incomes. And, peer specialists contribute to the compelling stories of recovery throughout the Pennsylvania.

Assertive Community Treatment (ACT)

It is challenging to implement promising and evidence-based practices that have good outcomes, address the diversity of Pennsylvania's population, and meet national guidelines. In 2006, a stakeholder workgroup developed guidelines for establishing Centers of Excellence and identifying other experts to provide technical assistance on the expansion of promising and evidence-based practices. Implementation of promising and evidence-based practices has resulted in a greater array of services that help adults recover from mental illness. Assertive Community Treatment (ACT) is an example of an evidence-based practice.

Assertive Community Treatment employs a multidisciplinary team of mental health staff, including peer specialists, that provides community-centered treatment, rehabilitation, and support services for consumers with severe and persistent mental illness. ACT has been in Pennsylvania since the mid 1990s. In 2008, OMHSAS conducted a study of community treatment team programs in order to better understand how fidelity to the ACT model impacted outcomes. The study found that high-fidelity ACT had better outcomes and was more efficient than low-fidelity programs, including having more people employed; more living independently or with their families; and having fewer people living in shelters, on the street, or in nursing homes. Average overall costs of high-fidelity ACT teams were lower than for consumers served by low-fidelity teams.

As a result of the study, OMHSAS issued an ACT Bulletin in 2008 stipulating the standards and procedures for developing, administering, and monitoring ACT programs in the Commonwealth. In July 2009 OMHSAS convened a stakeholder group to formulate plans to move towards full ACT fidelity. One of the key recommendations from this meeting was to select existing teams as pilot programs to receive intensive technical assistance and training to transition to full ACT fidelity. All counties having operational programs submitted Fidelity Action Plans which were reviewed by the workgroup and are monitored by OMHSAS

Psychiatric Rehabilitation

Psychiatric rehabilitation services offer people opportunities to recover from their mental illness and co-occurring substance use disorders through learning skills that enable them to live, learn, make friends, and work in their communities. Recognizing that psychiatric rehabilitation is a key ingredient to recovery, OMHSAS promoted the expansion of these services throughout Pennsylvania through targeted use of state funds and securing Medicaid reimbursement for these services. Psychiatric rehabilitation is a key element of community support services, emphasizing the empowerment of consumers and promoting hope and recovery. Each program model – clubhouse, site-based drop-in centers, and mobile psychiatric rehabilitation – tailors services to the individual’s expressed goals and needs.

A clubhouse is a community-based social and vocational rehabilitation program based on the “Fountain House” model. Fountain House opened in 1948 in New York City and has become a model that has been emulated internationally. The model features “work” and “membership,” providing participants with opportunities for employment, housing, education, skill development, and social activities. The Pennsylvania Clubhouse Coalition (PCC) follows the International Clubhouse Standards published by the

International Center for Clubhouse Development (ICCD) which is located in Fountain House. In Pennsylvania, these clubhouses meet the criteria for community support programs and psychiatric and psychosocial rehabilitation services. Mental health consumers throughout Pennsylvania experience the process of mental health recovery through the personal empowerment achieved through clubhouse membership. Above all, clubhouses are a place of hope.

"After seeing my future as a mentally ill inmate going from jail to a state institution I knew I had to turn my life around before I became trapped. The next week I started at Wellspring Clubhouse, where I met ... Marie. Marie ... was the first to see enormous potential in my eccentric personality... In just six months, I started my education and recovery at community college...College has taught me to never underestimate yourself and always push to become a better person. The classes ... reminded me of how important it was to inform people that mental illness is not a death sentence... This May, I graduate from community college, and in August, I start at college. My dream is to become a Special Education Teacher who challenges students with mental retardation, mental illness, and autism to reach their full potential." Wellspring Member

Over 175 psychiatric rehabilitation providers are members of the Pennsylvania Association of Psychosocial Rehabilitation Services (PAPSRS) that is affiliated nationally with United States Psychiatric Rehabilitation Association (USPRA). PAPSRS was organized to promote and support the philosophy, values, and practices of psychiatric rehabilitation for people in recovery from mental illness and to exercise leadership and encourage the development of continually improving concepts and practices of psychiatric rehabilitation in Pennsylvania. Psychiatric Rehabilitation includes clubhouse, site-based and mobile services.

Employment

In 2005, unemployment in Pennsylvania among those with psychiatric disabilities was found to range from 75% to 85%, in spite of long-standing evidence that the majority of consumers would not only benefit from competitive employment, but were also eager to work. The OMHSAS Employment Transformation project (2006–2007) worked with 15 counties to assess existing employment systems and implement supported employment, an evidence-based practice. For fiscal year 07-08, 10,929 individuals were served in sheltered employment, while only 3,196 individuals were engaged in competitive employment. In March 2008, *A Call*

for Change: Employment, A Key to Recovery established the goal of “significantly increasing the number of persons served by the behavioral health system who are competitively employed”. Eleven counties identified employment in their FY 08-09 county plans as their top need for new funding.

In 2009 OMHSAS established the Employment Outcomes Workgroup, facilitated by the University of Pennsylvania Collaborative on Community Integration, to help develop policies that re-emphasize the importance of employment in the lives of people with psychiatric disabilities.

The Workgroup recommended that OMHSAS require the counties to develop a separate plan to promote competitive employment by expanding supported employment, using the Substance Abuse and Mental Health Services Administration (SAMHSA) tool kit for this evidence-based practice. Supporting people to work on the job is far more effective than training people in a sheltered setting. In recognition of this important evidence-based practice, OMHSAS required every county to develop a supported employment plan as part of their FY 11-12 County Mental Health Plan Update that was submitted in May 2010.

Blueprint for transforming services to better support people with mental illness in obtaining competitive work involves seven principles:

1. Eligibility is based on the person’s interest in working.
2. Supported employment is integrated with mental health treatment.
3. Competitive employment is the goal.
4. A job search starts soon after a person expresses interest in working.
5. Supported employment providers continue to help an individual as long as he or she wants assistance and support.
6. Supported employment is individualized.
7. Supported employment provides benefits counseling.

Housing

Supportive housing is permanent, affordable housing that is linked to flexible, voluntary supports necessary for people with serious mental illness and co-occurring disorders to obtain and maintain the housing of their choice. In 2004-2005, the County MH/MR programs identified housing as one of the greatest needs of persons with serious mental illness and co-occurring conditions. In 2006, OMHSAS issued *A Plan for Promoting Housing and Recovery Oriented Services* based on the findings of the OMHSAS Advisory Committee’s Housing Workgroup. The plan recognized housing as

an essential component of recovery and outlined important guidelines for implementing supportive housing models and modernizing housing approaches. In response, counties developed housing plans for their priority groups. OMHSAS and the Pennsylvania

“Having housing makes me hope again and set more goals for myself. It is nice knowing that someone is there for me when I need them. I can always reach the staff and have someone to talk with... and the staff has helped me with accessing the Food Bank and setting up an appointment with the Office of Vocational Rehabilitation.”
York/Adams County Supportive Housing resident.

Housing Finance Agency (PHFA) established a partnership for supportive housing to finance permanent, affordable supportive housing identified in the counties’ plans. OMHSAS and the counties also targeted HealthChoices reinvestment funds to support county housing initiatives. Between 2005 and 2010, OMHSAS leveraged over \$65.9M for a variety of housing options. In 2010, over 1,600 units or subsidies are being developed at a cost of \$41.7M and more than \$10.4 M is targeted to other housing and supports.

Examples of current supported housing efforts include:

Erie County’s Fairweather Lodge started when Stairways Behavioral Health developed one lodge nearly 10 years ago. The Fairweather Lodge focuses on self governance, peer support, interdependence, and employment to help people have a stable home and earn a living wage. After almost 10 years, Stairways has nine lodges in Erie County while other providers throughout Pennsylvania operate another 21 lodges. In addition, 23 more lodges are currently in development, with technical assistance provided by Stairways and funded by OMHSAS. By the end of 2010, Pennsylvania will have over 40 lodges. Erie County’s Fairweather Lodge staffing includes one program manager, four certified peer specialists and 55 lodge members.

Allegheny County’s Permanent Supportive Housing Support program, operated by Transitional Services, Inc., was recognized by the National Council for Behavioral Healthcare magazine in 2009. As a scattered site, low density program, the Housing Support Team offers “bridge” rental subsidies until a person can access rental subsidies offered through the local housing authority. Since 2008, over 50 people have maintained their housing for more than one year at an average cost of \$1,764 per person per month for rental subsidies, housing support team services, and behavioral health treatment. This

is significantly less than other residential models and inpatient care costs which can range from \$4,000 to \$15,000 per month.

The York/Adams County Joinder targeted the development of supportive housing in their 2008–2009 reinvestment plan for people with serious mental illness and co occurring conditions, including adults, transition age youth ages 18–25, and individuals with involvement in the criminal justice system. Their strategies to provide permanent affordable housing and essential supports include capital investments, operating subsidies through PHFA, master leasing, program management/clearinghouse activities (i.e., housing coordinator), housing support services, and contingency funds. Today, in the midst of implementing these strategies, 36 people have housing where they pay about 30% of their income and receive subsidies for the remaining housing costs. The stories of these 36 residents are remarkable and attest to the positive changes in their lives due to having a home and support.

Progress

- In 2009, OMHAS funded the creation of a Pennsylvania Peer Support Coalition, a peer-run coalition with six chapters throughout the Commonwealth to support peer specialists.
- In 2009, Pennsylvania scored 95 on the peer specialist checklist/report card at the Pillars of Peer Support Summit in Atlanta, Georgia.
- OMHSAS and the Office for Vocational Rehabilitation (OVR) are finalizing an agreement to fund training and placement for Certified Peer Specialists. A pilot in Philadelphia will link 15 district OVR offices with training vendors to educate Certified Peers.
- OMHSAS recognized the high fidelity of Lenape Valley Foundation's ACT program and designated the Teams as consultants for other programs.
- OMHSAS engaged Pennsylvania and national experts on ACT to provide training and technical assistance, including The Washington Institute for Mental Health Research & Training (University of Washington) for training on the Tools for Measurement of ACT (TMACT).

- The OMHSAS Psychiatric Rehabilitation Workgroup revised standards for psychiatric rehabilitation services and is in the process of developing regulations.
- OMHSAS contracted with Drexel University College of Medicine to provide a continuing education training program to Certified Psychiatric Rehabilitation Practitioners (CPRP), approved by the United States Psychiatric Rehabilitation Association, to enhance the skills of psychiatric rehabilitation services providers.
- OMHSAS provided technical assistance to 15 counties to implement strategies to expand evidence-based supportive employment services.
- Guidelines were published for the submission of Supplemental Employment Plans by each county as part of their FY 11-12 County Mental Health Plan Update.
- November 7, 2007, OMHSAS distributed a Housing Workgroup document, *A Plan for Promoting Housing and Recovery Oriented Services*.
- In August 2007, OMHSAS issued *County Housing Plan Policy* that requires each county to develop a county housing plan as part of 2009–2012 County Plan Guidelines.
- OMHSAS issued guidelines in August 2009 on referral to Personal Care Homes to avoid use of large institutional settings.

Resources

- Peer Support Services – Revised OMHSAS Bulletin 09-07 (<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinDetailId=4516>)
- Project Concept: Peer Support for Older Adults in PA (http://www.parecovery.org/documents/TTI_Project_Concept.pdf)
- Civil Service classification for Certified Peer Specialist (2008). (http://www.portal.state.pa.us/portal/server.pt/gateway/PTARGS_0_7_3945_689697_0_0_18/2009-003CertifiedPeerSpecialists.htm)
- 26-state checklist standards for peer support programs: Pillars of Peer Support: Transforming Mental Health Systems of Care Through Peer Support Services (http://www.parecovery.org/documents/Pillars_of_Peer_Support.pdf)

- OMHSAS Peer Specialist Initiative, July 1, 2006
(http://www.parecovery.org/documents/PA_Peer_Specialist_Initiative.pdf)
- Pennsylvania OMHSAS Bulletin 08-03: ACT and Related Attachments
(<http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinDetailId=4390>)
- Fidelity, Cost, and Outcomes Analyses of Pennsylvania ACT/CTT Teams
(http://www.parecovery.org/documents/ACT_CTT_Report_042009.pdf)
- ACT/CTT Providers by County in Pennsylvania
(http://www.parecovery.org/documents/ACT_Providers_County.pdf)
- Standards for mobile, site-based and clubhouse psychiatric rehabilitation,
(http://www.parecovery.org/documents/Psych_Rehab_Standards.pdf)
- SAMHSA Tool Kit on Supported Employment
(<http://homeless.samhsa.gov/Resource/Supported-Employment-Evidence-based-Practice-Toolkit-48852.aspx>)
- A Plan for Promoting Housing and Recovery-Oriented Services, November 7, 2006; prepared by the Housing Work Group (HWG) of the Adult Advisory Committee of the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS)
(http://www.parecovery.org/documents/OMHSAS_Housing_Report_Final_110706.pdf)
- OMHSAS County Housing Plan Policy, August 2007
(http://www.parecovery.org/documents/County_Housing_Plan_Policy_082007.pdf)
- Faces of Recovery: Supporting People in Housing, Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS), prepared by Diane T. Meyers and Associates, August 2007
(<http://www.pahousingchoices.org/documents/Faces.pdf>)
- Template for Housing Plan
(<http://www.pahousingchoices.org/county-housing-planning/housing-planning-documents/>)
- Housing and the Sequential Intercept Model: A How-to Guide for Planning for the Housing Needs of Individuals with Justice Involvement

and Mental Illness

(http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/manual/s_002552.pdf)