

## **Office of Mental Health and Substance Abuse Services Personal Care Home Policy**

This policy reflects the position of the Office of Mental Health and Substance Abuse Services (OMHSAS) on meeting the housing, treatment and service needs of persons with a mental illness in or referred to Personal Care Homes (PCH). It is a goal of OMHSAS that individuals be engaged and supported in identifying and moving into the most integrated housing\* of their choice in the community.

### Discussion

The behavioral health system has had a long history of reliance on referral to PCHs to meet the housing and support needs of persons with mental illness. The OMHSAS policy direction seeks to move the mental health system away from reliance on large congregate care settings in communities, such as large PCHs, by making sure that individuals have the choice to live in small, home-like options. Some PCHs are very large, others are smaller and more home like, some embrace recovery principles and others can be isolating or more institutional. Some PCHs are operated by community mental health providers as “enhanced” PCHs that include additional mental health supports for people who need a higher level of support. Living with a group of people is not the way most people want to live given a choice. However, for some people a congregate setting may meet their individual needs. In support of the OMHSAS goal to develop integrated housing options, County MH/MR administrators, as part of the County Mental Health Plan, have developed housing plans to expand the range of housing and supportive services available in their county. Making progress in moving toward integrated housing options requires a cultural shift. Therefore, it is important to establish policy parameters about the development of and referral to PCHs that reduces reliance on large congregate living settings in favor of helping people live in a place they can call home.

### **Policy**

#### Referral to and Development of a PCH More Than 16 Beds

1. OMHSAS strongly discourages individuals being referred by counties or county contractors to live in any PCH with more than 16 beds. The county shall develop a policy and process, in consultation with consumers and families, to consider any exceptions to this policy. Exceptions should consider the quality of the services and supports provided by a large PCH and other community supports that are available such as Assertive Community Treatment Teams, Peer Support services, etc. The Policy shall:

- Affirm support for and commitment to development of integrated housing options;

\* Integrated housing is permanent safe, secure, and affordable housing where an individual holds a lease or other occupancy agreement and where receiving services is not a condition of residence.

- Establish the parameters that would need to be met to consider an exception of a referral to a PCH larger than 16 beds;
  - Ensure the opportunity for an individual to visit at least two (2) alternative housing options (may include a smaller PCH) that offer greater community integration than a PCH over 16 beds;
  - Be reviewed and approved (the county policy) by the OMHSAS Regional Field Office prior to implementation;
2. No individual discharged from a state hospital may be referred to a PCH with more than 16 beds without using the process outlined for granting an exception. Development of a Community Support Plan (CSP) shall be required for any individual where such an exception may be considered. The CSP shall identify the rationale for any exception requested to this policy and shall be reported to the OMHSAS Regional Field Office before the CSP becomes final. See section on state hospital discharge below.
  3. OMHSAS will not approve the use of any mental health funds to develop new mental health community based programs such as a Partial Hospitalization Program, Drop-in Centers, Clubhouses, etc., in PCHs (excluding mental health programs in an enhanced PCH) effective August 18, 2009. This does not include direct service provision to individuals living in PCHs by a mental health service provider, such as a Case Manager, Peer Specialist or other mobile service provided specifically to an individual.
  4. OMHSAS will not fund the development of any new Enhanced PCH with more than 16 beds. For this purpose, all funds allocated to the county, HealthChoices capitation, and reinvestment dollars are considered OMHSAS funds.

#### Referral to and Use of Existing PCHs

1. If an individual served by the County MH/MR Program is being considered for referral to a PCH, the county shall review the licensure status of the home prior to referral to determine if the home has a provisional license. The OMHSAS Regional Field Office and the Regional PCH Field Office shall be consulted prior to considering placement in a home with a provisional license. A county that has an established PCH Risk Management Committee should use this forum to consult on referrals to homes operating on a provisional license. The Committee is comprised of representatives from the County MH/MR Program, County Area Office on Aging, OMHSAS, Department of Public Welfare's Adult Residential Licensure, and other key stakeholders.
2. Persons who reside in a PCH that currently also offers on-site behavioral health programs funded by the county shall be given the option to participate in programs offered at an alternative site.

3. County MH/MR Programs should provide information about integrated housing options and supports to individuals with a serious mental illness living in PCHs operating within their jurisdiction. The information is intended to increase the awareness of individual PCH residents of the opportunities to access and benefit from the community based, recovery oriented treatment and supportive services available to and utilized by individuals with mental illness living in other kinds of housing in the community. The County MH/MR program shall establish mechanisms to provide such information at least twice annually.

Policy for State Hospital Discharge to PCHs Over 16 Beds

It is the OMHSAS policy that its state hospitals not refer people ready for discharge to a PCH that is larger than 16 beds unless the process outlined below for granting exceptions has been followed. A CSP must be developed for an individual when an exception may be considered to ensure the person has exercised an informed choice and has been offered other housing and support options.

1. The CSP must be conducted to fully understand the housing and support needs of the individual from their perspective. Understanding what is important to the individual is foundational to the CSP process. If a person wants to live in a PCH (or a large PCH), why? Is their choice an informed choice? Is their choice because they believe it is the only option for discharge? Did they live in this PCH successfully in the past? Have they had an opportunity to visit other housing options and learn about supports that may be available?
  - What are the services and supports the person wants and believes they need to live successfully in the community?
  - What housing and residential options are available in the county or service area? Can new options be developed? Is the person interested in moving?
  - Does the person want a private bedroom?
  - Will the person be living close to family, friends, and activities that are important in their life?
  - Is the home close to options for potential or desired employment and occupational choices?
  - Does the person need PCH level of support (assistance with activities of daily living)? Can intensive case management or assertive community treatment teams/community treatment teams provide such supports in a more independent housing option?
2. The CSP shall document that the individual (and family member if involved) was provided a choice of housing or residential options and given the opportunity to visit these options prior to any consideration for a PCH over 16 beds. Documentation shall include the rationale for the individual's choice.
3. Any discharge in which a person may be considered for an exception shall be reported to the OMHSAS Regional Office before the CSP becomes final.

4. If a state hospital is considering a referral to a PCH, the hospital in coordination with the county, shall review the licensure status of the home prior to referral to determine if the home has a provisional license. The OMHSAS Regional Field Office and the Regional PCH Field Office shall be consulted prior to considering placement in a home with a provisional license.
5. An exception to the policy can be made when all of the following exist:
  - This is where the person wants to live;
  - No other housing options are available or viable for the individual;
  - The individual does not want to move to another county;
  - The PCH and community supports meet the person's needs as documented in the CSP; and
  - Without making an exception the person would not be able to be discharged from the state hospital.

When an exception is made, the CSP shall also include a timeline and plan for moving to the most integrated community housing appropriate that reflects the individual's choice and that is less than 16 beds.

6. If a county has no placement options other than large PCHs, the Service Area Planning group should identify and prioritize housing development plans for the county and consider regional housing development plans for the service area.
7. All CSP team members shall be trained in the requirements of this guidance document. Consumers and families participating in the CSP process shall be informed of this policy and process to consider exceptions.