



# Building Towards Recovery

OMH News: Housing Edition

August 2015



## Affinity Place: A Peer Run Hospital Diversion Program

By Gregory J. Soehner, President & CEO, East House

When individuals with mental health diagnoses feel like their symptoms are exacerbated, situations in their lives have them reeling toward crisis, or they are just looking for extra support, they may find themselves in their local emergency room. In despair, people may wait for hours to talk with medical staff.

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In Rochester, NY, there is now an alternative to the emergency room for people in crisis. Affinity Place is an East House Program run in collaboration with the Mental Health Association of Rochester (MHA) and funded by the New York State Office of Mental Health (OMH) with reinvestment funds. The program opened in May 2015 and provides a peer-based, recovery-oriented alternative to existing intensive and costly acute crisis services.

Individuals who come to Affinity Place are considered ‘guests.’ Guests must be able to benefit from a short-term diversion program and have medical and behavioral health conditions sufficiently managed. The average length of stay at Affinity Place is three to five days with follow up from MHA Peer Support for up to 60 days after check out. Affinity Place guests can come and go as they please. Guests may go to work and attend appointments or other scheduled meetings. All Affinity Place guests are responsible for bringing their own food and personal hygiene items to the site.

Affinity Place is a safe environment. It is staffed 24 hours per day, and focuses on personal choice, mutual respect and recovery. All services at Affinity Place have been developed to respond to a person’s crisis by identifying solutions and coping skills to manage stress; developing a personalized plan; and linking the guest to community resources to reinforce recovery. Services are presented in a menu format, allowing individuals to select options that they feel will benefit them most.



Affinity Place staff are individuals who identify themselves as living with a mental illness. They provide guidance, mentoring, and support to guests experiencing crisis. All Affinity Place staff have received training in Trauma-Informed Care, Motivational Interviewing, Crisis Intervention, WRAP Planning, Eight Dimensions of Wellness, Person-centered Care, Warm-line Screening, and Group Facilitation. In addition, all peer staff are working toward their New York State Peer Certification.

Affinity Place is a no fee service, serving Genesee, Livingston, Monroe, Orleans, Wayne and Wyoming Counties. The site has eight single bedrooms, a common kitchen, bathrooms, a community living area, laundry facilities, and staff office. The property is well-served by public transportation and easily accessible to other local amenities.

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Affinity Place also offers a warm line service to individuals who are experiencing crisis and would benefit from talking to a peer. The warm line, which operates 24 hours per day and 7 days per week, has answered over 500 calls since its opening.

Individuals learn of Affinity Place through local emergency rooms, outpatient providers, employee assistance programs, college counseling centers, mental health associations and local hotlines. Since its opening, over 60 individuals have utilized the services at Affinity Place -- 78% of which have been previous users of emergency room services.

Satisfaction surveys are completed at the time of check out, as well as at the 30- and 60-day follow up point. Feedback has been overwhelming positive.

Individuals appreciate feeling less alone by sharing their experience with peer staff and appreciate the encouragement to make positive changes that prevent the likelihood of future crises.



Individuals appreciate feeling less alone by sharing their experience with peer staff and appreciate the encouragement to make positive changes that prevent the likelihood of future crises. When guests are asked what they like most about Affinity Place, comments include: “the endless amount of support and amazing staff,” “it’s a place to work on yourself,” “the fact that it was for people like me,” and “it’s a safe place that was not the hospital.”

The development of alternatives such as Affinity Place is key to continuing to provide behavioral health services as New York State transitions health care delivery away from high cost services such as emergency rooms and inpatient admissions. Affinity Place is the newest program from East House, which opened the first group home in New York State in 1966 and whose mission is to assist individuals recovering from mental illness, substance use disorder or both to live healthy and fulfilling lives.

For additional information on Affinity Place, click [here](#).

## **RSS Consumers Achieve Positive Outcomes In MRT Supported Housing**

By John Paduano and Susan K. Miller, Managing Directors, Rehabilitation Support Services

In 2013, Rehabilitation Support Services (RSS) was awarded 25 Medicaid Redesign Team (MRT) Supported Housing Beds. 10 were awarded in Albany County, 10 in Orange County, and 5 in Schenectady County. These beds were designed to serve individuals with serious mental illness who were also identified as high users of Medicaid, in need of Supported Housing services. They also had to be members of a health home, and the health home had to be part of the referral process.

In this MRT program, we use a trauma-informed, person centered and strength based approach in the provision of services to meet the complex behavioral health and physical health needs of the clients. Our focus is centered on creating an environment that promotes wellness, recovery and self-determination.

All MRT Supported Housing programs work closely with their health home, and the county Department of Social Services (DSS) and Mental Health Departments to make sure the individuals admitted into the program would benefit from the combined services of the health home and stable housing with supports.

The highest users of Medicaid services in the county who also had serious mental illness were chosen for this program. Other factors considered were chronic health conditions such as diabetes, substance abuse, HIV, as well as being homeless or frequent users of emergency room services.

RSS achieved the following outcomes during 6/1/14 – 6/1/15:

- Only two individuals (7%) had admissions to psychiatric hospitals.
- Only four individuals (14%) had medical admissions.
- There was only one visit to an ER for psychiatric reasons.
- Only two individuals (7%) had ER medical visits.
- 28 individuals were served during this period of time. The occupancy rate was 95.2%. Most clients have remained in the program since they were admitted. In some cases this is more than two years.

We have had a number of programmatic successes within the 25 beds we operate due to the high level of satisfaction with the services of the MRT program. The following are a few examples:

- Prior to enrolling in the MRT Program, one consumer had an extensive history of psychiatric hospitalizations, including multiple intensive long-term inpatient stays. He had also been homeless for a period of eight years and was staying in motels, cars, and parks. He reported to his Care Manager and his Housing Specialist that he was unable to maintain housing due to extreme symptoms of anxiety.

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Since enrolling in a Health Home and the MRT Supported Housing Program, and moving into stable housing in February 2014, he has successfully remained out of the hospital and has not had any emergency contacts. He has been able to maintain his housing and meets regularly to discuss any concerns with his Care Manager/Housing Specialist. Currently, he reports that he is able to focus on other areas of his recovery, including maintaining appointments with providers and increasing coping skills, now that he has stable housing in place.

- One individual who is also diagnosed with HIV was admitted from a DSS temporary placement. They were very inconsistent with taking their medications and following up with their medical providers. Once they obtained stable housing, they were able to maintain their health and were working to regain custody of their child.

- Another individual with diabetes and a long forensic history was utilizing emergency services on a regular basis to meet his needs. He has reengaged with new medical doctors and mental health providers and has become more stable.

- An individual also diagnosed with HIV was also homeless and utilizing Emergency Services for their medical needs at least three to four times a month. They have reduced their ER visits and are currently maintaining their medical and mental health.

RSS appreciates the opportunity to provide services to individuals in this program and looks forward to continued positive outcomes.

To find out more information about Rehabilitation Support Services' Supported Housing, click [here](#).

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## **Tilden Gardens: An Innovative Community Residence for NY/NY III Adults and Transition Age Youth**

By Carole Gordon, Senior VP for Housing Development, The Bridge

The Bridge is pleased to announce the opening of Tilden Gardens in the East Flatbush section of Brooklyn. It is the agency's first building to open in Brooklyn; its first to serve young adults along with adults; its first modular construction project; and the largest property in its current housing portfolio.

A Community Residence- Single Room Occupancy (CR-SRO), Tilden Gardens offers housing and services for 60 NY/NY III tenants including 45 adults ready to leave psychiatric hospitals, primarily South Beach and Kingsboro, and shelters, and 15 young adults, ages 18-24, aging out of residential treatment centers and foster care.

The original design envisioned separate living spaces and common spaces for the young adults and the adults in one L-shaped building with two wings. But by the time the building was ready to open, the philosophy for serving young adults and adults in one building had changed.

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Young adults and adults are living side by side on the same floor, and the programming reflects a 'blended' approach to serving both populations. We have found that the two populations enjoy hanging out together to share an evening meal, to watch television, to participate in cooking classes, and to sit outside in the very large backyard area.

Because the building is L-shaped and the lot size is 75' wide, by 200' in depth, the architect Richard Ferrara and his team at DeLaCour, Ferrara, Church Architects, were able to create an unusually large backyard area.

This has enhanced the programming we are able to offer to our 60 residents. The building has many storefront windows that face the backyard and every common room opens to the backyard, bringing the outdoors into the interior.

There are many unique features in the construction and the programming at Tilden.

1. Construction was modular. The units were built at the Brooklyn Navy Yard by Capsys Construction and brought to the site where the general contractor, Artec Construction and Development, had dug the foundation and first floor. The units were stacked, one on top of another and the General Contractor put the building together. In theory, this can save time, which is hugely important when low income housing tax credits are used toward the financing of a project. In reality, it didn't quite work that way. However, we are delighted that the building is completed and tenants began moving in on March 31, 2015, immediately following the OMH inspection.

2. We have a popular basketball court in the rear of the property which is used daily by the tenants.

3. There is a 2,500 square foot urban farm in the rear that is being developed in collaboration with the Horticultural Society of New York. The Bridge has been working with the Hort for 10 years to create farming programs which offer Bridge clients and tenants in its residential buildings work training in horticulture, paid employment (with private grants), access to free vegetables and fruits, nutrition education and composting lessons. At Tilden, The Hort and residents will plant the raised beds starting in early September.

4. There is a large seating area in the rear where residents can socialize. They can sit on benches or under a covered pergola surrounded by beautiful flowers and trees, planted by “The Hort”.

5. A chef, who encourages healthy, nutritious eating, conducts cooking classes three afternoons a week. The first five-week session of classes graduated 3 tenants. The chef plans to use vegetables and herbs from the urban farm in his cooking. There is a strong vocational emphasis.

6. Tenants can exercise in a separate area in the backyard, including weight lifting and cardiovascular exercise.

The services offered to tenants include:

- 24/7 front desk coverage
- Case management
- Health services by a full-time nurse
- A computer lab
- Assistance with activities of daily living skills training
- Enhanced services for the young adults including educational opportunities and vocational counseling by peer specialists and consultants
- On-site laundry rooms
- A community room with commercial kitchen where tenants can have an evening meal prepared by a cook
- A community room with small kitchen where tenants can cook an evening meal together





**“We are pleased to invite our friends from OMH, our elected officials, and everyone who participated in the creation of Tilden Gardens to join us for our official ribbon-cutting ceremony on Wednesday, September 30th at 11:00. Light refreshments using produce from our garden will be served. We look forward to welcoming everyone to our new residence and to celebrating with us.”**

**--Susan Wiviott,  
CEO of The Bridge**

## **OMH Housing Programs: Finding Homes, Building Recovery**

By Mark Genovese, Public Information Office

Having a good place to live is vital in the recovery process for people with mental illness.

This is why OMH is working to establish stable residential environments for New Yorkers through our housing programs.

### **Apartments, Subsidies, and Services**

“When we talk about ‘supported housing,’ we’re actually referring to several different approaches,” said Moira W. Tashjian, Director of the OMH Bureau of Housing Development and Support, which oversees Supported Housing and Supportive Housing programs in New York State.

\* SP-SROs – Short for “single-room occupancy supportive housing.” These are not single rooms, but studio one-bedroom and two-bedroom units designated to house individuals with serious mental illness, which are primarily built in conjunction with affordable apartments.

\* Supported Housing – Market-rate apartments located throughout communities, for which OMH provides rent subsidies and housing-support services.

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## Meeting Community Need

The Bureau has funded more than 20,000 supported housing units throughout the state – 3,000 SP-SRO units, and 18,000 units of scattered-site supported housing, and plans for more are in the works. “Clearly, there’s a need,” Tashjian said. “To address it, OMH is developing an additional 700 units throughout the state, with more on the way.”

Funding for an additional 628 supported housing units was released this past year. An additional 250 units will be released within the coming months. Implementation is underway and units are being filled.

## Implementation and Challenges

Agencies that are awarded these units are required to maintain accurate reporting of all admissions and discharges through OMH’s Child and Adult Integrated Reporting System and adhere to any requirements OMH may subsequently develop. Referrals to these units are reviewed, tracked, and monitored by each county’s Single Point of Access housing program.

“There are established time frames and expected rates of acceptance for each part of the referral process,” Tashjian said. Some factors for underperformance include: failure to develop the housing within the approved time frame, the inability to find supported housing apartments, or the inappropriate retention of residents in existing housing capacity.

If a provider isn’t meeting these standards, the bureau works with the agency and county to determine why and how to best resolve the issue. If needed, an action plan is put into place to rectify deficiencies – including the possible reallocation of units to other providers, counties, or regions.

OMH holds regular meetings with all stakeholders to address implementation issues. Participants include awardees, county leadership, Health Homes, Article 28, and 31 hospitals, OMH Field Offices, and other parties that make referrals to the OMH housing programs. “The intent is to solve problems through coordination and collaboration,” Tashjian said, “while increasing the communication across the board, and educating each other on system needs.”

## Visit OMH at the Great New York State Fair!

Located in Building 19, fair visitors can connect with resources to improve mental health with four free mobile apps that will be demonstrated at the New York State Office of Mental Health booth. The apps can help teens reduce anxieties and stop bullying, promote veteran and service member resilience and positive mental health.

