HCMHRSB
Housing Continuum

HAMILTON COUNTY
Mental Health &
Recovery Services Board

MHAP Continuum of Residential Treatment Services

- Crisis Stabilization Center
- Half Way House:
  - Kemper House
  - Montgomery Place
- Quick Access Housing
  - Hamilton Place
  - Montgomery Place (2 beds)
- Level 2 Facilities (Also called Family Care Homes)

MHAP's Role

- MHAP assesses functioning level to determine most appropriate level of care and placement.
- MHAP will manage the continuum of residential treatment programs and care facilities to serve those individuals with a severe mental illness.
- MHAP will authorize all admissions, continued stays and discharges for Quick Access, Half-Way Houses, Crisis Stabilization and Level 2 Facilities.
- MHAP will provide active care coordination and regular communication with housing staff and case managers.

Criteria for Admission

- Resident of Hamilton County
- Severe and Persistent Mental Illness
- Impairment in functioning due to mental illness
- Connection to Hamilton County Community Mental Health Agency for Case Management Services

Crisis Stabilization Center (CSC)

Medically monitored facility that provides an alternative to/or a step down from psychiatric hospitalization

- Most intensive level of care
- Provides psychiatric stabilization and supervision
- Structured setting that provides 24/7 observation, supervision and medication administration
- Provides structured supports/PH Program
- Teaches independent activities of daily living (IADL), skill building and behavioral interventions
- Nursing staff available 24/7 to assist client with psychiatric and chronic medical conditions

Crisis Stabilization Center

CSC

3007 Vernon Place

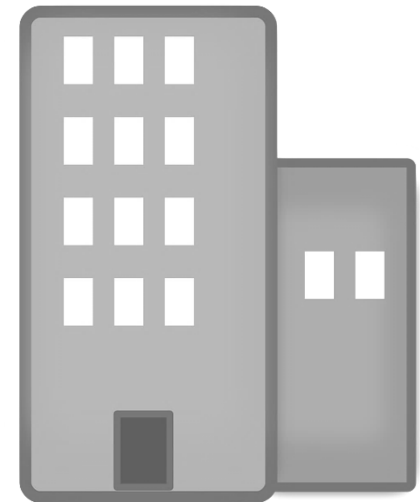
Cincinnati, Ohio 45219

12 Beds

Half Way House

A transitional resource to prepare individuals who need further stabilization and skill development for permanent living

- Provide structured setting
- Provide skill building in independent activities of daily living (IADL) through groups and individual education
- Provide education on how to self-manage their psychiatric illness and/or symptoms
- Provide Self-Medication Training
- Length of stay is based on the development of skills
- May be authorized up to 120 days



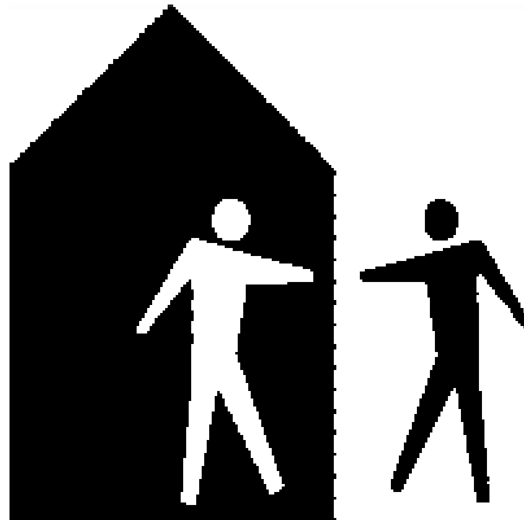
Half Way Houses

Kemper House
2374 Kemper Lane
Cincinnati, Ohio 45206

15 Beds

Montgomery Place
6471 Montgomery Road
Cincinnati, Ohio 45213

14 Beds



Quick Access Facility

Emergency housing up to 30 days
with the possibility of 15 day extension

- On site staff/supervision 24/7
- Provide 3 meals daily
- Assist client in maintaining self-medication
- Provide social support group as indicated

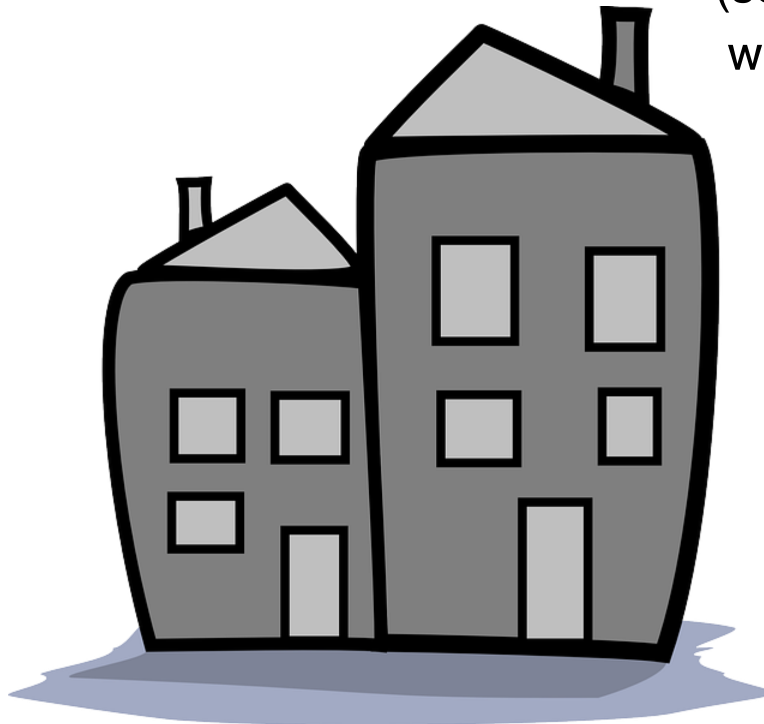
Quick Access Facilities

Hamilton Place
5609 Hamilton Avenue
Cincinnati, Ohio 45224

14 Beds

Montgomery Place
6471 Montgomery Road
Cincinnati, Ohio 45213

2 Beds
(sex offenders or individual with physical handicap)



How to Make a Referral to Triage for CSC, HWH, QAH

- Contact Mental Health Access Point (MHAP) at 558-8888 and ask for Triage
- Be prepared to provide current and complete clinical information, demographics and your plan for long term housing.
- Triage will determine if individual is appropriate for housing and determine level of care.
- Once referral is authorized, coordinate time of intake with MHAP and facility.
- Transport or assist client to facility and assist with admission.

MHAP General Questions for Triage Referrals

- Does the individual require skill training for independent living?
- What are the individual's mental health symptoms? Is the individual psychiatrically stable and able to live independently?
- Has there been any act of violence or suicide attempt within the past 30 days?
- What is the individual's diagnosis (DSM 5)
- Is the individual <u>currently</u> using any substances?
- What are the prescribed medications? Is the individual compliant and do they have an adequate supply of current medications for both mental health and physical health? (Provide 14 days of medication at intake)
- Is there a medical diagnosis?
- What is the last known place of residence?
- What is the consumer's legal history, current and past?
- What is the discharge plan?

Expectations of Case Managers for MHAP Facilities

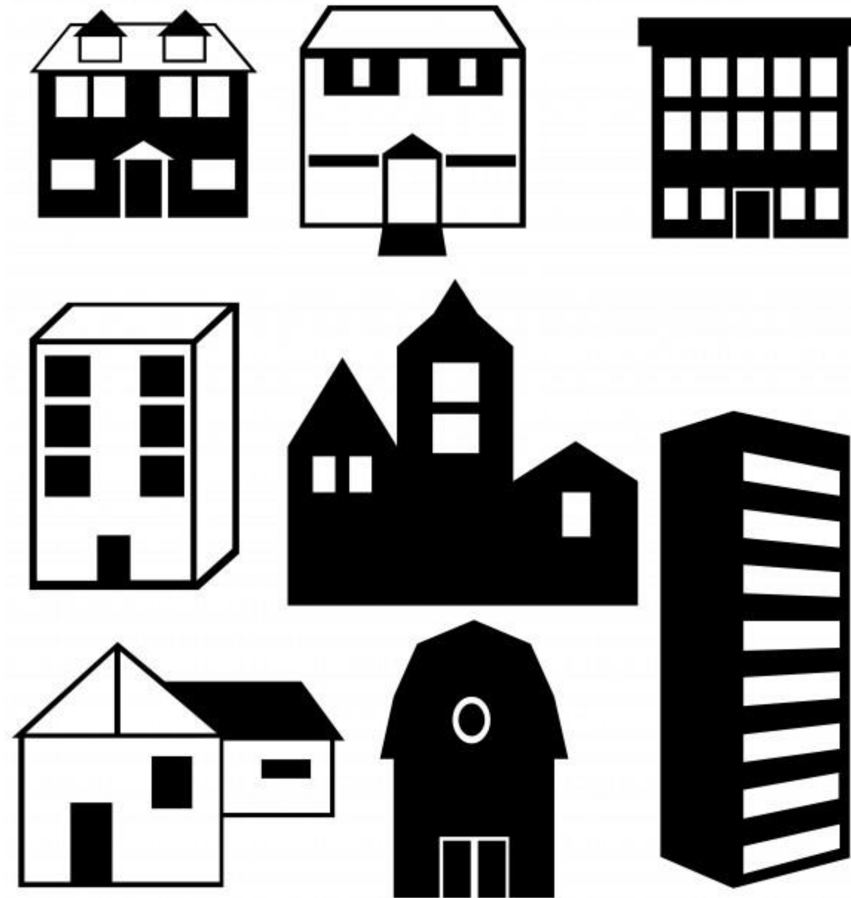
- CM and resident are to attend treatment team meetings.
- CM will communicate with resident and facility to ensure that client does not run out of medication.
- CM to actively coordinate discharge plan with resident, facility and MHAP.
- CM to maintain on-going communication with the resident and facility.
- CM to assist resident in moving from the facility to next housing option.

MHAP will provide care coordination to ensure all steps are taken to stabilize the client and move them to more permanent housing

Discharge Criteria for MHAP Facilities

1. Client no longer exhibits evidence of psychiatric symptoms that require continued treatment at current level and/or achieves housing goal
2. Stabilization or resolution of conditions which precipitated admission
3. Clinical condition has remained the same but care can be provided in a less restrictive setting
4. Clinical condition has deteriorated and a more intensive and restrictive level of care is required
5. Medical condition(s)/complication(s) have developed requiring medical management in acute care setting
6. Client is unable/unwilling to engage in treatment and or adhere to program rules/guidelines
7. Client is AWOL for 24 hours

Central Community Health Board Residential Program



There are approximately 100 licensed Level 2 facilities in Hamilton County that are contracted and/or affiliated with Central Community Health Board. Each facility provides personal care services to residents that have been diagnosed with a mental illness or dual diagnosis such as substance abuse (SA/MI) or developmental disabilities. Each facility was developed to promote and motivate residents towards independent living.

Family Care Homes provide housing in a family-like setting.

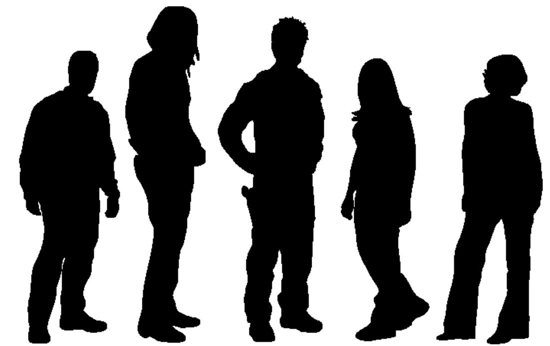
FCH's are licensed by the Ohio Department of Mental Health.

CCHB subsidizes rent in the contracted Family Care Homes.

Affiliated homes and boarding homes are not subsidized.

Focus is on RECOVERY, SUPPORT, GUIDANCE, and MOVEMENT
Help to IDENTIFY and REINFORCE resident's strengths and capabilities
Goal is for INDEPENDENT LIVING

Who Is Eligible?



- Must be a resident of Hamilton County.

- Must have a diagnosis of **Severe and Persistent Mental Illness**
- that impairs ability to function.

- Potential resident must be capable of managing activities of daily living, with some support.

❖ No income requirement for admission- MHAP Benefit Specialist will assist with applying for SSI for new referrals.

  – During stay in Family Care Home's- Written income status updates are required throughout resident's placement.
  – Residential State Supplement Program- Case manager is encouraged to help resident apply for RSS. RSS provides financial assistance to adults who have an increased need due to disability, that is not severe enough to require long term care like a hospital or nursing home. RSS supplements their income to pay for FCH's. Information at: http://mha.ohio.gov/RSS

How Do I Refer?

1. CM completes pages 1-5 of the Family Care Home Referral with potential resident.

   - The Resident Recovery Plan is to be completed with CM, Home Operator and resident on day of move in.

   <u>**Key items:**</u>

   - ✓ The ROI must be signed and dated by both CM and potential resident. If there is a Guardian they need also need to sign.
   - ✓ CM and potential resident need to sign and date page 5, CM needs to complete the emergency fact card.

2. Fax the Referral to <u>513-558-3100</u> . A MHAP Administrative Assistant will call you to schedule the Assessment.

3. Attend the Housing Assessment at MHAP with your potential resident at 311 Albert Sabin Way 2nd Floor 210 Logan Hall (Central Clinic building).

Before the MHAP Assessment

- ❑ Knowing information about the potential resident, and their mental health is key.
  - If new to client, talk to other CM's that have worked with them.
  - Inform potential resident that the Assessment is detailed and will take about an hour.
  - Talk about the Assessment process with the potential resident; Housing Specialist will be asking a lot about their mental health, past housing, substance abuse, legal history, etc.

- ❑ Please plan ahead; the potential resident will not get into a FCH the same day of the MHAP Assessment. Bring an updated clinical summary (most recent PDE within the past year), medication list, and next doctor appt to Assessment interview.

- ❑ Discuss the requirements and policies of a FCH.
  - If resident has income 70% is required monthly. Included in that amount is:
    - ✓ Rent
    - ✓ Utilities
    - ✓ 3 meals a day and snacks
    - ✓ Ability to do laundry
    - ✓ Light hygiene needs
  - Likelihood of sharing a room
  - Utilize this time to learn independent living skills
  - Become involved in an activity to support independent living
  - No use of drugs or alcohol in or around the FCH
  - No smoking inside the home
  - No aggressive or violent behaviors toward staff or other residents

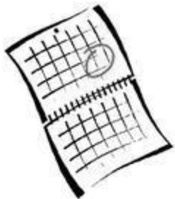
After the MHAP Assessment

- If the potential resident is **denied**: follow next steps given by the Housing Specialist to help stabilize the resident and allow for them to be assessed at a later time.

- If **approved**: CCHB Director of Residential Services: Marian Bell-Knauls, will send a list of potential FCH's to CM via fax. CM then schedules interviews with the Home Operators.
  - CM's are required to bring client's updated DAF (updated within the last year) and copy of the Family Care Home Referral to the interviews.
  - Please do not fax out the PDE to Home Operators before the interview, and make sure to take all paperwork with you after the interview.

- The CM and resident have 30 days to visit and select the desired placement. If there is no contact or progress on the housing options after 30 days, the referral will be withdrawn.
  - Please communicate if resident has moved into other housing, or has been hospitalized, etc.

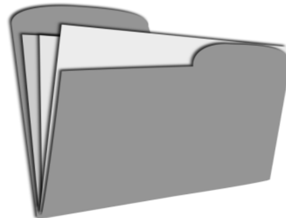
    Extensions may be given to the 30 day time period.



Case Manager's Role
Before Move In

❖CM will provide the following documents to the FCH Operator:

- Updated PDE
- Copy of Family Care Home Referral
- Results of client's Two Step TB Test
- Initial Health Assessment; signed by a Doctor or Nurse
- Medication Capability Form; signed by a Doctor
- Individual Service Plan (ISP)
- Verification of Income (if resident has income)



❖CM must notify CCHB's Residential Programs on the day resident moves into the FCH.

Move In Day

- Case manager, resident and the Home Operator will complete the Resident Recovery Plan together.
- Must ensure the existing ISP includes the expectation that the resident is working on the goal of achieving independent living skills while he/she is residing in the home.
- Thereafter, the ISP must be completed annually

Case Manager's Role
After Move In

- ✓ CM should be visiting **weekly** with resident, in the FCH, during the initial month of the placement.

- ✓ After the initial month of placement, CM's should be visiting their resident 1 to 2 times a month to address independent living skills identified in the Resident Recovery Plan .

- ✓ It is imperative that you communicate regularly with the Home Administrator or staff to discuss, and exchange information about the resident's adjustment in the facility.

- ✓ Please sign the Visitor's Log each time you visit.

Client's Role

- Follow all Family Care Home Rules
- Interact appropriately with other residents residing in the home
- Work on goals identified in the Individual Service Plan (ISP)
- Cooperate with the FCH Operator/Staff
- Engage in personal recovery process toward semi or independent living
- Communicate regularly with CM
- Report any, and all income, or income changes to CM and the Home Operator.

Home Administrator's Role

- Provision of safe, clean and sanitary housing.
- Three nourishing meals a day.
- Assist resident in self-administration of medication.
- Provide individualized personal care services for each resident based on his/her ISP.
- Communicate regularly and work cooperatively with the CM and other treatment providers for the recovery of each resident residing in the home.
- Document and share any major changes in the client's behavior and any major incidents that occur.
- Assist the resident to learn needed independent living skills and abilities.

❖ **If resident has an issue in their FCH contact CCHB's Director of Residential Services or MHAP Housing Specialist.**

MHAP Reassessments

- **MHAP Housing Specialist meets with resident, Home Administrator and Case Manager to review Resident's progress in the home, and ability to move toward independent living.**
  - Required of all Residents in FCH's

- MHAP Reassessment are completed at 3 months, 6 months or 12 months, based on their level of care.

- Continued Stay criteria

  Client's treatment goals for independent housing have not been met.

  Client's mental health symptoms warrant supervised housing.

- Discharge criteria:
  - Resident has met treatment goals related to housing.
  - Resident is able to live independently with community support.
  - Resident's mental, emotional, or physical condition requires a level of care the FCH's are unable to provide.

- The goal is to work together, the resident, CM and HO, to develop a plan or for independent living.

Move Out

When a resident moves out of an Level 2 Facility/Family Care Home

- Pro Rated rent will be returned to the resident, if proper notice is given and no damages where made to the home.
- If personal items are left behind, the Home Operator can charge a storage fee of $12.20 a day, for up to 30 days. After the 30th day, the Home Operator can legally dispose of the belongings.
- If the resident is moving into another FCH, the Home Operator will need an updated ROI form in order to copy and release the Clients files to the new Home Operator via the CM.
- CMs need to keep a copy of **<u>all documents</u>** required for your Client's placement in the residential facility.

Involuntary Termination of Placement

Home Operators can ask a resident to leave the FCH for documented, unresolved issues.

1. 30 Day Notice
   - Once notified of the 30 day notice, Case Manager makes a request to transfer the resident to a new FCH, by calling CCHB. CM will receive a new list of homes, and will need to schedule interviews.
   - resident needs to move by the end of the 30 day notice

❖ Residents that receive two consecutive 30 Day Notices due to issues in the FCH will not be able transfer to a new FCH without another MHAP Assessment.

2. Emergency Discharge
   - Requires immediate departure (that day) or within 48 hours.
   - Specific time is the decision of the Home Operator.

❑ What can cause an Involuntary Termination of Placement?

✓ The resident is not paying rent timely, has stopped paying rent.
✓ The resident is unwilling to follow through with exploration of income that would allow for independent living.
✓ The resident is not working to meet the goals identified in the Resident Recovery Plan.
✓ The mental, emotional or physical condition of the resident requires a level of care the FCH is unable to provide.
✓ The health, safety or welfare of the resident, or of another resident, requires a change in placement.
✓ The resident is not following the rules within the FCH, or established by CCHB. For example:

- No smoking allowed inside FCH's.
- No use of drugs or alcohol on FCH property.
- No aggressive behaviors toward FCH staff or other residents.

CCHB Level 2 Facilities/Family Care Homes

If you have any questions or experience any problems, please call:

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Director, CCHB Residential Programs
532 Maxwell Ave, Cincinnati, OH 45219
Office: 513-559-2040 or 513-559-2058
Fax: 513-559-2952
Email: mbell@cchbinc.com

Victor Brandon
Housing Specialist, Mental Health Access Point
311 Albert Sabin Way 210 Logan Hall
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