

# Enhancing Independence By Transforming an Entire System

## The Philadelphia Model for Mental Health Residential Transformation

Presenters: Virginia Davidov, LCSW

Jaimee E. Moshe, MSW

Resources for Human Development

# History of Philadelphia MH Residential Services

1970s-  
1980s

State Hospital Deinstitutionalization

Move to small Community Based  
Homes

Continue Care Taking

# History of Philadelphia MH Residential Services

1990s

Begin to see Person-Centered  
Approaches

Initial Focus on Mental Health Recovery  
Possibilities

Beginning of  
Supported Independent Living (SIL)

# History of Philadelphia MH Residential Services

2000s -  
Present

Dr. Arthur Evans comes to Philadelphia

Incorporation of Mental Health Recovery

Movement to include Peer Services

Opportunities for  
Achieving Independent Living

# Factors Influencing Need/Desire for Change

## Housing

- Waiting Lists for Housing - 400 people long
- Group homes had become small institutions

## Recovery

- Limited opportunities for recovery
- Limited opportunities for community inclusion

## Fiscal

- Budget cuts cause city to desire a different and less expensive way to provide services

# City of Philadelphia Vision for Change

Dr. Arthur Evans (2006 Interview)

“a desire to move our system of care toward greater recovery orientation, which was consistent with national policy directions as indicated by the New Freedom Commission Report and recent Institute of Medicine reports. ...”

# City of Philadelphia Vision for Change

Dr. Arthur Evans (2006 Interview)

*“...a clear vision: an integrated behavioral health care system for the City of Philadelphia that promotes recovery, resiliency, and self determination.”*

# System Transformation in Philadelphia: A Recovery Revolution

- > Service Engagement
- > Service Access
- > Recovering Person's Role
- > Service Relationship
- > Assessment
- > Clinical Care
- > Service Retention
- > Locus of Service Delivery
- > Peer-based Recovery Support Services
- > Dose/Duration of Services
- > Post-treatment Checkups and Support



# City's Request – RHD's Initial Response

## Request

- Close Group Homes
- Develop Mobile Services
- Move current group home residents to their own independent apartments

## Response

- Concern for Fiscal Stability
- Concern for health and safety of residents
- Concern for current work force

# Plan and Implementation

Choosing Evidence Based Services:

Mobile Psych Rehab

Mobile Certified Peer Specialists

Targeted Case Management

# Plan and Implementation

## Developing Systems to Access Affordable Housing:

Subsidies: PHA, HUD, Bridge

Creation of Clearinghouse

Tenant Service Coordinators

# Expected and Unforeseen Challenges

## Program Funding



## Fee For Service

# Expected and Unforeseen Challenges:

## 24hr / 7day Services

Don't residents need this?

### Group Homes Provide:

1. 24/7 Staff Presence
2. Crisis Management
3. Medication Management
4. Meals
5. Utilities (Gas, Water, Electric)
6. Free Laundry

### Independent Living:

1. Independent Access to Services
2. Independent Food Purchase and Preparation
3. Financial Management
4. Medication Independence

Are our residents ready for this?  
Can they manage this?

Expected and Unforeseen Challenges:

# TECHNOLOGY

- How does billing work?



Expected and Unforeseen Challenges:

## TECHNOLOGY

- What equipment is needed for mobile services?



Expected and Unforeseen Challenges:

## TECHNOLOGY

- Do workers need internet in the field?





Expected and Unforeseen Challenges:

## TECHNOLOGY

- How we create and maintain EMR?



# Expected and Unforeseen Challenges:

## Resistance

- Participants



- Family Members



Expected and Unforeseen Challenges:

## Closed Programs

- Empty Buildings



Expected and Unforeseen Challenges:

## Limited Affordable Housing

- Not enough PHA vouchers
- Subsidies through HUD not readily available

# What Really Happened

Residents are  
Healthy and  
Safe

Work force  
improved with  
more skillful  
service provision

Fiscal situation  
improved and  
Fiscal growth  
was realized

# We did it!

RHD Opened:

*Licensed Mobile Psych Rehab Service*

*Licensed Mobile Certified Peer Specialist  
Service*

Both financially self-sufficient within 1<sup>st</sup> year

We did it!

RHD Opened:

*United Peers*

Peer run education, support and  
community inclusion program

# We did it!

Increase in...

*Skilled and Effective Employees*

*Peer Support Service*



We did it!

Transitioned...

**179** people

to independent apartments within 18 months.

**SUCCESSFULLY!**