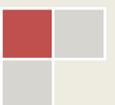




Transitional Congregate Living Expectations

Montgomery County Office of Mental Health



Transitional Congregate Residence - Time limited group housing that provides site based psychiatric rehabilitation and peer support. The primary goal of these programs is to prepare residents with the inspiration, motivation, skills, supports, and resources needed to secure and maintain their own community based housing. Additional approaches such as the modified therapeutic community model may also be incorporated in the programmatic design. Such changes may alter the time frames stated below. The information below outlines the county's basic expectations for Transitional Congregate Residences. These are guidelines to be used as a foundation for residential services. Montgomery County Office of Mental Health encourages your creativity when developing your own approaches to implementing these expectations.

Expectations for Transitional Residences

- A. Time frames for program completion are individualized, based upon the recovery plan and monitored by an agency-based utilization review process. It is the goal that most residents will be sufficiently prepared to move within 12 months. Extensions may be requested of the County Office.
- B. Individualized service planning focuses on inspiring, motivating and preparing individuals to move into a residence of their choice. Staff and participants begin the rehabilitation partnership in the transitional residence. The establishment of safety, confidence and available housing enable the individual to continue rehabilitation in community housing with the support of mobile housing supports.
- C. Active rehabilitation is phased and targets community housing as the primary goal. Emphasis is on formal and informal peer and natural supports as a key change strategy that underlies all the phases.
 - Assessment, Engagement and Community Exposure Phase - Important components of this stage involve getting to know the new resident and supporting them in getting to know their community; building a vision for community living and identifying the skills and supports that will be needed to achieve this vision.

This will include services and activities such as:

 - Identifying and assisting the person in recognizing their strengths and assets
 - Building the vision and hope for a satisfying life in the community:
 - Identifying the motivation, skills, and resources, including natural and professional supports needed to secure and maintain a home in the community
 - Identifying the person's primary behavioral health challenges that could be addressed by a wellness management plan.
 - Helping the person become a part of the congregate community through a variety of methods including peer buddies, mentors, program roles and responsibilities.
 - Utilizing involvement in community activities to identify opportunities and resources; assess skills and create goals for rehabilitation; and increase comfort with the larger community. The development of a community guide regarding public transportation, churches, recreational and educational resources, the availability, location of, and exposure to self-help supports, groups or fellowships is strongly recommended as an aid in this process.

- Creating a culture of peer support, utilizing both internal and external peer resources. This will include identifying opportunities for residents to engage and network with program graduates and experience their stories of success.
 - Developing an individualized recovery plan with clear criteria for program completion
- Rehabilitation and Treatment Phase - This stage involves an active partnership between the resident and his/her supports that focuses on action steps as outlined in the recovery plan. Rehabilitation does not suppose the elimination of problems or symptoms. Rehabilitation involves an initiation of an active self-directed approach to enhancing wellness and establishing a path to recovery. Important tools and approaches to the work in this stage may include:
 - Developing a self-directed individualized wellness plan such as a WRAP
 - Identifying ways to incorporate the key recovery principles, hope, personal responsibility, support and meaningful activities.
 - Fine tuning medication management and developing the skills to self-advocate with physicians regarding preferences, goals and side-effects
 - Building upon the community exposure work of the initial stage; identifying aspects of the community that are helpful and enjoyable; beginning to use and become comfortable with selected areas of community involvement
 - Developing and implementing an action plan to address the challenges that led to placement in a congregate residence
 - Developing and utilizing satisfying partnerships with treatment providers
 - Developing a support network to assist with managing life's challenges and maintaining wellness
 - Developing a Crisis Management and relapse prevention plan
 - Developing an understanding of basic budgeting concepts and skills including developing a budget for living independently
 - Developing increased feelings of safety, acceptance and inclusion by peers, natural supports, and staff
 - Beginning to develop a personal graduation plan
- Transition to the Community Phase - Keys to this stage involve increasing the supports and confidence needed to move to community housing. Much of the learning occurs in the community on a one to one basis and in small groups. Important components of this stage may include:
 - Meaningful community inclusion. Committing to regular participation in selected resources and activities in the community
 - Active involvement in a peer support group or fellowship in the community
 - Using spiritual supports in the community, if desired
 - Identifying preferred places to live. Researching location, cost and feasibility
 - Identifying possible roommates
 - Implementing a budget, savings and debt reduction plan including developing a clear budget that will support a specific independent living option (apartment, renting a room, sharing a house, number of roommates)
 - Learning the responsibilities and skills of tenancy,
 - Identifying and practicing recreational activities in the community,
 - Finding a job or volunteer activity in the community
 - Completion of graduation plan
 - Programmatic celebration of achievements

- *Community Entry Phase* - In this stage community housing is secured and the person moves into their own home with the support and assistance of their roommate(s), other peers, congregate housing staff and new mobile supports. Important components of this stage are:
 - Using the peer and natural supports that have been developed in previous stages to minimize the stress of moving, (i.e. Moving crew, scheduled phone calls, visits, welcome gifts, inclusion in social outings, assistance with personalizing their new home etc.)
 - Programmatic supports continue to focus on building comfort in the new environment and maintaining meaningful relationships. This may include visits by congregate staff to community housing, inviting resident to former residence for a meal, social activity or to share their experiences with the community.
 - The congregate provider continues to partner with the former resident by delivering the transition services that were identified in the graduation plan in conjunction with the mobile support services provider. These are individualized with mutually agreed upon time limits.
 - The congregate housing staff collaborates with the new mobile housing supports as they begin to establish primary responsibility for supporting the resident. This will include conjoint meetings aimed at increasing the resident's comfort with his/her new professional supports.

- *Community Connections Phase* - Congregate housing support is much more informal at this stage in which the person lives their life in their home and receives required services and supports from the mobile psychiatric rehabilitation and peer support team. The person is invited to attend weekly meetings open to alumni at the Transitional Residential service.