

Moving Towards Independence: The Perspectives of Group Home Residents

**Prepared for:
The Massachusetts Department of Mental Health**



Consumer Quality Initiatives, Inc.

*Bringing the people's voice to behavioral health research...
and from research to practice.*

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Executive Summary

- CQI conducted qualitative interviews with 27 people living in DMH-funded privately-operated group homes about their experiences and opinions on independence, choice in services, and involvement in treatment decision making.
- Participants had lived in their current group home for between 6 months and 5 years (median, mean of 3 years). A majority were white (82%) and male (75%). They ranged in age from 21 to 72 years, with a median of 49 years. Respondents had been receiving mental health services for an average of 16 years, and had been DMH clients for an average of 13 years.

GROUP HOME EXPERIENCE

- Most of the respondents said that living in the group home helped them with activities of daily living, emotional security, mental/physical health, and movement towards independent living. Most respondents did not feel that they had been involved in making the decision to enter that particular group home.

INDEPENDENCE

- A large majority of respondents reported that they wanted to be more independent, and that the group home had been helping them move towards independence. They noted however that an overabundance of group home rules and policies can promote dependence rather than independence.
- Respondents described “independence” as a combination of: 1) having their own apartment or house and 2) being self-sufficient in terms of working and meeting their daily needs and obligations. Several respondents described independence as a process; they preferred a more graduated approach to achieving independence. Participants recognized that their own motivation and acceptance of responsibility was very important to achieving independence.
- Respondents were more able to articulate their concept of independence and how they might achieve it when they: 1) had independence as a goal, 2) viewed the group home as a transitional, and/or 3) had knowledge of supported housing options (eg., had previously lived in supported housing)
- The motivation to be more independent was shared generally among respondents, but their stated readiness for independent living varied considerably.
- Many respondents’ reported generally that they needed some of the following to become more independent:
 - Improved skills in managing their life
 - Personal growth (egs., motivation, focus, maturity);
 - Companionship (egs., friend, lover, group affiliation);

- Place to live;
- A job.
- Respondents described how a group home could best support them to become more independent. That was when group home/staff:
 - provide encouragement and opportunities for graduated freedom, responsibility, and independence;
 - teach residents human relations skills, such as getting along with people and managing anxiety;
 - express clear expectations about house responsibilities, and hold residents accountable for meeting them.

HOUSING PREFERENCES

- A large majority of respondents wanted to live either alone, with a spouse or with roommates, but not in a mental health setting (eg., group home). People who preferred a group setting did so because of the support, companionship and/or health needs.
- Most respondents saw no difference between living with a person with a mental illness and living with someone without a mental illness. The primary considerations in a roommate were reliability, productivity, and compatibility.

CLIENT CHOICE

- Many respondents said they currently had some services choices, such as whether or not to attend a day program, choosing their psychiatrist/therapist, and deciding which group home leisure activities to participate in.
- About half of the respondents said they would like more choices in selecting the services they receive, particularly with regard to social activities, vocational and educational assistance, and case managers.
- Most respondents believed they would need help in making service choices. Most importantly, they wanted a guide who understood the choices and could explain them.

PARTICIPATION IN TREATMENT DECISION MAKING

- Respondents reported on their desired level of involvement in medication decision-making with their psychiatrists. Two-thirds of respondents believed that they either controlled or shared with their psychiatrist decisions on which medications to take, although 78% wanted at least to share in decision making. In general, about one-third of respondents wanted a higher level of involvement than they had currently, though some wanted less.

Flexible Supports Needs Assessment Report

I. Introduction

CQI interviewed 27 consumers living in groups homes across Massachusetts between December 1, 2008 and May 12, 2009. The purpose of the interviews was to assess group home clients' views of person-centered planning and flexible supports by focusing questions on the following domains

- § Independence;
- § Choice in services;
- § Involvement in medication decision making

II. Methodology

A. Interview Protocol and Participants

CQI interviewers recruited eligible survey participants by first sending a recruitment flyer to various group homes around the state. CQI staff then followed up with group home staff to learn if they could distribute the flyer to residents. When CQI obtained a list of names, we contacted prospective interviewees to schedule a convenient time to conduct the interview. We also informed them that we would provide a \$15 stipend upon completing the interview.

Interviews were conducted in a variety of settings: group homes, coffee shops and agency offices. Survey participants were clients of 9 different provider agencies: Eliot, Alternatives, Advocates, Edinburg, May Institute, North Suffolk, Bay Cove, Vinfen, and HES. Five of the six catchment areas were represented in the sample, all but Western Massachusetts.

B. Criteria for Participation

The criteria for participation were that an individual had been living in the group home between 6 months and 5 years. Preference was given to those who were considering or actively planning a move out of the group home. In order to ensure the diversity of group homes in which people lived, no more than four residents at any particular home were interviewed.

C. Instrument

The qualitative approach was chosen as we sought to understand what the key concepts meant to the interviewees. We also sought to learn what issues were of highest importance to the consumers living in group homes.

CQI developed an interview guide that contained seventeen questions (Appendix A). We first held 2 focus groups to grasp group home residents' understanding of person-centered planning concepts. We were challenged to develop wording to help us understand residents' understanding of choice in care, and more particularly with a "cash and counseling" program. These topics seemed to be so far removed from the consumers' experience that it was difficult to help them to imagine what it would be like to have a range of choices. We wrote the interview guide and held the second focus group we fine-tuned the instrument.

We also conducted three cognitive lab interviews, asking the participant to report on how they understood each question as we conducted an interview. This process helps to achieve high instrument validity, while assuring that we are assessing what we intended to assess. We then revised the instrument to improve the flow and the clarity of the questions.

D. Data Analysis

Interviewers took notes throughout each interview, and then recorded those notes electronically into a Word document. Demographic data was entered into a SPSS database that generated simple statistics on the interviewees. In addition, all respondents were asked about their preferences in decision-making responsibilities for their treatment. All data was de-identified before being analyzed.

Two interviewers reviewed all the notes and identified themes in the responses to each question category. These question categories are stated more specifically below, but the over all categories are: *independence* (describing, support needs), *housing preferences*, and *choice* (desire for more choice, information and supports needed, specification of services) We also identified whether or not there were significant differences in types of responses by gender, age and length of stay in group home.

When the interviewers reached consensus on the major themes, we conducted further analysis through secondary coding, and which two CQI staff members discussed until reached on the significant themes.

III. Demographics and Quantitative Responses

CQI interviewed 27 group home residents about their current and desired level of independence, their desire for choice in the services they receive, and their perceived level of decision-making regarding their treatment. Three-quarters of the respondents were male. The median age of respondents was 49 years, with a range of 21 to 72 years.

A large majority (82%) of respondents identified their race as “Caucasian or white,” with 11% African American or black, and the remaining three people reporting their race as either Cambodian, Jewish, or Puerto Rican. One respondent was of Hispanic ethnicity.

Respondents had been receiving mental health services for an average of 16 years (median 12 years), and they had been DMH clients for an average of 13 years (median 10 years). The mean and median length of stay in the current group home was the same - 3 years.

IV. Group Home Experience

We started off the interview with a series of questions designed to ground the respondent in their current experience, which eased the way to ask the respondent about other possibilities. Respondents were asked about the life circumstances that led to their residence at the group home and about the help they were receiving from the group home.

A. Why live in a group home

Below we describe the reasons respondents moved into their current group home. All but two of the interviewees said that the decision to enter or to move to a new group home was made by someone else: the hospital, a case manager, a family member, the group home or the agency. A couple of respondents described the decision to enter a group home as their preferred option among several offered to them.

Mental health and/or substance abuse issues

Many people reported that their admission to the group home was prompted by difficulties with their mental illness and/or substance abuse. Others began living at a group home upon discharge from a psychiatric hospital. A few respondents had been functioning more independently, but ultimately needed more support/help in order to continue to live in the community. Several also had a medical condition that contributed to their need for a more supportive living situation

I was taking my meds but getting high.... I was only taking my meds and a shower. [I came here] to get help with life skills , to go to AA and a chance to ask for help.

They tried me out in a supported living house. When I told them I need more help, they moved me to a home that offers more support.

I came here from the hospital. I had a home before that. The hospital put me here.

Situational factors

A number of respondents mentioned situational factors that resulted in their moving into a group home. In some cases the primary caretaker of the respondent had become ill and could no longer provide care. Other respondents were being evicted from their homes and did not have a stable housing alternative, and some had been homeless. One respondent had been living with an abusive partner and chose to live in a group home rather than go to a domestic violence shelter.

My stepfather has Parkinson's. He made a call and got me in the house before he went to the nursing home.

My mom and I had been evicted ...I'm not ready to live on my own. I need supports.

Needed a change

Several respondents reported that they had been living at another group home prior to coming to the current group home. In one case the group home was closing. A few respondents stated that they had difficulties with the residents in their previous group home and had to move to resolve the situation. Comments included:

...it was time to move on. I wanted to rebuild in a new place.

I lived before this at a house for lower functioning residents. This house is for higher functioning people.

I used to live at another group home. I was being argumentative and getting into verbal fights...I made a turn around and the director said, "You are doing well, you seem ready for a new program."

B. Support from group home

Respondents were asked about the support/help they received at the group home in addition to the basic shelter. Probes were used when needed to ask about specific types

of help. Respondents were also asked directly how the group home was helping them improve their physical and mental health.

Physical and mental health

Most respondents felt the group home was helping them improve their health. Physical health supports included help with: scheduling doctor's appointments, transportation to appointments, medication reminders, diet and food selection, and exercise.

Many respondents did not expect the group home to provide mental health care since they had psychiatrists and therapists in the community. They did, however, enumerate ways in which the group home supported their efforts to get and stay well. For some this meant transportation to therapy appointments and medication management. Others reported specific help in handling mental health related issues. Comments included:

I get support here. I have a condition, cutting. They help me with that...they help me with my urge to cut.

I'm getting the help I need. The place keeps me sober.

When I get upset, they sit down and talk to me and ask what's going on. Sometimes it helps me to cry or express my feelings and they know where I'm coming from.

Help with activities of daily living (ADLs)

Over half of the respondents described the help they receive related to specific daily needs – transportation to appointments, cleaning, food preparation, medication management, and financial management.

They help us with cleaning, laundry, grocery shopping. They help with our money.

They take care of my meds.

They buy the food. They take us to appointments.

I get a lot of help. You get meals, a roof, a place to sleep, clean utensils, washing machine

Personal growth and emotional security

Almost half of respondents stated that the group home setting and/or staff were helping them with personal growth issues and emotional security. They appreciated the companionship afforded by living with a group, and felt encouraged and supported by staff.

I get safety, emotional security, sometimes from staff. I get company, companionship.

I get encouragement from the group home staff [to do volunteer work].

They give me words of encouragement. They tell me I'm doing a good job.

I get support from the staff...They give advice, helpful suggestions. They give me healthy reminders.

[I get help] learning how to cope and deal with my life.

They are helping me work on my self-esteem...They encourage me and don't force me to do things – think about consequences.

Developing independent living skills

About one third of respondents described the direction they received in developing independent living skills, such as learning to: budget and manage money, manage medications, and take care of a living place. Respondents appreciated staff that helped through encouragement and coaching.

[I'm] learning how to cook...they show you what to do.

They teach me how to cook, clean and get money. They teach me how to deal with people in life.

[I'm learning] skills, social skills. [I'm] learning how to take care of a house...laundry, cooking, reading the packages...

[They help me with] initiative to take my medication and showers.

Just a place to live

A few of respondents said that the group home did not help them at all with health-related issues or with managing their lives. The group home provided them with a safe place to live that was better than the alternatives.

I don't get any support...[The group home provides] no help at all. It's just a better place to live...it's more relaxing and stress-free. There is no counseling or advice.

I take care of myself on my own...No one's taught me anything

They say they want to help, but they don't...stress is bad for my health. Here I have peace of mind and it's not crowded.

V. Independence

Respondents were asked about their desire for more independence, with answers described in Table 1. Thus eighty-four percent (84%) had a specific opinion on whether they wanted more or the same level of independence (total of top two rows), with 86% of that group wanting more independence.

Table 1 Desire for More Independence

Question: Would you like to be more independent than you are now? (N=25)		
Wants to become more independent	(N=18)	72%
Satisfied with current level of independence	(N=3)	12%
Ambivalent about greater independence	(N=2)	8%
Already independent, so other responses do not apply	(N=2)	8%

Participants were also asked about whether the group home was helping them achieve independence and whether they had choices in the services they currently received. Responses to these questions appear in Table 2.

Table 2

Question	Yes	No
Has the group home helped you become more independent? (N=23)	83%	17%
Do you have a choice in the services you currently receive? (N=20)	85%	15%

Large majorities reported that the group home was helping them become more independent and that they had some choice in the services they currently receive. Some respondents however were not able to give examples to illustrate how they currently were receiving help with independence or the choices they had.

A. Concept of independence

Respondents were asked what the concept of “independence” meant to them, how they envisioned an independent life for themselves, and what services and supports they would need to become more independent.

Respondents' definitions of independence were quite consistent. Most of those who could define what "independence" meant to them described it as a combination of having their own apartment or house and being self-sufficient in terms of working and meeting their various needs and obligations. For most of them, independence requires the ability and motivation to be responsible about their various needs and to be accountable for their actions.

Independence means paying on your own, living on your own, working, being responsible for yourself.

It means I can do it all on my own – take my meds, live in my own place, make appointments by myself, work, pay bills...

Not relying on others, being responsible and accountable for your actions.

Living independently means having a sense of true identity separate from staff and other residents. It means I can dictate my day and my life without any other influences affecting me, like staff...

[An independent life means to] respect others – peers, coworkers – and being a role model for other people who are having a hard time.

I would get up in the morning, go to the day program or get a job.

Respondents were also consistent in how they envisioned a life of independence for themselves. Many described the benefits of an independent life – freedom, privacy, friendship/relationships, and owning their own belongings (egs., furniture, TV). For several respondents, independence also meant working full-time or part-time.

It means I can invite friends to stay overnight.

It means I will have privacy and can decide when to get up, when to eat...

[It means] being able to go different places, having my own privacy.

I want to get...a car so I can see my children more.

I would have friends in the community or be more involved in community activities.

Several respondents could describe the elements of life outside the group home, but were not eager to leave the group home where they felt safe and free from isolation.

But living alone also means tears and fear. It means isolation.

I'm kind of happy where I am...I'm as free as I need to be. I would hate to lose the structure I have living here.

Most respondents could give examples of what it would be like not to be independent. Again their responses were fairly consistent. “Dependence” meant reliance on others for basic needs, a lack of freedom – in activities and decision-making, and a lack of responsibilities.

B. Support for independence (living outside of the group home)

The following general trends became evident as interviewees addressed these questions about supports needed and desired for independence.

- Seventy percent (70%) saw the group home as a transitional living arrangement, and they all were able to describe what independence meant to them, and most of those were able to describe the specific help they needed to be independent. The remainder of the respondents say the group home as more of a permanent placement, and only two-thirds of this group could describe what independence meant to them, and they were much less likely to enumerate the specific help they would need to become more independent.
- § One third of the respondents were fully aware of supported housing as a living option. Respondents who couldn't conceive of independence in their lives typically did not know about the supported housing options. Conversely, all respondents who expressed knowledge of supported housing options were also able to articulate needs and goals for independence.
- § Several respondents described independence as a process rather than an event. They envisioned needing support during their transition to independence and guidance on how to manage some aspects of independent living.

[...] agency has a supported living program...they will help you do things like grocery, do budgets with you. Stuff you can do on your own- they'll help out the first couple of times then try to get you to do it on your own.

In the beginning some supports. Everyone goes back and forth some times – has some hard times. Help getting on my feet. Show me how to fill out an application.

Specific Supports for independence

Many respondents described specifically the kinds of assistance and support they would need to become more independent:

Skills and Resources

One-third of the respondents said that they would require specific skills and resources in order to achieve greater independence. These included: transportation and learning to drive a car, medication management, and having an apartment.

I pack my own meds and take them on my own.

With medications – to order them myself with staff watching me order them.

Auto school – [learn] how to drive.

I would need my own apartment, furniture, my own phone.

...ability to save money and spend wisely.

Personal growth

A quarter of the respondents talked about the personal characteristics they will need to develop or strengthen in order to succeed in independent living.

I would need to have clear thinking, to be able to learn things.

I need initiative to get to work and stamina to stay at work.

Not be so outspoken, be a willing novice...

... get along better with my fellow tenants.

[I would need] a lot of values to follow every day as an adult and as a mature person. I would need to work hard to show I'm ready to be independent...act my age, not my shoe size.

Work

One-fifth of the respondents mentioned work as a crucial element in achieving independence.

[For me] work is part of being independent.

I would need to get a job.

I want to get a job.

The role of the group home

Respondents were asked about how the group home could best support their effort to become more independent. Many respondents said that the group home promotes independence when staff is clear on what is expected of residents and on the house rules. Staff also fosters independence by pushing residents to do more, by providing opportunities for graduated freedom and independence, and by teaching residents skills for living that go beyond the tangible skills of money and medication management.

They helped me become more independent by teaching me discipline...They call you on your actions and you have to answer to them.

The staff needs to get on people who are struggling, ...be more proactive[and make residents improve behavior]...[Staff] should treat it as if it were their own house. They should create a good atmosphere, a decent living standard for people.

They've taught me a set of values and how to live responsibly and take care of myself and a house.

[They've taught] me to argue with people, laughter, happiness, kindness, knowing and understanding that there are protocols, rules...

It's helping me make better decisions on ADLs...

They say "no" sometimes and then I have to work more or work harder.

They help us do things on our own like plan our own appointments ...and planning dinners on our own. We do groups on being independent sometimes.

They let me come and go as I please as long as I take my medications. This is like a stepping stone to getting an apartment.

Those respondents who got encouragement to grow from the group home staff really valued it. The opportunity to learn independent living skills in the context of a supportive environment was viewed as helpful and important. The continuum of responsibility is implied by respondents' comments laying out a graduated approach to independence. Some also recognize the importance of being able to recognize and articulate their needs to the group home staff.

Group home can limit independence

While most respondents found some support for independence at their group home, not all did. Some felt that the group home – through policies, rules, and their very nature – creates dependence rather than independence.

They don't force people to use the T, instead they provide transportation everywhere. [They allow] people just to sit around all day doing nothing...they should make the day program mandatory.

Usually staff orders the medications. I want to do it. I want to prove to them I can do it.

They give me no independence, with this curfew and the meds.

In group homes they force you to become dependent, even if you resist it.

Why not let people have their own money and food stamps? That's part of being independent.

Respondents' comments about independence suggest ways in which group homes and other services can promote progress toward independence for those who are willing to make that leap.

VI. Housing Preferences

Respondents were asked about their housing preferences:

- whether they prefer to live by themselves or with a group,
- whether they wanted to live with other consumers,
- whether they wanted direct staff oversight/supervision.

A low majority of our respondents (58%) wanted to live by themselves or with a spouse/partner, presumably in an apartment, condo or house. One-quarter wanted to live with roommates, but in a non-mental health setting. Finally, some people (17%) wanted to live in a group setting with some direct mental health supports (eg, group home). See Table 3.

Table 3

Prefer to live alone	58%
Prefer to live with roommates, non-MH setting	25%
Prefer to live in group home	17%

Most respondents saw no difference between living with a person with a mental illness and living with someone without a mental illness. The primary consideration in a roommate was reliability, productivity and compatibility, not mental illness.

Housing preferences were analyzed to determine if there were any identifiable trends based on gender, age, and length of stay in the group home.

One trend that was evident was the relationship between length of stay and the preference to live alone or with a spouse/partner. Thus, a large majority (83%) of people who lived in the group home for one year or less desired to live alone or with a spouse/partner, while just under one-half who lived there for more than one year preferred desired live alone or with a spouse/partner.

Another trend was the relationship between length of stay and preferences to live in a setting with mental health supports (eg, group home, supported housing). Thus, while only a few people who had lived at the group home for 3 years or less wanted to live in a setting with mental health supports, over one-third who had lived there more than 3 years preferred that kind of setting.

These trends could be explained in several ways, including that those with longer lengths of stay had a greater need for supervised group living, or that the learned helplessness quotient of this group increased over time.

VII. Client Choice

Respondents were asked a series of questions about service choices. The purpose of these questions was to elicit respondents' feedback about their desire for choice in services, and the assistance they would like to have in making service choices. They were also asked about any current opportunities they have to make choices regarding the services they receive.

Respondents were generally unfamiliar with the concept of "flexible supports", which was difficult to explain without an actual example of what was meant. We designed a "sample" booklet of service choices to show respondents who had difficulty with the concept of flexible supports. Several themes emerged as respondents discussed their ideas about service choice or options and assistance they would need to make good service choices:

Available choices at group home

When asked about the kinds of service choices residents have at the group home, less than one-half reported that they had choices. Of those who said they have service

choices at the group home, the most commonly mentioned choices were in social activities and in choosing mental health providers.

Want more choices

About one-half of the respondents said they would like more choice in selecting the services they receive. Of those who wanted more choices, most commonly mentioned were choices in relation to vocational/educational services and social activities.

I would like help in learning to make jewelry.

I could use money to pursue my interest in music and guitar lessons.

Respondents also commented on the benefits of having more choice in a general way.

Yes, it would be helpful [to have more choice]...More choice couldn't hurt.

I believe having options is a good thing.

I would prefer to choose how I want to be helped.

Help with choice

Respondents were asked to describe the help they thought they would need in order to make the best service choices. About half of the respondents clearly indicated that they would want/need help to make good service choices. Those respondents who wanted help said they would need someone who understood the choices and could explain them clearly to the respondent.

[Someone] to make sure I understand the choices.

Somebody to explain each type of service so I understand and can make an informed decision ...

There should be staff or a worker to explain things more. The booklet is groundwork for the knowledge. Staff should provide more information on the specifics.

A social worker...that you can ask for advice on your choices.

VIII. Participation in Treatment Decision-Making

In order to get a sense of resident involvement in treatment planning and decision making, respondents were asked to rate their individual preferences for and perceptions of decision making with their psychiatrists. For this, we used the Control Preference Scale (CPS), which has been validated for use with mental health clients¹. The CPS is a five point scale, as demonstrated in the first column of table 4 below. The mid point is “shared” decision making, with one side flanked by greater psychiatrist involvement and the other by greater client involvement. The responses are described in Tables 4 and 5 below.

Almost two-thirds of the respondents had at least a shared responsibility for making medication decisions with their psychiatrists. About one-third of the respondents wanted more involvement in their treatment decisions than they currently have, and two respondents reported they wanted less involvement. Of those who were satisfied with the current level of participation in decision making, a majority wanted “shared responsibility” with their psychiatrist.

Table 4 Perceptions of and preferences for involvement treatment decision making

<u>CPS Choices</u>	How treatment decisions are usually made with your psychiatrist (N=24)	How would you prefer to make treatment decisions with your psychiatrist (N=23)
I made [would prefer to make] the final decision about which treatment I would receive	13% (N=3)	26% (N=6)
I made [would prefer to make] the final selection of my treatment after considering my psychiatrist’s opinion	21% (N=5)	17% (N=4)
[I prefer that] My psychiatrist and I shared responsibility for deciding which treatment is best for me	29% (N=7)	35% (N=8)
[I prefer that] My psychiatrist mad/ke the final decision about treatment but considered my opinion	33% (N=8)	22% (N=5)
[I prefer that] My psychiatrist mad/ke all the decisions regarding my treatment	4% (N=1)	0% (N=0)

¹ Adams JR, Drake RE, Wolford GL. (2007) Shared decision-making preferences of people with severe mental illness. *Psychiatr Serv.* Sep;58(9):1219-21.

Table 5 Satisfaction with current level of treatment planning involvement

More Involvement	35% (N=8)
Same Involvement	57% (N=13)
Less Involvement	9% (N=2)

V. Discussion

Many group home residents want more independence, which generally means having their own apartment/house, working, and meeting their daily needs and obligations. A large majority this group would ultimately prefer to live in a setting that is not directly connected to mental health services provision, though they still would like to have mental health supports.

While residents ultimately want more independence, we found a variety of states of readiness to move on to a less restrictive place to live. Our findings have allowed us to identify two key assessment questions relating to readiness to live in the larger community:

- 1) how do the resident view their current placement (transitional or more permanent)?
- 2) is the resident familiar with other housing options?

For those people who are not ready to move on, we have been impressed with the evidence based practice of motivational interviewing (See eg., <http://www.aafp.org/afp/20000301/1409.html>), which guides staff in the type of dialogue that promotes changes in a person's motivation (readiness to move on). Staff should also expose residents to more independent living options and clients who live there.

Both the provider and the resident have responsibilities for the resident to achieve a smooth transition to community living. Several of our respondents said that they [would] benefit from clarity on their group home responsibilities, being held accountable for those responsibilities, and a reduction in arbitrary rules. Residents also were looking for help with attaining certain skills and abilities (egs., money and med management, emotional intelligence), opportunities for graduated independence, and encouragement. Several residents also recognized that when living outside of the group home, they would need to have to a social network (eg, friends), a job, and the focus and motivation to live in the larger community.

A majority of our respondents wanted more choices in services, particularly with regard to their choice of case manager; in addition, they were also very interested in choosing the type of vocational/educational support programs they receive. Most respondents said they would need assistance in making these choices since they didn't

have the information and/or confidence to do so. The kind of decision support mechanism that came up most frequently was guidance from a person who understood the choices and could explain them well (such as a peer specialist).

All respondents expressed a desire to be involved in making decisions regarding their medications. About one-third of respondents wanted a higher level of involvement than they had currently.

V. Recommendations

The brief recommendations below apply to DMH clients living in group homes in particular, but also to other DMH clients, particularly for those who receive CBFS services:

1) Staff should assess for resident readiness to live more independently on a semi-regular basis

As noted above, there are two basic questions that can be asked to make at least a general assessment of readiness. Staff should have these questions in mind when meeting with residents.

2) “Motivational interviewing” is a very useful communication method to promote readiness

As noted above, motivational interviewing is an evidence based practice that helps people make changes in their life.

3) Staff training

A key element of promoting greater independence and capacity to make choices is staff's success in working with clients in a person centered way. Thus, staff training on person centered planning should include motivational interviewing and assessing readiness to change as important components.

4) Improved services information, use of personal decision support systems

Many respondents are interested in having greater choice in both the type of support they receive and from whom they receive it. With a person centered approach, clients need information to order to make rational decisions. Respondents made clear that they would want to have a person to guide them in decision making processes. (See

footnote 2 for a more detailed account of what consumers need to make good treatment and supports choices².)

That person (“guide”) could be a peer specialist working at a CBFS site. That guide would need some additional training in providing decision support. RLCs and Clubhouses could also offer that service to DMH clients. Peers are the best choice for this role, as they can more quickly establish relationships with clients and are seen as examples of independence and success themselves. Clubhouses and RLCs are also in a position to offer decision support. Other decision support mechanisms include personal assessment forms clients fill out in preparation for meeting with their provider and interactive computer programming such as Pat Deegan’s CommonGround.

² In our view, there are at least 3 necessary baseline components to for consumers to choose their own supports and services:

- 1) knowledge around both (a) the current service/support choices and (b) the most effective practices/services/supports;
- 2) literacy- there are significant amount of clients who are illiterate or have trouble reading, or are non-English speaking,
- 3) effective and clear communication skills regarding consumer’s values and choices.

There should also be an updated database form which people can review what kinds of services and supports can be obtained through the Clubhouse, the CBFS program, or through community resources (eg., adult education classes), as well as any data on the effectiveness of those programs.