

Courage to change

Transition House offers alternative to residents dealing with mental illness

By Joy Hampton
Senior Staff Writer

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Richard had been self-medicating for years and peddling prescription drugs to others of his ilk around town. His run-in with the law was an opportunity to change; all he needed was the courage and the willingness to act.

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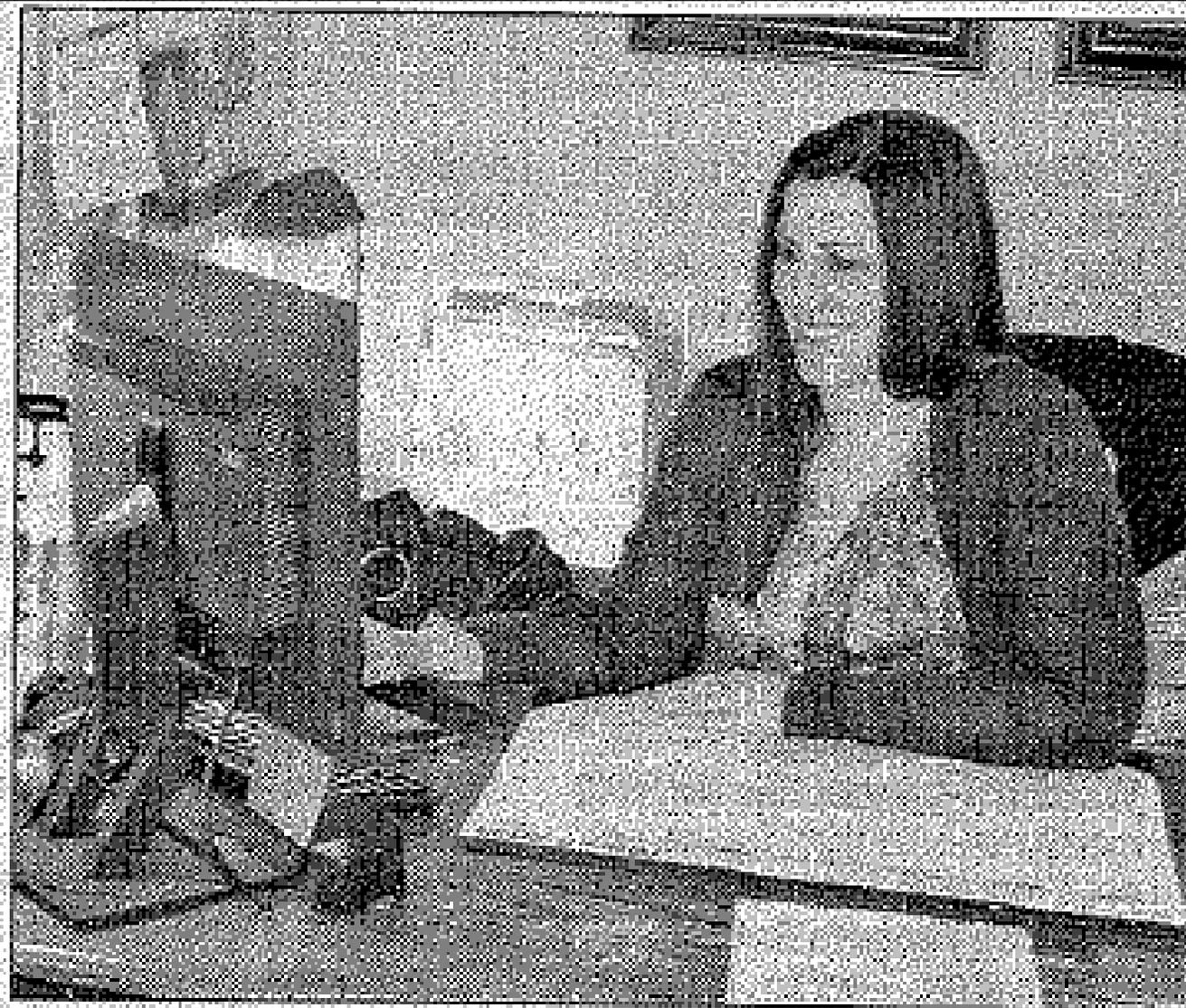
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"People hear the word 'house'



Richard, a client at Transition House Inc., sits in Executive Director Bonnie Perutzi's office. Richard said the program has taught him responsibility.

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Transition House Clinical Director Candice Meyer is one of a number of dedicated staff members who work for below-scale wages.

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Eventually, Richard was referred to Transition House Inc., a nonprofit agency that provides recovery support for those who meet the federal criteria of serious mental illness.

"People hear the word 'house' and the fact that we offer transitional housing, but the focus of our program is recovery, personal accountability and skill development," Executive Director Bonnie Peruttzi said. "Every client has an individualized recovery plan."

Plans are designed to create self-reliance and responsibility.

"We address daily living skills, self-care, prevocational and vocational skill, money management, illness management and socialization," Clinical Director Candice Meyer said.

Recovery coordinators meet weekly with clients.

"We have groups that everyone in the program is required to participate in at some point," Meyer said.

Not everyone gets into the Transition House program.

"We screen very intensely because it's a program of personal responsibility," Peruttzi said.

Richard's commitment in walking 25 miles to fulfill his mental health court obligations was impressive.

"To me, that's pretty serious that somebody's changing their life," Peruttzi said.

Richard has done well. He has been clean and sober for 19 months.

“In my opinion, it’s a good program,” Richard said. “I’ve come a long way. I’ve got more accountability, more responsibility.”

Evolution of social services: Over the years, the program has evolved to meet the changing mental health care landscape. Clients coming to Transition House now may not have come from an in-patient or long-term treatment facility. They need the housing, but they tend to be less prepared for recovery-focused work, Peruttzi said.

In Fiscal Year 2009, 70 percent of Transition House clients came from in-patient treatment settings. In FY 2013, only 34 percent came from in-patient treatment settings.

“If there’s not an availability of beds and you act out and commit a crime, you go to prison,” Peruttzi said. “We’ve criminalized mental illness.”

With drugs becoming more widespread, many people like Richard began self-medicating. The separation between mental illness and drug abuse has been less clear over time.

“In the early days, we primarily dealt with people society would describe as mentally ill,” Peruttzi said.

Now, 94 percent have substance abuse and addiction issues and 66 percent have legal issues coming into the program.

“That wasn’t what we saw back in the ‘80’s,” she said. “The mortality of someone that has a co-occurring disorder of serious mental illness and addiction issues, according to information from the Department of Mental Health and Substance Abuse Services, is just under 41 years of age.”

The life expectancy of the general population, by contrast, is just 71 years old or older.

“It’s not just the overdose factor, but the lack of self-care,” Peruttzi said.

Mental health issues paired with other issues — including nicotine use, lack of health care, lack of appropriate diet, exposure to a variety of diseases, poverty and health problems — is costly to people with mental illness and co-occurring substance abuse, and it’s costly to society.

When those marginalized individuals get medical help, it’s often in an emergency setting or after contracting serious and costly diseases such as cancer, COPD, HIV or hepatitis C.

“The average income for people coming into our transitional living program last year was \$1,600 per year,” Peruttzi said.

About 77 percent had no income coming into the program, and essentially 100 percent were homeless or in precarious housing situations. Those people have not had the coping skills to move forward without counseling and support.

Social services for those with mental illness evolved to serve a growing population of people who were mainstreamed during the social revolution of the 1960s and ‘70s.

As far back as the 1950s and ‘60s when psychotropic drugs were introduced, there was big push to get people out of psychiatric hospitals. Peruttzi said people were put into society with little or no support in place to help them succeed.

That created a boom in homelessness. In the late 1970s, federal mandates started coming down requiring states to create transitional living programs, rather than just dumping people on the streets.

“When we started in 1982, we were one of 10 or 11 sites selected in the state of Oklahoma to receive federal funds passed down through the state for the development of transitional living programs for adults with serious mental illness,” Peruttzi said.

Those people were transitioning from in-patient psychiatric care to community living.

“Norman was the only community that chose to have it be a free-standing, private nonprofit,” she said. “All of the other transitional living programs developed in Oklahoma were part of a bigger community mental health center.”

Strong private involvement ensured the success of Transition House.

“The volunteers involved in the development from the community wanted to have more input,” Peruttzi said. “I’m fascinated with the vision they had at the time because, looking back at it, it’s why we’re so successful.”

That vision allowed Transition House to develop programs based on the needs of the people served by the agency, rather than being based on available funding streams.

“When I started in 1986, the program was already four years old,” Peruttzi said.

It had residential capacity for 12 individuals at that time and annually served 30 to 35 people.

In 1988, city of Norman and United Way funds allowed Transition House to create a community outreach program that allows the agency to provide long-term follow-up and support to people who have completed the program.

“The emphasis of the outreach program is socialization,” Peruttzi said. “Isolation is one of the biggest triggers for folks with mental illness.”

Now Transition House serves about 100 people per year. Advances in counseling are helping combat future suicide and helping those battling with mental illness to deal with the social stigmatism that is still a part of the social fabric.

Funding challenges: The funding landscape is changing. United Way of Norman, the Department of Mental Health and Substance Abuse Services, the city of Norman Social Voluntary Services Commission, the Norman Community Foundation and, this year, the OEC Foundation and Bank of the West Foundation are key sources for grant funding that support Transition House.

“The big loss we had was funding from the Norman Housing Authority, which ended in December,” Peruttzi said. “There were changes in regulations regarding the requirements with this type of program, and we could not comply with the expectations without compromising our program and other funding sources.”

The dollars received from NHA were based on sliding scale per client, but Transition House lost between \$15,000 and \$20,000 a year. With an overall, annual operating budget of just more than \$301,000, that's a huge loss.

Peruttzie said they've been lucky. The generosity of the community and the dedication of the staff help keep costs low. The rent from Coltrane Properties for leased office space and the drop-in center space is below market value. The apartments leased from Dean Harrington also are low.

"We've held our operating costs as low as low can be," Peruttzi said. "Our staff salaries are not at a comparable level to others — we're fortunate that we've had people that are willing to work for what we pay, but you can't do that forever. The talk of doing more for less has an endpoint, and we reached it two or three years ago."

Additionally, the state is talking about cuts to Department of Mental Health, and the United Way was not able to meet the goal this year, meaning Transition House could face more cuts from state and local funding streams in the near future.

Transition House is not a free ride. Clients in the transitional living program are required to pay fees on a sliding scale as a part of learning responsibility.

But more and more, the agency is coming to rely on private donations. The June Bug Jam, an annual variety show at Sooner Theatre is the biggest fundraiser of the year.

"This is our 19th year," Peruttzi said. "This year is the first time we've taken it to a completely different level. We are in negotiations with LaDonna Gatlin, an entertainer, a speaker and an advocate for mental health."

Gatlin is the youngest sister of the Gatlin Brothers. She was part of the Gatlin family singers but decided to put raising a family ahead of her career. She faced mental health challenges and is a very vocal advocate for those in mental health recovery.

"She is an amazing entertainer," Peruttzi said.

This year, June Bug Jam will be at 7 p.m. June 14.

Transition House also has been working with the faculty, staff and students from OU's Price College of Business since 2010.

"This connection has been a significant asset," Peruttzi said. "We have received very generous gifts from two IBC student businesses. We have board members from Price College; volunteers from Price do an annual service day at Transition House."

While Peruttzi encourages everyone to join the fun of attending June Bug Jam, those who are interested in contributing directly also can go to thouse.org and make a one-time gift or sign up to be a monthly donor.

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