

**BEDFORD-SOMERSET COUNTY**  
**OLMSTEAD PLAN**  
**Original Plan Submitted – 11/9/16**  
**Final Revised Plan Submitted – 5/18/17**

**INTRODUCTION**

The County is dedicated to providing a full array of services and supports for individuals with mental illness to assure opportunity for growth and recovery. The County demonstrates this by continuing to take an assertive approach to building a local network of services that fully supports and encourages individuals with serious mental illness to reach their full potential as individuals and community members including those individuals placed in state institutions. Health Choices funding including the Medicaid expansion dollars has had a positive impact on improving the service delivery system as well as affording some opportunities for growth and expansion of services.

There is a local demand for affordable housing, especially for populations with special housing needs. The existing adult Mental Health (MH) residential service delivery system provides limited residential support opportunities to adults and transition-age youth with mental illness including adolescents aging out of residential programs. Budget constraints have forced a reduction in adult residential options resulting in limited residential support opportunities for individuals with mental illness. In 2012, due to the reduction in the base allocation the County was forced to close the Community Residential Rehabilitation (CRR) Program and decreased the number of supportive housing placements putting an even greater limit on the number of residential opportunities available. The County recognized the need to expand the continuum of residential services and supports to individuals with mental illness. A review of data available from July 2013 to December 2014 was conducted for length of stay and disposition at discharge for Long Term Structured Residents (LTSR), Torrance State Hospital (TSH), and Residential Treatment Facilities (RTF) for Transition Age Youth (TAY), as well as a review of housing needs for the TAY involved in intensive mental health services. In addition homeless and housing information from existing housing services was reviewed. In general the data supported the need to focus on a housing initiative and reflected that individuals were staying in residential/hospital settings longer than needed as well as individuals, upon discharge, often return to unhealthy environments all due to the limited housing options and supports for the SMI population. Some of information derived from this analysis, to list a few, showed the following:

- Of the 25 LTSR discharges that occurred from July 2013 to December 2014, 18 of them needed better housing options and/or supports than were available.
- The average length of stay for the LTSR in 2013 was 8 months. Numerous individuals remained in the LTSR longer than expected due to inadequate housing options or supports to assist them with living independently.
- 27 TAY involved in intensive mental health services (PHP & BCM) were in need of housing or a supportive housing approach to being able to live independently.

- During this time period, 12 children/adolescents resided in an RTF placement. Of these 12, five were 17-20 years of age who could have benefited from independent housing options and supports if available.
- Statistics demonstrate that each County experiences a high rate of referrals for homeless and housing services as reported by the Community Action Programs. The Somerset County Emergency Shelter has been operating with a waiting list and both Housing and Urban Development (HUD) Supportive Housing Programs have been at capacity often with waiting lists.
- At each County's point in time homeless count during this time frame Bedford County showed 2 homeless individuals and 20 sheltered homeless individuals while Somerset County showed 12 homeless individuals and 36 sheltered homeless individuals

Formal discussions began in 2014 to identify models and best practices for developing and increasing the capacity to create affordable accessible housing and supports for special needs populations and explored funding options. It was identified that funding would be needed to hire staff to assist with finding housing, provide transportation supports, provide training in independent living skills, provide supportive living funds and rent subsidies; and cover operating expenses. Due to the recent availability of reinvestment funding the County has chosen to prioritize HealthChoices reinvestment dollars to fund a supportive housing initiative as a priority project. In November 2015, the revised reinvestment plan was submitted to OMHSAS and approved. Over the following months selected providers developed housing programs and began providing services in May 2016.

## **I. OLMSTEAD PLANNING PROCESS**

The County is committed to improving the accessibility, continuity and quality of services provided to individuals with serious mental illness in Bedford and Somerset Counties and supports the belief that consumers, family members, providers, and stakeholders are critically important voices to be heard. Seeking input from these individuals and identifying the needs of individuals with mental illness has been critical in developing and maintaining adequate services and supports.

For many years, the planning teams used for the MH Annual Planning process have identified housing as a priority with housing needs reflected in the MH Annual Plans since the 1990s. The County has been aware of the need for safe affordable housing through the feedback received by the individuals involved in the MH Annual Planning meetings and the associated public hearings. Discussions specific to Olmstead Planning were incorporated into the MH Annual Plan meetings. Housing needs and funding is frequently discussed at provider meetings, monthly stake holder meetings, HC Advisory Board meetings and Local Housing Option Team (LHOT) meetings. The County has always been committed to prioritizing the development of a more comprehensive continuum of housing services when funding became available.

In addition, seeking input from individuals in service and identifying their needs has been critical in developing and maintaining adequate services and supports for individuals. The State Hospital Community Support Planning (CSP) process, has served as a source of

information for the housing needs of individuals in TSH. This interagency team process has highlighted our county's limitations and need for a housing initiative.

As reinvestment funding became a more realistic option for supporting the development of a housing program, the local HealthChoices Stakeholder Committee, Management Team and Advisory Board were more formally identified as the planning teams for the assessment, selection and development of a housing project through the use of reinvestment and county base funds. These teams were comprised of representation from consumers, family members, IFST, CSP, MH/ID, SCAs, CYS, Probation, CAOs, School Districts and Service Providers. Between 2014 and 2015 regular meetings were held to assess community needs and develop reinvestment priorities whereby a Supportive Housing Project was selected and approved.

## **II. SERVICES TO BE DEVELOPED**

The County does have some limited housing options. Each County's Center for Community Action (CCA) have been leaders in housing and homeless assistance for years and hold contracts for the Homeless Assistance Program, Transitional Housing, and Permanent Housing for People with Disabilities, Supportive Services for Veterans Families, Rapid Re-Housing services under the Emergency Solutions Grant and Shelter services as well as Bridge Housing, Master Leasing, and Housing Contingency. Even though these services are available to eligible individuals in each county the funding has limitations and doesn't specialize in the Seriously Mentally Ill (SMI) population.

The County identified the need to develop and implement a Supportive Housing Program to enhance already existing housing supports and assistance programs and better target the specialty needs of the Adult SMI population using a combination of HealthChoices reinvestment funds and county base funding. A Program will be developed to provide a combination of affordable housing and support services designed to help individuals, 18 years of age and older, with serious and persistent mental illnesses use housing as a platform for health and recovery. It is intended to provide safe, affordable housing along with support services for individuals whose mental health issues have impacted their ability to reside independently in the community. In line with Federal and State best practices, the County is also dedicated to following the Housing First approach to the maximum extent feasible. Providers of housing support services will be expected to adopt the Housing First philosophy and ensure staff is trained in motivational interviewing, effective communication skills and other engagement strategies such as wellness coaching, relapse prevention, illness self-management and tenancy support as well as recovery principles and all six modules outlined in the SAMHSA Evidence Based Practices Toolkit on Supportive Housing.

The mission of this housing support program is to provide supportive services and living skills training to enable individuals to lead more independent lives in the least restrictive community setting. It allows adults and young adults, 18 years of age or older, in recovery from mental illness to have the opportunity to live within the community while they gain skills to become more independent as well as an opportunity to achieve personal growth and fulfillment. The end result is individuals who are able to function at their highest level of

independence, while maintaining meaningful involvement in their community. This program is to support people with psychiatric illness to live successfully in their own home/apartment and community. This program is designed to assist persons to live as independently as possible through the provision of training and assistance in the skills of community living as well as to develop attitudes and habits necessary to prevent re-hospitalization and to encourage successful community integration.

**A. The following are the 2 categories of housing services that are being developed and implemented:**

1. A Housing Support Program where the selected provider employs 2-3 supportive housing workers to serve a SMI target population. These supportive housing workers will provide housing search and procurement, landlord/tenant relationship building, support to people to maintain their housing to include living skills development, budgeting support, and recovery support through goal planning and teaching people to be responsible tenants. A combination of reinvestment funds and County base funds will be used to cover the expenses associated with operating the program. It is estimated that 40 – 60 individuals per year will be served by this program between the two counties.

Timeline: OMHSAS Final Approval November 2015  
Service Delivery Began May 2016

2. Additional funding will be used to increase the availability of Rental Subsidies and Housing Contingency Funds already administered through the County’s Community Action Program which will include Master Leasing and Bridge Subsidies. These will provide individuals with needed funds to cover security deposits, rent, utility set up, purchase household items, one-time only expenses or anything else that will allow an individual to secure a permanent living arrangement. It is estimated that 40 additional individuals will benefit from these subsidies/funds/year.

Timeline: OMHSAS Final Approval November 2015  
Service Delivery Began March 2016

a. Rental Subsidies:

Letters of Agreement will be obtained with the Bedford and Somerset County Community Action Partnership agencies to administer the Master Leasing, Bridge Subsidy and Housing Contingency Programs. Federal Housing and Urban Development guidelines for rental properties/landlords and housing selection process, HUD Section 8 tenant eligibility guidelines and selection process will be utilized. The Community Action Partnership agencies will enter into the Rental Assistance Contracts (RACS), paying the landlord for subsidy portion using HUD guidance. The Community Action Partnerships Agencies will use HUD’s Housing Quality Standards (HQS) or similar requirements for inspections and will conduct inspections. Disputes will be mediated by the Community Action Partnership agencies.

■ **Master Leasing Strategy**

Permanent Supportive Housing shall locate and provide 1 or 2 bedroom, scattered site apartments to allow occupant(s) to secure a permanent living arrangement. These would be used for people who have significant

barriers to finding permanent housing such as criminal backgrounds, poor rental histories, being released from institutions to include prison, discharge from a long term mental health or substance abuse facility and/or poor credit ratings. All funding for this item is for a 3-year period. It is estimated that 12 people will be served by this program each year.

- **Bridge Subsidies**

Provide an array of bridge subsidies to be able to meet the needs of the target population. These bridge subsidies would reduce the rent down to 30% of income or 100% subsidy to be determined on a case by case basis using established criteria. Initial subsidies will be approved for 4-6 months, and the County Housing Specialist can approve for a longer term for the subsidy if needed, not to exceed 24-months. All funding for this item is for a 2-year period. It is estimated that 7 people will be served each year.

- b. **Housing Contingency Funds**

Bedford and Somerset Counties will use Housing Contingency Funds to support the target population. Funds will be used to assist people in need of safe, affordable housing and will include such items as security deposits, first month's rent, set up of utilities, household items/basic necessities and/or one-time only expenses that would be outside what a person could afford in their typical monthly budget. All funding for this item will be administered by the Community Action Agencies and is for a 3-year period. It is estimated that 20 people will be served by this program each year or approximately 60 people over a three year period.

**B. Target Population:**

The target populations who will benefit from this Housing Initiative are adults, older adults and transition age youth with serious mental illness. Eligible SMI Individuals with specialized service needs including dual diagnosis, co-occurring disorders, physical health needs, traumatic brain injury (TBI), criminal justice history, deaf/hearing impaired, and homelessness will not be excluded from the program. This program will particularly assist and support the transitional youth/adults between the ages of 18-25 who are transitioning to independent community living from a Residential Treatment Facility (RTF), group home setting, or a Community Residential Rehabilitation Host Home (CRR-HH) setting as well as adults being discharged from state institutions. The expected number of individuals who will benefit from this Supportive Housing Initiative is estimated to be 80-100 individuals per year.

**C. Goals and Expected Outcomes:**

The goals of this Supportive Housing Initiative include:

1. Provide safe and affordable permanent housing to individuals with serious mental illness concerns to live independently within our community.
2. Develop and strengthen natural supports to link target population to other community based resources.
3. Assist target population with engagement in treatment services and offer monitoring and support to help individuals achieve their recovery goals.

4. Assist transitional age youth (TAY) individuals (ages 18-25) with a serious mental illness to obtain permanent housing in the community particularly those TAY transitioning to independent community living from a RTF, group home setting, or a CRR-HH.
5. Assist individuals in state institutions to find housing and provide needed supports upon discharge as well as decrease the length of stay or prevent admissions to state institutions.

This Supportive Housing Initiative will be closely monitored for effectiveness and will require that data and outcomes be collected and measured. The following outcomes have been identified as part of this reinvestment plan.

1. Reduce MH and Substance Abuse (SA) inpatient Re-Admissions.
2. Reduce Length of Stay at state institutions and MH Inpatient units.
3. Reduce Length of Stay at the LTSR.
4. Reduce readmissions to state institutions and MH Inpatient units.
5. Increase Member satisfaction with quality of life measured by satisfaction surveys completed by Members served by this initiative.

**D. Funding**

The County projects that the cost to operate this supportive housing program will be \$1.1 million dollars over a 3-5 year period. A combination of HealthChoices reinvestment funds and County base dollars will be used as the sources of funding.

**E. Existing MH Service Delivery System**

A housing first approach will be used to quickly connect individuals and families to the housing supports needed without preconditions and barriers to entry, such as treatment or service participation requirements. Supportive services will be offered to maximize housing stability as opposed to addressing predetermined treatment goals prior to meeting housing needs. Any supportive housing program developed by the County will adopt a housing first approach and incorporate the core features in program policies and procedures.

Individuals will continue to access the existing behavioral health services and other community resources, voluntarily and only as needed, when receiving supportive housing services. The following are services that already exist and are available in the current MH service delivery system:

Older Adult	Adult	Child/Adol	Meets Need Y/N	#s Served FY 15-16	Existing Service
X	X	X	Y	5073	Administrative Case Management (ACM)/Base Service Unit (BSU)
X	X	X	Y	780	Blended Case Management (BCM)
X	X	X	Y	4200	Outpatient Psychiatric Services (Therapy, Psychiatric Evaluation, med mgt) - Evidence-based modalities provided
X	X	X	Y	841	Telepsychiatry
X	X	X	Y	198	Partial Hospitalization Program (PHP) – Adult and Adolescent
X	X		Y	37	Long Term Structured Residence (LTSR)
X	X		Y	178	Psychiatric Rehabilitation Services (includes mobile and site-base services)
X	X	X	Y	503	Inpatient Psychiatric Hospitalization
		X	Y	103	Family Based Mental Health Services (FBMHS)
		X	Y	20	Accredited and Non- Accredited RTF

Older Adult	Adult	Child/Adol	Meets Need Y/N	#s Served FY 15-16	Existing Service
X	X		Y	3	Mobile Mental Health Treatment
X	X	X	Y	2907	MH Crisis Intervention [includes: Mobile Crisis Services]
	X		N Need funds to develop a range of employ services	9	MH Employment Program - is a rehabilitation program that has been created through a collaborative effort between the PRS Program and the Somerset County Sheltered Workshop. These two programs work together to provide an opportunity for people to be successful at work. The goal is to help people obtain competitive employment through a supported employment model. This program serves adult individuals, 18 years and older, with severe mental illness and co-occurring disorders.
X	X		Y	57	Peer Support Services are provided through 3 providers.
X	X	X	Y	522	Children and Family Satisfaction Team (CFST)
X	X		Y	not open 15-16 # served from 10/16 to 12/16 = 105	A Drop-In Center in both Bedford County and Somerset County, funded through a reinvestment project that is being led by a family member as the director and staffed by peers.
		X	Y	714	Behavioral Health Rehabilitation Services (BHRS)
		X	Y	109	School based MH Treatment Services
X	X	X	Y	FFT – 41 PCIT – 20 MST – new WRAP – no #s	Evidence Based Programs – Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), Parent Child Interaction Therapy (PCIT), Wellness Recovery Action Plans (WRAP)
		X	Y	85	Children and Adolescent Service System Program (CASSP)
		X	Y	73	Student Assistance Program (SAP)
X	X		Y	varies	MH Support Groups

Note: Y indicates needs are being met due to no waiting lists and adequate timeframe to access services

### III. HOUSING IN INTEGRATED SETTINGS:

#### A. Housing options available to individuals:

##### Somerset County:

- 8 Personal Care Homes that accept Social Security Disability Income (SSDI) as payment who are willing to accept individuals with mental illness
- 24 Subsidized low-income apartment buildings/complexes for a total of 963 units,
- 1 Homeless Shelter with 15 beds
- 32 beds in a Supportive Housing Program operated by Center for Community Action (CCA)

##### Bedford County:

- 2 Personal Care Homes (PCH)
  - Only 1 PCH is willing to accept individuals with mental illness
- 12 Subsidized low-income housing buildings/complexes for a total of 208 units
- The Bedford Housing Authority does provide vouchers with 24 month waiting list.
- The Veterans Administration (VA) provides limited housing vouchers for veterans'

- #### B. In Somerset County the low-income housing arrangements more regularly accept individuals into housing units with a broader scope of specialized service needs including older adults, TAY, dual diagnosis, substance abuse, mental illness, and physical health needs. In Bedford County most of the low-income housing is occupied by seniors 62+ years of age. Limited housing options exist for individuals with mental illness less than 62 years of age which has created long waiting lists. Additional work needs to be done through the Local Housing Option Team (LHOT) and with Public Housing authorities to improve integration of housing services. Each County's CAC has admitted to challenges with getting their County's Public Housing Authority to

engage in collaborative efforts and attend coordination meetings. Through the LHOTS, an increased effort will be made to build more formal relationships with PHAs.

- C. Adult CRR Programs no longer exist in Bedford or Somerset County. CRR conversion was done in 2010 for Bedford and 2012 for Somerset.
- D. Each County's Center for Community Action (CCA) hold contracts for the Homeless Assistance Program, Transitional Housing, and Permanent Housing for People with Disabilities, Supportive Services for Veterans Families, Rapid Re-Housing services under the Emergency Solutions Grant and Shelter services as well as Bridge Housing, Master Leasing, and Housing Contingency.
- E. Each County's Center for Community Action (CCA) works closely with the County's MH Administrative Case Management, MH BCM Providers, Supports Coordination Organization (SCO) and newly formed Supportive Housing Program to coordinate housing resources and share funding to meet housing needs of the special needs populations.
- F. Each County's CCA serve as the Local Lead Agency (LLA) as well as convenes the LHOT meetings monthly with representation from the County MH Office, other social service agencies, the ministerial group, the county commissioners, public housing authorities, and the assigned regional housing coordinator. In addition the Regional Housing Coordinators convene quarterly housing meetings/forums at various public housing sites throughout the county whereby presentations/trainings and information are provided by the CCA programs and other social service agencies.
- G. Each County is committed to community integration for housing as well as providing safe, affordable and permanent housing in integrated settings. Housing programs and services are provided throughout the county with individuals with disabilities having opportunities to participate in the communities they choose to reside. Supportive housing workers are expected to be trained in and adhere to the federal disability and housing laws and work with landlords to ensure individuals with mental illness are not discriminated against. Providers are monitored to ensure compliance with the ADA and Fair Housing Act.

#### **IV. SPECIAL POPULATIONS**

The target populations who will benefit from this Housing Initiative are adults, older adults and transition age youth with serious mental illness. Eligible SMI Individuals with specialized service needs including dual diagnosis, co-occurring disorders, physical health needs, TBI, criminal justice history, deaf/hearing impaired, and homelessness will not be excluded from the program.

A thorough assessment of the individual's housing needs, strengths and weaknesses will be completed upon admission into the program which includes assessing functioning levels, substance abuse, physical limitations, personal health, housing history and risk of homelessness, financial means, employment history and levels of difficulty with areas of

daily living. This assessment will be instrumental when working with individuals to formulate a housing support plan and identify housing support goals and action steps. Housing Support staff will be responsible for making referrals to all needed services including medical services, dental services, mental health care and substance use treatment as well as assisting with coordinating these services with all involved parties.

More specifically, individuals with serious mental illness and their specialized service needs are met as follows:

- A. Individuals with a dual diagnosis (mental health/intellectual disability)  
*Applicable Age Groups – Older adult, Adult, Child/Adolescents*
  - 1. The county has a long standing collaborative team approach to service coordination and treatment for individuals with a dual diagnosis. The County entity also operates a large provider system of MH and ID services whereby the Administrative Case Management (ACM) Unit, the Supports Coordination Organization (SCO) and numerous MH and ID Service Providers including ID Residential, Crisis Intervention, Outpatient Psychiatric Services, Intensive Case Management, and Psychiatric Rehabilitation all of which exist under one Agency. This has allowed staff to meet regularly to review and coordinate cases either informally or more formally through treatment team processes. Many of the County operated provider programs serve a dual diagnosed case load.
  - 2. In 2015 the County formed the Bedford-Somerset MH/ID Collaborative Committee. The purpose of this committee is to promote local MH/ID collaboration and implement the OMHSAS approved MH/ID action plan in Bedford and Somerset counties. This committee also addresses systemic dual diagnosis issues and has been exploring options for improving coordination, assessment tools, training, clinical consults, and case review.
  - 3. The County is exploring the option of participating in a Dual Diagnosis Treatment Team. Due to not having enough qualified individuals to support a stand-alone program, the County has begun conversations with a neighboring county to form a partnership for DDTT services.
  
- B. Individuals with co-occurring disorders (mental health/substance use disorders) *Applicable Age Groups – Older adult, Adult, Child/Adolescents*
  - 1. Individuals with co-occurring disorders are considered an underserved population just not in our local area, but in the commonwealth. A consistent barrier to accessing services for individuals has been the lack of integrated services that can treat both serious mental illness and substance abuse. Therefore in February 2009, the County established the Co-Occurring Disorders Workgroup (COD Workgroup) to assess current co-occurring treatment options for Bedford/Somerset individuals (including children and adolescents) with co-occurring mental health and substance use issue and complex conditions. The COD workgroup convened to identify barriers, identify possible solutions and develop short-term and long-term strategies to enhance system capacity to deliver effective, coordinated care for individuals with co-occurring issues and complex conditions.

2. The COD workgroup is developing a framework and system of care using the CCISC Principles of Minkoff and Cline. Materials have been purchased for implementing this CCISC model which includes tools for assessing how capable a Provider is for being COD competent and assisting providers with establishing action plans to work towards treating this population.
  3. Monthly change agent meetings continue where representatives from each Provider come together to improve coordination of care, conduct cross trainings, and take a lead in their Program to implement the COD initiatives.
  4. The COD Workgroup continue to sponsor COD related trainings in an attempt to help Providers become COD competent.
- C. Individuals with both behavioral health and physical health needs  
*Applicable Age Groups – Older adult, Adult, Child/Adolescents*
1. Plans are in process for the development of a behavioral health and physical health integration project with a local Federally Qualified Health Center (FQHC) that provides physical health services, lab work, and dentistry. The plan is for a local behavioral health provider to set up an approved licensed mental health satellite office at the center for tele-psychiatry services and outpatient mental health and substance abuse therapy services to be offered.
  2. The same FQHC is making plans to provide mobile dental services on site at the County's LTSR Program.
  3. One of the large Behavioral Health providers is exploring options for setting up an on-site pharmacy for consumers to have their prescribed medications filled, whether for physical health ailments or mental health issues.
- D. Individuals with a traumatic brain injury
1. The County has limited resources for individuals with Traumatic Brain Injury (TBI) and seeks consultation from experts as needed or explores service options in other counties for any age group.
- E. Individuals with criminal justice/juvenile justice history  
*Applicable Age Groups – Older adult, Adult, Child Adolescents*
1. A local provider of peer specialist services has established a Forensic Certified Peer Specialist (CPS) Program. This Forensic CPS program has access to the prison and begins engaging the individual pre-release and will continue services once released.
  2. There is a collaborative effort between the criminal justice and mental health system to coordinate services for individuals with mental illness that are involved with the legal system. This is largely being accomplished through the County MH staff's and Probation staff's participation on the County Criminal Justice Advisory Board, Grant funding received, processes established with the County Jail to assess and serve the MH jail population, CASSP meetings and ISPT meetings.
  3. Prior to release, a Re-entry team consisting at a minimum of staff from Probation, Law enforcement, Single County Authority, Mental Health and Housing review and address the needs of individuals returning to the community with the goal of identifying and addressing barriers to successful reentry.

4. Somerset County participated in an Asset Mapping and Strategic Planning process for prison re-entry. In early 2015, the continued collaborative efforts resulted in the application for funding under the Smart Supervision Grant for Reducing Prison Population to develop a day reporting center for individuals that are on probation or parole to receive assistance in successful re-entry by providing supervision and needed services at one location. In October 2015, the county was awarded these funds and the day reporting center was developed and opened in January 2016. These individuals will be able to receive many services at one location including mental health and substance abuse treatment. This will benefit those justice-involved individuals with mental illness and/or co-occurring mental illness and substance abuse disorders (COD).

F. Individuals who are deaf or hearing impaired

*Applicable Age Groups – Older adult, Adult, Child/Adolescents*

1. The County seeks interpreter/sign language services as needed and enters into contractual agreements.

G. Individuals who are experiencing homelessness

*Applicable Age Groups – Older adult, Adult, Child/Adolescents*

1. Each County's Center for Community Action (CCA) Program is the lead Agency who specializes in addressing the needs of the homeless population and works with families who are homeless. They receive and manage homeless assistance funding. CCA Staff and MH Housing staff meet regularly to collaborate, review cases and provide joint services

H. Older Adults

*Applicable Age Groups – Older adult*

1. The existing Adult service delivery system provides supports to older adults with mental illness through outpatient counseling services, psychiatric evaluation and medication management, Peer Support, Psychiatric Rehabilitation, Mobile Mental Health Services and Blended Case Management. Experience has shown that this is a population who tends to seek medication services through family physicians and often has not been interested in receiving counseling services. The lack of public transportation in our rural area has been a factor in creating a barrier to accessing services for this population.

This is an age group that could benefit from a comprehensive assessment to determine if this population is underserved with regards to mental health needs. Discussions are in process with Area Agency on Aging (AAA) and the County Mental Health Program to explore options for conducting an assessment of the mental health needs of this population as well as determine where individuals are receiving services. In addition, even though there is a cooperative agreement between Area Agency on Aging (AAA) and the County MH Program, an Aging-Housing-Behavioral Health coalition has recently been created to begin a collaborative project to identify the comprehensive range of needs of older adults and effectively coordinate access to and delivery of services. Efforts are being

made to create a clear protocol for accessing services for complex needs across aging, housing and behavioral health systems, including appropriate referrals, coordination and follow-up.

I. Individuals with limited English proficiency

*Applicable Age Groups – Older adult, Adult, Child/Adolescents*

1. The County seeks interpreter services as needed and enters into contractual agreements.

J. Transition Age Youth including young adults

*Applicable Age Groups – Transition Age Youth 16 – 24 years of age*

1. Strong coordination of care efforts exist for this population through CASSP.
2. A specialized Blended Case Management (BCM) Program exists for this age group
3. A specialized Psych Rehab service exists for this age group.