# Armstrong/Indiana Behavioral and Developmental Health Program
## County Plan for OLMSTEAD (*Revised 2016)*

## I. INTRODUCTION and OLMSTEAD PLANNING PROCESS OVERVIEW

The following plan provides an updated revision for the Armstrong and Indiana County Behavioral and Developmental Health Program's Olmstead Plan. The information presented below reflects the hard work and subsequent progress made over the last four years in reducing the reliance on institutional level care and eliminating unnecessary institutionalization of all individuals diagnosed with serious behavioral health challenges and intellectual disabilities.

This first section will present an overview of the process and resources used to revise our Olmstead Plan. It will conclude with a brief discussion of efforts to monitor the community services and supports provided in our local service framework.

### *Planning Process*

Throughout the years, the Armstrong-Indiana Behavioral and Developmental Health Program (AIBDHP) has taken great care to include input from all stakeholders into its planning practices. In drafting our original Olmstead Plan, the AIBDHP relied heavily upon input gained from the Torrance State Hospital Service Area Planning meetings. Community Support Program meetings and our participation in the Armstrong-Indiana Personal Care Home Resident Risk Assessment Committee meetings. Each avenue provided unique input, all of which was valuable in working towards the goals of reducing and eliminating unnecessary institutional care and providing the best quality behavioral health system to allow consumers to reach their own individual level of recovery. While Service Area Planning Meetings have declined in recent years, staff from the AIBDHP still participates in the local Community Support Program meetings and the Personal Care home meetings that occur on a regular basis.

While these ongoing meetings continue to assist with providing information and input to our office, for revising our Olmstead Plan, the AIBDHP is also now using additional means to gather input. The current planning process for the Olmstead Plan is broken down into three areas which are outlined below. These include annual Community Support Program Focus Groups, Armstrong and Indiana behavioral health collaborative efforts/meetings, and Consumer Support Planning meetings/Continuity of Care meetings held with Torrance State Hospital.

#### <u>Community Support Program Annual Focus Groups</u>

With the decline in Service Area Planning Meetings, the AIBDHP continued to seek stakeholder input using local avenues. One such avenue was to create focus groups in each county to discuss system issues on an annual basis. Focus

groups are facilitated by staff of the Southwest National Alliance for the Mentally Ill (NAMI) and are held during local Community Support Program meetings held in each county. Consumers and family members have been informed about the various plans the AIBDHP is required to submit and are provided information regarding changes to the overall system of care in Pennsylvania. Stakeholders are asked to share their experiences in the behavioral health system, as well as suggestions for improvements for the various services offered in each county. Much of the input that has been provided directly relates to improving services that will help those transitioning from institutional care back into the community. Having independent living opportunities that are safe and affordable is a concern, as is reliable and affordable transportation, primarily since both of our counties are rural. In addition to gaining our own stakeholder input through these focus groups, other system users and staff (i.e., criminal justice, children and youth, drug and alcohol, aging services, etc.) have participated and provided information and suggestions for how our systems may work better together to accomplish our goals. The final product compiled all the input received to create a guideline for future program enhancement and/or growth. Our Community Support Programs and these focus groups will continue to provide ongoing collaboration and feedback as well as monitoring of progress for improvements proposed.

Armstrong and Indiana County Behavioral Health Collaborative Efforts

The Armstrong-Indiana Behavioral and Developmental Health Program (both Mental Health and Intellectual Disability staff) has had a long standing history of working collaboratively with our system providers, our Managed Care Organization, Beacon Health Options (formerly Value Behavioral Health), as well as other human service organizations in general. It is through these local collaborations that we continue to gather stakeholder input from the vast networking system that exists in each county. We are able to share data, ideas and sometimes funding sources to serve those individuals who cross systems and are the most in need. For example, at the local level, Provider Meetings are held at least twice per year. These meetings provide an avenue for open dialogue regarding quality of care issues, overall service needs voiced by consumers, and funding issues that providers experience. Another example of collaboration that provides input used in monitoring and updating the Olmstead Plan is local housing consortium meetings. At these meetings, the Local Lead Agencies, Housing Authorities, Veteran Services, and representatives from various systems of care meet to discuss housing needs in both counties. Included in our discussions are needs identified by those receiving care at the state hospital. Finally, staff from the AIBDHP meets quarterly with local surrounding inpatient units. These meetings (called Joint Hospital Networking Meetings) allow staff from the inpatient units to discuss with the County behavioral health staff service issues and ways we can work together to improve our overall structure.

Consumer Support Planning Meetings and Continuity of Care Meetings

Finally, the AIBDHP supports and actively participates in both the Consumer Support Planning process and Torrance State Hospital Continuity of Care meetings. The Consumer Support Planning (CSP) process remains the most important planning tool used to enhance services and monitor those individuals who are receiving care at the state hospital level. The process includes gathering vital individual information using three distinct assessments: peer, family, and clinical. Each assessment provides a way to collect valuable and necessary input to enhance service planning in the community for the individual receiving care at Torrance State Hospital. Once the assessments are complete, a multidisciplinary team begins meeting with the individual, their family, and any other persons the consumer invites to attend. It is at these meetings that the groundwork is laid for a successful discharge. The CSP meetings provide a time for all involved to openly and freely discuss all strengths, weakness, and needs of the individual. It is during these meetings that the County learns of how the consumer really envisions their return to the community, including what supports they feel they need and how they would like their life to look like once they are discharged. The process has proven to be an extremely valuable planning tool because every area of the individual's life is discussed. This helps to create the most comprehensive and complete discharge that will give the consumer the most support as they transition back into the community. To date, every consumer who has been hospitalized at Torrance for more than two years has had at least one CSP meeting.

Along with the Consumer Support Planning Meetings, the Armstrong-Indiana Behavioral and Developmental Health Program also participates in quarterly Continuity of Care (CoC) meetings. These meetings bring all counties who admit to Torrance State Hospital together with other stakeholders and Torrance administrative and support staff. These meetings have been occurring for over 25 years. And, it is during these meetings that Torrance staff and County staff are able to share data and ideas for regional collaboration. Also discussed are funding sources and strategies such as the Community/Hospital Integration Project Program and foundation grants. The importance of these meetings cannot be overstated as all involved are working on reducing our overall reliance on the state hospital.

*Monitoring Efforts*

To ensure that stakeholders are included in the monitoring of services in our counties, AIBDHP will continue working with the Armstrong and Indiana County Consumer/Family Satisfaction Team(C/FST). The team employs those who have either received or are family members of individuals who have received

behavioral health services in either Armstrong or Indiana County. Those interviewed include individuals transitioning out of Torrance State Hospital or others living in our Community/Hospital Integration Program, those living independently in the community, or those who may live in personal care home settings. Team members use survey tools to gage consumer and family member satisfaction of behavioral health services. Those interviewed are also asked to identify positive experiences with services and/or suggest improvements that would enhance the overall quality of those services. Once input is gathered, reports are generated. These reports are distributed and reviewed by mental health providers, Value Behavioral Health quality staff and quality staff from the AIBDHP. Ongoing monitoring is a key component of the C/FST process including creating and maintaining ongoing communication with all parties to resolved consumer/family member identified issues. The input collected by the C/FST provides the AIBDHP with valuable information for ongoing planning and quality management activities.

## II SERVICES TO BE DEVELOPED

Through our various planning efforts such as our local Block Grant Focus Groups and the Community Support Planning process done at the state hospital, the AIBDHP and our stakeholders have worked together to meet the unmet needs of the behavioral health population in both Armstrong and Indiana Counties, including those transitioning back into our communities from institutions. Despite building strong infrastructure using Community/Hospital Integration Project Program (CHIPP) dollars, some gaps in service do still exist. These gaps not only affect those who are in consideration for being discharged back into the community and those at risk of needing long term care at the state hospital level, but those requiring specialized services that are not currently available in our counties. The discussion below outlines efforts made and services to be developed for prevention and early intervention, non-institutional housing options, non-residential treatment services and community supports, peer-run services, and supported employment services.

*Prevention and Early Intervention*

The AIBDHP has developed preventative and early intervention services in both counties to provide assistance to consumers and their family members. Through prevention and early intervention, consumers have been able to remain in the community avoiding hospitalizations and potential long term admissions. Family members also are able to receive education and support as they also learn about the illness affecting their loved ones. The key components to our local prevention and early intervention services include 24/7 crisis intervention, mobile medication, our Early Intervention Program, and efforts made by our local Suicide Task Forces.

Over the past few years, 24/7 crisis services have been fully developed. Our crisis system offer walk-in, telephone, and mobile crisis services to adults, children, adolescents and their families living in Armstrong and Indiana Counties. The service is considered to be the lead preventative and diversionary intervention service offered in our behavioral health system.

Another key preventative/diversionary service that has recently been developed and implemented is our Mobile Medication Program. This program aims at preventing hospitalizations by offering medication outreach, education and monitoring to adults and their families living in the community. Using HealthChoices Reinvestment Funds, the program was created and began serving Armstrong County in December of 2015 and has served at least 29 individuals. The program is the process of expanding to serve consumers in Indiana County. It is anticipated that the service will be provided to 30-50 individuals in addition those being served in Armstrong County. The projected timeline for the program to become fully operational in Indiana County is January 1, 2017.

The AIBDHP contracts with local providers to provide service coordination for infant/toddler early intervention. To help overcome barriers to a successful start in life, this support ensures that the family is connected to all necessary supports and services their child needs. Services are provided in the child's natural settings and are provided at no cost to the family. This service works with children from the age of birth up until their third birthday.

Finally, Suicide Task Forces have been established in both Armstrong and Indiana Counties. These groups are open to local consumers and family members, as well as interested service providers and human service agency staff. The goals of the task forces are to provide education and outreach to prevent suicide, how to provide suicide intervention, and to provide a source of support to survivors of suicide. Each task force has developed presentations and community activities to bring awareness to their cause. Examples include partnering with local high schools to do presentations to students and faculty, as well as holding town hall meetings within our communities to educate and discuss issues around suicide and suicide prevention.

There are no current plans to expand upon the services mentioned above or develop new early identification and preventative services in the near future in Armstrong and Indiana Counties.

*Non-Institutional Housing Options*

For nearly 25 years, the Armstrong-Indiana Behavioral and Developmental Health Program has partnered with the Commonwealth of Pennsylvania to reduce its reliance on state hospital beds by applying for Community Hospital Integration Project Program (CHIPP) dollars. As a result of using CHIPP funding,

25 beds have been successfully closed at Torrance State Hospital under six CHIP Projects for the Armstrong/Indiana County joinder. In earlier years, our projects focused on shared living arrangements in the form of maximum care Community Residential Rehabilitation Programs. These homes offered a solid step down from the state hospital into a less structured environment. Also built into these initial programs was a diversionary bed to help consumers avoid hospitalizations and remain in the community. Currently, we have three "CHIPP" homes which serve a total of 15 consumers. Two homes are located in Indiana County which can serve 10 adults. The other home is located in Armstrong County and can serve up to 5 adults, age 18 and older. Individuals from each county are able to access all three homes. Those being discharged from the state hospital receive top priority for admission. In addition to support provided by the residential program, community supports were expanded to include CHIPP Treatment Teams, adequate doctor and nursing time, and employment services when needed. Through the years, the program has served hundreds of individuals including those being discharged from Torrance State Hospital and those at risk of needing long term hospitalization.

As the statewide mental health system shifted from a medical model to a recovery model, CHIPP funding was used to help create Permanent Supportive Housing (PSH) Programs in fiscal year 2008-2009 and then again in 2014-2015. These programs operate under the Housing First model and are very individualized. Those consumers age 18 and older who are able to live in their own homes are able to do so with as much or as little support as they feel they require. To date, the PSH Program has served 3 individuals, all discharged from Torrance State Hospital. The apartments are located in Armstrong County, however all residents from either Armstrong or Indiana County receiving care at Torrance State Hospital can be referred to the program. One thing we have learned with these new CHIP projects is how cost effective Permanent Supportive Housing can be. We anticipate being able to serve another 3 to 5 individuals in the future. First priority will be given to those being discharged from Torrance with a focus on those having been hospitalized there for more than two years. The program may also assist in helping consumers transitioning out of less independent living situations such as Residential Treatment Facilities, our Community Residential Rehabilitation Programs and local personal care homes. It is difficult to project a timeline for additional individuals to be served. Current available funding is contingent upon the needs of those already being served by the program. Future CHIPP funding may be sought but will be dependent on our overall need for beds at the state hospital level. While we are committed to exploring other funding options while reducing our reliance on the state hospital, we anticipate there still will be individuals who will require the level of care that Torrance provides. We would hope that the other 3 to 5 individuals could be served by June of 2019.

One final non-institutional program for adults and young adults that is provided in Armstrong and Indiana Counties is our Projects for Assistance in the Transition

of Homelessness Program (PATH). PATH is an annual federal grant awarded to the Armstrong-Indiana Behavioral and Developmental Health Program. Direct operation of the program is provided by the Armstrong County Community Action Agency and the Indiana County Community Action Program. Both of these agencies serve as the Local Lead Agencies for our two counties. PATH funding is used to assist individuals who suffer from mental health issues and are homeless or at imminent risk of becoming homeless. This program provides outreach and education, limited financial assistance for rent and security deposits, and case management. The case management aspect is provided by our Behavioral Health Housing Liaisons. One liaison is located in each county. Both liaisons assist consumers in locating services that can help them overcome barriers to finding and maintaining safe and affordable housing.

The PATH Program we have developed in Armstrong and Indiana Counties captures the Commonwealth's plan for those most vulnerable to have access to safe, affordable and permanent housing with readily available and flexible services available to them as needed. The population served by the PATH Program includes those transitioning out of institutional care, including those being released from correctional facilities, state hospitals, and child/adolescent treatment facilities and housing. Following the Housing First philosophy, the program is voluntary. Individuals are referred to serves they choose but are not required to engage in those services to receive help from the PATH Program. It is anticipated that for fiscal year 2016-2017, a total of 37 individuals will be served by the PATH Program. Of those individuals, 30% are expected to be aged 18-30, or Transition Aged Youth (TAY). The TAY population has recently become a focus for the PATH program.

Although the AIBDHP has not formed specific non institutional housing options for children and adolescents, the children's staff within the agency is instrumental in helping families find therapeutic foster care and community residential rehabilitation placements for children who cannot reside with their families. These placements are geared at diverting more long term placements in Residential Treatment Facilities.

While our CHIPP and PATH Programs are available to serve young adults once they reach the age of 18, the children staff at the AIBDHP also works to keep children and adolescents in the community and with their families. Armstrong and Indiana Counties have historically had a low utilization of Residential Treatment Facilities (RTF), considering the total number of children and adolescents who receive behavioral health services in each county. On average, a total of four children/adolescents from Indiana County utilize RTF services per year. In Armstrong County, an average of 9 children/adolescents requires that level of care per year. RTF placements are used as a last resort. The decision to place a child/adolescent in an RTF is made via a team decision with family involvement, using the Interagency Service Planning Team (ISPT) meeting process. Placements most often occur only after all other options for community

based placements and treatments have been exhausted. In order to divert from RTFs, the children staff will make referrals to child/adolescent Community Residential Rehabilitation beds and services such as Behavioral Health Rehabilitative Services and Family Based services to try and keep the child/adolescent in the community.

The AIBDHP children's staff works very closely with other local children and adolescent system agencies such as Children and Youth Services (CYS) and the local offices of Juvenile Probation. These agencies are also invited to be a part of a child's ISPT. The AIBDHP staff also serves on a number of various local committees such as the Children's Advisory Commission. In addition, the AIBDHP children and adult staff also work together as children age out of the children's system and transition into the adult system.

*Non-Residential Treatment Services and Community Supports*

The Armstrong-Indiana behavioral health setup offers an extensive array of treatment and recovery services to individuals with behavioral health challenges. These services are developed to fully assist individuals in establishing and maintain their own individual recovery. The first chart provided below outlines all current non-residential treatment services and community supports available for adults and young adults (age 18 and older). The second chart displays all non-residential and community supports available for children, adolescents, and their families.

| Adults/Young Adults | County | Population Served |
|---|---|---|
| Crisis Intervention Walk-In | A/I | Adults/Young Adults |
| Crisis Intervention Telephone | A/I | Adults/Young Adults |
| Crisis Intervention Mobile | A/I | Adults/Young Adults |
| Partial Hospitalization | A/I | Adults/Young Adults |
| Outpatient Therapy | A/I | Adults/Young Adults |
| Medication Management | A/I | Adults/Young Adults |
| Mobile Medication | A/I | Adults/Young Adults |
| Psychiatric Rehabilitation Site-Based | A/I | Adults/Young Adults |
| Psychiatric Rehabilitation Mobile | Indiana | Adults/Young Adults |
| Peer Support Services | A/I | Adults |
| Targeted Case Management | A/I | Adults/Young Adults |
| Adult Autism Services | A/I | Adults |

| Child/Adolescent/Family | County | Population Served |
|---|---|---|
| Crisis Intervention Walk-In | A/I | Children/Adolescents/Families |
| Crisis Intervention Telephone | A/I | Children/Adolescents/Families |
| Crisis Intervention Mobile | A/I | Children/Adolescents/Families |
| Early Intervention Services | A/I | Children Birth through age 3 |
| Partial Hospitalization | A/I | Children/Adolescents (grades 7-12) |
| Outpatient Therapy | A/I | Children/Adolescents/Families |
| Medication Management | A/I | Children/Adolescents/Families |
| Behavioral Specialist Consultant | A/I | Children/Adolescents |
| Mobile Therapy | A/I | Children/Adolescents/Families |
| Therapeutic Staff Support | A/I | Children/Adolescents/Families |
| Multi-Systemic Therapy | A/I | Children/Adolescents/Families |
| Family Based Services | A/I | Children/Adolescents/Families |
| Parent/Child Interaction Therapy | A/I | Children/Adolescents/Families |
| Child Autism Services | A/I | Children/Adolescents |
| Targeted Case Management | A/I | Children/Adolescents |
| Intellectual Disability Services | A/I | Children/Adolescents/Families |
| Interagency Service Planning Teams | A/I | Children/Adolescents/Families |
| Educational Advocate Program | A/I | Families |
| Student Assistant Program | A/I | Children/Adolescents (grades 7-12) |
| Kids In Common Program | Indiana | Children/Adolescents/Families |
| Children In The Middle Program | Indiana | Children/Adolescents/Families |

Through our extensive planning processes, consumers and family members have identified three distinct services that would enhance our current structure: a Mobile Medication Program in Indiana County, a mobile Psychiatric Rehabilitation program in Armstrong County, and Mobile Outpatient services for both counties.

The Mobile Medication Program is an expansion of the current program available in Armstrong County to Indiana County. The program serves individuals age 18 years and older and provides education and information to consumers and their families about medication, the side effects of medication, and the importance of taking medications as prescribed. Program staff also helps coordinate care between physical health care providers, behavioral health care providers and pharmacies to ensure that all treating personnel are aware of medications the other is prescribing. This helps avoid duplication, drug interaction and overall coordination of care.

The Mobile Psychiatric Rehabilitation Program will be a new program in Indiana County that will provide Psychiatric Rehabilitation services to adults and young adults in their own homes. The program is designed to provide consumer identified assistance in areas needed to help them maintain their recovery and possibly gain employment. The program will also be beneficial to those who lack transportation to site based programs (Psychiatric Rehabilitation transportation is not supported under MATP) or to those who do not do as well in structured, site based settings.

The final program to be developed is a Mobile Outpatient Program for both counties. It is projected that the program will be able to serve adults, young adults, children and adolescents in both counties. The program will provide outpatient therapy and support to individuals in their own homes versus a clinical setting and is aimed at those who do not have reliable transportation or do not function as well in a site based program. The program will also provide educational support to families as needed.

The chart below outlines the projected number of individuals we could serve with these programs, a timeline for when the AIBDHP believes these services could be developed and the financial resources that will be needed to develop these services. All services listed below should be eventually totally funded under Medicaid.

Armstrong/Indiana Services to be Developed Chart

| SERVICE NEEDED | TOTAL PROJECTED # TO BE SERVED | PROJECTED TIMELINE FOR COMPLETION | RESOURCES NEEDED FOR DEVELOPMENT |
|---|---|---|---|
| Mobile Medication (Indiana) | 35 Adults and Young Adults | FY 2016-2017 | Health Choices Reinvestment Secured |
| Mobile Psych Rehab (Armstrong) | 10 Adults and Young Adults | FY 2017-2018 | Health Choices Reinvestment for Start Up |
| Mobile Outpatient (Armstrong & Indiana) | 50 Adults, Young Adults, Children and Adolescents | FY 2018-2019 | Health Choices Reinvestment for Start Up |

*Peer Support and Peer-Run Services*

The Armstrong-Indiana Behavioral and Developmental Health Program has fully supported the development and use of peer-run services in each of our counties.

Consumers currently have their choice of four peer support providers who employ a number of peer specialists with a variety of knowledge and skills. The Peer Specialist Program has been well received and provides consumers with a very beneficial service that helps them to lead full and productive lives in the community. Nearly 300 individuals receive peer support services in our counties. Similarly, each county also has a consumer run drop-in center. These centers provide consumers with a safe and secure place to engage in socialization and a variety of activities. The center activities are decided on by the members each month. According to center statistics, approximately 600 unduplicated consumers take advantage of this service on an annual basis. Although there are currently no plans to develop new or expand current peer-run programs in our counties in the near future, the AIBDHP will continue to monitor the need for specialized peer support services such as with the Justice Related population, the Older Adult population and the Youth population. Changes and additions to service may be made based up on access and need issues.

*Supported Employment Services*

Behavioral health consumers in Armstrong and Indiana Counties have access to both facility site based and community based supported employment services. At each of the facility site based programs, consumers can engage in realistic work experiences that help them develop good work skills and behaviors. The goal is to enhance these skills so that individual can then transition into jobs in the community. Our transitional employment services include a professional team of job developers and job coaches who work to job match individuals based on their strengths and abilities. Supports are provided to help consumers learn their jobs. Once established, the employment programs will provide ongoing monitoring and support as needed. Through these programs, individuals are able to transition into integrated, competitive employment in the community. There are no plans to develop new, or expand current supported employment services in our counties in the near future, although the AIBDHP will continue to monitor access to services and gaps in service through our local planning efforts.

## III. HOUSING IN INTEGRATED SETTINGS

The Armstrong-Indiana Behavioral and Developmental Health Program has been committed to developing new options for housing by working with the various housing agencies in both of our counties. It remains certain that future development will rely greatly on the collaboration between all of our agencies as well as possible regional collaboration with surrounding counties. The following is a housing inventory list of the current housing options available in the Armstrong-Indiana catchment area:

| AGENCY/PROVIDER | COUNTY SERVED | HOUSING PROGRAM | Units | Capacity |
|---|---|---|---|---|
| | | | | |
| I&A Residential Services, Inc. | Armstrong & Indiana | Maximum Care CRR/Enhanced Personal | 3 | 15 |
| *funded by the AIBDHP* | | Care Home | | |
| (serves adults age 18 and older) | Indiana | Minimum Care CRR | 7 | 20 |
| | Armstrong & Indiana | Supported Living Program | | 120 |
| | | | | |
| | | | | |
| Unity Home Partners | Armstrong | Intensive Integrated Permanent | 2 | 2 |
| (serves adults age 18 and older) | | Supportive Housing Program | | |
| | | | | |
| | | | | |
| Armstrong County Housing | Armstrong | Public Housing | 525 | |
| Authority | | Section 8 - New Construction | 100 | |
| (serves adults, young adults, children, adolescents and families) | | Section 8 Voucher Program | | 264 |
| | | Low Income Housing Tax Credit Program | | 97 |
| | | | | |
| | | | | |
| Indiana County Housing | Indiana | Public Housing | 760 | |
| Authority | | Section 8 Voucher Program | | 569 |
| (serves adults, young adults, children, adolescents and families) | | | | |
| | | | | |
| Alice Paul House | Indiana | Domestic Violence Shelter | 4 | varies |
| (serves adults and families) | | | | |
| | | | | |
| | | | | |
| HAVIN | Armstrong | Domestic Violence Shelter | 15 | varies |
| (serves adults and families) | | | | |
| | | | | |
| | | | | |
| Family Promise | Indiana | Homeless Family Program | | 14 |
| (serves adults and families) | | | | |
| | | | | |
| | | | | |

| | | | | |
|---|---|---|---|---|
| Indiana County Community Action Program | Indiana | Transition for Homelessness (PATH) | | |
| (serves adults, young adults, children, adolescents, and families) | | Bridge Housing | 4 | |
| | | Homeowner's Emergency Mortgage | | varies |
| | | Assistance Program | | |
| | | PATHWAYS Homeless Shelter | | 22 |
| | | Permanent Housing for the Disabled | 7 | |
| | | Project Light | 8 | |
| | | Housing Assistance Program | 17 | |
| | | Rapid Rehousing Program | | varies |
| | | | | |
| Armstrong County Community | Armstrong | Projects for Assistance in Transition | | varies |
| Action Agency | | for Homelessness (PATH) | | |
| (serves adults, young adults, children, adolescents, and families) | | Armstrong-Fayette Rapid | 6 | varies |
| | | Rehousing Program | | |
| | | Armstrong County Rapid | 12 | varies |
| | | Rehousing Program | | |
| | | Homeowner's Emergency Mortgage | | varies |
| | | Assistance Program | | |
| | | PHARE Program (Marcellus Shale) | 8 | |
| | | Permanent Supportive Housing Program | | 14 |
| | | Transitional Housing Program | | 11 |
| | | | | |
| Mechling-Shakley Veteran's Center | Armstrong/Indiana | Transitional Housing Program | | 54 |
| (serves adults and young adults) | | Permanent Housing Program | | 12 |

As our system continues movement towards the Housing First model, a number of progressive steps have occurred in helping make full community integration for those with behavioral health challenges a reality. One such step has been the progress made in looking at independent living options for those transitioning out of the state mental health system. In past years, it was very common for a consumer to have very little choice in where they would live upon discharge. The choices were primarily a personal care home, nursing home, or mental health group home placement. The Consumer Support Planning process changed the way discharge is discussed and planned. The process helps the treating hospital team and the community teams look beyond the typical placements. Consumers now have more of a voice in where the want to live, what they think that home needs to look like and what services they feel they need to continue on their

recovery journey in the community. Slowly, the opportunities for Permanent Supportive Housing began to develop, giving these individuals more independent living options in the community. The apartments are located in downtown areas that promote easy access to support services, eliminating the barrier of transportation. Through the use of CHIPP funding, 4 individuals have been able to be discharged directly to their own home versus having to initially go into a Community Residential Rehabilitation (CRR) group home placement.

Another sign of progress made towards more integrated housing has been the mental health Residential Transformation Plan that was recently instituted by the Armstrong-Indiana Behavioral and Developmental Health Program Administrator. Beginning in 2014, the AIBDHP Administrator developed a three phase plan targeted at moving our mental health maximum and minimum care CRRs from permanent placements to more transitional placements. The plan limited the amount of time individuals were expected to need the CRR level of care and required residents begin discharge planning at the time of admission. To help facilitate discharge planning, residents were asked to complete a Residential Transition Plan (RTP) which outlined specific steps they would need to take to move on to more independent living. The plan identifies a support system, what services may be needed, and the type of housing the individual would like to obtain. Those residents who were already in service at the time the Residential Transformation Plan was implemented were permitted to stay in their placements but were expected to complete an RTP to begin thinking about moving to more independent living in the community. Those who were admitted to the program after July 1, 2015 are subject to the length of stay criteria now in place. As of June 30, 2016, at least 10 individuals have been able to move on to other housing in the community of their choosing. The implementation of this plan also helped to create openings in the CRR level of care for patients being discharged from Torrance State hospital who wish to go into this level of care upon discharge. Finally, as a result of this transformation, a stronger working relationship between the mental health system and our Local Lead Agencies has developed in an effort to help identify more independent living options for our consumers.

While the AIBDHP has no imminent plans for CRR conversion at this time, we are optimistic that such conversions can occur in the future. We anticipate developing more community based mobile support services and Permanent Supportive Housing options to further or commitment to have as many individuals being able to live successfully in the community as is possible.

*Local Lead Agencies and Local Housing Option Teams*

The Armstrong-Indiana Behavioral and Developmental health Program has a long standing history of developing and maintaining collaborative agreements and working relationships the local community/human service agencies. These partnerships are crucial to providing the best overall care and housing options for

those with mental health, intellectual disabilities and early life environmental/developmental challenges. An example of these partnerships is the good working relationship that the AIBDHP has with the Local Lead Agencies (LLA)/Local Housing Option Teams (LHOT) that serve our catchment area. In Armstrong County, the Armstrong County Community Action Agency (ACCAA) has agreed to be the LLA and the lead agency of our LHOT. The Indiana County Community Action Program (ICCAP) has also agreed to be the LLA and lead member of the LHOT in Indiana County. Each of these agencies operates the hub of housing services available to county residents. Each agency also serves on the PA-601 Western Continuum of Care as voting members. These staff members report to the local human service agencies through our established Armstrong County Housing Advisory Board and our Indiana County Housing Consortium, of which the AIBDHP is a member. In terms of a Coordinated Entry program regarding housing referrals, there is currently no specific program in place to date. The AIBDHP anticipates being a partnering agency to help develop and implement the local Coordinated Entry Programs in each of our counties.

In lieu of a Coordinated Entry process, the AIBDHP has worked with our Community Action Agencies to ensure that those with mental illness and intellectual disabilities (both transitioning from institutions and those already in the community) receive the assistance they need in apply for housing opportunities. To help ensure a smoother process, the AIBDHP created Behavioral Health Housing liaisons (BHHL) positions. Through contractual agreements, the Armstrong County Community Action Agency and the Indiana County Community Action Program agreed to employ and house our liaisons to provide the best referral process and continuity of service. These agencies also agreed to administer our PATH Program with the AIBDHP providing ongoing support and monitoring. Our housing liaisons work directly with LLA/LHOT staff to create individual housing plans for behavioral health consumers and their families. By having our liaisons employed by our LLAs/LHOTs, a cohesive process has occurred in locating and securing safe and affordable housing options for our consumers and families. The housing liaisons help facilitate referrals not only to housing resources, but other human service support programs that help consumers and families overcome barriers that lead to past poor housing, eviction and/or homelessness. They then provide ongoing case management to help consumers and families gain stability in their new housing. This collaborative agreement has helped eliminate duplication in the referral process. It has also provided consumers and families with a central point person to help them navigate the housing and support service system available in our counties.

Finally, as mentioned above, the ABIDHP has been a partnering member of the Armstrong County Housing Advisory Board and the Indiana County Housing Consortium for many years. These local groups consist of staff from the local Housing Authorities, Offices of Planning and Development, Offices of Aging

Services, Drug and Alcohol Commission, the ABIDHP, Career Link Offices, mental health and drug and alcohol providers, the Community Action Agencies (our LLAs), Veteran's groups, and local landlords/associations. At least quarterly meetings are held where participates address gaps in housing, gaps in services, needs for staff training and client education, and ways to assist landlords in providing safe and affordable housing in each of our counties. Specifically, the AIBDHP has partnered with our housing board/consortiums to assist with such things as sponsoring a Prepared Renters Education Program (PREP), helping complete county wide housing need assessments, providing specific behavioral health trainings for all human service agency staff, and providing letters of support and funding to create new housing programs such as Armstrong County's PHARE Program. The AIBDHP also works with the local Housing Authorities specifically by ensuring that services such as Crisis Intervention, Peer Support Services, Targeted Case Management Services, and Supported Living Services are available and easily accessible to those individuals and their families living in units operated by the Housing Authority and those living in Section 8 units. The AIBDHP looks forward to continuing these partnerships as we all work together to create additional and improved housing options for the populations we serve.

## IV. SPECIAL POPULATIONS

A wide array of recovery-oriented behavioral health and person-centered intellectual disability services are offered to residents of Armstrong and Indiana Counties. In order to strengthen our on-going commitment for community integration and independence, the consumer along with their supports coordinators, case managers, peer specialists, and housing liaisons work together with our housing programs, provider network, the AI-BDHP office, and family to come up with a plan that will best meet their individualized needs. The following narrative highlights the housing options and supports that are available or are being developed to meet the needs of the specialized populations identified:

**a) Individuals with dual diagnosis (mental health/ intellectual disability)**

- *Shared or Private Residential settings* - Although many individuals who have both a mental health (MH) and an intellectual disability (ID) diagnosis live successfully in shared community residential settings, we have found that in a number of cases private home settings with in home supports has provided a more appropriate option. Individuals either live by themselves or with a roommate. Supports available to individuals in private settings may consist of home and community habilitation services, companion services or behavioral supports.

- *Lifesharing* - Through the Office Developmental Program, Lifesharing or Family Living is defined as a private home in which residential care is provided to one or two individuals with an intellectual disability and who are not relatives of the home owner(s). There has been a significant Lifesharing presence in Indiana County for a number of years and has resulted in the development of a strong network of Lifesharing families. AI-BDHP strongly supports the growth of this housing option. Through utilizing this Lifesharing network and our existing providers we are developing plans to have a social event to bring together current Lifesharing families and potential participants to have a Meet & Greet gathering. As part of this event we would have a current consumer(s) share his/her experiences in order to educate others about the impact this program has had on their lives.
- *Dual Diagnosis Treatment Team* (DDTT) – Although DDTT is not a housing option it has been a successful service which has helped individuals who are dually diagnosed remain in their current living arrangement and avoid inpatient or a more restrictive level of care. The DDTT was started through a multi-county reinvestment plan that involved Armstrong-Indiana, Butler, Lawrence, Washington and Westmoreland Counties. The Dual Diagnosis Treatment Team includes a Psychiatrist, Pharmacist Consultant, Behavioral Specialist, Program Director, Registered Nurse and Recovery Coordinator. Eligibility criteria for the DDTT consists of being over the age of 18; being an Armstrong or Indiana County resident; having an MH and ID diagnosis; experiencing frequent hospitalizations/crisis involvement; or requiring a step down, transitional service to the community from a higher level of care. In general ID services are available to adults, children and adolescents.

**b) Individuals with co-occurring disorders (mental health (MH) / substance use disorders (D&A))**

Although AI-BDHP does not oversee the service delivery for substance use disorders our office does work very closely with the Armstrong-Indiana-Clarion Drug and Alcohol Commission who does. Individuals with co-occurring disorders (of all ages) benefit from the various collaboration efforts that take place by offering coordinated recovery care which addresses both their mental health and substance use disorder. Through these efforts individuals have a higher success rate of maintaining housing stability. Some of the collaborative efforts currently taking place between MH and D&A follow:

- D&A staff participate in monthly hospital meetings facilitated by AI BDHP staff.
- Joint staffing meetings are held between our primary Mental Health (MH) outpatient clinics and drug & alcohol (D&A) providers in both Armstrong and Indiana Counties. They work together to provide a comprehensive plan of care for those individuals with MH and D&A co-occurring disorders. They have agreements with each other to open the lines of communication and now discuss treatment in a complete manner versus treating one diagnosis first and then the other. In cooperation and consent with the consumer, video conferencing is used to conduct the joint D&A and MH staffing sessions. This has proven to be an effective tool for the agencies involved in this process, as it saves on time and travel expenses. It also has been an important tool for providing continuity of care for the consumers involved.

Some additional services which benefit co-occurring individuals in Armstrong and Indiana Counties include:

- The local Armstrong/Indiana/Clarion D&A Commission received a grant that now provides mobile case management.
- Certified Recovery Specialists work in the hospitals to conduct assessments for consumers in need of D&A services.
- Our local crisis provider, The Open Door, also provides drug and alcohol services. This is a unique partnership that will allow someone accessing crisis services through telephone, mobile or walk-in the availability to have mental health and substance abuse needs assessed.

Through all these collaborative efforts individuals with co-occurring disorders are able to receive the necessary behavioral health and D&A services they need in order to help them to remain in their current living arrangement or assist them in locating appropriate housing.

**c) Individuals with both behavioral health and physical health needs**

*Mobile Medication Program* - For many consumers, the lack of consistent adherence to prescribed medications results in exacerbation of symptoms, increased propensity for mental health crisis, and an overall decline in mental health status and independence of functioning including daily living skills. These concerns often place the consumer at high risk of repeated admissions at the local acute inpatient level of care and at higher risk of referral for longer term hospitalization at the state hospital. In order to

address this issue in Armstrong and Indiana Counties a reinvestment plan was created to begin a Mobile Medication Program, serving adults age 18 years of age and older.

Following a request for proposal process to find a provider, the program began serving consumers in Armstrong County in December of 2015. Through this service, a Pennsylvania Licensed Practical Nurse works with consumers who have voluntarily agreed to receive the service in their own homes to provide medication oversight and education. The nurse works collaboratively with local psychiatrists, local outpatient clinic staff and if available Federally Qualified Health Centers (FQHCs). They have also partnered with local pharmacies to have medication packed into daily dosage packs.

An important strength of the mobile medication program has been to help bridge the communication gap between psychiatrists and treating physical care health physicians. The nurse educates the individual and monitors the usage of other medications that are potentially contra-indicated or dangerous in combination with prescribed psychiatric medications. They help coordinate prescribed physical health and psychiatric medications across various physicians and specialists.

The primary objective of this service is to improve an individual's adherence to managing their medication regimen which would greatly increase the consumer's ability to remain in the community and strengthen their recovery process. This also enables the consumer to participate in community-based services and supports

Given the success of the program and the positive feedback received from those served by the program, AIBDHP and the provider are going to continue with a proposed expansion of the Mobile Medication Program to Indiana County beginning in the 2016-17 Fiscal year. With this expansion, the program will operate as it does in Armstrong County and will continue to be flexible to meet the needs of each individual. The goals of the program will remain consistent with the overall program of coordinating behavioral and physical health care, assist in identifying and engaging natural supports, maintaining independent living, decreasing the need for more restrictive levels of inpatient care, and improving the lives of each consumer served. Referrals for the service will be primarily generated by community outpatient providers, inpatient units, Torrance State Hospital, and physical health care providers.

In addition to the creation of our Mobile Medication Program, the Armstrong-Indiana Behavioral and Developmental Health Program is the in the process of creating a new position to focus on the overall clinical care of our consumers. Part of the job duties of the new Behavioral

Health Clinical Care Manager will be to work with individuals with multiple/complex needs to assure that continuity of care is occurring. This staff member will interface with the mobile medication program staff, local physicians and pharmacies to create open dialog concerning physical and behavioral health medication and treatment issues as well as overall general health concerns. It is anticipated that this new position will be filled by January 1, 2017. Although this staff person will be hired to work with the adult and older adult population, assistance may be provided to the child/adolescent population as needed.

One final area where the AIBDHP works to improve the collaboration between physical and behavioral health is our staff's participation in the HealthChoices Physical Health/Behavioral Health (PH/BH) Workgroup. This workgroup was established to develop specific initiatives to help improve the overall coordination of care between physical health and behavioral health for consumers of all ages. Staff will continue to participate in this workgroup and assist in projects as they are developed and implemented across the region.

**d) Individuals with traumatic brain injury**

We currently have no specific initiatives identified for this group.

**e) Individuals with criminal justice/juvenile justice history**

*Justice Related Services (JRS) Program* - Back in 2011 and 2012 the PA Mental Health and Justice Center of Excellence conducted Cross – Systems Mapping Workshops in Armstrong and Indiana Counties. The purpose of these workshops was to "provide an opportunity for participants to visualize how mental health, substance abuse, and other human services intersect with the criminal justice system." Through a mapping process of these intersections, priorities were identified and action plans were created to begin to address the gaps and opportunities discussed. Three of the top priorities identified in Armstrong and Indiana Counties were to expand re-entry, to reduce recidivism and create diversionary programs.

In response to these Cross Systems mapping exercises the increase over the last several years in the incarceration of adults and young adults with mental health and/or co-occurring (MH/ substance abuse) issues, an increase in the utilization of forensic units at state hospitals, and an increase in arrests and incarcerations for drug and alcohol related probation violations and offenses; AIBDHP embarked on a project to develop a Justice Related Services Program. The purpose of the JRS Program is to ensure that individuals with a primary diagnosis of mental illness who intersect with the criminal justice system are having their behavioral health needs fully met. This program is intended to assist

individuals with re-entry into the community by providing appropriate, evidence-based, structured and fully integrated services.

Using a Request for Proposal (RFP) process a provider was selected to develop this service. In August 2016 this program became operational and is able to provide specialized outpatient treatment, case management and peer support services to individuals who are involved with the criminal justice system. The treatment and program staff of this program receive initial and ongoing training specific to working with this population and how to best meet their unique and complex needs.

Some of the expected outcomes of this program are to see:

- Increased involvement and tenure in treatment services and supports;
- Decrease in homelessness
- Decrease in length of involvement with the criminal justice system;
- Decrease in the amount of criminal recidivism
- Increase in the utilization of natural and community supports;
- Increased coordination between the mental health and criminal justice systems

**f) Individuals who are deaf or hearing impaired**

Armstrong and Indiana Counties are participating in a regional HealthChoices reinvestment plan to develop a Deaf and Hard of Hearing (DHH) Treatment Center. The Regional Center will be a cross–county specialized outpatient facility to meet the mental health treatment needs and supports of DHH individuals in both their home and community settings.

While work continues to develop the DHH Treatment Center, the AIBDHP will continue to partner with our local ARIN Intermediate Unit and the Indiana University of Pennsylvania to provide interpreter services. These services not only serve those with hearing and other health related challenges, but also those who have challenges created by being limited in their English proficiency. Services are arranged and provided on an as needed basis, regardless of age.

g) **Individuals who are experiencing homelessness**

- *Behavioral Health Housing Liaisons* - A 2009 HealthChoices Reinvestment Plan allowed for the creation of a Housing Support Liaison to be hired through the Community Action Programs in each county. These Liaisons act as the central link between priority consumers who are at risk for homelessness, or are needing access to permanent housing and available housing options. They

will also assist behavioral health consumers through the referral and placement process; and coordinate advocacy support for consumers and their families facing housing issues due to a mental health illness when needed.

The Behavioral Health Housing Liaisons will meet with referred consumers to discuss current housing needs and explain the housing resources that are available. Based on the consumers individual needs a plan will be developed with the consumer to obtain or maintain housing. Throughout this process the Liaisons will coordinate as needed with pertinent behavioral health service providers, and/ or family members. This service will be available for the consumer until the individual's housing plan is completed.

The Behavioral Health Housing Liaisons also provide the outreach/education and case management services for our Projects for Assistance in Transition from Homelessness (PATH) Program.

- *Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE) Program* - AI BDHP partnered with the Armstrong County Community Action Agency, the Armstrong, Indiana & Clarion Drug and Alcohol Commission, and Armstrong County Children & Youth Services to develop a plan which is funded through the Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE) Program. The group created 8 site locations that will serve as emergency housing options to the residents of Armstrong County. All the basic essentials are provided for residents for a period of 60 days. During that time, intensive case management services are to be provided by each partnering agency to assist the residents in locating safe and affordable housing options.
- *Additional Homelessness Options – When an individual becomes homeless and is in need of emergent housing the following options are available:*

    - Mechling-Shakely Veteran's Center: Housing for homeless veterans in Armstrong County.
    - HAVIN: Helping All Victims in Need Abuse Shelter in Armstrong County.
    - The Salvation Army: main offices in Kittanning and Vandergrift, and satellite offices in Dayton, Leechburg, and

Freeport that uses private money to house people that need a place to stay temporarily.

- American Red Cross: Will provide three days of motel stay for displacement from a home due to fire and victims are helped regardless of income.
- Local Ministerium – churches assist persons who need housing on an emergency basis only.
- Allegheny Kiski Hope Center – Provides housing services to homeless clients in our area.
- Just for Jesus: a homeless shelter located in Brockway, PA that accepts our referrals and provides transportation for clients to get to their shelter.
- Pathway Homeless Shelter- in Indiana County
- The Church of the Brethren in Indiana has created a Veteran's parsonage which provides homeless veterans a temporary place to live until a more permanent location is found.

**h) Older Adults**

*Behavioral Health Senior Care Task Force* - Providing quality care to elderly residents with behavioral health challenges has been an ongoing concern discussed at quarterly Joint Hospital Network Meetings held between the AIBDHP Administrator and staff, and staff from local inpatient units. Challenges identified within the behavioral health elderly population include areas such as prescribing, compliance and management of medications, along with coordination of care between behavioral health and physical health, Emergency Room assessment, engaging family support, exploring housing options and obtaining stability in the community. As a result of these continuing discussions a decision was made to create a Behavioral Health Senior Care Task Force whose mission will be to work on improving these areas of concern as well as the lives of the aging behavioral health population in Armstrong and Indiana Counties.

The AIBDHP has a long standing history of working with the local Area Agency on Aging (AAA) offices in each of our counties. The proposed task force will not be a duplication of any existing elderly task force, but is to become a specialized and experienced group who can offer behavioral health guidance and support to the AAA offices, family members/care givers, and the individuals they work with. With the expansive knowledge, expertise and experience of those willing to serve on the Behavioral

Health Senior Care Task Force, it is hoped that the long working history between the two systems will be strengthened even further as we collaborate for the benefit of our mutual population.

**i) Individuals who are medically fragile**

The AIBDHP has begun working on improving the collaboration for our behavioral health consumers who also present with complex medical issues. One step the AIBDHP has already taken is to become an active member of the HealthChoices Physical Health/Behavioral Health (PH/BH) Workgroup. A staff member from the AIBDHP participates in conference calls during which specific PH/BH improvement initiatives are discussed. Also at the service planning phase, the AIBDHP and its stakeholders are in the process of forming a Behavioral Health Senior Care Task Force. The purpose of this group is to begin to addressing the local needs of the elderly behavioral health population, many of whom present with medically fragile conditions. One of the goals is to outreach to local physicians to understand their assessment processes and how they view behavioral health treatment. It is hoped that by improving the collaboration and communication with the physical health providers, those with behavioral health challenges can receive complete and comprehensive care that will result in a better quality of life. The collaboration with physicians through this task force will also help pave the way for those who may be medically fragile but not considered as part of the elderly population. The task force is expected to be firmly established in early 2017.

In addition to local planning and collaborative efforts, individuals with behavioral health challenges who may be identified as medically fragile could be referred to our Mobile Medication Program (See item C above) where an individualized plan could be developed to best meet their needs. Those involved in our Mobile Medication Program may also followed by the new Clinical Care Manager Position created at the AIBDHP. This staff person will focus on high utilizers of service, those at risk of needing long term psychiatric care, and those who may have physical care issues that affect their behavioral health. This staff person will monitor high risk individuals and will communicate and collaborate with the mobile medication program staff, local behavioral health inpatient units, and physical health care providers to address treatment issues and overall general health concerns.

**j) Individuals with limited English proficiency**

In Armstrong and Indiana County, interpreter services are available to assist with communication difficulties for those with behavioral health challenges who also have a lack of proficiency with the English language Services are currently available through the AIBDHP's partnerships with our local ARIN Intermediate Unit 28 and the Indiana University of

Pennsylvania. Services are arranged and provided on an as needed basis.

**k) Transition Age Youth including young adults**

*TAY Supportive Housing Program* -The Transition Age Youth (TAY) population has become a major focus in federal, state and local service planning over the past few years. The transition into adulthood can be challenging for any individual. Those with behavioral health challenges face even more difficulty and uncertainty. Individuals often do not possess the skills needed to live successfully on their own in the community. They also have limited financial resources, including not having the chance to build a good credit history needed to secure safe and affordable housing. Local stakeholders, as well as staff from the AIBDHP, have identified this population as being the most at risk for homelessness and limited success if innovative and individualized programming and housing is not made available to them. Similarly, the federal government has made the TAY population a priority population of its PATH (Projects for Assistance in Transition for Homelessness) Program which is aimed at reducing and preventing homelessness for those with a serious and persistent mental illness. For the planning purposes of the AIBDHP, the TAY population includes those individuals between the ages of 18 and 26. The AIBDHP recognizes the challenges of serving the TAY population and is planning to develop a Supportive Housing Program to meet the unique needs of this population.

The Supportive Housing Program being proposed will work very similarly to our most recent CHIPP Permanent Supportive Housing initiatives. The first major component of the program will be entrance into the program where the individual will work with provider staff as they adjust to their new home and environment. It is anticipated that staff assistance will be provided on a more intensive basis prior to the person being admitted into the program and for a period of approximately 6 months after admission into the SH program. At a point mutually agreed upon, services will begin to taper down in terms of frequency and duration. As a very self-directed program, consumers will be able to choose the area they wish to live in, see and approve of their new home before moving in. They will have the opportunity to meet with the provider and develop a good relationship prior to moving into their home. Individuals will hold the lease to their home and will be responsible for abiding by the rental agreement. Intensive home based services provided by the Supportive Housing Program will be defined by individual need.

The provider will be responsible for monitoring the consumer to ensure the apartment is kept clean and meets the requirements of the lease. The provider will also intervene with tenant/landlord issues, tenant/neighbor

issues, and will be available to assist the consumer with budgeting/bill paying, grocery shopping, and ensuring that all physical and behavioral health appointments are attended. By meeting the consumer in their home and adjusting the frequency, intensity and duration of service based upon need, it is anticipated that consumers will feel more secure and will be able to reintegrate into the community at a faster pace and with much more success.

The second component of the program will be accessing community based support services that help promote resiliency and will help the individual gain and maintain their own individual recovery. The AIBDHP is hopeful that the TAY population will take full advantage of recovery based services already available in the community such as Targeted/Blended Case Management, Mobile Psychiatric Rehabilitation, Mobile Medication Services, Supported Employment, OVR, Peer Support Services, as well as behavioral health treatment options such as Partial Hospitalization and Outpatient services. Participation in these services will be voluntary (unless the individual is court committed to treatment), but will be highly encouraged. The AIBDHP also anticipates working with local Mobile Psychiatric Rehabilitation Program providers to help adapt the services they provide to further enhance life skills needed by the TAY population such as cooking, cleaning and budgeting. The programs will continue to also provide assistance with gaining employment, pursing educational opportunities, and providing opportunities for personal growth.

## V. SUMMATION

The Armstrong-Indiana Behavioral and Developmental Health Program will continue its commitment to reduce and eliminate unnecessary hospitalizations and reduce the overall reliance on the state hospital system. We will also continue working with our Local Housing Option Teams and Local Lead Agencies to ensure that all individuals with behavioral health challenges have access to safe and affordable housing and the services they need to continue build resiliency and their own ultimate recovery in the community.