APPENDIX 10

Mid Shore Mental Health Systems – Results Accountability Planning Sheet
BHSN –Aging with Behavioral Health and Disabilities Workgroup

1. RESULT: What is the result you would like to achieve? FY 16

Limit the number of aging adults with mental illness who are at risk of homelessness or are currently homeless. Identify providers willing to fill the need for housing and appropriate care of this population as they age and become unable to live independently, due to mental illness and somatic issues. Explore needed workforce development to support these transitions.

2. DATA: What does the data tell us?

There are limited housing options and resources available to this population. There are a number of factors contributing to this situation. The Mid-shore region has an increasing number of retirement aged individuals moving into the area "the graying of the shore." There are confines to the established regional aging services umbrella.

3. **STORY: What is the story behind the data?**

As this population of consumers continues to age, there is a greater need for Health Home Services, development of supports in current housing and residences that will support both aging somatic concerns, and treatment of chronic mental health issues. Education and recruitment of providers who serve this population, coordination of transportation services, and supportive services will assist in meeting this populations needs. Continued use of Needs Assessments to identify needs and develop ways to meet the identified needs as this population changes and grows.

4. PARTNERS: Who are the partners with a role to play in improving the data?	**5. WHAT WORKS: What works to "turn the curve" or make things better?**
Partnerships with local care facility ex. nursing homes, assisted living, RRP providers, community providers, DHMH, and local representatives. Both RRP providers in the Mid Shore region are developing Health Homes. RRP providers are working on develop ways to meet the needs of residents who are aging in place. Local nursing homes are sharing their concerns about the increase of referrals for individuals who have a significant mental illness. Local DSS, Health Departments and other community providers are developing and implementing ways to meet the needs of our aging population in the community.	Effective partnerships with established providers in the Mid Shore region has been effective in successfully treating consumers with both chronic mental illness/aging somatic conditions. A continued dialogue of possible workforce development to assist in serving this population of consumers has also been helpful. Collaboration within current agencies that offer services to the aging population and fill gaps in services. Education and anti-stigma training is also essential when working with community providers. Example: Mental Health First Aid for the Aging Population

6. ACTION PLAN: What is your action plan for making things better? Pick 3-5 top ideas. Try to think of things that are no cost or low cost.

ACTION **PLAN** **(Pick 3-5 Strategies)**	**FY 16**	**FY 17**	**FY 18**	**Est. BUDGET or No Cost/ Low Cost**
1. Identify providers/facilities on the Eastern Shore to determine which are interested in on-site training as it pertains to aging individuals diagnosed with chronic mental illness.	X	X	X	Low cost (stamps, paper, envelopes and staff time)
2. Schedule and provide training to interested agencies.	X	X	X	Low cost (volunteer trainers, mileage reimbursement if necessary)
3. Devise strategies to address gaps and improve services.	X	X	X	No cost
4. Begin to implement strategies, discuss ideas from Idea Worksheet with DHMH and our local representatives.		X	X	No cost/low cost Ex. Housing map

5. Explore the options of development of health home supports.	X	X	X	No cost – Currently being offered. Is there a need for expansion?
6. Evaluate what strategies utilized within present partnerships, i.e., nursing home, assisted living, RRP providers that are working.	X	X	X	No cost