2017
Local Services Plan
For Mental Hygiene Services

Sullivan Co Dept of Community Services
August 17, 2016

NEW YORK STATE OF OPPORTUNITY.

Office of Mental Health | Office of Alcoholism and Substance Abuse Services | Office for People With Developmental Disabilities

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Sullivan County is a 968 square mile rural county in New York State located approximately 90 miles northwest of New York City in the Catskill Mountains. Its western border is shared with Pennsylvania and is marked by the Delaware River. Neighboring counties include Delaware County to the north, Ulster County to the east and Orange County to the south. In addition to the Delaware River, notable features include the Catskill Park in the northeast, the Shawangunk Ridge and Bashakill Wetlands in the southeast, and farmland in the western and northwestern portion of the County. Historically, the two major economic sectors in Sullivan County have been tourism and agriculture. Unfortunately, both of these sectors have struggled in recent times. However, recently there has been renewed interest in both arenas, as the concept of buying locally produced foods has surged in popularity and agriculture-tourism has become a popular recreational option. Gradually we are seeing an increase once again in people vacationing in the Catskills, and the announcement that Sullivan County will be hosting one of three class III gaming facilities in New York State at the site of the former Concord Hotel has raised its profile once again as a prime location for vacationers.

As of the 2010 U.S. Census Sullivan County has a full time population of 77,547. This number is estimated to triple during the summer season, when the County experiences an influx of second homeowners and vacationers. The median household income was $48,089 from 2009-2013, and 18.2% of the population was estimated to live below the poverty level for the same period. There were a total of 49,304 housing units in the County and the homeownership rate was 65.3%.

Sullivan County Department of Community Services (Local Government Unit) continues to work with a multitude of community partners in assessing our community needs on an ongoing basis and develop plans to address identified gaps and needs. Based on data collected from the Public Health Nursing Assessment, Census data, and State Agency data (OASAS, OMH, OPWDD) our objectives were formulated. Sullivan County has been ranked 61 out of 62 on the Public Health Rankings which effects many sectors from premature births, drug and alcohol abuse,rates of hospitalization re hypertension and heart disease, etc.. Our average medium income is low and our safe housing selection is minimal. Many long term treatment programs are closing or reducing time frame of services provided and enticing a qualified workforce to our area is difficult at best. Despite these need area our community including many non for profit providers, community members, local legislature, and governments agencies have joined together to develop plans to address these needs.

2017 Needs Assessment Report
Sullivan Co Dept of Community Services (70170)
Certified: Melissa Stickle (5/20/16)

Consult the LSP Guidelines for additional guidance on completing this exercise.
PART A: Local Needs Assessment

1. Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

The overall age-adjusted mortality rate per 1,000 for Sullivan County is 7.7, which is higher than the mortality rate for New York (6.7) and the nation (7.4). In addition, Sullivan County has a higher percentage of premature deaths (death before age 65) when compared to New York. The death rate due to accidents(including overdoses) is particularly high (62.2) when compared to New York (29.6) and the nation (38.0). The suicide rate is considered to be an indicator of the mental health status of an area. The suicide rate per 100,000 in Sullivan County is 12.6, which exceeds that of New York (9.7), the nation (12.0), and the Healthy People 2020 goal of 10.2. The suicide rate has fluctuated in Sullivan County, but it has historically been higher than that of New York. The rate peaked in 2007 at 16.1.. Sullivan County adults are more prone to health-risk behaviors like excessive alcohol consumption, smoking, and obesity. In the most recent Behavioral Risk Factor Surveillance System study, 18.6% of Sullivan County adults participated in binge drinking in the past month (November 2013). The percentage compares to 19.8% across New York, 15.8% across the nation, and the Prevention Agenda 2013 Objective of 13.4%. The County Health Rankings were developed as a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. They were developed to illustrate the indicators that impact health, including health behaviors, clinical care,social and economic indicators, and physical environment. These indicators are then used to assign an overall rank for each county. New York has 62 counties, resulting in a possible ranking of one to 62. In general, Sullivan County ranks worse compared to other counties in the state. In particular, it has the worst ranking for mortality and the second to worst ranking for health outcomes.

2. Analysis of Service Needs and Gaps - In this section, describe and quantify (where possible) the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

Sullivan County, in comparison to other counties classified as a Rural Social Area, rates well above average in the following community indicators: alcohol and drug use and abuse; access to alcohol and drugs and consequences of use/abuse; economic deprivation; neighborhood instability; violence and gang involvement; family dysfunction;psychological dysfunction; and risk factors for children and youth. The Office of Alcoholism and Substance Abuse Services (OASAS) County resource data continually reports a high prevalence rate for adult residents as well. The geographic service area considered for this plan is Sullivan County. Sullivan County is an economically depressed rural county, the size of the state of Rhode Island. We are 100 miles northwest of New York City, with no urban population area and its major employers are government and the healthcare industry. According to the US Census Bureau 16.4% of our residents live below the poverty level. We have culturally diverse population of 77,547 of which 8.2% are African-Americans, 13.6% are Hispanic/Latino, 3.7% is oriental, Native American or other, and 74.5% are white. There are significant Ukrainian, Russian, Czechoslovakian and Korean Communities. The population of Sullivan County quadruples from June to September with the influx of summer second home residents. This influx includes a substantial Hassidic population. Sullivan County uses several tools to assess the need for chemical dependency services. Specific resources from OASAS include the OASAS Resource Data site. Data is also incorporated from Kids Count 2013, and the Inter County Planning (ICP) Committee. Meetings were held with the directors, supervisors, and/or managers of the various treatment and prevention programs, guidance counselors, and other public officials in the county. Each person provided information on their perspective of needs in the county. Sullivan County has seen steady yearly increases in dual diagnosed clients over the past twenty years. We continue to see an increase in “Quadrant III and IV” clients. There has been a steady increase in clients with borderline personality disorders, depression, anxiety disorders and Post Traumatic Stress Disorder (PTSD). Safe sober housing continues to be a need for this population. Many live in adult homes where alcohol or drug use by others places them at a higher risk for relapse. Relapse on drugs/alcohol usually leads to mental decomposition and need for hospitalization. There is a lack of inpatient treatment programs that treat specific problems that require special attention. These clients present with higher substance abuse relapse rates. Space restrictions limit the services offered at the Sullivan County Jail. Group treatment and sober support meetings are afforded to inmates in small spaces, limiting number of attendees. Individual sessions cannot be conducted in reasonable privacy. Our local law enforcement agencies predict a proportionate increase in arrests and incarcerations once a casino opens in our County, including a rise in drug and alcohol related incidents. Transportation is a major barrier to treatment, especially for adolescents. Development of satellite programs and student assistance programs in the school districts will provide increased access to youth for prevention, intervention, and referral to other services. Additional barriers to treatment include child care issues and the inability to pay for services. Sullivan County has a large uninsured/underinsured population which impacts on the fiscal health of our providers. There is also an absence of housing options, especially for the dually diagnosed and other special populations. There is need for supportive transitional housing for the homeless and newly recovered. While Sullivan County and our providers are preparing to deal with gambling prevention and treatment efforts based on the projected development of additional casinos in our county, we have developed prevention and treatment interventions.Consideration will be given to the fact that gambling addiction has a rapid impact on family members as well, due to the rapid escalation of financial problems. Adolescents are also very susceptible to developing gambling problems. A side effect of gambling may be predicted rise in arrests, incarcerations, and alcohol and drug related incidents that will influence our criminal justice and substance abuse services. Sullivan County is home to two long-term residential programs, New Hope Manor (women, adolescent females, pregnant women, and women with children under 2yrs of age, and Dynamite Youth Center (adolescents). The majority of clients at these facilities are from outside Sullivan County. Catholic Charities of Orange and Sullivan County provides a Medically Supervised Withdrawal Unit, a Medically Monitored Withdrawal Unit, Suboxone detox, an Outpatient Clinic, a Halfway House, and an Outpatient Rehabilitation, including Dual focus program and Adolescent Day treatment. Catholic Charities also operates a seventeen (17) bed Supported Living Facility and a twenty-eight (28) Shelter plus Care apartments. Catskill Regional Medical Center provides Alcohol Acute Care and Suboxone detoxification services. The Sullivan County Department of Community Services has an Alcohol and Substance Abuse Service (ADAS) Clinic, Mental Health Clinic, and Care Coordination/Case Management Unit. Chemical dependency treatment is provided at Sullivan County Jail by Sullivan County Alcohol and Drug Abuse Services.Fewer than thirty (30) Sullivan County residents are enrolled in a Methadone maintenance program and receive their treatment in Orange and Ulster Counties. Our County facilities work closely with the Division of Family Services (DFS) to address housing and other ancillary needs. We also work closely with Rehabilitation Support Services (RSS) They maintain a MICA Community Residence and supported living apartments. Mental Health Services are available at Catskill Regional Medical Center (Formerly Community General Hospital), the Department of Community Services Mental Health Clinic and The Rockland Psychiatric Center (RCP) Clinic. Catholic Charities and New Hope Manor have psychiatrist and vocational services available to their clients. Sullivan County Alcohol and Drug Abuse Services and Catholic Charities provide evaluations, monitoring and referrals for the Sullivan County Family Court, and the Sullivan County Drug Court. All chemical dependency providers in the county are participating in the provision of services for all courts. Our treatment providers present some degree of prevention services through presentations in the community and schools. The DARE program is a presence in all school districts in the County. There is one OASAS funded prevention programs in Sullivan County located at the Catholic Charities in Monticello, NY.

3. Assessment of Local Needs - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

	Youth (< 21)			Adult (21+)		
Issue Category	**High**	**Moderate**	**Low**	**High**	**Moderate**	**Low**
Substance Use Disorder Services:						
a) Prevention Services	◉	○	○	○	○	◉

b) Crisis Services	○	○	◉	○	○	◉
c) Inpatient Treatment Services	○	◉	○	○	◉	○
d) Opioid Treatment Services	○	◉	○	◉	○	○
e) Outpatient Treatment Services	○	○	◉	○	○	◉
f) Residential Treatment Services	○	◉	○	○	◉	○
g) Housing.	○	◉	○	○	◉	○
h) Transportation.	○	○	◉	◉	○	○
i) Other Recovery Support Services	○	◉	○	○	◉	○
j) Workforce Recruitment and Retention	○	○	◉	◉	○	○
k) Coordination/Integration with Other Systems	◉	○	○	◉	○	○
l) Other (specify):	○	○	○	○	○	○
Mental Health Services:						
m) Prevention	○	◉	○	○	◉	○
n) Crisis Services	◉	○	○	◉	○	○
o) Inpatient Treatment Services	◉	○	○	○	○	◉
p) Clinic Treatment Services	○	◉	○	○	◉	○
q) Other Outpatient Services	○	◉	○	○	◉	○
r) Care Coordination	◉	○	○	◉	○	○
s) HARP HCBS Services (Adult)				○	◉	○
t) HCBS Waiver Services (Children)	◉	○	○			
u) Other Recovery and Support Services	○	○	◉	○	○	◉
v) Housing	○	○	◉	◉	○	○
w) Transportation	○	○	◉	○	○	◉
x) Workforce Recruitment and Retention	○	○	◉	○	○	◉
y) Coordination/Integration with Other Systems	○	◉	○	○	◉	○
z) Other (specify):	○	○	○	○	○	○
Developmental Disability Services:						
aa) Crisis Services	◉	○	○	◉	○	○
bb) Clinical Services	○	◉	○	○	○	◉
cc) Children Services	○	○	◉			
dd) Adult Services				○	○	◉
ee) Student/Transition Services	○	◉	○	○	○	◉
ff) Respite Services	○	◉	○	○	○	◉
gg) Family Supports	○	○	◉	○	○	◉
hh) Self-Directed Services	◉	○	○	◉	○	○
ii) Autism Services	○	◉	○	○	◉	○
jj) Person Centered Planning	○	○	◉	○	○	◉
kk) Residential Services	○	○	◉	○	○	◉
ll) Front Door	◉	○	○	◉	○	○
mm) Transportation	○	◉	○	○	◉	○
nn) Service Coordination	○	○	◉	○	○	◉
oo) Employment	◉	○	○	◉	○	○
pp) Workforce Recruitment and Retention.	◉	○	○	◉	○	○
qq) Coordination/Integration with Other Systems.	◉	○	○	◉	○	○
rr) Other (specify):	○	○	○	○	○	○

Follow-up Questions to "Prevention Services" (Question 3a)

3a1. Briefly describe the issue and why it is a high need for the populations selected.
Prevention services are the first item to be cut during budgetary issues therefore many of our prevention resources are currently no available.

Follow-up Questions to "Opioid Treatment Services" (Question 3d)

3d1. Briefly describe the issue and why it is a high need for the populations selected.
due to the opiate epidemic we are seeing a higher number of person using. We are limited on youth services in our county and adults using opiates need a array of services and community supports that are either non existent or difficult to access.

Follow-up Questions to "Transportation" (Question 3h)

3h1. Briefly describe the issue and why it is a high need for the populations selected.
minimal in larger populated area but not existent to outlining communities within the county

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3j)

3j1. Briefly describe the issue and why it is a high need for the populations selected.
Many adult clients have records which make finding employment difficult and our possible employer options are limited

Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3k)

3k1. Briefly describe the issue and why it is a high need for the populations selected.
Our community is working on care coordination but communication needs to be improved

Follow-up Questions to "Crisis Services" (Question 3n)

3n1. Briefly describe the issue and why it is a high need for the populations selected.
do not have this service in our community for youth and limited access for adults

Follow-up Questions to "Inpatient Treatment Services" (Question 3o)

3o1. Briefly describe the issue and why it is a high need for the populations selected.
We do not have many inpatient programs for adults and the program still in existence have reduce their length of stay

Follow-up Questions to "Care Coordination" (Question 3r)

3r1. Briefly describe the issue and why it is a high need for the populations selected.
Our community is working on care coordination but communication needs to be improved

Follow-up Questions to "HCBS Waiver Services (Children)" (Question 3t)

3t1. Briefly describe the issue and why it is a high need for the populations selected.

Follow-up Questions to "Housing" (Question 3v)

3v1. Briefly describe the issue and why it is a high need for the populations selected.
We do not have adequate safe sober and or transitional housing

Follow-up Questions to "Crisis Services" (Question 3aa)

3aa1. Briefly describe the issue and why it is a high need for the populations selected.
Although NYSTARTS is a resource in the county there has been difficulty in engagement which makes it difficult to evaluate it as an effective resource for crisis services. Also there is a great need for overnight respite beds that can serve people in a crisis situation, currently our beds are for planned stay only.

Follow-up Questions to "Self-Directed Services" (Question 3hh)

3hh1. Briefly describe the issue and why it is a high need for the populations selected.
More providers are needed to become knowledgeable about self directed services. Only one services provider in our area that provides this service.

Follow-up Questions to "Front Door" (Question 3ll)

3ll1. Briefly describe the issue and why it is a high need for the populations selected.
More resources are needed to assist families in navigating the front door

Follow-up Questions to "Employment" (Question 3oo)

3oo1. Briefly describe the issue and why it is a high need for the populations selected.
With integrated employment recognized as a priority for OPWDD, it must be a priority on the county level (there is recognition of the fact that employment opportunities are limited in a rural county such as Sullivan)

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3pp)

3pp1. Briefly describe the issue and why it is a high need for the populations selected.
The field is experiencing record highs in staff vacancy rates. Without the ability to recruit qualified staff as well as retain qualified staff there will be issues surrounding quality supports and services.

Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3qq)

3qq1. Briefly describe the issue and why it is a high need for the populations selected.
There is a need to create efficiencies and savings through collaborative efforts. This need has somewhat been generated through cuts in funding.

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

4. How have the overall needs of the **mental health** population changed in the past year?
- (●) a) Overall needs have stayed about the same.
- ( ) b) Overall needs have improved.
- ( ) c) Overall needs have worsened.
- ( ) d) Overall needs have been a mix of improvement and worsening.
- ( ) e) Not sure.

4a. If you would like to elaborate on why you believe the overall needs of the mental health population have stayed about the same over the past year, briefly describe here

5. How have the overall needs of the **substance use disorder** population changed in the past year?
- ( ) a) Overall needs have stayed about the same.
- ( ) b) Overall needs have improved.
- (●) c) Overall needs have worsened.
- ( ) d) Overall needs have been a mix of improvement and worsening.
- ( ) e) Not sure.

5c. If you would like to elaborate on why you believe the overall needs of the substance use disorder population have worsened over the past year, briefly describe here

6. How have the overall needs of the **developmentally disabled** population changed in the past year?
- (●) a) Overall needs have stayed about the same.
- ( ) b) Overall needs have improved.
- ( ) c) Overall needs have worsened.
- ( ) d) Overall needs have been a mix of improvement and worsening.
- ( ) e) Not sure.

6a. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have stayed about the same over the past year, briefly describe here

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

7. In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?
- (●) a. Yes
- ( ) b. No

7a. Briefly describe those planning activities with your Local Health Department.

We have worked with our Public Health Nursing Department/Rural Health Network by aiding in planning an implementation to address Drug and Alcohol Abuse needs, Death rate through suicide prevention initiatives and attendance and participation on the Drug Prescription Task Force

8. In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?

- (●) a. Yes
- ( ) b. No

8a. Briefly describe those planning activities with other local government agencies and non-government organizations.

The County has a representative that attends and participates in the Sullivan Agencies Leading Together (SALT) Coalition which is made up of approximately 30-40 local and non for profit agencies.

9. In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?

- (●) a. Yes
- ( ) b. No

9a. List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

We have begun conversations with Orange County and participated in their Welcome Orange event.

9b. Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

- ( ) a. Yes
- (●) b. No

9c. Did the counties in your region reach a consensus on what the regional needs are?

- ( ) a. Yes
- (●) b. No

2017 Multiple Disabilities Considerations Form
Sullivan Co Dept of Community Services (70170)
Certified: Melissa Stickle (3/24/16)

Consult the LSP Guidelines for additional guidance on completing this form.
LGU: Sullivan Co Dept of Community Services (70170)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

◉ Yes
○ No

If yes, briefly describe the mechanism used to identify such persons:

The clinical staff of the Sullivan County Department of Community Services is responsible for identifying multi-disabled

persons in need of treatment. The Deputy Director of Community Services maintains a roster of such clients. Services

are designed, adapted and provided whenever possible

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

◉ Yes
○ No

If yes, briefly describe the mechanism used in the planning process:

The respective chairperson(s) of the Behavioral Health Sub/Planning Committee and the Community Services Coordinators synchronize their work plans to assure the identification of need, unmet

need, and services planning for multi-disabled client

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

◉ Yes
○ No

If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

The Sullivan County Department of Community Services has a Utilization Review/High Risk Committee that meets on a monthly basis. Comprised of SCDCS Clinical Program Coordinators and chaired by the Deputy Director, this committee reviews cases of clients with co-occurring disorders and other factors that indicate a need for coordination of services. Staff from other agencies that are working with the clients also participate in the case review. Inter and intra agency treatment plans and case management are adjusted according to need. SCDCS has a local dispute resolution committee in place for addressing issues specifically relevant to multi-disabled clients. The Director of Community Services chairs this committee

Mental Hygiene Priority Outcomes Form
Sullivan Co Dept of Community Services (70170)
Plan Year: 2017
Certified: Melissa Stickle (5/20/16)

Consult the LSP Guidelines for additional guidance on completing this form.

2017 Priority Outcomes - **Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.**

Priority Outcome 1:

To maintain and enhance Prevention and Outreach Programs in the County

Progress Report: (optional) *new*
The County Local Government Unit has become a member of the Sullivan Agencies Leading Together (SALT) Coalition, which is comprised of over 25 local agencies for all sectors (IE: Religious, MISN, BOCES, Sullivan Renaissance, etc...)to share information, coordinate services for individuals in our community, and work on various prevention initiatives from Opiate/Heroin, Breast feeding, environmental beautification, Suicide prevention, and so much more. Suicide Prevention - end of 2015: 80 Surveys were distributed to local clinicians, health care providers, non-profit service providers, schools and more requesting that 2 suicide risk assessment screening tools be reviewed. Those surveyed were asked to indicate if they would be willing to utilize a tool, as well as which screening tool would be preferred- The SBQ-R (Suicide Behaviors Questionnaire 3- revised) or the SAFE-T (Suicide Assessment Five-step Evaluation and Triage.)We received a return of 25 % of the desired responses, and respondents preferred the SBQ-R. Several clinicians did indicate that they already utilize other assessment tools in their practice, but they did support the work the task force was doing. Survey participants have received letters of appreciation for their support and willingness to utilize the SBQ-R assessment tool. Informational Cards were designed by the task force and printed my OMH.5,000 full color 2 sided cards were printed, providing suicide risk factors and warning signs, as well as contact information local hospitals, mental health clinics and phone support for those in need. Cards are being widely distributed throughout the county via members of the suicide prevention task force and through other community connections. To date over 3,000 cards have been distributed. Some cards are being held for future distribution and to replenish supplies in strategic locations. 9 individuals were chosen to participate in the QPR Gatekeeper Instructor Certification Program. This train the trainer program was chosen as a self-study module with individuals learning and becoming certified to present the QPR (Question, Persuade, and Refer) suicide prevention method and approach. Each trainer was taught to present the 1 ½ hour course to interested individuals, and the requirement is that their first training be provided at no charge. Seven of the nine trainees are in the final stages of their training and certification process; 2 additional candidates are in the early stages of their training. Several people have already scheduled dates for their initial trainings and we look to have all of their initial training sessions presented by the end 2016.

Priority Rank: 1

Applicable State Agencies: OASAS OMH

Aligned State Initiative: *new*

- [x] The Prevention Agenda 2013-2018
- [x] Population Health Improvement Plan (PHIP)
- [x] Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- [x] Combat Heroin and Prescription Drug Abuse

Is this priority also a Regional Priority? *new* Yes

Strategy 1.1

Suicide Prevention Education and outreach support groups 2013-2014 The county assembled several agencies together and formed a Suicide Prevention Sub/Planning committee. To date we have identified target populations for education and awareness, drafted and submitted a suicide prevention grant to further our mission in utilizing a county wide suicide assessment tool, to provide some trainings in QPR, draft informational cards to be disseminated amongst identified populations, and collection of data to assess the impact of these prevention/intervention strategies. Committee members include Action Toward Independence, Independent Living, Access Support for Living, SC BOCES, Catholic Charities of Orange and Sullivan , Public Health Nursing, SC Community Services, Mobile Mental Health, and county residents.
Applicable State Agencies: OASAS OMH

Strategy 1.2

Drug and Alcohol education 2015 - 2016 Presentations were done at a few of the local school districts and an informational table at some local events in Jeffersonville and Monticello. This outreach to be contniued into 2016 - 2017. Catholic Charities of Orange and Sullivan County and Sullivan County Public Health Nursing have been offering Narcan training. Catholic Charities offers the training to community members and Public Health offers it to emergency responders and County employees.
Applicable State Agencies: OASAS OMH

Strategy 1.3

Recovery Center Model - Aide to expand peer support assistance to more of a focus on supported education and employment, including benefits counseling, crisis resolution services, all with a strong focus on health, wellness and recovery. In addition to mutual support, Recovery Centers would be places that consumers could go to get information, and to get assistance with the topics they care most about, such as housing, jobs, illness/wellness management, and benefits counseling. Consumers could also get assistance with crises access to good treatment for physical as well as mental health concerns and access to community resources.
Applicable State Agency: OMH

Strategy 1.4

Enhance access to trainings for Gambling Treatment (CASAC-G Training) and prevention funding for marketing and advertising in preparation for the development and opening of a casino in our area by 2018.
Applicable State Agencies: OASAS OMH

Priority Outcome 2:

To establish additional safe and sober housing in the County

Progress Report: (optional) *new
Our County is currently researching various locations and investment requirements for establishing safe sober emergency and transitional housing in our community

Priority Rank: 2

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

☑ OMH Transformation Plan

Is this priority also a Regional Priority? *new Not Sure

Strategy 2.1

Work on developing and maintaining additional Transitional, Supportive, and permanent housing
Applicable State Agencies: OASAS OMH

Priority Outcome 3:

Enhance services to individuals involved in the criminal justice system

Progress Report: (optional) *new
•Most inmates are incarcerated, at least in large part, because of alcohol and drugs. According to the National Council on Alcoholism and Drug Dependence (NCADD), across the country, 50% of all offenders are clinically addicted to substances, and 80% abuse substances (2015). In our jail, it appears the percentage is higher. Current problematic substances are opiates and alcohol. Alcohol and drug related crime represents more than 77% of state spending on corrections and justice services- $31 billion (NCADD). •Jail alone has had little effect on reduction of drug addiction or in promoting recovery. The same inmates are in and out of our jail, and they become comfortable with the cycle. Approximately 95% of inmates return to alcohol and drug use after release from incarceration, in addition to re-arrest. •Since January 2015, new drug and alcohol services have been incorporated in our jail. This consists of a full drug and alcohol track for both sexes. Men and women can attend two drug and alcohol groups per week, men and women's NA/AA once per week, individual counseling therapy, and placement into long-term treatment facilities. Linkages to additional services within our county are also provided, to reduce homelessness and increase recovery rates. Our team has seen improvement, success, and reduced recidivism rates. This program promotes positive peer pressure, resulting in reduced incidents and drug usage in the jail. •The Sullivan County Jail has had mental health services being offered to incarcerated inmates for a period of time. Services took on a new face in December 2011. Priority took precedent to see any client who is on a 1:1 suicidal watch and the high risk clients who have scored a 4 or higher on the suicide screening evaluation conducted at the Sullivan County Jail upon booking. The Mental health jail social worker is also responsible to follow all mentally ill clients that are being seen by the jail psychiatrist. Worker will see any inmate that the medical unit, chief, or captain deems to be in need of mental health assessment / intervention. Worker will see inmates referred by the legal system (parole, probation, courts and drug court that are looking for treatment specific recommendations on identified inmates). •In December 2014, Sullivan County Community Services, Sullivan County Jail teamed up with community resource facilities such as: Action Toward Independence and Independent Living Corporation. Discharge planning for inmates begins at time of admission to the jail. Clients who are sentenced will have a targeted discharge date with a plan for linkage back to the Mental Health Clinic and / or SCADAS as needed. The names of inmates who leave the jail during the evening (released by Judge or bailed out) are forwarded to worker and then worker will forward to engagement specialist for linkage to the clinic and / or SCADAS. Inmates are issued a discharge packet from worker or medical staff prior to release.The packet includes phone numbers for the Mobile Mental

Priority Rank: 3

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

☑ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
☑ OMH Transformation Plan

Is this priority also a Regional Priority? *new No

Strategy 3.1

Enhance needed space and decrease time limitations in our current facility so inmates can be seen more readily and coordination for aftercare can be coordinated.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 3.2

Provide Education on the Sequential Intercept Model
Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 4:

To provide additional treatment and recovery support services for County Residents

Progress Report: (optional) *new
Peer Bridger Program: This pro-active outreach and engagement model has been highly successful in reducing unnecessary admissions and related costs at the Article 28 hospitals we currently serve. The Bridger services are a complement to the clinical supports provided by Catskill Regional Medical Center and Department of Community Services which have improved efficiencies of transition and diversion, yielding better overall outcomes for individuals with complex needs. Our initial goal is to stabilize recidivism rates, however, over time we would like to build upon this highly effective model and expand capacity to serve more individuals, reverse current trends of growing recidivism rates and achieve reduced lengths of stay as individuals are re-established in the community with appropriate supports. The Bridger's and Diversion Specialists are available on-site and on-call at the BHU and Emergency Department, working flexible days and

hours based on demand patterns identified by the clinical supervisors of these departments at Catskill Regional Medical Center, and collaborating with other provider organizations in the community. They serve as a conduit of critical support between the hospital and community system of traditional and non-traditional supports. There was a one-time cost to purchase a vehicle. We believed it is critical to be able to offer transportation to individuals who may otherwise not be able to get to their first and subsequent clinical appointments following discharge, to the pharmacy for their medication, or to other resources that are essential to establishing and maintaining stability in the community This service has proven to be a valuable service in our community aiding persons with successful linkage into the community following a visit/admission to the hospital and/or incarceration at the Sullivan County Jail. At this time two of our local independent living centers (Action Toward Independence and Independent Living Corp.) have applied for and are looking to have staff trained as Recovery Coaches.

Priority Rank: 4

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

☑ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
☑ OMH Transformation Plan

Is this priority also a Regional Priority? *new Not Sure

Strategy 4.1

Peer Advocates/Liaisons/Recovery coaches re: Hospital Discharges, Sullivan County Jail Releases, Drug and Alcohol treatment discharges, etc...
Applicable State Agencies: OASAS OMH

Strategy 4.2

Enhance integrated treatment approach throughout the County (Persons Centered Wellness approach) IE: Heal Grant which coordinates care between Hudson River Health Care and Department of Community Services through sharing of data on individuals being served by both entities. Collaboration to be ongoing.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 4.3

To engage and participate in the monitoring of referrals and discharges under our current Behavioral Health Organization (BHO).
Applicable State Agencies: OASAS OMH

Strategy 4.4

Development of a coordinated system of care that address medical and treatment needs (Enhance collaboration between treatment providers and Medication Assisted providers). While detoxification is a highly valued, key service, it is but one component in the continuum of health care services required for substance-related disorders. Research has shown that large numbers of people receiving detoxification services each year do not receive follow-up treatment.Today, due to individuals entering treatment at different points of care, there is a special and urgent need for nontraditional settings—such as emergency rooms, hospital medical/surgical wards, and acute care clinics—to be prepared to help detoxification patients seek treatment services as quickly as possible.
Applicable State Agency: OASAS

Strategy 4.5

Due to the closer and/or decrease in length of stay at many Therapeutic Facilities (12-18 month programs) an increase the number of residential treatment beds is needed
Applicable State Agency: OASAS

Priority Outcome 5:

Enhancement of Services for Emerging Adults aging out of Residential Care

Progress Report: (optional) *new
A Few key community members will be doing some gaps and need assessment research regarding the number of individuals in county vs. number placed outside the county who are in need of placement following residential placement. Offices of Children and Family Services (OCFS) will be one of the sites utilized to assemble data.

Priority Rank: 5

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

Is this priority also a Regional Priority? *new Not Sure

Strategy 5.1

Promote policies and practices that address family relationships and permanency, Engage youth to work with their case managers in formulating a plan that includes the goals they wish to achieve by age 25, Ensure that the services available to youth are developmentally appropriate, Use federal funding to create programs for older youth and track their outcomes, Develop policies and practices that support prevention and development of the specific skills and competencies necessary for adulthood success, Strengthen collaboration between the juvenile justice and child welfare systems to efficiently target service provision and improve outcomes for crossover youth, Engage with the community to create broad support systems for transitioning youth (Center of Juvenile Justice Reform).

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 6:

Governance of Health Homes/Medicaid Redesign Team/DSRIP

Progress Report: (optional) *new*

Priority Rank: *Unranked*

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new*

☑ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

Is this priority also a Regional Priority? *new*

Strategy 6.1

Be actively involved in the Governance of Health Home(s)/ MRT / DSRIP in our area
Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 7:

Additional Respite Beds for adults and children

Progress Report: (optional) *new*

Priority Rank: *Unranked*

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new*

☑ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

Is this priority also a Regional Priority? *new* Not Sure

Strategy 7.1

Collaborate with local providers to fully assess the need for additional respite and the type of respite needed. Once specifics are obtained conduct a few brainstorming sessions to develop a timeline and plan for development of additional respite beds.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 7.2

Develop and Maintain a START Model (Team of individuals who develop strategic plans to aide individuals in obtaining the most individualized care).
Applicable State Agency: OPWDD

Priority Outcome 8:

To increase access to Psychiatry and Child Psychiatry

Progress Report: (optional) *new*
open Access and just in time scheduling

Priority Rank: *Unranked*

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new*

☑ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

Is this priority also a Regional Priority? *new* Yes

Strategy 8.1

Research Tele-psychiatrist and provide job recruitment advertisement on Sullivan County web site
Applicable State Agencies: OMH OPWDD

Strategy 8.2

Begin and enhance discussion between multiple community providers to join together in recruiting efforts and ability to share resources
Applicable State Agencies: OASAS OMH OPWDD

2017 Community Service Board Roster
Sullivan Co Dept of Community Services (70170)
Certified: Melissa Stickle (5/23/16)

Consult the LSP Guidelines for additional guidance on completing this form.

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson	
Name	Susan Miller
Physician	No
Psychologist	No
Represents	RSS
Term Expires	12/31/2019
eMail	SKMiller@rehab.org

Member	
Name	Maureen Stewart
Physician	No
Psychologist	No
Represents	Sullivan ARC
Term Expires	12/31/2016
eMail	mstewart@sullivanarc.org

Member	
Name	Jeff Skaar
Physician	No
Psychologist	No
Represents	Catholic Charities
Term Expires	12/31/2018
eMail	">Jeff.Skaar@archny.org>

Member	
Name	Eddie Mustavs
Physician	No
Psychologist	No
Represents	Community Member
Term Expires	12/31/2019
eMail	

Member	
Name	Lori Schnider
Physician	No
Psychologist	No
Represents	NAMI
Term Expires	12/31/2018
eMail	NAMIofSullivan@gmail.com

Member	
Name	Sarah Smith
Physician	No
Psychologist	Yes
Represents	Community Member
Term Expires	12/21/2019
eMail	SarahSmithPSD@aol.com

Member	
Name	Nora Shepard
Physician	No
Psychologist	No
Represents	Independent Living Corp
Term Expires	12/31/2017
eMail	nshepard@myindependentliving.org

Member	
Name	Elizabeth Carrasquillo
Physician	No
Psychologist	No
Represents	CRMC
Term Expires	12/31/2017
eMail	elizabeth.betancourt@gmail.com

Member	
Name	Kathy Garlick
Physician	No
Psychologist	No
Represents	BOCES
Term Expires	12/31/2018
eMail	Kathy.Garlick@yahoo.com

Member	
Name	Sherry Eidel
Physician	No
Psychologist	No
Represents	Newhope Community
Term Expires	12/31/2016
eMail	seidel@newhopecommunity.org

Member	
Name	Laurie Burke-Deutsch
Physician	No
Psychologist	No
Represents	Liberty School District
Term Expires	12/31/2018
eMail	campmaier3@yahoo.com

Member	
Name	Natalie Gomez
Physician	No
Psychologist	No
Represents	RISE
Term Expires	12/31/2018
eMail	NatalieGomez@hotmail.com

Member	
Name	Stephen McLaughlin
Physician	No

Psychologist	No
Represents	Action Toward Independence
Term Expires	12/31/2017
eMail	smclaughlin@atitoday.org

OMH Transformation Plan Survey
Sullivan Co Dept of Community Services (70170)
Certified: Melissa Stickle (5/20/16)

Consult the LSP Guidelines for additional guidance on completing this exercise.

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" $59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, $15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

- (●) a) Yes
- ( ) b) No
- ( ) c) Don't know

If "Yes":
Please briefly describe any impacts the reinvestment resources have had since implementation, particularly as it relates to impacts in State or community inpatient utilization. If known, identify which types of services/programs have made such impacts.
With the reinvestment the county in collaboration with a local provider - Independent Living Inc. was able to develop a Peer Bridger Program which has allowed for better care coordination between our local hospital emergency department and mental health unit with after care providers and needs/services. This program is demonstrating success with linkages within the community a reduction in recidivism to our hospital based Mental Health unit / Emergency Room and readmissions to our Sullivan county jail with some of our high need clientele. In addition we were able to obtain 5 additional supportive beds in our Rehabilitation Supportive Services (RSS) program. This aides in placing our mental ill clientele into a safe living environment.

2. Please provide any other comments regarding Transformation Plan investments and planning.

2017 Mental Hygiene Local Planning Assurance
Sullivan Co Dept of Community Services (70170)
Certified: Melissa Stickle (5/20/16)

Consult the LSP Guidelines for additional guidance on completing this form.

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2017 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2017 Local Services planning process.