



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2023 Goals and Plans Form

Westchester County Community Mental Health Department

Goal 1: Improve access, increase capacity and use of effective treatment approaches for outpatient Mental Hygiene Services.

Goal 2: Address workforce issue in Mental Hygiene services system.

Goal 3: Create a more integrated Mental Hygiene system of care.

Goal 4 (Optional): Improve housing services for the Mental Hygiene service system.

Goal 5 (Optional): Improve Care Coordination/Management service delivery for the Mental Hygiene service system.

Annual and intermediate plans for addiction services:

Westchester County Addiction/SUD process for planning includes a multi-faceted structure which consists of our County Community Services Board (CSB). Under our CSB there are several subcommittees that include diverse stakeholders to inform our county planning process. They include our Addiction/SUD Treatment Provider Committee, Addiction/SUD Prevention Program Committee, our Co-Occurring System of Care Committee, Children's Cross-System Planning Committee and our Opioid Response and Overdose Prevention Committee that has been lead planning body for Westchester's Opioid Abatement Settlement funds for the county.

Of high priority in the Substance Use/Addiction Disorder system is workforce issues and shortage of staff. All levels of care are negatively impacted including Prevention, Treatment, Recovery and Harm Reduction, as providers continue to struggle to recruit and retain staff. The need to provide Addition services has only amplified the need for quality staff, intensifying the workforce issues.

Westchester County Department of Community Mental Health (WC DCMH) is working collaboratively with provider, and other partners, to address workforce issues. In addition to assisting providers in strategizing around recruitment and retention activities for professional staff, Westchester County is exploring the possibility of providing financial support to build professional staff capacity. A similar approach is being used to build capacity in Peer services, as the workforce issues extend to this group as well. Also, support to increase access to trainings to improve staff competence is being addressed.

Comprehensive integrated care in all modalities is a goal of the county. Financial and other resources will be made available to get closer to achieving the goal of "no wrong door". Our Co-Occurring System of Care (COSOC) is working on creating a

commitment. which includes core competence in co-occurring care, use of evidence-based/promising practices and stronger collaboration between broader serving system. Westchester County intends to use provider commitment in the contracting process, ensure that providers are meeting the expected standards of care.

For several years there has been a need to increase Residential bed capacity, for both adults and adolescents. In addition to Residential facilities often being full, Westchester County currently has over 40 county residents enrolled in residential programs outside of Westchester County. Westchester County is pursuing opportunities to increase capacity by engaging providers interested in serving residents in need of that level of care.

Access to inpatient, outpatient and residential treatment services for Adolescents and young adults has been a challenge for many years. Some modalities such as outpatient services has been difficult to find, and some modalities such as inpatient and residential has been nonexistent. Westchester County has been working with providers to expand outpatient services and providing the needed tools and supports. Conversations are ongoing with providers on the possible opportunities that exist for the development in other modalities.

Equity is of particular importance to Westchester County, as ours is a very diverse county. As Spanish speaking residents seek SUD treatment in increasing numbers, the difficulty in Spanish Speaking providers/professionals continues to be a challenge. As a county we want our staff to reflect the individuals that we serve, and that culturally, and linguistically appropriate care is provided. Westchester County is requesting that funded agencies commit to providing care that meets those standards.

Harm reduction was not historically seen as having a key role in the Addiction/SUD system. However, Westchester County supports the integration of harm reduction by all provider, and all settings. Westchester County believes that there is a significant role for harm reduction in the continuum of care. Westchester County is providing support to all providers to assist them in making the necessary changes. Westchester is also prepared to provide resources such as Technical Assistance, training and fentanyl strips to providers in need. Westchester will ensure that there is a commitment by providers to provide lifesaving care. Support with care capacity enhancement is planned, which can help with provider outreach and engagement. In addition, Westchester will support increased engagement and communication between treatment providers and SEP.

Annual and intermediate plans for developmental disability services:

Westchester County Developmental/Intellectual Disabilities (DD/ID) process for planning includes a multi-faceted structure which consists of our County Community Services Board (CSB). Under our CSB there are several subcommittees that include various diverse stakeholders to inform our county planning process. This includes our County Developmental/Intellectual Planning Committee, a subcommittee from DD/ID committee called Crisis/Planning Committee, our Co-Occurring System of Care Committee, and our Children's Cross-System Planning Committee.

There are several priority planning areas identified by Westchester's planning entities. Unfortunately there exists a significant lack of transparency and accessible data to counties which has made it almost impossible to do County Planning and furthermore a challenge to appropriately address and participate in solutions. This has been expressed by several stakeholders including Westchester County.

Services across the continuum of care are difficult to access from initial eligibility to access to services once OPWDD eligible and approved for services. Individuals are waiting extended periods of time for needed/approved services due to different staffing issues such as lack of staff in general or lack of "higher level and/or more appropriate care" often due to trained staff for individuals with more complex co-occurring and/or medical needs. There is a clear need for more training and use of best practices to serve individuals with co-occurring DD/ID and behavioral health issues. The default is often inappropriate use of behavioral health service systems including psychiatric hospitals, emergency rooms and crisis teams.

The Regionalization of OPWDD has not had a positive effect on the local service system. Access to services has become even more challenging, increase in vacancy for residential opportunities and lack of accountability across the system. In addition to these issues the LGU has been left out of the process.

Unfortunately housing needs continues to be a high priority and great need. There are more vacancies in the system, especially increase since Regional process took over county process in Westchester. County does not have access to any data housing data so difficult to be part of any planning process.

We have experienced the challenges of CCO implementation including their lack of ability to connect with individuals and families when they are seeking services. The CCO model does not meet the needs of many individuals/families who have more complex needs and require a more intensive and sophisticated approach. The CCO/Care Managers are often not familiar with local community service system, are not connecting with individuals/families when needed in person and limited in terms of ability to provide services our individuals require. Westchester County DCMH receives hundreds of calls from individuals, families, provides and CCO/Care Managers monthly seeking support and additional assistance.

Unfortunately, due to unmet need in lower levels of care (housing supports, Care Management, OPWDD approved ancillary services), individuals often experience crisis. Due to the lack of services and no crisis services, individuals often seek services from Emergency departments, psychiatric hospitals, police and Psychiatric Crisis Services. Outside of 1 OPWDD funded "crisis provider" serving individuals with DD/ID (whose funding is exhausted by summer), Hawthorne Foundation, there are no crisis services in Westchester County. Westchester has offered to braid OPWDD funding with existing local crisis services (24/7, immediate in person and/or tele response) who are already serving DD/ID individuals which would allow us to build capacity and meet unmet

need. Unfortunately, the offer has not been accepted and residents still struggle with no crisis and out of home stabilization resources.

As a County we have identified opportunities for an improved service delivery for our residents. This approach would require a significant change in approach and culture by OPWDD which includes transparency in data/planning, a recognition that LGU has best understanding and position to know the local service system strengths, needs, opportunities, and given the authority to make local decisions and participate actively in accountability of the service system. When done in the past, the outcomes were clearly better at many levels.

Annual and intermediate plans for mental health services:

Westchester County Children and Adult Mental Health process for planning includes a multi-faceted structure that includes our County Community Services Board (CSB). Under our CSB there are several subcommittees that include various diverse stakeholders to inform our county planning process. This includes our Adult Planning Committee, Coordinated Children's Services Initiative (CCSI-System of Care) Committee, our Co-Occurring System of Care Committee, Suicide Prevention Committee, College Mental Health Collaborative, Psychiatric Hospital/ED Leadership Committee, Outpatient Leadership Committee, Trauma Informed Planning Committee, Children's Health Home/CFTSS provider Committee, and our Opioid Response and Overdose Prevention Committee that has been lead planning body for Westchester's Opioid Abatement Settlement funds for the county. Westchester has a strong Continuum of Care (CoC) Partnership to End Homelessness that includes cross-systems partners to address housing issues and maximize resources. Westchester has a solid Children and Adult Single Point of Access (SPOA) process that includes access to many different services, provides coordination, navigation, training and leadership for the broader system of care for both Children and Adults. We applaud OMH for recognizing and supporting the important function of SPOA.

These structures help to ensure coordinated planning and input from all the key stakeholders including providers, residents with lived experience, advocacy groups, schools, community-based organizations and other key county departments.

Access to housing has been both a priority and challenge. The challenge includes rates that will allow providers to identify appropriate housing as well as workforce shortage issues. We commend NYS and OMH for forthcoming 2023 Rehabilitative and Tenancy Support Services to increase the accessibility of Supported Housing to individuals with more complex needs by providing the support services necessary to promote stability in the community. Westchester also plans to utilize funding created by RTSS (which will pay for services, leaving more room in the original Supported Housing contracts for much needed rent) to obtain more appropriate housing. This is critical as Westchester's Supportive Housing waiting list is currently at 855 individuals.

Listed as Westchester's highest priority is access to outpatient services. This includes

building capacity for effective treatment for children, adolescents, and adults. Prior to the pandemic we experienced significant high waiting list, workforce issues and lack of capacity for various models/levels of care for outpatient services. The pandemic has created a true public health emergency in our county. There are several factors that have impacted access and capacity for outpatient mental health services. This includes demand in services, workforce shortages, forms of payment including many treatment providers no longer accepting various Commercial insurance plans due to low rates (lack of adherence to Federal Parity Law as cited in President Biden's 2022 Report on Status of Parity Adherence), insufficient psychiatry time/staff and length of time for providers to apply for OMH License clinic status (in some cases has taken 9-12 months) even with great need for service. Westchester has increased capacity for school-based and other "off-site" clinic services as more effective way of reaching children and families. We promote funding for mobile mental health services which has been invaluable in supporting children and families with complex needs who are often not able/or can benefit from traditional outpatient clinic services.

In addition to general access and capacity, challenges exist to provide evidence-based treatment approaches and need to provide co-occurring treatment care (MH/SUD) and significant to Westchester lack of Spanish Speaking therapist. This has created a situation in which individual's unmet needs leads to a psychiatric crisis that requires crisis services including ED, hospitalization and other crisis response services.

Westchester County is taking a lead role in working with various stakeholders to build service capacity as well as incentives to provide co-occurring treatment and use of evidence-based practices. Westchester has contributed significantly (over \$5 million) to behavioral health crisis services including Mobile Crisis and Response Teams, 911 Diversion Training and creation of a 911 Diversion Crisis Network (24/7) and enhanced funding for 988 Suicide Prevention Line at St. Vincent's Hospital.

Westchester has also prioritized the need to improve Health Home Care Management services for both adults and children. CORE has had a positive impact and allowing Adult SPOA to serve as access point and determine eligibility. We applaud OMH and DOH for being flexible and adapting to meet the various changing needs of the model. Westchester has experienced, like the rest of NYS, challenges with Children's Medicaid Redesign and Health Homes Care Management, HCBS and CFTSS services. Clearly model that was created was not "child/family friendly" and many steps that often prevent families for seeking services, lack of intensity of services for children with SED, difficult C-YES process, oversaturation of providers especially outside and unknown to the county and lack of services, and categorical nature of services even once approved. With that said, Westchester credits both OMH and DOH in making recent adjustment to model and including C-SPOA in various aspects of eligibility and key role in serving as key access point and credibility entity to services. There should be more accountability placed on various entities including C-YES and Health Homes including sharing of data including performance-based data. Westchester is eager to participate in shared local planning, accountability and exploring solutions to build capacity and strengthen

services.

LGU Representative Name: Michael Orth

LGU Representative Title: Commissioner

Submitted for: Westchester County Community Mental Health Department



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2023 Needs Assessment Form

Westchester County Community Mental Health Department

Case Management/Care Coordination Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Since the transition from ICM, SCM, Care Coordination and Services Coordination (OPWDD) there continue to be significant challenges in providing appropriate services for both children and adults. This includes difficult to access services, lack of capacity, delay in eligibility, and lack of responsiveness and intensity of services as well as accountability. Adults with SMI (OMH) and children with SED (OMH) require more immediate access as well as intensive services which has been lacking. To the credit of OMH DOH, there have been recent changes to address this issue. There are many agencies who have applied to provide care management, HCBS and CFTSS services but are not familiar with local services system and limited capacity.

OPWDD Care Coordination continues to be a major failure. Care Managers are poorly trained, no accountability, difficult to access and limited, if any, direct or timely contact with individuals.

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): To the credit of OMH/OASAS many more crisis services are being created for individuals on Medicaid Managed Care. Westchester has provided millions of dollars to support crisis services including Mobile Crisis, 988 and 911 diversion.

OPWDD system has zero crisis services in Westchester. Most individuals in crisis are served in the county behavioral health system, START (which was never a crisis program) is no longer operational and 1 provider that has "stabilization response, not crisis) runs out of funding long before budget year. Thus individuals are served by ED, psychiatric hospitals or behavioral health system.

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Westchester, and Mid-Hudson Region and provided leadership in the state by promoting Co-Occurring System of Care that recognizes the importance of a core occurring trained and competent care in all systems and that is trauma informed. This includes use of evidence/promising practices, advocating for regulatory changes, workforce training and breaking silos that exist in our state system.

Employment/volunteer (client) Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

Need description (Optional): Need for meaningful employment and volunteer opportunities.

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Continues to be major need. Credit OMH for recent enhancements that will support building capacity. OPWDD does not provide data on capacity/vacancy but clearly many individuals in need and inappropriately in Hospital care or home in constant crisis with vacancies exist.

Outpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): This has been identified as Westchester's greatest need. It has become a public health crisis. Lengthy waiting list, challenges accessing treatment due to insurance issues (lack parity), other and no clinic expansion.

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Need description (Optional): Limited resources to offer prevention services, Early childhood interventions and training such as Mental Health First Aid. Westchester uses local funding to support.

Residential Treatment Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Great need as no children's RTF beds in County, thus children in hospitals or have to access DSS care. Adult Housing waiting list for CR and OPWDD high waiting list and those with highest needs, rejected by residential providers.

Respite Yes

Applies to OASAS? No

Applies to OMH? No

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): No existent to individuals in Westchester County

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): A high need, significant challenges in workforce across all systems, roles including Care Managers, peers, therapist, psychiatrist.

LGU Representative: Michael Orth

Submitted for: Westchester County Community Mental Health Department