2020
Local Services Plan
For Mental Hygiene Services

Ulster County Dept. of Mental Health
September 6, 2019
<table>
<thead>
<tr>
<th>Planning Form</th>
<th>LGU/Provider/PRU</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Ulster County Dept. of Mental Health</td>
<td>70660 (LGU)</td>
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<tr>
<td>Executive Summary</td>
<td>Optional</td>
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<tr>
<td>Goals and Objectives Form</td>
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<tr>
<td>New York State Prevention Agenda Survey</td>
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<td>Office of Mental Health Agency Planning (VBP) Survey</td>
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<td>Developmental Disabilities Subcommittee Roster</td>
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<td>Mental Hygiene Local Planning Assurance</td>
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1. Overall Needs Assessment by Population (Required)

Please explain why or how the overall needs have changed and the results from those changes.

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

a) Indicate how the level of unmet mental health service needs, overall, has changed over the past year:  
- Improved
- Stayed the Same
- Worsened

Please describe any unmet mental health service needs that have improved:

Ulster County is a rural and sprawling county with a population of 182,000. The population of the county has remained consistent since 2016; with less than 25% of residents enrolled in Medicaid. These statistics are significant for Ulster, as New York State's Behavioral Health Care system is transforming specifically to meet the needs of Medicaid eligible individuals.

- Mental Health clinics in Ulster struggled throughout the planning period to maintain adequate staffing to address the clinical needs of individuals in the county. An area of concern continues to be psychiatry and the availability of credentialed providers. The dearth of prescribers resulted in longer waiting periods for evaluations and stunted access to services.
- Due to a recent spike in economic growth in the county's more popular areas (Kingston, New Paltz, Woodstock, etc.), in addition to the planned revitalization of downtown Kingston, Ulster County has become increasingly desirable to live, work and visit. However, the changing landscape of the county, taxes the affordable housing market and results in limited housing stock for working class and/or poor Ulster County residents.
- Ulster County's Residential SPOA has a waitlist of 159 individuals actively seeking housing; with 40% of residents identified as homeless.
- The challenge of operating a transportation system that can successfully cover the 1,161 square miles that encompasses the county, has resulted in limited access to services for residents living in more rural areas of the county.

Areas of Improvement

- Ulster County was awarded 20 additional supported housing units through Medicaid Redesign Team funding. These beds are for chronically homeless individuals with significant behavioral health challenges (mental health, substance use and co-occurring disorders) who are high utilizers of hospitals and/or Medicaid spending in Ulster County.
- Ulster County received an opportunity to train six local clinical practitioners to become train the trainers of the Crisis Intervention Team curriculum. These six providers successfully conducted an inaugural training in January 2019 for 30 law enforcement officers working in and around Ulster County. The training team is planning subsequent sessions in 2019.
- In the 2018/2019 school year, there was an expansion of school based programming through an Ulster BOCES program called the Therapeutic Transition Program. The program is for students from 6th - 12th grades, who are experiencing an acute crisis that makes it difficult for them to remain in their normal educational program. The program is short-term, lasting 4-8 weeks. The classroom has one clinician, one teacher and one teacher assistant. Students receive individual therapy at least twice a week, daily group therapy and educational programming. Due to the high demand and success of the program, there will be a second classroom opening in September 2019.
- Another area of improvement for the County was in clinical expansions. The county's primary adult clinic is actively working on expanding by two additional clinicians and a psychiatric provider to meet increasing demand. The county's pediatric clinic has added one clinician and is working on expanding admission ages to 0-26 years old. This clinic also plans to start serving parents individually to better meet the needs of the families they serve. The largest school district in the county chose to close a school based clinic within the district in 2017. This district reopened another clinic within the district that is operated by a different community provider. Another district in the county with with an existing school based clinic, will be adding a second clinician in September 2019.
- The county launched the Integrated Ulster initiative in 2018 to better meet the needs of complex individuals. A local hospital and additional community providers have completed self-assessments of their co-occurring capabilities. With the outcome data from the self-assessments, these providers have begun to implement changes to increase their ability to engage clients with co-occurring issues.

Please describe any unmet mental health service needs that have stayed the same:

The county's primary adult mental health provider invested in telepsychiatry equipment in 2018 but has not yet utilized the service due to limited amount of psychiatry providers available.

Please describe any unmet mental health service needs that have worsened:

- New York State's Behavioral Health Care system continues to transform to meet the needs of Medicaid eligible individuals. The transformation includes the addition of intensive, community based services; aimed at reducing unnecessary hospitalizations. Home and Community Based Services (HCBS) have had tremendous difficulty during the implementation phase in the county. To date, only one HCBS provider has billed for providing one HCBS service since the initiation of the services in 2016.
- Local Mental Health clinics continue to show signs of distress in achieving the mission of providing services to Ulster County residents in a timely manner. One formidable clinical provider in the county has needed to adjust their capacity expectations, as they have been unable to maintain an adequate staffing pattern that will effectively meet the increasing needs of individuals seeking help in Ulster. It has been reported that this clinic has a waitlist in the hundreds of individuals requesting intake appointments for the initiation of supportive clinical services.
- In March of 2019, funding related to a Legislative line item expired and the Mobile Mental Health team experienced a significant decrease in financial resources. The team has had to reduce the hours in one site, in order to address the loss in funding.
- The county's primary adult mental health provider received supportive funding from the Office of Mental Health in 2018 to launch an Intensive Outpatient Program (IOP). IOP was intended to provide clinic enrolled individuals with more intensive, time-limited, outpatient psychiatric services. This opportunity would allow for individuals that required more support than the traditional clinic, to...
avoid hospitalizations and maintain safely in their community. The launch was unsuccessful due to challenges with contracting with Medicaid Managed Care companies and low referrals.

b) Indicate how the level of unmet **substance use disorder (SUD)** needs, overall, has changed over the past year:  ● Improved  ○ Stayed the Same  ○ Worsened

Please describe any unmet SUD service needs that have **improved**:

Ulster County continues to suffer the scars of the opiate epidemic that is ravaging our country. Recent annual statistics revealed that despite multiple county sponsored efforts to date, we continue to lose Ulster County residents to opioid addiction at an alarming rate. The number of opioid overdose rates rose from 42 in 2017 to 56 in 2018.

• Housing options for individuals with substance use disorders that are seeking recovery, remain limited to the one OASAS licensed residence in the county.
• Outpatient SUD providers in Ulster County continue to attempt to be accessible and flexible in their approach to serve county residents. However, they are overwhelmed by referrals and at times have needed to maintain waitlists.
• There continues to be limited growth for Medication Assisted Treatments within the county despite county sponsored Buprenorphine Waiver trainings geared toward primary care physicians. The Methadone clinic in Kingston serves multiple counties and consistently carries a waitlist.

Areas of Improvement

• The Center of Treatment Innovation (COTI) has been actively operating in the county. The program works to increase access to treatment, reduce overdose deaths and unmet needs for individuals. COTI team members participate in both Adult and Child SPOA to identify individuals that can benefit from their services. The service touched approximately 980 lives in 2018 and 240 in the first four months of 2019. The county continues to support their work by helping to create and nurture relationship with Ulster County Jail and our local police, fire and rescue departments.
• The Ulster County Opioid Prevention Task Force, successfully launched on May 24, 2018. The taskforce is charged with reducing opioid related deaths in the county with a three-pronged mission: reducing supply, reducing demand and improving treatment recovery services. The Task Force successfully completed its report to the County Executive in early 2019 and has since begun to put the plan to action. One accomplishment of note is the implementation of Ellenville Hospital's Project Rescue Program. This program provides 3 days of Buprenorphine at their emergency department, accompanied with a warm hand off to a buprenorphine provider in the community. In collaboration with the sheriff's office, the county is also developing a strategic planning group to launch Medication Assisted Treatment in the Ulster County Jail.
• Ulster is 1 of 15 counties selected to participate in CHASE: a $86 million National Institute on Drug Abuse (NIDA) grant that was awarded to Columbia University in April 2019. The goal of the grant is to reduce opioid overdose fatalities by at least 40% within less than four years by working with county health commissioners and focusing on policy system changes.
• Ulster County has been identified as 1 of 7 counties that will have access to a new OASAS licensed withdrawal and stabilization service. The service is under development and is expected to open in 2020.
• On the prevention end, the number of school districts that have been receptive to and actively seeking prevention services for their students and staff continued to increase throughout the planning period.

Please describe any unmet SUD service needs that have **stayed the same**:

In 2018, a large regional inpatient SUD provider closed their adolescent unit, which resulted in the loss of the last local inpatient rehabilitation opportunity for Ulster adolescents. The decision to close the unit was based on a significant trending down in adolescent referrals received by the facility. These beds were reallocated and certified as adult inpatient rehabilitation beds; which is where the documented need was.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, overall, has changed in the past year:  ● Improved  ○ Stayed the Same  ○ Worsened

Please describe any unmet **developmentally disability** service needs that have **improved**:

The NYS Office for People with Developmental Disabilities (OPWDD), joined the state's transformative Medicaid Redesign efforts at an accelerated rate during the past planning period. 150,000 Individuals eligible for OPWDD services were enrolled into Health Home Care Management services on July 1, 2018, statewide. Care coordination services are provided through regional Care Coordination Organizations (CCOs). The conversion of Medicaid Service Coordination to CCOs offers opportunities for OPWDD eligible individuals through the addition of services via Home Based Community Services (HCBS). However, much like the transformative efforts of the Office of Mental Health, these services are only available for individuals that are eligible for Medicaid. The eligibility process for adults that had not been identified as struggling with Intellectual/Developmental Disabilities (I/DD) in childhood, remains challenging with low rates of success. Unfortunately, these are the individuals that can no longer be cared for at home due to the advancing age of their parents/caregivers or the loss of a parent/caregiver. These individuals are also the most vulnerable and complex residents for whom the county struggles to meet their needs in the community.

• Planned respite opportunities for OPWDD individuals are scarce. In many cases, when an individual's behavior is deemed too difficult for a provider or a parent to handle, the county's local 9.39 hospital becomes the default respite provider.
• Residential Options for individuals who want to remain near Ulster County to maintain contact with family members, is limited. Limited residential resources also become a challenge when a hospital is planning for discharge of an I/DD individual and they are not welcomed back to the residential they resided in prior to the hospitalization.
• Reduction in vocational opportunities for I/DD individuals continues to be a concern for Ulster County.

Areas of Improvement
- NY START continues to expand their resources within Region 3. One I/DD provider in Ulster County is in the midst of developing a respite house for NY START eligible adults. The house is expected to open during 2019 within the county’s borders.
- Local OPWDD representatives have made a concerted effort to join routine collaborative meetings in the county. OPWDD staff have presented on tools and tips for applying for OPWDD eligibility and offered to assist with individual cases. These consultative opportunities have resulted in positive eligibility determinations for individuals that were previously stuck in the mental health system in Ulster County.
- OPWDD has consistently participated in Ulster County's Integrated Ulster Initiative to provide services to individuals with a "no wrong door" philosophical framework.

Please describe any unmet developmentally disability service needs that have stayed the same:

Please describe any unmet developmentally disability service needs that have worsened:

Only one OPWDD provider in the county continues to offer Sheltered Workshop services to individuals struggling with I/DD. This provider has received confirmation from OPWDD that they can continue to offer these services through December of 2020.

The LGU has received several complaints from concerned family members of OPWDD eligible individuals regarding significant workforce challenges that have caused barriers in the successful implementation of care plans. CCO care coordinators are diligently assisting CCO members in the development of care plans that can address the need for services that are necessary for the member to remain in the community safely. However, the plans cannot be executed because there is not enough staff available to provide services.

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

### 2. Goals Based On Local Needs

<table>
<thead>
<tr>
<th>Issue Category</th>
<th>Applicable State Agency(ies)</th>
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<tbody>
<tr>
<td>a) Housing</td>
<td>OASAS OMH OPWDD</td>
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<td>b) Transportation</td>
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<tr>
<td>c) Crisis Services</td>
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<tr>
<td>d) Workforce Recruitment and Retention (service system)</td>
<td>OASAS OMH OPWDD</td>
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<tr>
<td>e) Employment/ Job Opportunities (clients)</td>
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<td>f) Prevention</td>
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<td>g) Inpatient Treatment Services</td>
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<td>h) Recovery and Support Services</td>
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<tr>
<td>i) Reducing Stigma</td>
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<td>j) SUD Outpatient Services</td>
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<td>k) SUD Residential Treatment Services</td>
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<td>l) Heroin and Opioid Programs and Services</td>
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<tr>
<td>m) Coordination/Integration with Other Systems for SUD clients</td>
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<tr>
<td>n) Mental Health Clinic</td>
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<td>o) Other Mental Health Outpatient Services (non-clinic)</td>
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<tr>
<td>p) Mental Health Care Coordination</td>
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<td>q) Developmental Disability Clinical Services</td>
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<td>r) Developmental Disability Children Services</td>
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<td>s) Developmental Disability Student/Transition Services</td>
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<td>t) Developmental Disability Respite Services</td>
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<td>u) Developmental Disability Family Supports</td>
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<td>v) Developmental Disability Self-Directed Services</td>
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<td>w) Autism Services</td>
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<td>x) Developmental Disability Front Door</td>
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<td>y) Developmental Disability Care Coordination</td>
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<tr>
<td>z) Other Need 1(Specify in Background Information)</td>
<td>OASAS OMH OPWDD</td>
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Ulster County’s Residential SPOA has a waitlist of 159 individuals actively seeking housing. At least 40% of the waitlist have been identified as a priority placement either by a designation of homeless or a person in need of Assisted Outpatient Treatment. The majority of the individuals on the Residential SPOA list are waiting for Supported Housing apartments. Supported Housing provides a rental subsidy and monthly case management support contacts. Due in large part to the revitalization of some of Ulster’s urban centers, fair market value for apartments have outpaced wages for individuals seeking housing. Once a person is selected from the Residential SPOA list, it is usually months before they are able to secure an apartment.

Community residences are OMH licensed congregate housing opportunities that offers the highest level of support to mentally ill adults. Ulster County is home to one CR with 12 beds. Over the planning period, the CR had a waitlist of 5-6 individuals for the year. Due to the high needs of the residents at a CR, turnover is slow because discharge options are limited.

The Federal Government has mandated that counties engage in Continuum of Care activities that include access to federal Housing and Urban Development (HUD) resources. Engaging in COC will allow for individuals on the Residential SPOA list to be considered for HUD housing. Multiple opportunities can reduce the wait time for someone in need of housing.

**Goal Statement**

- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ☑ Yes ☐ No

Increase consumer access to housing and other supports that promote recovery and community integration.

**Objective Statement**

**Objective 1:** The LGU will work with and support OPWDD in the development of 103 certified residential opportunities in Region 3 through 2020

Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

**Objective 2:** The LGU will provide support and data to assist RUPCO (local low income housing developer) in the development of housing in Kingston that has access to transportation and services.

Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

**Objective 3:** The LGU will maintain membership in the Federal Continuum of Care initiative to increase access for SPOA individuals for Federal Housing.

Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

**Objective 4:** The LGU will lobby OMH for additional family supported housing units and OPWDD for additional Certified Residential Opportunities.

Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☑ OPWDD

**Change Over Past 12 Months (Optional)**

Progress was addressed in the needs assessment section of the plan.

**2d. Workforce Recruitment and Retention (service system) - Background Information**

- Through the last planning period, Ulster County Behavioral Health Providers experienced significant workforce difficulties; which at times led to waitlists and limited access to services.
- All Ulster County OPWDD licensed agencies report operating at 20% direct care staff deficit. This data comes from local agencies reporting out at the Developmental Disabilities Sub Committee of the Ulster County Community Services Board.
- Agencies identify pay as a key barrier in staff acquisition and retention.
- Agencies report that pay is not commensurate with responsibilities assigned to direct care staff.
- There is a dearth of psychiatry and other prescribers throughout the Ulster County service system.

Do you have a Goal related to addressing this need? ☑ Yes ☐ No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

- The OPWDD system is a very closed system operating in a silo outside of other state agencies. OPWDD is determined to close their inpatient facilities with the clear knowledge that communities do not have the supports, and agencies do not have staff in place to care for this most vulnerable population. Once an individual has made it through the front door and services are authorized, it may be months, or longer before staff are available to provide those authorized services. This is the modern day "Emperor's New Clothes."

**Change Over Past 12 Months (Optional)**

Since the advent of CCOs in OPWDD, the LGU have experienced an increase in calls received regarding concerns from families specific to the lack of staffing necessary to execute care plans.
Ulster County continues to suffer the scars of the opiate epidemic that is ravaging our country. Recent annual statistics revealed that despite multiple county sponsored efforts to date, we continue to lose Ulster County residents to opioid addiction at an alarming rate.

- Outpatient SUD providers in Ulster County continue to attempt to be accessible and flexible in their approach to serve county residents. However, they are overwhelmed by referrals and at times have needed to maintain waitlists.
- There has been limited growth for Medication Assisted Treatments within the county. The Methadone clinic in Kingston serves multiple counties and consistently carries a waitlist.
- The Center of Treatment Innovation continues to increase their outreach locally and touched the lives of over 900 individuals in 2018.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Death by overdose of opiates will be reduced or remain stable in Ulster County through increased access to treatment, increased community awareness, and reduction of the stigma associated with substance use disorders.

Objective Statement
Objective 1: The LGU will continue to support the STR through gathering data and offering opportunities integration within the pre-existing provider community in the county.

  Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: The LGU, will continue to offer support to the efforts of the Ulster County Opioid Prevention Task Force. The LGU will assist in the task force's efforts to reduce supply, reduce demand and improve treatment services.

  Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 3: The LGU will assist a local provider in their efforts to develop withdrawal and stabilization services for a seven county region; including Ulster.

  Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 4: The LGU will offer a Buprenorphine Waiver training for local primary care physicians in an ongoing effort of increasing the numbers of Medication Assisted Treatment Providers in the County.

  Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)
Progress was addressed in the needs assessment section of the plan.

2. Other Need (Specify in Background Information) - Background Information

Jails and prisons house significantly greater proportions of individuals with mental health, substance use and co-occurring disorders than are found in the general public. Ulster County Jail (UCJ) is no exception. During this planning period, Ulster County's Sequential Intercept Mapping (SIM) Workgroup continued to meet to address the needs of individuals struggling with behavioral health issues and are involved in the justice system. Participants in the SIM workgroup included: local housing providers, probation, the public defender's office, Ulster County Jail, local law enforcement agencies and behavioral health providers. Common themes of conversation in the SIM workgroup meetings were: 1) the need for individuals in crisis to have a place to go and 2) local courts struggling to effectively and appropriately address the needs of individuals with behavioral health challenges that experience legal entanglements.

Inpatient hospital stays are more difficult to obtain and have shorter lengths of stays. Our law enforcement partners report that individuals teetering between stability and instability will come to their attention but law enforcement's response is limited to the emergency room and jail. During most recent SIM workgroup meetings, discussions regarding the development of a crisis stabilization center resurfaced with renewed energy. In addition, the SIM workgroup developed a smaller subcommittee to focus on providing support to our local courts. The subcommittee chose to steer our efforts toward a pilot with Kingston City Courts (KCC). We have enlisted the support of the two KCC Judges; who recommended that more supports are given to the Probation Department. In Ulster County, Probation interacts with the large majority of individuals seen in the courts, as they provide evaluation and recommendations for appropriate disposition of cases. During the 2020 planning period, Ulster County SPOA will formally include a process that allows for individuals working with Probation that may not have a documented behavioral health history to be connected to some level of supportive services. The goal would be to reduce recidivism in the legal system for individuals that are more appropriately served through behavioral health.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

The LGU will facilitate ongoing key stakeholder meetings to develop community interventions to improve outcomes for individuals with behavioral health and/or substance use disorder and justice involvement.

Objective Statement
Objective 1: In 2020, SIM sponsored Crisis Intervention Team (CIT) trainers will develop a process for providing routine support to CIT trained officers in an effort to assist officers maintaining and enhancing the skills they acquired through their initial CIT training.

  Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: The SIM work group member will participate in the county-wide planning efforts to expand Medication Assisted Treatment and enhance discharge planning efforts to inmates the in Ulster County Jail.
Objective 3: The LGU will transform the Single Point of Access (SPOA) process to specifically provide support to individuals connected to the Probation Department.

Change Over Past 12 Months (Optional)

- State Targeted Response team continues to provide psychoeducation and case management services to inmates in UCJ.
- The Ulster County SIM sponsored CIT training group facilitated a CIT training for 30 law enforcement officers in January 2019.
- SIM initiated a pilot with Kingston City Courts to reduce recidivism of individuals with behavioral health challenges in KCC.
The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to oasasplanning@oasas.ny.gov.

**Background**

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

**Questions**

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?
   - [ ] No
   - [ ] Yes, please explain:
     Ulster County operates a combined Health and Mental Health Department. Each division works collaboratively to create and execute a plan that aligns with the Statewide Prevention Agenda.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

   **Focus Area 1: Promote Well-Being**

   **Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan**

   - [ ] 1.1 a) Build community wealth
   - [ ] 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
   - [ ] 1.1 c) Create and sustain inclusive, healthy public spaces
   - [ ] 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
   - [ ] 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
   - [ ] 1.1 f) Implement evidence-based home visiting programs
   - [ ] 1.1 g) Other

   **Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages**

   - [ ] 1.2 a) Implement Mental Health First Aid
   - [ ] 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
   - [ ] 1.2 c) Use thoughtful messaging on mental illness and substance use
   - [ ] 1.2 d) Other

   **Focus Area 2: Mental and Substance Use Disorders Prevention**

   **Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults**

   - [ ] 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
   - [ ] 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
   - [ ] 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
   - [ ] 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration
<table>
<thead>
<tr>
<th>Goal 2.2 Prevent opioid overdose deaths</th>
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<tbody>
<tr>
<td>2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine</td>
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<td>2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.</td>
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<tr>
<td>2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.</td>
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<tr>
<td>2.2 d) Build support systems to care for opioid users or those at risk of an overdose</td>
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<tr>
<td>2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days</td>
</tr>
<tr>
<td>2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2.3 Prevent and address adverse childhood experiences (ACEs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting</td>
</tr>
<tr>
<td>2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration</td>
</tr>
<tr>
<td>2.3 c) Implement evidence-based home visiting programs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2.4 Reduce the prevalence of major depressive disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4 a) Strengthen resources for families and caregivers</td>
</tr>
<tr>
<td>2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention</td>
</tr>
<tr>
<td>2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2.5 Prevent suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing</td>
</tr>
<tr>
<td>2.5 b) Strengthen access and delivery of suicide care â€“ Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)</td>
</tr>
<tr>
<td>2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use</td>
</tr>
<tr>
<td>2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.</td>
</tr>
<tr>
<td>2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction</td>
</tr>
<tr>
<td>2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers</td>
</tr>
</tbody>
</table>

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

Goal 1.2 (a) The county sponsored a county employee to become a trainer for Youth Mental Health First Aid. This employee conducts the training at least three times per year; sponsored by Ulster County. Goal 2.2: The county conducted buprenorphine waiver training for local primary care physicians free of cost. The county supports several community providers that conduct Naloxone training throughout the county. Ulster County was successful in its legal pursuits against large chain pharmacies to establish a system for taking back prescription drugs. Goal 2.3 (b) Ulster County has sponsored several showings of the Resilience movie to educate and engage community members in the use of adverse childhood experiences research as a means of integrating trauma informed care throughout routine processes. Goal 2.5 (e) Ulster County's Suicide, Prevention, Education,Awareness and Knowledge (SPEAK) Coalition, is active in providing community level support around suicide. SPEAK routinely participates in tabling events, as well as community presentations.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?
   - Yes, please explain:
     The local hospital system, Westchester Medical Center Health Network, is a partner with Ulster DOH/MH in the development and execution of our prevention plan.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?
5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?
   - No
   - Yes, please explain:
     The LGU is not aware of any such policies.

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.
   - No
   - Yes, please explain:
     The LGU is not currently providing data protocols that can assist clinics in determining outcomes. However, the need to utilize evidenced based practices systemically across county Article 31 and 32 clinics are routinely discussed during collaborative meetings with providers.

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?
   - No
   - Yes, please explain:
     Ulster County DOH and MH work collaborative in meeting the tenets of the Community Health Improvement plan.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?
   - No
   - Yes, please explain:
     DSRIP does not have a very strong footprint in Ulster County. However, the Westchester Medical Center Health Network PPS, has sponsored multiple trainings in Ulster throughout 2018 and 2019.

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:
   - Un/Underemployment and Job Insecurity
   - Food Insecurity
   - Adverse Features of the Built Environment
   - Housing Instability or Poor Housing Quality
   - Discrimination/Social Exclusion
   - Poor Education
   - Poverty/Income Inequality
   - Adverse Early Life Experiences
   - Poor Access to Transportation
   - Other

   Please describe your efforts in addressing the selections above:
   Housing instability as it relates to diminishing affordable housing stock is a topic of interest for the county's Sequential Intercept Mapping workgroup. Ulster County DOH/MH participates in the Ulster County Transportation Council that is charged with making final decisions regarding transportation planning.

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?
   a) No  b) Yes
   b) If yes, please list
      Title of training(s): Trauma Informed Care-Creating an Awareness Perspective March 23-29, 2019
      How many hours: 13 hours
      Target audience for training: Care Coordinators
      Estimate number trained in one year: 30

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).
   Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?
   - No
   - Yes, please provide examples:
The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or Melissa.Staats@omh.ny.gov

**Background**

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest $8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, $6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

**DSRIP serves as a bridge to value-based payment in New York State.**

**DOH website**

**DSRIP Performing Provider Systems (PPS)**

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

**DSRIP Project Lists**

New York State Delivery System Reform Incentive Payment Program Project Toolkit

**Value Based Payment (VBP) - Reduce Costs/Improve Quality**

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

**New York State Value Based Payment (VBP) Readiness Program**

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding. A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

**Value Based Payment Readiness for Behavioral Health Providers**

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

**Questions**

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

   a) Yes  b) No

   Please provide more information:

   The PPS/DSRIP funding had its largest footprint in Ulster County via offering training opportunities to community providers. Three such trainings were conducted between 2018 and 2019. Unfortunately, plans for the PPS/DSRIP to fund a Medical Village in collaboration with our local hospital, did not come to fruition. Discussion regarding planning for the Medical Village have either been stalled or terminated. The county has not been included in any recent conversations.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

   a) Yes  b) No

   Please explain:

   No. There is no communication between the PPS and the County. Throughout the years, as leadership with our PPS has changed with staffing changes, we have not remained connected with the PPS.

3. Are there any behavioral health providers in your county in VBP arrangements?

   a) Yes  b) No

   Please explain (if "yes" include steps providers have taken to execute contracts):

   The county is aware that there are community providers that are actively preparing for VBP but we are unaware of what specific steps they are undertaking to execute contracts.

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?
a) Yes  No
b) Please explain:
LGU staff participate in webinars and conferences in an effort to remain abreast of the plans for systemic transition to VBP.

5. Is the LGU aware of the development of In-Lieu of proposals?

a) Yes  No
b) Please explain:

6. Can your LGU support the BHCC planning process?

a) Yes  No
b) Please explain:
The LGU is prepared to support the BHCC planning process. However, the County has not been approached by the BHCC since the initial announcement of the award in 2018.

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a) Yes  No
b) Please explain:
## Community Service Board Roster

**Ulster County Dept. of Mental Health (70660)**

Certified: Kara Tucker (6/3/19)

### 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 Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

<table>
<thead>
<tr>
<th>Name</th>
<th>Represents</th>
<th>Term Expires</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Russell</td>
<td>Physician, Psychologist, community / family</td>
<td>12/2020</td>
<td><a href="mailto:amybob41@gailmail.com">amybob41@gailmail.com</a></td>
</tr>
<tr>
<td>Nancy Schaef</td>
<td>Physician, Psychologist, community</td>
<td>12/2022</td>
<td><a href="mailto:schae@hvc.rr.com">schae@hvc.rr.com</a></td>
</tr>
<tr>
<td>Laura Schwarz</td>
<td>Physician, Psychologist, Family / Community</td>
<td>12/2022</td>
<td><a href="mailto:lschwarz0913@gmail.com">lschwarz0913@gmail.com</a></td>
</tr>
<tr>
<td>Nina Singer</td>
<td>Physician, Psychologist, Community</td>
<td>12/2022</td>
<td><a href="mailto:ninis474@aol.com">ninis474@aol.com</a></td>
</tr>
<tr>
<td>Patricia Thayer</td>
<td>Physician, Psychologist, Community</td>
<td>12/2022</td>
<td><a href="mailto:mrstet@aol.com">mrstet@aol.com</a></td>
</tr>
<tr>
<td>Karla Peterson</td>
<td>Physician, Psychologist, consumer</td>
<td>12/2020</td>
<td><a href="mailto:karlamarie.peterson@gmail.com">karlamarie.peterson@gmail.com</a></td>
</tr>
<tr>
<td>Jon Brown</td>
<td>Physician, Psychologist, Community</td>
<td>12/2020</td>
<td><a href="mailto:jonsr48@yahoo.com">jonsr48@yahoo.com</a></td>
</tr>
<tr>
<td>Barbara Hill</td>
<td>Physician, Psychologist, Family/Community</td>
<td>12/2019</td>
<td><a href="mailto:barbarahillhealthcare@gmail.com">barbarahillhealthcare@gmail.com</a></td>
</tr>
<tr>
<td>Anne Flanagan</td>
<td>Physician, Psychologist, community</td>
<td>12/2022</td>
<td><a href="mailto:akelly342@yahoo.com">akelly342@yahoo.com</a></td>
</tr>
<tr>
<td>Mary Netter</td>
<td>Physician, Psychologist, community</td>
<td>12/2021</td>
<td><a href="mailto:retten98@aol.com">retten98@aol.com</a></td>
</tr>
</tbody>
</table>

Indicate the number of mental health CSB members who are or were consumers of mental health services: 0

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness: 1
<table>
<thead>
<tr>
<th>Name</th>
<th>CSB Member:</th>
<th>Represents:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Thayer</td>
<td>Yes</td>
<td>public</td>
<td><a href="mailto:mrstei@aol.com">mrstei@aol.com</a></td>
</tr>
<tr>
<td>Nina Singer</td>
<td>Yes</td>
<td>public</td>
<td><a href="mailto:ninis474@aol.com">ninis474@aol.com</a></td>
</tr>
<tr>
<td>Jon Brown</td>
<td>Yes</td>
<td>Community</td>
<td><a href="mailto:Jonrsr48@yahoo.com">Jonrsr48@yahoo.com</a></td>
</tr>
<tr>
<td>Barbara Hill</td>
<td>Yes</td>
<td>Community/Family</td>
<td><a href="mailto:barbarahillhealthcare@gmail.com">barbarahillhealthcare@gmail.com</a></td>
</tr>
</tbody>
</table>
### Note:

- The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the perspective the member brings to the subcommittee.

<table>
<thead>
<tr>
<th>Name</th>
<th>CSB Member:</th>
<th>Represents:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheryl Ronk</td>
<td>Yes</td>
<td>consumer</td>
<td></td>
</tr>
<tr>
<td>Colleen Sheehan</td>
<td>Yes</td>
<td>consumer</td>
<td><a href="mailto:colleens@nyaprs.org">colleens@nyaprs.org</a></td>
</tr>
<tr>
<td>Andrea Raphael-Paskey</td>
<td>Yes</td>
<td>public</td>
<td><a href="mailto:apaskey@hvc.rr.com">apaskey@hvc.rr.com</a></td>
</tr>
<tr>
<td>Ethel Knox</td>
<td>Yes</td>
<td>public</td>
<td><a href="mailto:eknox@greystoneprograms.org">eknox@greystoneprograms.org</a></td>
</tr>
<tr>
<td>Penelope Bishop</td>
<td>Yes</td>
<td>consumer</td>
<td></td>
</tr>
</tbody>
</table>

Indicate the number of mental health subcommittee members who are or were consumers of mental health services: [ ]

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness: [ ]
### Developmental Disabilities Subcommittee Roster

Ulster County Dept. of Mental Health (70660)
Certified: Kara Tucker (6/3/19)

<table>
<thead>
<tr>
<th>Name</th>
<th>CSB Member</th>
<th>Represents</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Flanagan Kelly</td>
<td>Yes</td>
<td>public representative</td>
<td><a href="mailto:akelly342@yahoo.com">akelly342@yahoo.com</a></td>
</tr>
<tr>
<td>Helen Gonyea</td>
<td>Yes</td>
<td>Family</td>
<td><a href="mailto:sis.gonyea@gmail.com">sis.gonyea@gmail.com</a></td>
</tr>
<tr>
<td>Ether Knox</td>
<td>Yes</td>
<td>Public Representative</td>
<td><a href="mailto:eknox@greystoneprograms.org">eknox@greystoneprograms.org</a></td>
</tr>
<tr>
<td>Karla Peterson</td>
<td>Yes</td>
<td>family</td>
<td><a href="mailto:karlamarie.peterson@gmail.com">karlamarie.peterson@gmail.com</a></td>
</tr>
</tbody>
</table>

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.
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 2020 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 2020 Local Services planning process.