

2017  
Local Services Plan  
For Mental Hygiene Services

Ulster County Dept. of Mental Health  
August 17, 2016



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Ulster County Dept. of Mental Health</b>	<b>70660</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Needs Assessment Report	Required	<b>Certified</b>
Multiple Disabilities Considerations Form	Required	<b>Certified</b>
Priority Outcomes Form	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
OMH Transformation Plan Survey	Required	<b>Certified</b>
LGU Emergency Manager Contact Information	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**2017 Needs Assessment Report**  
 Ulster County Dept. of Mental Health (70660)  
 Certified: Amy McCracken (3/28/16)

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.

Ulster County is a rural, sprawling County with a population of 182,000 individuals. As of March of 2016, 40,389 residents were receiving NY State of Health Exchange/Medicaid; Local DSS support, or TA/MA. Consistently, one third of the Ulster County jail population has individuals with current or recently documented behavioral health issues, while at the same time there are limited behavioral health services for the individuals in the jail. In all sectors there has been a rise in individuals seeking behavioral health treatment and stabilization. In the substance abuse arena, all providers report an increase in opiate use, and waiting lists to get into out patient treatment, methadone and suboxone services. As far as OPWDD, aging parents caring for their developmentally disabled adult children have a significantly difficult time obtaining services and OPWDD eligibility for their adult children. Over all speed of eligibility from application to acquisition of services remains very slow and housing needs are inadequate.

**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.

Across all service areas there is very limited adult respite bed availability. This leads to increase utilization of the Emergency Department and at times, the police. The local 9.39 hospital does not prescribe psychiatric medication to psychiatrically unstable individuals who do not require hospitalization and out patient psychiatric assessments are scheduled 4-6 weeks out post clinic admission across our article 31 clinics. Within the Ulster County Jail, there are minimal engagement and post release engagement opportunities for individuals with forensic and behavioral health issues. Ulster County has no out patient detox services and additional suboxone treatment providers are needed. There is limited licensed sober housing available and it is very difficult for providers to find an adequate location for identified sober housing. OMH adult licensed clinics report having capacity, yet have caseloads upwards of 75 -90 per FTE and schedules so booked that individuals who have been assessed are unable to meet with a therapist for as long as a month. Housing remains a long identified need across OASAS, OMH and OPWDD. Ulster County could significantly benefit from a crisis restoration center where individuals could come or be brought for assessment when in crisis. This has the potential to divert ED visits and arrests, and keep individuals with behavioral health issues out of the criminal justice system. Although there has been an increase in supported housing, restrictions on the use of these supported slots make it difficult to fill them quickly. Of significance, Ulster County has had a consistently higher rate of homeless people than in the region and state since 2005. This rate was 18.9 homeless people per 10,000 residents, up 7% from 2005, but down from a high of 24.4% in 2013. Barriers across the board include access to treatment, lack of public understanding of transformation of health care; impact of stigma; cost of services (co-pays and deductibles can be very high); cultural competence (the treatment provider network in Ulster County is largely white, Caucasian and English speaking). In the OPWDD arena, it is very difficult to get any data associated with Ulster County residents applying for eligibility and accessing services. Additionally, we have requested, but not received data specific to which school districts are submitting or not submitting referrals. This would be helpful info to determine which school districts need additional support and education from OPWDD. One area of data that we do have is that there are 170 priority one OPWDD individuals in our region that need housing and as of 3/9/16, 14 of those individuals were placed.

**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.

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
<b>Substance Use Disorder Services:</b>						
a) Prevention Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d) Opioid Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f) Residential Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g) Housing.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Transportation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Other Recovery Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
j) Workforce Recruitment and Retention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
k) Coordination/Integration with Other Systems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
l) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Mental Health Services:</b>						
m) Prevention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
n) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
p) Clinic Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

r) Care Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
s) HARP HCBS Services (Adult)					<input checked="" type="radio"/>	<input type="radio"/>
t) HCBS Waiver Services (Children)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
u) Other Recovery and Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
v) Housing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
y) Coordination/Integration with Other Systems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
z) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Developmental Disability Services:</b>						
aa) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
bb) Clinical Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
cc) Children Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
dd) Adult Services				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ff) Respite Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
gg) Family Supports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ii) Autism Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
jj) Person Centered Planning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
kk) Residential Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
ll) Front Door	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
mm) Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
nn) Service Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
oo) Employment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
pp) Workforce Recruitment and Retention.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
qq) Coordination/Integration with Other Systems.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
rr) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Follow-up Questions to "Housing" (Question 3g)**

**3g1.** Briefly describe the issue and why it is a high need for the populations selected. Ulster County is a large and sprawling county with limited affordable housing. Most of the affordable housing is located outside the population base of Kingston and as such has limited access to transportation and services. There is one OASAS Certified Half Way House in Ulster County, and although another has been approved for a number of years, the identified provider has had substantial difficulty in securing a location. With the escalation in opiate and heroin use, residents of Ulster County need additional safe, sober housing to support their recovery over time.

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

**3h1.** Briefly describe the issue and why it is a high need for the populations selected. Ulster County is a rural county, the size of Rhode Island. The county has limited transportation through some of the main North / South corridors and one East / West Corridor. Access from remote areas to those corridors can be very difficult. Due to limited transportation consumers capacity to access treatment, other services, and employment is very difficult if not impossible for some individuals. The lack of transportation significantly limits, if not prohibits opportunities for critical social skill building for adults, children and families and increases risk factors for a range of behavioral health issues. Additionally, lack of transportation is a major barrier for children, and particularly adolescents, which prevents engagement in activities that promote protective factors to decrease substance use.

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

**3v1.** Briefly describe the issue and why it is a high need for the populations selected. Ulster County is a large and sprawling county with limited affordable housing. Most of the affordable housing is located outside the population base of Kingston and as such has limited access to transportation and services.

**Follow-up Questions to "Transportation" (Question 3w)**

**3w1.** Briefly describe the issue and why it is a high need for the populations selected. Ulster County is a rural county, the size of Rhode Island. The county does have limited transportation through some of the main North / South corridors and one East West Corridor. Access from remote areas to those corridors can be very difficult. Due to limited transportation consumers capacity to access treatment, other services, and employment is very difficult if not impossible for some individuals. The lack of transportation significantly limits, if not prohibits opportunities for

critical social skill building for adults, children and families and increases risk factors for a range of behavioral health issues.

#### Follow-up Questions to "Residential Services" (Question 3kk)

**3kk1.** Briefly describe the issue and why it is a high need for the populations selected. The Ulster County OPWDD regional office has indicated they have 170 priority 1 (urgent) individuals for residential placement and have placed just 14 of those individuals, indicating a great need for increased residential services within the OPWDD system. Additionally, there are individuals placed in inadequate residential situations with inadequate support such that the police have made complaints to UCDMH due to the number of calls they receive to intervene.

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

**3ll1.** Briefly describe the issue and why it is a high need for the populations selected. It continues to take a substantial amount of time to obtain OPWDD eligibility for individuals, and is virtually impossible for adults who are developmentally disabled to obtain eligibility. Additionally, once eligibility is obtained, it can take an inordinate amount of time to actually obtain services due to staffing issues at agencies.

#### Follow-up Questions to "Transportation" (Question 3mm)

**3mm1.** Briefly describe the issue and why it is a high need for the populations selected. Across all disability levels: Ulster County is a rural county, the size of Rhode Island. The county has limited transportation through some of the main North / South corridors and one East / West corridor. Access from remote areas to those corridors can be very difficult. Due to limited transportation consumers capacity to access treatment, other services, and employment is very difficult if not impossible for some individuals. The lack of transportation significantly limits, if not prohibits opportunities for critical social skill building for adults, children and families and increases risk factors for a range of behavioral health issues.

#### 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. Providers have indicated that it is difficult to provide authorized OPWDD services because of the problem associated with recruiting staff. Once they find staff, the process of authorization to hire can take an inordinate amount of time. Additionally, due to the low salaries, staff retention suffers. At the same time, providers are concerned about the potential rise in the minimum wage and the overall increased cost to agencies, which places agency survival at risk. The question remains will a higher minimum wage attract and retain a more qualified staff.

#### 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. It has been difficult to obtain requested data from OPWDD regarding from which school districts referrals are being submitted and not submitted. This would be helpful in identifying which districts need additional education and support from OPWDD in identifying potentially eligible children as soon as possible.

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.

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

Access to services continues to be difficult due to extensive scheduling at out patient clinics, and a dearth of psychiatry only exacerbates the problems. Additionally, gaining stabilization through hospitalization also is very difficult for some of the same reasons. 9.41 transports to Ulster County's 3.39 hospital have increased dramatically as compared to the same time period last year.

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

Ulster County, like the rest of the state has seen an increase in Opiate / Heroin use. Ulster has two outpatient treatment providers, one of which has a waiting list of as much as six weeks to gain admission.

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.

**6c.** If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have worsened over the past year, briefly describe here

Individuals with Developmental Disabilities who are able to work between 50% and 99% of productivity have abruptly lost their employment. Individuals impacted by this have experienced depression, decreased levels of functioning, and no income, all of which impacts self esteem and sense of effectiveness in the world. Additionally, the above mentioned lack of residential opportunities, and poor placements also have had an impact on the needs of this population worsening.

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.

Ulster County has a combined Department of Health and Mental Health. As such our efforts are integrated. Most significantly, we have worked closely on suicide prevention; responding to the increased use of opiates in Ulster County, and participation in a multi agency collaboration on improving Ulster County agencies in the provision of trauma informed care as the result of the Adverse Childhood Experience Study.

**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.

Among many other planning activities, Ulster County LGU has worked with Westchester and Montefiore DSRIP collaboratives and the PPS to improve crisis stabilization services. We have worked with private agencies and the State to expand Mobile Mental Health; with MHA in Ulster across many areas, but most notably suicide prevention; with PEOPLE, Inc. for additional CIT training and the development of a crisis restoration center; with NAMI for increased prevention activities in the schools; with OMH/Rockland Childrens Psychiatric Center and NYU to develop a pilot program for Tele-psychiatry at RCPS clinics in the Saugerties School district and Port Ewen BOCES; with Institute For Family Health (FQHC in Ulster) to expand clinic services in two school districts, and with two newly formed community coalitions and the Ulster County Inter Agency Drug Task Force to address the rise in opioid and heroin related overdoses and fatalities in UC.

**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.

Ulster County has recently worked closely with Orange and Sullivan County towards the development of a regional plan to support each of our respective mobile mental health teams. We identified together that each of our community needs are so varied, that one regional plan does not address the needs of each County or community. As such, we developed a regional plan that was divided in three parts to more specifically meet the needs of each county.

**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**  
Ulster County Dept. of Mental Health (70660)  
Certified: Amy McCracken (3/18/16)

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

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

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 LGU risk manager and SPOA coordinator assists consumers and agencies dealing with dually diagnosed consumers to access treatment, case management, housing services and other services on an ad hoc basis.

The LGU also provides oversight and support to transition youth, many of whom are dual diagnosed or at risk of mental health and substance abuse/dependence as they attempt to access services across systems.

**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 LGU Deputy Commissioner and Program Supervisor, Risk Coordinator and SPOA coordinator act as liaison to the MH, SA, and PWDD providers and work collaboratively to identify the gaps and needs encountered by persons who are either poorly served by the system, lack access to the system or who fail to meet eligibility requirements for the system that is believed to offer the best "fit" in meeting an individual's particular needs.

The LGU holds monthly meetings with Contract Agency Executives, conducts county-wide Children's Services Planning Meetings, and County wide Human Service Consortium Adult planning meetings a way to keep informed about local service needs across disabilities. The LGU uses data from the Planning system, local data and the formal and informal venues described above to inform the planning process.

In addition, LGU queries Community Services Board, and sub committee (MH, SA, and PWDD) members and providers rearding county needs and service gaps.

**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 Clinical Case Review Committee, comprised of the Treatment Providers, Deputy Commissioner, LGU Program Supervisor, as well as Compliance Coordinator and Clinical Risk Manager when appropriate, review all cases where there is a dispute/question as to the proper treatment service system.

The LGU is contacted to problem solve around cases wherein an individual cannot gain access to the treatment that they need or when the service system they qualify for fails to meet their needs.

**Mental Hygiene Priority Outcomes Form**  
Ulster County Dept. of Mental Health (70660)  
Plan Year: 2017  
Certified: Amy McCracken (5/24/16)

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:**

The LGU will work extensively with behavioral health providers in Ulster County and Ulster County's associated DSRIPs to ensure access to service, system wide, through health care transformation.

**Progress Report: (optional) *\*new***

The LGU worked extensively with behavioral health providers in Ulster County and with Ulster County's associated DSRIPs in an effort to ensure continued access to services as the state transitions to Managed Medicaid and implements DSRIP initiatives. This is a priority outcome statement that will continue throughout the NY State health care transformation. Progress: Ulster County rolled out a limited, population based mobile mental health (MMH) team at the beginning of the year and then in July expanded to a second team in another area of the county; the LGU had a number of meetings with the two DSRIPs regarding crisis stabilization; the LGU, in collaboration with our 9.39 hospital, MMH, our Health Home and MHA, developed a follow up protocol for individuals discharged from the psychiatric ED or psychiatric inpatient unit; LGU held its first 'Community Conversation' to introduce the MMH service to the community; we expanded the ACT team from 48 to 68 slots; and the LGU hosted a number of adult and child provider educational meetings and trainings.

**Priority Rank: 1**

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse
- OPWDD People First Transformation

**Is this priority also a Regional Priority?** *\*new* No

**Strategy 1.1**

The LGU will meet with behavioral health provider executives to facilitate collaboration and mutual aid for preparedness specific to the transition from Medicaid fee for service to Managed Medicaid and for collaboration with the Regional Planning Consortium.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 1.2**

Monitor length of stay in the ED for children and adolescents in need of inpatient psychiatric hospitalization. Develop a protocol to allow ED access to Respite services for children and adolescents as long as eligibility criteria for overnight Respite have been met.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 1.3**

The LGU will work closely with Rockland Psychiatric Center and Rockland Children's Psychiatric Center to monitor all Ulster County residents in those facilities and to assist in the development of comprehensive discharge plans in an effort to maintain stabilization in the community and reduce recidivism.

**Applicable State Agency:** OMH

**Strategy 1.4**

The LGU will monitor article 31 clinics (Hudson Valley Mental Health, Astor Services for Children and Families, Institute for Family Health, Pine Grove and PROS) to ensure access and quality of service through health care transformation.

**Applicable State Agencies:** OASAS OMH

**Strategy 1.5**

LGU will meet with PWDD providers for the purpose of identifying unmet needs, access and barrier issues inclusive of housing, housing supports, crisis services, community habilitation and family support services sufficient to support PWDD outcomes of safety, health, independence and choice.

**Applicable State Agency:** OPWDD

**Strategy 1.6**

Support the establishment of evidenced based and promising practices that promote client engagement in treatment and improved, measurable outcomes as required by Medicaid Managed Care.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 1.7**

The LGU will coordinate Adult Case Management, Care Coordination and Health Home resources and other services to improve health, recovery and community integration outcomes of persons served by Behavioral Health agencies.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 1.8**

LGU will facilitate the development of cross system education and case review collaboration in the Ulster County Adult and Child Service system.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 1.9**

Improve access to treatment for opioid addiction by expansion of methadone clinic services and the use of other medication assisted treatment (buprenorphine, vivitrol) in out patient treatment settings.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 1.10**

LGU will work with OPWDD to identify aging parents in Ulster County caring for developmentally disabled adult children in an effort to provide referral and assistance with eligibility prior to an urgent need.

**Applicable State Agency:** OPWDD

**Strategy 1.11**

The LGU will work with OPWDD in an effort to reduce the substantial priority one (urgent) housing needs.

**Applicable State Agency:** OPWDD

**Strategy 1.12**

LGU will receive referral tracking information from OPWDD on Ulster County individuals who have applied for OPWDD eligibility in an effort to identify agencies / schools that are, and more significantly agencies / schools that are not, assisting the individuals they serve in eligibility applications.

**Applicable State Agency:** OPWDD

**Strategy 1.13**

LGU will work closely with Ulster County Child SPOA Waiver providers to develop Conflict of Interest Mapping Matrix and Local Plan that meets CMS requirements prior to the transition of Medicaid eligible children into Managed Medicaid.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 1.14**

The LGU will participate in the development and implementation of the Regional Planning Consortium (RPC) in an effort to collaborate and problem solve around issues that arise out of the transition of Medicaid fee for service to Medicaid managed care.

**Applicable State Agencies:** OASAS OMH OPWDD

**Priority Outcome 2:**

Ulster County LGU will work closely with the Department of Health towards successful implementation of the prevention agenda and the Community Health Improvement Plan.

**Progress Report: (optional) *\*new***

Ulster County's Department of Health and Mental Health have merged, and as such, work closely towards the successful implementation of the prevention agenda and CHIP. Over the course of the past year, we worked together via Ulster County's Suicide Prevention Coalition -SPEAK- by participating in gun shows and the Ulster County Federated Sportsmen's Association events to promote gun safety in our efforts towards suicide prevention. SPEAK provided a suicide prevention resource table at a number of community events, including events for veterans and their families, the County Fair, and Sportsmen's Club events. We worked closely with our two prevention providers to implement evidenced based mental health and substance abuse programs in Ulster County school districts. Additionally, SPEAK coordinated a significant post-vention response to a community that experienced a suicide. We held a number of community forums on substance abuse and suicide and we worked with Ulster's Mobile Mental Health team and the local 9.39 hospital in an effort to reduce unnecessary use of the Emergency Department.

**Priority Rank: 2**

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative: *\*new***

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation

- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse
- OPWDD People First Transformation

**Is this priority also a Regional Priority?** *\*new* No

**Strategy 2.1**

Advocate for sufficient care coordination, other safety net and wrap around resources (crisis/hospital diversion, residential and non-residential respite for adults), and provider collaboration to reduce unnecessary utilization of the emergency department and hospitalization and to secure improved outcomes for persons with behavioral health conditions.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 2.2**

Suicide Prevention: Ulster County SPEAK Coalition will seek to reduce suicides in Ulster County by: promoting suicide prevention through public awareness and education; sponsoring suicide prevention trainings for gatekeepers; sponsoring suicide prevention trainings for professionals; participating in community wide forum on suicide prevention; participating in Ulster County's annual Human Services Expo; and the education of sportsmen's clubs and veterans groups on the importance of gun safety as it relates to suicide prevention

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 2.3**

The LGU will work closely with primary prevention providers: Ulster Prevention Council and Family of Woodstock, Inc., NAMI, school districts, law enforcement, coalitions, recovery community, and behavioral health service providers in UC to facilitate county-wide mental health and substance use prevention initiatives which will include prevention education, awareness, advocacy.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 2.4**

Reduce avoidable psychiatric emergency department visits, avoidable psychiatric hospitalizations and re-hospitalizations of individuals with behavioral health issues through the expansion of the Mobile Mental Health (MMH) Team hours of operation and coordination of ED and inpatient unit discharges with MMH for post discharge follow up.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 2.5**

Reduce overdose deaths by heroin and prescription opiates through: community education forums; community naran trainings; the development of a substance use and prevention resource and treatment guide; connecting grass roots coalitions throughout the community to each other and to more formal organizations such as Ulster Prevention; and the development of a Family Advocate position in the county that will assist concerned family members and substance users navigate the complicated insurance and treatment systems.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 2.6**

DSRIP PROJECT: In collaboration with the behavioral health provider community, the law enforcement community and Ulster County's FQHC, the LGU will coordinate the development of an outpatient crisis stabilization center for individuals at a point of crisis who are not in need of acute hospital intervention. This center will offer immediate psychiatric and medical intervention to individuals with behavioral health and substance use concerns and will connect individuals to follow up treatment.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 2.7**

Ulster County will 'map' substance abuse prevention and treatment services through out the county, including services that are taking place in schools and grass roots services, in an effort to identify gaps, identify redundancy, and increase collaboration among all service providers.

**Applicable State Agencies:** OASAS OMH OPWDD

**Priority Outcome 3:**

Improve consumer access to housing options and other supports that promote recovery and integration.

**Progress Report: (optional) *\*new***

Consumer access to housing in Ulster County remains difficult. Most affordable housing is in rural parts of the County where there is limited access to transportation. Ulster County Adult SPOA received 8 supported housing units through RCE funding. There are stipulations associated with this funding that impeded the speed with which SPOA was able to fill the units, but over time all 8 units have been occupied. In 2016, Ulster received an additional 20 supported housing units all located at an apartment complex that is not yet complete. The expectation is that when these units are open, the housing bottle neck will slightly loosen. There is limited licensed sober housing, and although there has been OASAS approval to build a second 1/2 way house for a number of years, the provider has had difficulty locating a suitable location. For OPWDD eligible individuals, there is a substantial number of individuals on the priority one (urgent) waiting list, but limited opportunities to place those individuals. With the implementation of Health Homes, we are finding that the care management supports to assist consumers with the maintenance of stabilization have dramatically decreased.

**Priority Rank: 3**

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- OPWDD People First Transformation

**Is this priority also a Regional Priority?** *\*new* No

**Strategy 3.1**

Ulster County has an identified and documented need for additional housing resources for persons with mental illness, substance use, and developmental disabilities. County residents need increased access to affordable, safe and conveniently located residences which provide support and necessary oversight for effective stabilization (monitoring) and restorative services leading to improved health and recovery outcomes.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 3.2**

The LGU and OASAS will support RSS / MCCDC in the development of a licensed Community Residence (Halfway House) for females.

**Applicable State Agency:** OASAS

**Strategy 3.3**

The LGU will provide assistance to and facilitate collaboration with housing providers (beyond OPWDD, OASAS and OPWDD licensed and funded) where persons with disabilities live. A considerable number of persons with mental illness live in unlicensed congregate settings inclusive of boarding homes, senior living and other settings who could benefit from LGU oversight.

**Applicable State Agencies:** OASAS OMH OPWDD

**Priority Outcome 4:**

The LGU will collaborate with provider agencies and the criminal justice system to fill the identified gaps and improve the system response for individuals who have behavioral health, substance use and / or co-occurring disorders and are involved in the criminal justice system

**Progress Report: (optional)** *\*new*

The LGU held quarterly Law Enforcement / Mental Health work group meetings with key stakeholders (Psychiatric ED director; Sheriff's department; jail staff) to identify system problems and work towards resolution of those problems. In collaboration with NAMI and the Ulster County Sheriff's Training Department, Ulster County LGU held a county wide Crisis Intervention Training (CIT) for law enforcement officers. The LGU successfully implemented a pilot project to divert individuals who have committed misdemeanors, and have been found incompetent to stand trial, to the local psychiatric ED at the Health Alliance of the Hudson Valley instead of being sent to Rockland State Psychiatric Center. The LGU participates in the County wide Police Chiefs Association meeting.

**Priority Rank:** 4

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *\*new*

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

**Is this priority also a Regional Priority?** *\*new* No

**Strategy 4.1**

The LGU will meet regularly with representatives from the criminal justice system, including but not limited to individuals from local, state and county law enforcement agencies, the county jail, EMS, and the district attorney's office in an effort to maintain open and transparent communication, identify training needs and service system gaps for individuals with behavioral health and criminal justice issues. The LGU will also participate with Law Enforcement at the monthly School Safety meeting and the monthly Ulster County Police Chief's Association meeting in an effort to develop collaboration and facilitate resolution of cross system issues.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 4.2**

The LGU will work with local law enforcement and local provider agencies to train law enforcement officers; first responders (EMS) and corrections officers in developing improved responses when dealing with individuals with behavioral concerns; substance use concerns and developmental disabilities.

**Applicable State Agencies:** OASAS OMH OPWDD

#### **Strategy 4.3**

The LGU, in collaboration with with Ulster County's Mobile Mental Health Team, will work closely with the local Ulster County police departments in an effort to reduce unnecessary arrests or emergency department visits by providing crisis stabilization / psychiatric intervention in the community at point of crisis.

**Applicable State Agencies:** OASAS OMH OPWDD

#### **Strategy 4.4**

The LGU will work closely with provider agencies to develop a project to work with individuals with behavioral health / substance abuse disorders incarcerated in the Ulster County Jail. This project is an effort to engage these individuals in treatment services including: physical health, supportive (DSS) services, behavioral health, and substance abuse services, with an eventual goal towards vocational services, as need is identified.

**Applicable State Agencies:** OASAS OMH OPWDD

#### **Strategy 4.5**

LGU will coordinate with OMH field office and legal department; Ulster County Jail; and the Health Alliance of the Hudson Valley to divert individuals who have been arrested on a misdemeanor charge and been found incompetent on a CPL 730 evaluation to HAHV instead of being sent to Rockland Psychiatric Center.

**Applicable State Agencies:** OASAS OMH OPWDD

#### **Strategy 4.6**

DSRIP PROJECT: In collaboration with the behavioral health provider community, the law enforcement community and Ulster County's FQHC, the LGU will coordinate the development of an outpatient crisis stabilization center for individuals at a point of crisis who are not in need of acute hospital intervention. This center will offer immediate psychiatric and medical intervention to individuals with behavioral health and substance use concerns and will connect individuals to follow up treatment.

**Applicable State Agencies:** OASAS OMH OPWDD

#### **Strategy 4.7**

The LGU, through a grant from SAMHSA, will coordinate a Sequential Intercept mapping of Ulster County's service and criminal justice system. This mapping will provide a conceptual framework to organize targeted strategies for justice involved individuals with behavioral health, substance use, and developmental disabilities in an effort to keep them out of jail and in treatment.

**Applicable State Agencies:** OASAS OMH OPWDD

#### **Strategy 4.8**

The LGU will work with the County Jail administration and medical service providers to develop a vivitrol program in the jail to improve the likelihood that individuals who have opiate addictions are able to remain abstinent upon release.

**Applicable State Agencies:** OASAS OMH OPWDD

**2017 Community Service Board Roster**  
 Ulster County Dept. of Mental Health (70660)  
 Certified: Amy McCracken (3/17/16)

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

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Amy Russell	<b>Name</b>	Nancy Schaeff
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	community / family	<b>Represents</b>	community
<b>Term Expires</b>	12/31/2016	<b>Term Expires</b>	12/31/2018
<b>eMail</b>	amybob41@gmail.com	<b>eMail</b>	schaef@hvc.rr.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Margaret Sellers	<b>Name</b>	Colleen Sheean
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Family / Community	<b>Represents</b>	consumer
<b>Term Expires</b>	12/31/2016	<b>Term Expires</b>	12/31/2018
<b>eMail</b>	mcsellers@aol.com	<b>eMail</b>	colleens@nyaprs.org
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Nina Singer	<b>Name</b>	Patricia Thayer
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Community	<b>Represents</b>	Community
<b>Term Expires</b>	12/31/2018	<b>Term Expires</b>	12/31/2018
<b>eMail</b>	ninis474@aol.com	<b>eMail</b>	mrstet@aol.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Timothy Wady, PhD	<b>Name</b>	Virginia Botero
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Community	<b>Represents</b>	community
<b>Term Expires</b>	12/31/2016	<b>Term Expires</b>	12/31/2017
<b>eMail</b>	twade@rondout.k12.ny.us	<b>eMail</b>	rnbotoero@aol.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Anne Flanagan Kelly	<b>Name</b>	Susan Laporte
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	community	<b>Represents</b>	community
<b>Term Expires</b>	12/31/2018	<b>Term Expires</b>	12/31/2017
<b>eMail</b>	akelly342@yahoo.com	<b>eMail</b>	susanl@hvc.rr.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Vincent McLaughlin	<b>Name</b>	Mary Netter
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	consumer	<b>Represents</b>	community
<b>Term Expires</b>	12/31/2016	<b>Term Expires</b>	12/31/2017
<b>eMail</b>	vinnym1983@yahoo.com	<b>eMail</b>	retten98@aol.com
<b>Member</b>			
<b>Name</b>	Theresa Pabon		
<b>Physician</b>	No		

<b>Psychologist</b>	No
<b>Represents</b>	community
<b>Term Expires</b>	12/31/2016
<b>eMail</b>	TPabon@hvc.rr.com

**OMH Transformation Plan Survey**  
Ulster County Dept. of Mental Health (70660)  
Certified: Amy McCracken (3/29/16)

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.

Ulster County received funding for the development of a limited mobile mental health (MMH) team. The team has been operational for over a year, and in mid July, due to additional pre investment money, we were able to expand MMH to another area of this large county. Over the course of 11 months of operation MMH has diverted 371 hospital ED visits. Ulster County also received pre-investment money to expand our ACT team from 48 - 68 slots, all of which are now full. ACT has been assistive in supporting and maintaining stabilization of individuals discharged from the State PC and article 28 hospital to the community.

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

Pre investment monies need to continue to flow into counties to build service capacity for increased access to services. Medicaid reimbursement is not enough to sustain outpatient providers. Often times patients are discharged from our article 28 before they are stabilized and require readmission which the article 28 is reluctant to do because of penalties. Additionally, pre-investment funding to support a crisis restoration center would assist counties in reducing hospitalization, arrest and improve crisis stabilization of individuals in behavioral health crisis.

**2017 Mental Hygiene Local Planning Assurance**  
Ulster County Dept. of Mental Health (70660)  
Certified: Amy McCracken (5/23/16)

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.