2020
Local Services Plan
For Mental Hygiene Services

Dutchess Co. Dept. of Beh & Com Health
September 5, 2019
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2020 Mental Hygiene Executive Summary
Dutchess Co. Dept. of Beh & Com Health
Certified: Nicholas Hobson (9/4/19)

Attachments

- Exec Summary 2020.pdf
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:

CHILDREN:

- Youth requiring psychiatric hospitalization are sent out county at high rates (there were three hundred forty-five such hospitalizations in 2018) creating a burden for families who do not have immediate access to loved
- 345 youth hospitalized out of county in 2018

CO-OCCURRING DISORDERS:

* DBCH is participating in the regional Co-Occurring Model of Care Initiative

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

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

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:

HERION/OPIOID DEPENDENCE:

- Dutchess County experienced a record 93 fatal drug overdoses in 2017.
- The overdoses show increased rates of Fentanyl in addition to heroin and prescription opioids.
- Data suggests an increase in opioid experimentation among the adolescent population.
- Community providers notice increased rates of cocaine abuse.
- Methadone patients admitted to the DCJail can be maintained throughout course of incarceration.
- LCR Methadone intakes were resumed in 2018.
- DBCH added a Recovery Coach to full-time staff. Additional coaches and other non-traditional methods should be expanded.

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

Please describe any unmet SUD service needs that have worsened:

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:

IDD:

- Funding for traditional IDD services has decreased.
- DBCH in collaboration with NY Systemic, Therapeutic, Assessment, Resources, and Treatment (START) held a conference in February 2019, “Adjusting the Practitioners Lense- Integrating People with an Intellectual/Developmental Disability into Clinical Practice”. The conference was well received by the 80 professionals who attended.
- The 2019 IDD Public Forum revealed a need for crisis training and aggressive behavior management for parents and care givers of individuals with IDD.

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

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

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.
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<tr>
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<th>Applicable State Agenc(ies)</th>
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<tr>
<td></td>
<td>OASAS</td>
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<tr>
<td>a) Housing</td>
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<td>b) Transportation</td>
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<td>c) Crisis Services</td>
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<tr>
<td>d) Workforce Recruitment and Retention (service system)</td>
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<tr>
<td>e) Employment/Job Opportunities (clients)</td>
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<tr>
<td>f) Prevention</td>
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<tr>
<td>g) Inpatient Treatment Services</td>
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<tr>
<td>h) Recovery and Support Services</td>
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<tr>
<td>i) Reducing Stigma</td>
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<tr>
<td>j) SUD Outpatient Services</td>
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<td>k) SUD Residential Treatment Services</td>
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<tr>
<td>l) Heroin and Opioid Programs and Services</td>
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</tr>
<tr>
<td>m) Coordination/Integration with Other Systems for SUD clients</td>
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<tr>
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<tr>
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<tr>
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<tr>
<td>z) Other Need 1 (Specify in Background Information)</td>
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<tr>
<td>aa) Other Need 2 (Specify in Background Information) (NEW)</td>
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<tr>
<td>ab) Problem Gambling (NEW)</td>
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<tr>
<td>ac) Adverse Childhood Experiences (ACES) (NEW)</td>
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(After a need issue category is selected, related follow-up questions will display below the table)

2f. Prevention - Background Information

The Council on Addiction Prevention and Education (CAPE) Student Assistance Counselors continue to use evidence-based programming in their school-based locations. Project Success and Teen Intervene guides the service delivery model in the four contracted districts. The following districts have CAPE counselors utilizing evidence-based practices: Dover Junior/Senior HS; Hyde Park (Haviland/FDR); Red Hook (Linden Ave. Middle School and Red Hook HS) and Wappingers (John Jay HS/Van Wyck JHS, Roy C. Ketcham HS, Wappingers JHS). CAPE’s Community Educator, trained in Too Good for Drugs and Too Good for Violence, provides those evidence-based curricula to public and private schools throughout Dutchess County upon request.

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

In collaboration with the ACES Task Force, DBCH will offer trainings on Adverse Childhood Experiences (ACES) and Trauma Informed Care (TIC) to all local school districts.

Objective Statement

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information
345 children and adolescents are psychiatrically hospitalized out of county in 2018.

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

**Goal Statement**
Do this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No
Develop children/adolescent inpatient mental health services within Dutchess County.

**Objective Statement**

**2. Heroin and Opioid Programs and Services - Background Information**
The rate of fatal heroin overdose continues to increase in Dutchess County with 2018 seeing a record 93 fatal overdoses. The rate of hospital emergency department admission for heroin/overdose is continuing to increase. Data suggests that adolescents are increasing experimentation with opioid drugs.

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

**Goal Statement**
Reduce the rate of fatal overdose in Dutchess County.
Reduce the rate of hospital emergency department admissions for heroin/opioid overdose.
Improve survey results regarding adolescent opioid experimentation trends.
Increase the number of individuals in recovery from opioid and other drug dependencies.

**Objective Statement**
Objective 1: Increase availability of outpatient chemical dependency treatment services for adolescents.
   Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**
The Lexington Ctr. for Recovery (LCR) offers the "Seven Challenges" group treatment curriculum in Page Park, Dover Plains, and Beacon clinic sites.

Approximately 650 units of treatment were provided in 2018 school age children.

**Attachments**
- 2019 Local Governmental Plan.pdf - 2019 Local Governmental Plan
- Dutchess County Local Government Plan 2018.pdf
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:
     See extensive description in the Dutchess County 2020 Local Governmental Plan.

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

7
Goal 2.2 Prevent opioid overdose deaths

- Increase availability of access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- Increase availability of access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- Build support systems to care for opioid users or those at risk of an overdose.
- Establish additional permanent safe disposal sites for prescription drugs and organized take-back days.
- Integrate trauma informed approaches in training staff and implementing program and policy.

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

- Address Adverse Childhood Experiences and other types of trauma in the primary care setting.
- Grow resilient communities through education, engagement, activation/mobilization and celebration.
- Implement evidence-based home visiting programs.

Goal 2.4 Reduce the prevalence of major depressive disorders

- Strengthen resources for families and caregivers.
- Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention.
- Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)

Goal 2.5 Prevent suicides

- Strengthen economic supports: strengthen household financial security, and policies that stabilize housing.
- Strengthen access and delivery of suicide care a€“ Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems).
- Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use.
- Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program.

Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population

- 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.
- Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction.
- Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers.

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:

The Tenth Annual Building Bridges Conference bringing schools and agencies together was held on October 12, co-sponsored this year by Marist College. Twelve of the thirteen districts were represented along with 28 agencies. In total, 180 individuals attended, focus of the day was on Adverse Childhood Experiences and Resilience.

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)?

- No
- Yes, please explain:
The Council on Addiction Prevention and Education (CAPE) Student Assistance Counselors continue to use evidence-based programming in their school-based locations. Project Success and Teen Intervene guides the service delivery model in the four contracted districts. The following districts have CAPE counselors utilizing evidence-based practices; Dover Junior/Senior HS; Hyde Park (Haviland/FDR); Red Hook (Linden Ave. Middle School and Red Hook HS) and Wappingers (John Jay HS/Van Wyck JHS; Roy C. Ketcham HS; Wappingers JHS). CAPE’s Community Educator, trained in Too Good for Drugs and Too Good for Violence, provides those evidence-based curricula to public and private schools throughout Dutchess County upon request.

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?

- No
A survey was conducted by DBCH with local educators to evaluate the effectiveness of Second Step. 62% of respondents stated that they are using the curriculum in their work with students.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?
   - No
   - Yes, please explain:

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:

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:

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:

The Co-Occurring Initiative currently underway has broad applicability to prevention opportunities.

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:
Extensive education, outreach, to public and professionals through Task Force, Community Forums, monthly Mental Health and Chemical Dependency Providers Meeting; ACES trainings offered.

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
   If yes, please list:

   Title of training(s):
   In 2018, 23 Mental Health and Youth Mental Health Trainings were held. There were 521 total individuals trained in this curriculum. Trainings are provided to community agencies, schools, the public, and the office of the aging. The curriculum has a strong suicide prevention component as well as reducing stigma and increasing access to services. ASIST: Applied Suicide Intervention Training - 57 individuals from the community were trained in two 2-day trainings. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.
   Question Persuade & Refer (QPR) Suicide Prevention - 13 individuals at the Red Hook Community Center were trained. This is a 1.5-hour training to help people recognize the signs of a person thinking of suicide and how to assist them in obtaining help.
   Suicide Safety for Teachers - trained a total of 155 teachers in Wappingers, Pawling, and Spackenkill districts. This is an OMH training focused on helping teachers recognize signs of suicide. The training requires a building administrator to be present to discuss school policy.
   Crisis Intervention Training is an intensive 40-hour training developed for law enforcement officers to build on their specialized skills when responding to persons with a mental illness or substance abuse disorder. Tactics for de-escalation of a crisis are taught as well as effective communication skills. There is also a focus on suicide prevention, intervention and substance use. The training team consists of law enforcement and mental health professionals. In Dutchess County, 75% of officers have attended the training. The Town of Poughkeepsie is 100% trained.

   How many hours: Over 100
   Target audience for training: Public and Professionals
Estimate number trained in one year: 700

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:

Efforts of the Dutchess County Resiliency Council promote inclusion of all age groups in prevention programming.
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 VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

**NYS Behavioral Health (BH) 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 ☐ No ☐
   b) Please provide more information:

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?
   a) Yes ☐ No ☐
   b) Please explain:

3. Are there any behavioral health providers in your county in VBP arrangements?
   a) Yes ☐ No ☐
   b) Please explain (if "yes" include steps providers have taken 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:

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:

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:
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<td>Stephanie Darsa, Ph.D.</td>
<td>Provider</td>
<td>12/2021</td>
<td></td>
</tr>
<tr>
<td>John R. Ashburn Jr, Ph.D.</td>
<td></td>
<td>12/2019</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Quinn, Ph.D.</td>
<td>Provider</td>
<td>12/2019</td>
<td></td>
</tr>
<tr>
<td>Ronald Lehrer, LMSW</td>
<td></td>
<td>12/2017</td>
<td></td>
</tr>
<tr>
<td>Susan Haight, RN</td>
<td>Family</td>
<td>12/2017</td>
<td></td>
</tr>
<tr>
<td>Joan Cybulski, LMHC</td>
<td>Provider</td>
<td>12/2019</td>
<td></td>
</tr>
<tr>
<td>Amy Tully, Ph.D.</td>
<td>Provider</td>
<td>12/2021</td>
<td></td>
</tr>
</tbody>
</table>

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>Profession</th>
<th>Represents</th>
<th>Term Expires</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosemary Thomas</td>
<td>Physician, Psychologist</td>
<td>Family</td>
<td>12/2019</td>
<td></td>
</tr>
<tr>
<td>Terry Schneider</td>
<td>Physician, Psychologist</td>
<td>Consumer</td>
<td>12/2018</td>
<td></td>
</tr>
<tr>
<td>Benjamin S. Hayden, Ph.D.</td>
<td>Physician, Psychologist</td>
<td>Family</td>
<td>12/2018</td>
<td></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: 0
Alcoholism and Substance Abuse Subcommittee Roster
Dutchess Co. Dept. of Beh & Com Health (70180)
Certified: William Eckert (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>Elizabeth Marie Cooke</td>
<td>Yes</td>
<td>Provider</td>
<td></td>
</tr>
<tr>
<td>Sharon Herring</td>
<td>Yes</td>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Quinn, Ph.D.</td>
<td>Yes</td>
<td>Provider</td>
<td></td>
</tr>
<tr>
<td>Alison Heidmann</td>
<td>Yes</td>
<td>Provider</td>
<td></td>
</tr>
<tr>
<td>Lauren Olsen, LMHC</td>
<td>Yes</td>
<td>Provider</td>
<td></td>
</tr>
<tr>
<td>Jo-Ann Capozella</td>
<td>Yes</td>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Joleen Darby</td>
<td>Yes</td>
<td>Provider</td>
<td></td>
</tr>
<tr>
<td>Rosemary Thomas</td>
<td>Yes</td>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Shirley Adams</td>
<td>Yes</td>
<td>Community</td>
<td></td>
</tr>
</tbody>
</table>
**Mental Health Subcommittee Roster**
Dutchess Co. Dept. of Beh & Com Health (70180)
Certified: William Eckert (6/3/19)

**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 Representative", 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>Amy Tully, Ph.D</td>
<td>Yes</td>
<td>Provider</td>
<td></td>
</tr>
<tr>
<td>Gail Buckle</td>
<td>Yes</td>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>Stephanie Darsa, Ph.D</td>
<td>Yes</td>
<td>Provider</td>
<td></td>
</tr>
<tr>
<td>Anthony Kavouras</td>
<td>Yes</td>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Terry Schneider</td>
<td>Yes</td>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>Jean Miller</td>
<td>Yes</td>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Joan Cybulski</td>
<td>Yes</td>
<td>Provider</td>
<td></td>
</tr>
</tbody>
</table>

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

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness: 0
<table>
<thead>
<tr>
<th>Name</th>
<th>CSB Member:</th>
<th>Represents:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benjamin S. Hayden, Ph.D., Chair</td>
<td>Yes</td>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>Al Marotta</td>
<td>No</td>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>Ronald Lehrer, LMSW</td>
<td>Yes</td>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Susan Haight, RN</td>
<td>Yes</td>
<td>Provider</td>
<td></td>
</tr>
<tr>
<td>Cindy Merritt</td>
<td>Yes</td>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>Mark Searle</td>
<td>Yes</td>
<td>Provider</td>
<td></td>
</tr>
<tr>
<td>Patrick Muller</td>
<td>Yes</td>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>Heather Chadwell-Dennis</td>
<td>Yes</td>
<td>Community</td>
<td></td>
</tr>
<tr>
<td>Corinne Baratta-Gannon</td>
<td>Yes</td>
<td>Community</td>
<td></td>
</tr>
</tbody>
</table>
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.
Under New York State regulations, providers certified under the following parts are required to "have a qualified individual designated as the Health Coordinator who will ensure the provision of education, risk reduction, counseling and referral services to all patients regarding HIV and AIDS, tuberculosis, hepatitis, sexually transmitted diseases, and other communicable diseases":

- Chemical Dependence Residential Rehabilitation Services for Youth (Part 817)
- Chemical Dependence Inpatient Rehabilitation Services (Part 818)
- Chemical Dependence Residential Services (Part 819)
- Residential Services (Part 820)
- Non-Medically Supervised Chemical Dependence Outpatient Services (Part 821)
- Chemical Dependence Outpatient and Opioid Treatment Programs (Part 822)

Regulatory requirements regarding Health Coordinators and comprehensive treatment plans are defined for each chemical dependence treatment service category in the Official Compilation of the Codes, Rules and Regulations of the State of New York. For additional information, please refer to the applicable regulations located on the OASAS Website.

The Health Coordination Survey documents compliance with OASAS regulations and, for those programs that are funded by OASAS, additionally documents requirements of the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. Early HIV Intervention Services (EIS), which under the SAPT Block Grant must be provided on site of chemical dependence treatment, are defined as: pre- and post-test counseling for HIV, the actual testing of individuals for the presence of HIV and testing to determine the extent of the deficiency in the immune system, and the provision of therapeutic measures to address an individual's HIV status. OASAS has determined that Health Coordinators and OTP comprehensive treatment planning provide EIS.

All questions on this form should be answered as they pertain to each program operated by the agency. The responses to this survey should be coordinated to ensure accuracy of responses across all programs within the agency. We are asking that the survey be completed by Monday, April 1, 2020. Any questions related to this survey should be directed to Matt Kawola by phone at 518-457-6129, or by e-mail at Matt.Kawola@oasas.ny.gov.

1. What is the overall average fringe benefit rate paid to employees by this agency? This number must be entered in number format as a percentage of salary, without the percent sign or symbols (example: 20.5).

51 %

2. How are health coordination services provided to patients in each program operated by your agency? (check all that apply)

<table>
<thead>
<tr>
<th>PRU</th>
<th>Program</th>
<th>Paid Staff</th>
<th>In-kind Services</th>
<th>Contracted Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>51770</td>
<td>Dutchess Co. Dept. of BCH OP</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>51924</td>
<td>Dutchess Co. Dept. of BCH OP R</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Please provide the following information for each PRU where those paid staff and in-kind services services are provided. If multiple individuals provide these services at a single program, provide the total hours worked and the hourly pay rate for each individual. For hourly pay rate, use number format without a dollar sign or symbols (example: 37.5).

<table>
<thead>
<tr>
<th>PRU</th>
<th>Program</th>
<th>Hours per Week Worked as a Health Coordinator</th>
<th>Hourly Rate (dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>51770</td>
<td>Dutchess Co. Dept. of BCH OP</td>
<td>10</td>
<td>$50.</td>
</tr>
<tr>
<td>51924</td>
<td>Dutchess Co. Dept. of BCH OP R</td>
<td>25</td>
<td>$50.</td>
</tr>
</tbody>
</table>

4. Please provide the following information for each PRU where those contracted services are provided. If multiple contracted individuals provide these services at a single program, provide the total hours worked per week and the average hourly rate paid. For dollars paid, use number format without a dollar sign or symbols (example: 37.5).

<table>
<thead>
<tr>
<th>PRU</th>
<th>Program</th>
<th>Hours per Week Worked as a Health Coordinator</th>
<th>Hourly Rate (dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>51770</td>
<td>Dutchess Co. Dept. of BCH OP</td>
<td>4</td>
<td>$50.</td>
</tr>
<tr>
<td>51924</td>
<td>Dutchess Co. Dept. of BCH OP R</td>
<td>13</td>
<td>$50.</td>
</tr>
</tbody>
</table>
The OASAS Division of Practice Innovation and Care Management (PICM) maintains contact information on clinical supervisors in order to communicate on matters of interest and importance to the practice of clinical supervision. This form was developed to collect contact information on all clinical supervisors in OASAS-certified treatment programs. The information will be maintained in the County Planning System and will be required to be updated annually in the spring. This form can be updated at any time throughout the year by contacting the OASAS Planning Unit oasasplanning@oasas.ny.gov and requesting that the form be decertified so that the information can be revised.

To enter the contact information for a clinical supervisor, click on the “Add a Clinical Supervisor” link below. Click on the link again to enter contact information for additional clinical supervisors.

<table>
<thead>
<tr>
<th>Name</th>
<th>Colleen Feroe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials</td>
<td>LCSW-R</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:cferoe@dutchessny.gov">cferoe@dutchessny.gov</a></td>
</tr>
<tr>
<td>Phone</td>
<td>845-486-3691</td>
</tr>
</tbody>
</table>
The following survey is designed to provide OASAS with program-level information regarding two topics that are integral to ensuring that individuals with Substance Use Disorders (SUDs) receive the highest quality care. Part I asks about Electronic Health Record (EHR) usage and Part II collects information regarding the treatment of individuals identifying as lesbian, gay, bisexual, transgender or questioning (LGBTQ). Questions related to this survey should be directed to Carmelita Cruz at Carmelita.Cruz@oasas.ny.gov.

PART I - Electronic Health Record (EHR) Survey

An Electronic Health Record (EHR) is a computerized record of health information about individual patients. Such records may include a whole range of data in comprehensive or summary form, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal information like age and weight, and billing information. Its purpose is to be a complete record of patient encounters that allows the automation and streamlining of the workflow in health care settings and increases safety through evidence-based decision support, quality management, and outcomes reporting.

The purpose of Part I of this survey is to assess your agency's status on the adoption of an EHR, and which EHRs are most commonly used by OASAS-certified programs.

1. Does your program use an electronic health record?
   - No
   - Yes, please provide the company and product names of your EHR below:
     Company Name (e.g., Allscripts, Netsmart, Core Solutions, etc.):
     Cerner
     Product Name (e.g., Paragon, CareRecord, Cx360, etc.)
     Cerner Community Behavioral Health

PART II - Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Policy and Technical Assistance Survey

Research suggests that Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. OASAS recognizes that culturally sensitive treatment often results in more effective treatment. In order to protect the rights of LGBTQ individuals receiving Substance Use Disorder (SUD) treatment OASAS issued Local Services Bulletin (LSB) 2017-04 "Affirming Care for Lesbian, Gay, Bisexual, Transgender and Questioning Clients in OASAS Programs."

The purpose of Part II of this survey is to gather background information regarding the LGBTQ populations served by OASAS-certified SUD treatment programs so that OASAS may develop technical assistance for providers in order to deliver the best possible care to LGBTQ individuals.

2. Is your program aware of Local Services Bulletin (LSB) 2017-04 "Affirming Care for Lesbian, Gay, Bisexual, Transgender and Questioning Clients in OASAS Programs"
   - No
   - Yes

3. In your opinion and not relying on data reported to OASAS, please estimate the percentage of total clients treated over the course of a year that identify as lesbian, gay, bisexual, transgender or questioning
   - 12%

4. Does your program require technical assistance to comply with the requirements of the LSB?
   - No
   - Yes, I need assistance with the following (check all that apply)
     a) Developing policies and procedures
     b) Staff training on affirming LGBTQ care
     c) Staff training on evidence-based practices, such as delivering trauma informed care
     d) Other, please describe:
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   - [x] Yes, please provide the company and product names of your EHR below:

   Company Name (e.g., Allscripts, Netsmart, Core Solutions, etc.):
   Cerner

   Product Name (e.g., Paragon, CareRecord, Cx360, etc.)
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   - [x] Yes

3. In your opinion and not relying on data reported to OASAS, please estimate the percentage of total clients treated over the course of a year that identify as lesbian, gay, bisexual, transgender or questioning
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   - [ ] Yes, I need assistance with the following (check all that apply)
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     b) Staff training on affirming LGBTQ care
     c) Staff training on evidence-based practices, such as delivering trauma informed care
     d) Other, please describe:
Dutchess County Dept. of Behavioral and Community Health (DBCH)

Executive Summary - Plan Year 2020

The past planning year (2019) introduced both challenges and opportunities to the public health and behavioral health systems in Dutchess County. The opioid epidemic continues unabated with a record ninety-three (93) fatal overdoses in Dutchess County in 2018. Youth requiring psychiatric hospitalization are sent out county at high rates (there were three hundred forty-five such hospitalizations in 2018) creating a burden for families who do not have immediate access to loved ones in local facilities. Difficulties with professional recruitment and workforce development continue to hamper system-wide programming advancement. The recruitment of psychiatrists, nurse practitioners, and physician assistants is particularly acute and costly when these titles are hired as locum tenens.

The 2019 Annual Public Forums allowed DC residents who utilize the local behavioral health care system to voice their opinions and concerns. A theme emerged in this year’s forums around the sense of social isolation experienced by individuals who have been involved with the system for many years. Some consumers and family members articulated dissatisfaction with the degree of communication between inpatient units, care managers, and outpatient clinics.

DBCH completed two important criminal justice related research projects in 2018 and 2019. The first study compared four years of DC Medical Examiners Office (MEO) fatal overdose data with information contained in the Dutchess County Jail (DCJ) database. Analysis of the resulting database confirms a strong correlation between release from incarceration and subsequent fatal overdose in the community. The MEO survey validates local attempts to intensify jail release planning efforts and supports strategies to bring medication assisted treatment (MAT) to the DC Jail.

A second research project examined outcomes for 700 incarcerated individuals who were evaluated by DBCH for substance abuse and mental health treatment in 2016 and 2017. The rates of recidivism for this group points to the need for a system-wide revision of our protocols for court mandated treatment referrals.
Priorities for the 2020 planning year include the Co-Occurring/Complexity Capable Services regional initiative which promotes Dr. Ken Minkoff’s vision of care. The Co-Occurring initiative is an expansion of the “no wrong door” philosophy but far more inclusive of all age and ability groups. The concept of consumer boards consisting of individuals who currently receive or formerly received services is essential to this model.

It is urgent that providers absorb and implement the OASAS Person Centered Care guidance which incorporates harm reduction strategies and treatment goals other than abstinence. Person centered care as articulated in the recent guidance is a departure from the traditional concepts of substance abuse treatment; providers will need require support and training to successfully apply the new more expansive and welcoming recommendations.

Housing for individuals of all ability groups continues to be a concern; the LGU will work with community partners to explore any potential sources of grant money or other funding related to expanding residential opportunities.
Local Governmental Plan 2019

Priority Outcome 1

**Prevention:** Promote and enhance emotional and physical health, prevent or delay the onset of symptoms of mental illness and substance abuse and prevent suicide.

Priority Rank 1

Rationale: Dutchess County continues to believe that prevention is the most powerful tool to help us become the healthiest county in New York State.

Strategy 1.1 Continue to follow the SAMHSA Strategic Prevention Framework model to guide all prevention activities which utilizes research and data to inform our work plan.

Progress: The Dutchess County Council on Addiction Prevention and Education, of Dutchess County, Inc. (CAPE) administers the Dutchess County Youth Risk and Protective Survey in the local school districts. This survey collects behavioral data related to youth risk and protective factors from the self-report of students in grades 8, 10 and 12. For the first time all 13 public school districts in Dutchess County participated in the 2017 survey. These results were made available in the first quarter of 2018; consistent with previous surveys the results mirror national statistics (Monitoring the Future) reflecting the continued positive outcomes of strategic prevention strategies.

The Prevention Council has been re-formed and renamed the Resiliency Council; it is being restructured with new group members consisting of key stakeholders in the fields of Behavioral and Community Health, prevention, Office for the Aging, Department of Community and Family Services, education, domestic violence, community services, people with lived experience, law enforcement, and contract agencies.

The Ninth Annual Building Bridges Conference was held on October 26, 2017 at Locust Grove. This conference brings together schools and agencies to network and learn about local resources, with an emphasis on mental health. A total of 165 individuals participated with representatives from 12 of the 13 school districts in the County, 1 private school and 26 agencies. The 2018 Conference is in the planning stage.

Fifteen Youth Mental Health First Aid and Adult Mental Health First Aid trainings were provided throughout the county to community agencies, schools, veteran’s organizations, law enforcement personnel and treatment providers. More than 250 individuals were trained in 2017. By the end of the first quarter of 2018 an additional 4 MHFA and YMHFA trainings were provided to staff at local school districts, Marist College, and The Family Partnership.

Suicide Safety for Teachers (SST) was provided to two school districts; October 20, 2017, to 84 teachers at the Middle and High School in Millbrook; November 17, 2017, to 35 teachers in the Spackenkill High School; and February 6, 2018 to 31 Spackenkill Central School District staff.
A Mental Health Signs and Symptoms workshop was presented to 400 students and staff at the Spakenkill School District’s Todd Middle School in April 2018.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.2 Continue to promote the implementation of evidence-based programs in the schools Pre-K-12 grades that will address the risk and protective factors identified in the youth surveys.

Progress: CAPE’s Students Assistance Counselors continue to use evidence-based programming in their school-based locations. Project Success and Teen Intervene guides the service delivery model in the four contracted districts: Dover Union Free, Hyde Park Central, Red Hook and Wappingers. CAPE’s Community Educator, trained in Too Good for Drugs and Too Good for Violence, provides those evidence-based curricula to public and private schools throughout Dutchess County upon request. CAPE has submitted its application for the Marathon Project to the National Registry for Evidence-based Programs and Practices (NREPP). It is now identified as a promising practice by SAMHSA as they await evidence-based program status.

Second Step, an evidence-based program that teaches youth coping and problem-solving skills, builds empathy and self-esteem, is being utilized in 18 schools in Dutchess County as well as in all Head Start programs. This is a classroom-based intervention provided by the teachers. County prevention funds are utilized to purchase the Second Step kits.

Teen Intervene is an evidence-based 3-5 session model used to address risks factors for substance use. Prevention funding is available to purchase the curriculum for therapists receiving this training. The Department of Behavioral and Community Services (DBCH) is in the process of adding an additional trainer for this curriculum in 2018.

In the first quarter of 2018, several additional local school districts requested and received training in Mental Health First Aid.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.3 In Dutchess County, the three Community Coalitions remain actively involved in the actualization of regional prevention efforts.

Progress: The Northern Dutchess Community Coalition (NDCC) has been active in the community providing Narcan trainings as well as a community forum highlighting alternative pathways to recovery. The NDCC held a community forum in the fall of 2017 with a focus on “Alternatives to Prescription Pain Medication” for the treatment of chronic pain.

The Southern Dutchess Community Coalition (SDCC) launched the first annual Youth Health Rally in 2016. In 2017 this initiative was continued with all 13 school districts in Dutchess County participating.
This event was attended by 1,500 9th graders and proved to be an excellent venue where students can have fun and receive positive messages. The theme for the 2017 rally was Living Life Unwasted. The 2018 rally is in the planning stage.

The Harlem Valley Community Coalition and NDCC, mentored by CAPE and trained in the Strategic Prevention Framework (SPF), continues to develop community initiatives: Community Forums, Narcan trainings, and Youth Mental Health First Aid.

Applicable State Agencies:
Substance Abuse and Mental Health Services Administration
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.4 Continue to develop and implement strategies to decrease prescription opioid and heroin abuse.

Progress: The Dutchess County Substance Abuse Workgroup has been reorganized and renamed the Opioid Task Force. Efforts continue to actualize its work plan to address opioid and heroin abuse. In 2017, work focused on increasing public awareness of the process of addiction, availability of support and treatment resources, the reduction of stigma, and increasing hope for recovery. The January 2018 Opioid Task Force meeting generated a number of smaller workgroups tasked with specific aspects of the overall plan. Some of the topics include:

1. Criminal Justice Strategies
2. Court Diversion
3. Police Diversion (pre-arrest)
4. “All Coaches In One Room”- assessing the capacity of the recovery community in Dutchess County
5. Gap- filling the need for immediate contact with opioid dependent individuals returning to Dutchess County from institutional care.
6. Pharmacist Group- developing strategies to increase utilization of this often overlooked group of health care professionals
7. Harm Reduction Integration
8. Grassroots Connections- engagement of family, peer, and community partners
9. Hospital/Emergency Department (ED) Connections- community follow up with individuals brought to the ED after a Narcan reversal

The prescription Drug Take Back events have been extraordinarily effective; efforts are underway with local pharmacies to install collection boxes in their establishments. The quantities collected per year were as follows: 2013- 426 lbs., 2014- 877.5 lbs., 2015- 1,074 lbs., 2016- 2,145 lbs., 2018- 3,019 lbs.

One Screening, Brief Intervention, Referral & Treatment (SBIRT) training was done in 2017. Twenty people from nine different agencies attended. An additional SBIRT training was held in January of 2018 in collaboration with Montefiore Hospital. DBCH is working to identify an additional SBIRT trainer in an effort to bring the use of this instrument to additional settings.
CAPE received a peer engagement specialist grant, courtesy of NYS OASAS. That grant was operationalized in June of 2017, and provides two peer engagement specialists who are co-located in Northern Dutchess Hospital, Vassar Brothers Hospital, Mid-Hudson Regional Hospital (MHRH) and Putnam Hospital Center to guide recovery and to connect individuals with substance use disorders and their family to treatment and support.

DBCH is exploring the use of overdose data to craft real time responses to overdose clusters.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.5 Continue to develop and implement suicide prevention strategies targeting the high risk groups of youth, veterans and older adults.

Progress: Mental Health First Aid (MHFA) has a strong suicide prevention component. Fifteen Youth Mental Health First Aid and Adult Mental Health First Aid trainings were provided throughout the county to community agencies, schools, veteran’s organizations, law enforcement personnel and treatment providers. More than 250 individuals were trained in 2017. By the end of the first quarter of 2018 an additional 4 MHFA and YMHFA trainings were provided to staff at local school districts, Marist College, and The Family Partnership.

In 2017, two Applied Suicide Intervention Skills Trainings (ASIST) were provided; 57 individuals from multiple agencies including law enforcement were trained. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. In January 2018, ASIST was provided to 29 individuals; an additional training will be provided during the year.

Question, Persuade & Refer (QPR), a suicide prevention program, was provided to two youth groups in Dutchess County for a total of 18 youth. QPR is intended to teach individuals how to recognize warning signs of suicide and provides guidelines on how to Question a person about potential suicidal thoughts, Persuade them to seek help, and Refer them to appropriate professional services.

Suicide Safety for Teachers (SST) was offered to two school districts; to 84 teachers at the Middle and High School in Millbrook on October 20, 2017, to 35 teachers in the Spackenkill High School November 17, 2017, and to 31 Spackenkill Central School District staff on February 6, 2018.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.6 Continue to promote texting and other social media modalities as a method of communication through HELPLINE.

Progress: Multiple modes of “teen friendly” advertising were developed in 2017 including colorful cards, water bottles and glow in the dark bracelets. To date 6,000 bracelets have been distributed. Some of the funds received in the grant from the NYS Suicide Prevention Center were earmarked to buy
additional promotional materials to advertise texting. Laminated Talk or Text cards have been obtained and are being placed in high school bathrooms around Dutchess County. Similar efforts will continue in 2018.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.7 Continue to educate the community about the needs of individuals struggling with mental health and substance abuse issues, decrease the stigma, and increase help seeking behavior. Dutchess County will continue to offer Mental Health First Aid (MHFA) to the community and Crisis Intervention Training (CIT) for police. The CIT goal is to train 25% of the police in the 40-hour curriculum and the other 75% in the MHFA curriculum for Public Safety Officers.

Progress: The 40-hour Crisis Intervention Team (CIT) training was offered as a part of the basic training to law enforcement officer cadets at the Dutchess County Academy. In 2017 there were several 40-hour CIT trainings offered throughout the year hosted by DBCH at 230 North Rd.; a combined number of 100 officers were trained. An additional 34 police officers were trained in the 40 hour CIT curriculum in January and April of 2018.

CAPE’S Second Annual Youth Rally was attended by 1500 9th graders from 13 school districts in 2017.

In 2017 fifteen Youth Mental Health First Aid and Adult Mental Health First Aid trainings were provided throughout the county to community agencies, schools, veteran’s organizations, law enforcement personnel and treatment providers. More than 250 individuals were trained.

A school email list was created to provide schools with up to date resources throughout the year.

Binders containing information on Children’s Services were compiled for the Stabilization Center and the Mobile Crisis Intervention Team (MCIT). These binders contain resources for youth and families and will be updated regularly.

Children’s Care Coordination began in December 2016. In 2017, written materials were developed on Children’s Health Homes and Care Management Organizations as part of outreach materials to educate the community.

Presentations on Children’s Services were provided in 2017 to parents at NAMI’s Basic Class: February 4, at the Northeast Community Center and on November 4, at Arlington High School.

A district wide presentation on mental health services was presented in 2017 to the Millbrook School District for 100 staff.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
Strategy 1.8 Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to staff in the Mobile Crisis Intervention Team (MCIT), Stabilization Center, Hudson Valley Mental Health (HVMH), primary care providers and emergency department personnel. Train staff who work with adolescents in Teen Intervene.

Progress: DBCH is actively seeking to identify additional trainers for both the SBIRT and Teen Intervene curricula.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.9 Continue to promote Narcan use by the general public, family members of addicted individuals, law enforcement, first responders, individuals leaving rehabilitation programs, participants in recovery groups and individuals leaving jail who have a history of opiate abuse.

Progress: DBCH and its community partners trained over 2,400 people in the administration of Narcan in 2017.

DBCH and Re-Entry Stabilization Transition and Reintegration Track (RESTART) clinicians and case managers in the Dutchess County Jail received Narcan training in 2017. Jail based mental health staff can now provide Narcan trainings to opioid dependent DC Jail inmates. Inmates that have received this training are provided with Narcan kits upon release. In 2018 the goal will be for corrections staff to receive the Narcan training and for the kits to be available on each DC Jail unit.

All Stabilization Center staff is Narcan trained. Two Narcan overdose reversals were administered by Stabilization Center medical staff since its’ opening in February 2017. The timely response of the Stabilization Center staff saved the lives of the two guests involved in these incidents.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.10 Promote continuing education of licensed prescribers especially primary care physicians (PCP) on the use of opioid medications, addiction as a brain disease and public health issues surrounding this disease.

Progress: A workgroup has been formed with DBCH and contract agency staff that will create a curriculum that can be provided to local physicians in varying scopes of practice.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.11 Population Health: incorporate mental health, physical wellbeing, social determinants of health and prevention efforts into a comprehensive, global view of wellness and recovery. Providers will incorporate a pre-diabetes screen into the intake process for new patients.

Progress: The DBCH recommended Pre-Diabetes Screening Form was presented at the May 8, 2017 and the April 9, 2018 Providers Meetings. At the 2018 Providers Meeting, Dr. Richard Miller, the DBCH
Medical Director, and Ozie Williams, DBCH Public Health Nutrition Educator, provided a power point explanation of the form and its relevance to the population receiving mental health services. All providers of direct patient care are now utilizing some version of a diabetes or pre-diabetes screening assessment.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.12 Providers will encourage smoking cessation and provide access to Nicotine Replacement Therapy (NRT) and cessation support groups.

Progress: CAPE provides the evidence-based smoking cessation program developed through Seton Hall - The Butt Stops Here. The newest version of Teen Intervene provides screening and brief intervention around smoking, vaping and chewing tobacco.

The OASAS sponsored, Addressing Tobacco Dependence in Addiction Services, was held January 12, 2018 with a follow up training on March 23, 2018.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Priority Outcome 2

**Treatment:** Ensure that all individuals living with mental illness, chemical dependency and intellectual and developmental disabilities (IDD) have sufficient access to evidence based services meeting all quality of care standards.

Priority Rank 2

Rationale: Healthcare delivery is moving toward an integrated system of care including primary healthcare and behavioral health. Since the Dutchess County Dept. of Mental Hygiene and the Dutchess County Dept. of Health merger in 2016, DBCH has emphasized strengthening healthcare access through all avenues to ensure the comprehensive assessment of identified behavioral and physical health needs.

Strategy 2.1: The Local Governmental Unit (LGU) and behavioral health treatment providers will work closely with behavioral health organizations, managed care organizations (MCO), Health Homes, Delivery System Reform Incentive Payments (DSRIP), Performing Provider System (PPS) and primary care providers (PCP) to ensure that the network of service providers is robust and meets the needs of the individuals seeking care in Dutchess County. Regular participation in planning and governance meetings with these entities will facilitate preparation for the Value Based Payment (VBP) initiative.

Progress: In early 2018, Children’s Care Coordinators participated in the Children’s Single Point of Access (CSPOA) committee meetings that review youth applications for high risk services. The Children’s SPOA Coordinator will continue educational efforts in the community, specifically to schools, about Health Homes and the referral process to Care Coordination Organizations through the SPOA Committee.
In consultation with the City of Poughkeepsie School district, Astor will seek to establish a satellite clinic in the City of Poughkeepsie Middle School.

Mental Health America (MHA), a Coordinated Behavioral Health Services (CBHS) team partner, presented a detailed overview of Health and Recovery Plans (HARP) and Home and Community-Based Services (HCBS) services at the September 11, 2017 Providers Meeting.

DBCH will organize a meeting with the local Medicaid Managed Care Organizations (MCO) to discuss billable criteria for HARP and HCBS services in 2018.

The Hudson River Health Care (HRHC) Mobile Health Center provides services to individuals living with mental illness and chemical dependency twice per month at the 230 North Rd. mental health center.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.2 The Office for People with Developmental Disabilities (OPWDD) system will be moving to managed care in 2018.

Progress: The Care Coordination Organizations have been identified and agencies are affiliating with them to provide Care Coordination. Families with Medicaid Service Coordinators (MSC) have been notified of the transition from MSC to Care Coordination. Agencies are working toward making this as smooth a transition as possible for families.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.3 IDD providers with workshops will continue the transformation of their workshops in accordance with the new OPWDD specifications.

Progress: In November 2017, Abilities First transitioned approximately 90 individuals in their workshop to other programs such as day habilitation with or without walls, community pre-vocational and supported employment. The Arc of Dutchess transitioned approximately 29 individuals into day habilitation. Currently there are 91 individuals still attending the Arc of Dutchess workshop. Plans continue to transition additional individuals to day habilitation and some individuals to community pre-vocational services. The Arc of Dutchess continues to explore an integrated business for the individuals that remain.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.4 Ensure that individuals have immediate access to care. Immediate access will include timely outpatient clinic intake appointments, the availability of MCIT and other crisis service interventions, continued 24 hour Stabilization Center access, and decreased wait time between the intake appointment and a meeting with a psychiatrist or other prescriber. The recruitment of
psychiatrists and other prescribers has been a persistent problem. This has created long wait times and an over use of the Emergency Department for prescription refills.

Progress: An ad hoc group will be formed to analyze issues and develop an action plan to address the scarcity of psychiatrists and other prescribers. Astor initiated the use of tele psychiatry in July 2017.

Transition of Care Team: formed in December of 2017 consisting of peer advocates and HVMH staff who actively manage release planning from MHRH mental health unit with the goal of decreasing the rate of un-kept outpatient intake appointments.

CORE Team: supported by a SAMHSA grant, Lexington Center for Recovery (LCR) staff are tasked with facilitating immediate access to medication assisted treatment for opioid dependent individuals.

The DBCH Stabilization Center: a grant has been applied for that would fund a full time prescriber.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.5 DBCH Diversion services have been expanded to provide continuous year round, seven days a week, 24 hours a day availability serving adults, children of all ability groups. The anticipated impact of these programs is to decrease emergency department visits for individuals living with mental illness, chemical dependency, and IDD, reduce the need for inpatient hospitalization, and reduce the lengths of stay on psychiatric inpatient units.

Progress: Since its opening in February 2017, the DBCH Stabilization Center has provided 7,163 services to 2,028 guests. Initial feedback confirms that many consumers would have used local hospital emergency departments were it not for the immediate access afforded by the Stabilization Center. The relatively small percentage of Stabilization Center guests who require later hospitalization validates the general efficacy of the Center’s concept and approach. Since its opening there has been a reduction in 9.45 pick-up orders, possibly related to the combined effects of the Diversion Services. Data will be gathered to determine impact of these services on MHRH ED high-utilizer patients (patients who have four or more ED visits per quarter).

In October 2017, the community-based MCIT began working with the City of Poughkeepsie Police on the Behavioral Evaluation Action Team (BEAT) Project, a pilot program to intervene in the lives of persons on the city streets of Poughkeepsie who have mental illness and/or substance abuse issues before they reach crisis levels. To date, the team has participated with police on 27 patrols and connected/intervened with 166 persons/ interventions. The BEAT patrol service will be expanded June 2018 when the Town of Poughkeepsie Police Department adds a patrol.

Having been disbanded in 2013 for lack of staff, the Transitions Treatment Alternative Program (T-TAP) program at the Dutchess County Intensive Treatment Alternative Program (ITAP) was re-instituted in March 2017. T-TAP serves individuals who are waiting for admission to facilities other than ITAP. T-TAP participants are able to meet with the ITAP prescriber for medication, thereby diverting individuals who
would otherwise go to the hospital ED for medication only. In addition those patients will be provided basic psycho-educational and motivational group treatment.

A Quality Improvement Group was convened to reduce emergency department visits and psychiatric hospitalizations. Over 100 pediatricians and private practitioners received a mailing to increase their awareness of 24 hour crisis services available, including HELPLINE, MCIT and the Stabilization Center.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.6 In collaboration with OPWDD and MHRH, DBCH has developed a diversion strategy for IDD individuals to be diverted from hospitalization and/or incarceration with crisis supports in their residential opportunity. IDD providers will offer training to staff in MCIT, Stabilization Center and MHRH to increase understanding of the IDD population.

Progress: The Systemic, Therapeutic Assessment, Resources and Treatment (START) team services and Anderson Center have provided training to the Stabilization Center and MCIT staff. The Stabilization Center has serviced at least 82 guests from IDD residences. These guests successfully received immediate crisis services and avoided Emergency Department referrals. The START team is establishing an effective partnership with Stabilization Center staff.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.7 A Special Needs Health Care partnership has been developed to improve the delivery of health care services through education and collaboration.

Progress: The Special Needs Health Care Committee hosted the Medical Orders for Life Sustaining Treatment (MOLST) training which was provided to over 40 community partners in health care in May 2017. This will become an annual training and community collaboration for advocacy for people with special needs will continue.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.8 START to develop a Resource Center to provide respite opportunities for individuals with IDD.

Progress: START has identified a site in Ulster County for the Regional Resource Center which will offer two crisis respite opportunities and two planned respite opportunities for the Taconic region. The Resource Center for the Taconic Region, located in Kingston, will have the capacity to initiate NYSTART 24 hour in person response. It is anticipated that the Center will open in 2018.

Applicable State Agency:
NYS Office for People with Developmental Disabilities
Strategy 2.9 Increase availability of Methadone maintenance for opioid dependent individuals.

Progress: The NYS Office of Alcoholism & Substance Abuse Services (OASAS) cap on the LCR Methadone Program census had been lifted and LCR expanded its census to 400 patients in 2017- a 35% increase over the 2016 census. In December 2017 OASAS placed a cap on Methadone Clinic intakes until the physical plant occupied by the Clinic at 230 North Road can be renovated to include additional dosing stations, group therapy treatment space, a new medication safe, and staff offices. Work should conclude and intakes re-started by the end of June 2018.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.10 Develop ten adolescent inpatient opportunities in Dutchess County.

Progress: With changes in Westchester Medical Center (WMC)/MHRH management and administration in 2017, the WMC plan was not moved forward. DBCH will support and assist WMC to re-examine this issue in 2018 and develop planning around adolescent inpatient capacity.

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.11 Explore Medicaid reimbursable treatment resources for people living with mental illness and chemical dependency who have eating disorders.

Progress: An informal coalition of providers will seek to develop treatment protocols to meet the needs of this underserved population.

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.12 Develop a second elementary Intensive Day Treatment (IDT) class to manage the increased number of referrals.

Progress: A second elementary IDT class was implemented by Rockland Children’s Psychiatric Center (RCPC). However, the need for intensive clinical services for young children exists. See strategy 2.13

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.13 Explore the need for a children’s Partial Hospital Program for children ages 10-12.

Progress: Data has been collected and schools and mental health professionals have determined a children’s Partial Hospital Program would be beneficial. Astor has expressed interest in developing a program for children ages 10-12.
Applicable State Agency:
NYS Office of Mental Health

Strategy 2.14 Ensure that adolescents living with chemical dependency issues have access to age appropriate interventions.

Progress: LCR is offering the group treatment based “Seven Challenges” curriculum. In 2017 LCR provided 211 group sessions utilizing this curriculum encompassing 1, 029 total services.

In the first quarter of 2018, referral sources for the LCR adolescent services has included:
- 14 from probation/court
- 8 self/family referred
- 6 referred by a group home
- 4 from an inpatient program (including psych hospitalization)
- 3 from the DC Department of Community and Family Services
- 1 from NYS Office Children and Family Services
- 1 from Nubian Directions
- 1 from a school
- 1 from Astor's PHP

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.15 Ensure access to chemical dependency and mental health services including Medication Assisted Treatment (MAT). Seek regulatory relief for Nurse Practitioners to be authorized to sign treatment plans and to increase the availability of licensed prescribers and to reduce requirements for a rapid re-admission to a treatment program.

Progress: In addition to the DBCH DC Jail Vivitrol pilot program that was initiated in 2016 and the availability of Vivitrol for DBCH ITAP patients, LCR expanded its menu of treatment options in 2017 by making both Suboxone and injectable Vivitrol available through their outpatient services. Nurse Practitioners can now sign treatment plans without co-sign of Medical Doctor.

The OASAS cap on the LCR Methadone Program census was lifted in 2017 and LCR expanded its census to 400 patients—a 33% increase over 2016. LCR Methadone intakes are on hold per OASAS direction pending completion of site renovations at 230 North Road which will include additional dosing stations, group therapy treatment space, a new medication safe, and staff offices. Work should conclude and intakes re-started by the end of June 2018.

LCR obtained a SAMHSA grant in 2017 which has provided funding for the CORE Team which is tasked with connecting opioid dependent individuals to treatment. The CORE Team has coordinated outreach efforts with the DBCH Mobile Crisis Intervention Team, Stabilization Center, DBCH Jail Based Services, and regional inpatient facilities and hospitals.

The Jail-Based RESTART Team provided intensive group services to 325 incarcerated individuals addressing substance use and criminogenic risk factors with intensive post-release case management
and post release treatment referral. RESTART is collaborating with the CORE team in an attempt to increase the rate of post release connections to treatment.

Arms Acres, located in Putnam County added a Methadone Maintenance clinic into their operations in 2018 thus increasing the regional availability of this treatment modality. Suboxone and Vivitrol are also offered through Arms Acres inpatient and outpatient services.

Hudson River Health Care (HRHC) a local healthcare provider, offers both Vivitrol and Suboxone as a component of their services.

The Forensic Team evaluated over 400 incarcerated pretrial defendants, emphasizing the availability of various MAT opportunities and other recovery options.

DBCH has hired a Public Health Education Coordinator (PHEC) who will be tasked with assisting with the management of the County’s response to the opioid crisis.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.16 IDD providers will continue to expand services to youth and families and develop new services to meet community need. Marantha will expand the After School Programs; Abilities First will enhance/expand preschool services to meet increased need; New Horizons will create a playground and a walkway with a sensory trail at Briggs Farm; The ARC of Dutchess will explore providing respite services for children during school breaks beyond the summer; Taconic Innovations will develop site based weekend and holiday respite and develop recreational programs for children with Autism; Cardinal Hayes will expand in-home respite care to five families.

Progress: Waryas House has relocated the outpatient day rehab to the Town of LaGrange addressing both the mental health and chemical dependency needs of the IDD population. Admission criteria are more inclusive than traditional IDD services; patients do not have to be DDSO eligible to be considered for admission. DBCH in concert with local providers will publicize and promote greater utilization of this new program with its expanded eligibility.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Priority Outcome 3

**Recovery:** Increase the number of persons successfully managing their mental illness, addiction and intellectual developmental disability within a recovery-oriented system of care.

Priority Rank 3

Rationale: It is recognized that services such as peer supports, housing, care management, vocational, day habilitation, transportation and physical healthcare, are essential components of a comprehensive approach to care for individuals with behavioral health needs.
Strategy 3.1 Increase the availability of Recovery Coaches, Peer Advocates and Recovery Peer Advocates.

Progress: CAPE received a Peer Engagement Specialist grant, courtesy of NYS OASAS. That grant was operationalized in June of 2017, and provides two peer engagement specialists who are co-located in Northern Dutchess Hospital, Vassar Brothers Hospital, MHRH and Putnam Hospital Center to guide recovery and connect people with substance use disorders and their families to treatment and support.

A Recovery Coach was integrated into DBCH programs at the DC Jail, Partial Hospitalization Program (PHP) and Stabilization Center in an effort to provide peer services to individuals identified with substance abuse disorders.

DBCH will contract with an additional Recovery Coach in 2018 to provide services in the DC Jail, ITAP, Stabilization Center, and PHP.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.2 Advocate for a Recovery Center in Dutchess.

Progress: A workgroup will be formed of community stakeholders to explore the possibilities of applying for grants to fund this project.

Applicable State Agencies:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.3 Seek funding for short-term transitional living housing for individuals who are homeless, recently discharged from jail, prison, or inpatient settings.

Progress: DCFS has submitted a proposal in 2018 to obtain funding for 8 residential opportunities dedicated to individuals released from state prison.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.4 Seek funding for supported housing for persons, 16-24 years old, who are involved in the criminal justice system, youth who have dropped out of school, youth who have transitioned out of residential placement and homeless youth who are chemically dependent and/or mentally ill.

Progress: No funding received.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
Strategy 3.5 Develop a community housing and treatment strategy for individuals who are seriously mentally ill and chemically dependent which is safe, affordable and supports long term recovery.

Progress: The NYS OMH awarded Dutchess County 24 supported housing opportunities for individuals living with mental illness; these opportunities are distributed in scattered sites throughout the county. The RFP for these opportunities has been publically released and proposals are under consideration.

Applicable State Agency:
NYS Office of Mental Health

Strategy 3.6 Develop housing to meet the need for individuals with IDD.

Progress: New Horizons has established the Mid-Hudson Housing Alliance which brings together the New York State Association of Community Residential Agencies (NYSACRA) and other local providers of residential services to individuals served by OPWDD. DBCH hosted a local Housing Development for People with IDD on 7/28/17 to further explore and provide education for county government on the housing needs, funding sources, and ideas for future collaborations. Commissioners from DCFS, Development and Planning, DBCH, and other key county staff attended. Local community providers also attended along with Developmental Disabilities Regional Office (DDRO) staff.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 3.7 Seek funding for service dollars to assist individuals in obtaining and maintaining necessary support services not otherwise funded by entitlements.

Progress: The availability of discretionary funds and the distribution of these funds among community providers will be explored, as well as possible grant opportunities.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.8 Advocate for increased job opportunities for individuals living with mental illness and chemical dependency.

Progress: Dutchess County Executive Marcus Molinaro’s THINK DIFFERENTLY initiative encompasses the THINK DIFFERENTLY FOR JOBS roundtable. This event brings employees together to learn to successfully employ a diversified workforce. The Dutchess County Executive hosted the first THINK DIFFERENTLY FOR JOBS roundtable at Franklin D. Roosevelt Wallace Center in June 2017. This event brought together area businesses, educators and the vocational training community to build partnerships through collaboration that will support efforts to prepare people of all abilities to join the job market.

The THINK DIFFERENTLY initiative has generated a successful collaboration with Dutchess Community College and other service providers to create and develop a curriculum for the first cohort of students for the THINK AHEAD non-matriculated job readiness training certificate program for individuals with
special needs. Efforts to expand the THINK AHEAD program will include a matriculated program to begin later in 2018.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.9 Improve availability of resource directory for parents by developing a web-based parent resource directory/platform. This will assist parents in finding available resources, help them to understand eligibility and assist in building comprehensive supports and services for an individual.
Progress: The web-based platform has been designed and content is being imputed. The Deputy Commissioner for Special Needs is developing a website for the community that will provide guidance for obtaining services in the OPWDD system throughout the lifespan.

Progress: The Think DIFFERENTLY website was created, and was launched in early 2018. This site provides individuals, families, and community service providers with a directory of services in Dutchess County and resources that are available to NYS residents.

The Dutchess County Collaboration of Services and Care Across the Lifespan for People with Special Needs was held in December 2017. This will become an annual conference for parents, family members, and providers.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 3:10 Strengthen the support available to the programs under DBCH Diversion Services (HELPLINE, MCIT, and Stabilization Center) to assist individuals and their families who may need extra supports to remain out of inpatient care by increasing coordination between the DBCH Diversion Services and care management, increasing availability of respite services and transitional recovery housing for the adult, youth, and IDD populations.

Progress: The shared staffing pattern utilized by DBCH Diversion Services (PEOPLE, Inc., MHA, Astor Clinic, and MHRH) is producing interventions that are successful in maintaining children and adults in the community and away from emergency departments.

Data for 2017:

- The DBCH Stabilization Center (SC) served 1,547 guests since 2/13/2017. These 1,547 guests generated 2,249 visits to the SC.
- 48% of the SC visits involved guests with substance abuse issues.
- Local police departments have transported 259 individuals to the SC.
- 161 of the officers who have completed the above mentioned transports were CIT trained.
- At least 12 of the officers involved in the SC transports indicated that the guests would have been brought to the DC Jail were it not for the availability of the SC services.
- 65% of the guests who presented with substance abuse as a primary issue accepted follow up referral from the SC staff.
- 70% of the SC guests who accepted referral to the Mid-Hudson Addiction and Recovery Center (MARC) were subsequently referred to long term residential substance abuse treatment.

DBCH Mobile Crisis Intervention Team (MCIT) progress:

In collaboration with the DC Public Defenders Office, the DC Department of Probation and Community Corrections, and members of the local judiciary, MCIT began diverting opioid addicted individuals with ordinance level violations from the City of Poughkeepsie Court to the SC at the time of a court appearance.

In October 2017, the community-based MCIT began working with the City of Poughkeepsie Police on the Behavioral Evaluation Action Team (BEAT) Project, a pilot program to intervene in the lives of persons on the city streets of Poughkeepsie who have mental illness and/or substance abuse issues before they reach crisis levels. To date, the team has participated with police on 27 patrols and connected/intervened with 166 persons/ interventions. The BEAT patrol service will be expanded June 2018 when the Town of Poughkeepsie Police Department adds a patrol.

DBCH is working with Town and City of Poughkeepsie Police Departments to have MCIT follow up on individuals who have received Narcan reversals who then refuse further medical treatment.

A process is being developed with the MHRH emergency department (ED) to refer individuals to MCIT who are brought to the ED after a Narcan reversal who then refuse additional treatment.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3:11 Develop crisis respite opportunities for youth.

Progress: NYS OMH funding for two youth respite opportunities was awarded to Hudson River Housing; implementation of the respite opportunities at River Haven began in July 2017.

Applicable State Agency:
NYS Office of Mental Health

June 6, 2018
Electronically submitted to NYS
Local Governmental Plan 2020

Priority Outcome 1

**Prevention:** Promote and enhance emotional and physical health, prevent or delay the onset of symptoms of mental illness and substance abuse and prevent suicide.

Priority Rank 1

Rationale: Dutchess County continues to believe that prevention is the most powerful tool to use in becoming the healthiest county in New York State.

Strategy 1.1 In collaboration with the ACES Task Force, DBCH will offer trainings on Adverse Childhood Experiences (ACES) and Trauma Informed Care (TIC) to all local school districts.

Progress:
The Tenth Annual Building Bridges Conference was held on October 12 and was co-sponsored with Marist College. This conference brings schools and agencies together; twelve of the thirteen districts were represented along with 28 agencies. In total, 180 individuals attended. Focus of the day was on Adverse Childhood Experiences and Resilience.

The Arlington School District worked with DBCH to develop a training on Adverse Childhood Experiences. This presentation was given to all 17 school buildings within the district and covered an overview of childhood trauma and its impact, decreasing stigma around trauma and behavioral health concerns and how to access support in Dutchess County.

Next Steps:
Additional workshops are planned targeting schools, treatment personnel, and the public.

Applicable State Agencies:
- NYS Office of Mental Health
- NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.2 Continue to promote the implementation of evidence-based programs in the school’s Pre-K-12 grades that will address the risk and protective factors identified in the youth surveys.

Progress:
The Council on Addiction Prevention and Education (CAPE) Student Assistance Counselors continue to use evidence-based programming in their school-based locations. Project Success and Teen Intervene guides the service delivery model in the four contracted districts. The following districts have CAPE counselors utilizing evidence-based practices; Dover Junior/Senior HS; Hyde Park (Haviland/FDR); Red Hook (Linden Ave. Middle School and Red Hook HS) and Wappingers (John Jay HS/Van Wyck JHS; Roy C. Ketcham HS; Wappingers JHS). CAPE’s Community Educator, trained in Too Good for Drugs and Too Good for Violence, provides those evidence-based curricula to public and private schools throughout Dutchess County upon request.
Second Step is an evidence-based program that teaches youth coping and problem-solving skills, builds empathy and self-esteem. This curriculum is being utilized in 11 out of 13 districts in Dutchess County in some capacity. County prevention funds are utilized to purchase the Second Step kits for the districts.

In 2018, a training was coordinated with the Committee for Children for the Poughkeepsie City School District to help implement their program.

A survey was conducted by DBCH with local educators to evaluate the effectiveness of Second Step. 62% of respondents stated that they are using the curriculum in their work with students.

Next Steps:
DBCH staff will continue to work with school districts to overcome obstacles to the implementation of this curriculum.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.3 Continue to collaborate with and support the two active community coalitions to remain involved in the actualization of regional prevention efforts.

Progress:
The Northern Dutchess Community Coalition (NDCC) has been active in the community providing Narcan trainings and community events to raise awareness about substance use.

The Southern Dutchess Community Coalition (SDCC) launched the first annual Youth Health Rally in 2016. In 2018 this initiative was continued with most of the school districts in Dutchess County participating. This event was attended by 1,300 9th graders and proved to be an excellent venue where students can have fun and receive positive messages.

The Southern Dutchess Community Coalition hosted several community opioid forums throughout the county in 2018 bringing together law enforcement, community providers, local government and community members.

Next Steps:
The SDCC and NDCC anticipate additional Narcan trainings and community forums in 2019.

Applicable State Agencies:
Substance Abuse and Mental Health Services Administration
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.4 Continue to develop and implement strategies to decrease prescription opioid and heroin abuse.
Progress:
The Dutchess County Opioid Task Force continues to actualize its work plan to address opioid and heroin abuse. The subcommittees of the task force and related progress is listed below:

- **Criminal Justice Strategies- Special Populations Sub-committee for Expanded Medication Assisted Treatment (MAT).** In 2018, the mission of this sub-committee was to expand medication assisted treatment to incarcerated individuals with opioid use disorder in the Dutchess County jail. Through a collaborative effort with the Lexington Center for Recovery and the contracted health agency who provides medical treatment in the jail, a plan was devised to expand access of MATS in the jail and is now being initiated. The sub-committee explored approaches from various other places across the country who have seen a reduction in overdose deaths. Phone interviews were held with the leaders of each of these programs (Vermont, Rhode Island, New York City) and this data was incorporated in the proposed Dutchess County plan.

- **Recovery Collaborative- Chaired by CAPE, this group meets regularly to discuss utilizing Recovery Coach services throughout the county.** It aims to bring together Recovery Coaches from across the county to ensure quality and blanketed interventions to reduce duplication of service and ascertain consistency.

- **Treatment Gaps- this sub-committee worked diligently to identify gaps in continuity of care for individuals in in-patient treatment for substance use disorder.** Because of this sub-committee, opioid dependent individuals discharged from the ED or in-patient care are referred to either the Lexington Center for Recovery CORE outreach team or the Dutchess County Mobile Crisis Intervention Team within 24 hours of discharge. This process fills the need for immediate contact with opioid dependent individuals.

- **The Pharmacy Sub-Committee meets regularly and is well attended by a group of dedicated local pharmacists.** A presentation was given to a regional group of pharmacists (approximately 20 in attendance) to increase community access to Naloxone through the NYS N-CAP (Naloxone Copay Assistance Program) program and ESAP (Expanded Syringe Exchange Program). This sub-committee is currently working on designing a training program for local pharmacists to increase their knowledge about these programs, opioid use in general, and ways to decrease stigma for individuals who use substances and their families. This should occur in the Fall of 2019.

- **Grassroots Connections— engagement of family, peer, and community partners.** This sub-committee met several times throughout the year to promote efficiency and communication between multiple small organizations within the community.

- **Medical Providers- this sub-committee is chaired by the DBCH Commissioner, Dr. Vaidian.** It consists of local providers and is working on expanding access to Medication Assisted Treatment for Opioid Use Disorder through Buprenorphine both in private office settings, the emergency department, and the Stabilization Center. This sub-committee is also working on connecting the prescribers who offer this life saving treatment to the array of support services available in Dutchess County through education initiatives. A document outlining all the available services will be available to prescribers along with a new system which can connect a prescriber to support with one phone call to the Opioid Educator. The Dutchess County Prevention Coordinator and the Dutchess County Epidemiologist presented...
to the Dutchess County Medical Society to increase awareness of Opioid Use Disorder, discuss connection to services, and report on overdose data to local doctors.

The prescription Drug Take Back events- 2018 the Drop Boxes and collection events yielded a total of 3,324 lbs. of unused/unwanted medications which were collected and destroyed (an increase from 3,019 lbs. in 2017). That total included 205 lbs. from senior picnics (increase from 176 lbs. in 2017). Since the collection initiative was launched in partnership with the Sheriff’s Office in 2014, more than 873 lbs. have been collected/destroyed from Senior Picnics. In total, more than 12,556 lbs. of medication have been collected and properly destroyed since the initiative was launched by the STOP-DWI Program in 2013.

Next Steps: Continue to engage important stakeholders through the task force. Increase educational and training opportunities for our community. Hold a full day conference for pharmacists to educate about stigma, Buprenorphine access, Syringe Exchange access and prevention of opioid misuse. Continue to increase access to Medication Assisted Treatment at the Dutchess County Jail.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.5 Continue to develop and implement suicide prevention strategies targeting the high-risk groups of youth, veterans and older adults.

Progress:
The Dutchess County Resiliency Council for Suicide Prevention consists of stakeholders in the fields of behavioral health, prevention, aging, education, domestic violence, community services, people with lived experience, law enforcement, and contract agencies. The group meets 6 times per year and has worked on new suicide prevention messaging, hosted suicide prevention trainings and community events to increase awareness about mental wellness and suicide prevention.

In 2018, 23 Mental Health and Youth Mental Health Trainings were held. There were 521 total individuals trained in this curriculum. Trainings are provided to community agencies, schools, the public, and the office of the aging. The curriculum has a strong suicide prevention component, emphasizes stigma reduction, and informs participants regarding the availability of mental health services and how these services can be accessed.

ASIST: Applied Suicide Intervention Training- 57 individuals from the community were trained in two 2-day trainings. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.

Question Persuade & Refer (QPR) Suicide Prevention- 13 individuals at the Red Hook Community Center were trained. This 1.5-hour training educates attendees to recognize the signs of suicidal ideation and provides strategies to guide individuals in obtaining help.
Suicide Safety for Teachers- trained a total of 155 teachers in Wappingers, Pawling, and Spackenkill districts. This is an OMH training focused on helping teachers recognize signs of suicide. The training requires a building administrator to be present to discuss school policy.

Next Steps: In 2019 DBCH will offer additional ASIST, QPR, MHFA, YMHFA, Suicide Safety for Teachers trainings to school personnel and the public.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.6 Continue to promote texting and other social media modalities as a method of communication through HELPLINE.

Progress:
35 community events were attended where materials that promote the use of HELPLINE via texting or other social media were distributed.

Local schools and colleges have posted laminated “Talk or Text” cards in the restrooms of their schools to promote the use of HELPLINE.

The HELPLINE number and HELPLINE app are now advertised on the home pages of school districts.

Next Steps: DBCH staff will continue to promote and publicize Helpline and other DBCH acute services at all trainings and community events.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.7 Continue to educate the community about the needs of individuals struggling with mental health and substance abuse issues, decrease the stigma, and increase help seeking behavior.

Progress:
Crisis Intervention Training is an intensive 40-hour training developed for law enforcement officers to build on their specialized skills when responding to persons with a mental illness or substance abuse disorder. Tactics for de-escalation of a crisis are taught as well as effective communication skills. There is also a focus on suicide prevention, intervention, and substance use. The training team consists of law enforcement and mental health professionals. In Dutchess County, 75% of officers have attended the training. The Town of Poughkeepsie is 100% trained.

NAMI Mid-Hudson provided the Family to Family program to 51 participants, the Peer to Peer program to 12 participants and the Ending the Silence program to 6 schools (716 participants). Each of these programs focus on the reduction of stigma and highlight the mental health and substance use resources of Dutchess County.
A district wide presentation on mental health services was presented in 2018 to the Millbrook School District for 100 staff.

A district wide training on Youth Mental Health and community resources was presented to 100 staff in the Millbrook School District on September 5. This is the second year Millbrook has requested training at the start of the school year.

Next Steps: Additional CIT trainings for law enforcement are scheduled for 2019, NAMI will continue above mentioned programming, DBCH is constructing a day or half day-long curriculum designed to introduce essential elements of mental health to school staff.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.8 Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to staff in the Mobile Crisis Intervention Team (MCIT), Stabilization Center, Hudson Valley Mental Health (HVMH), primary care providers and emergency department personnel. Train staff who work with adolescents in Teen Intervene.

Progress: In 2018 a DBCH staff member was trained to be an SBIRT trainer and will offer additional SBIRT trainings.

Next Steps:
Additional SBIRT trainings will be offered in 2019.

Applicable State Agency:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.9 Continue to promote Narcan use by the public, family members of addicted individuals, law enforcement, first responders, individuals leaving rehabilitation programs, participants in recovery groups and individuals leaving jail who have a history of opiate abuse.

Progress:
The Dutchess County Opioid Overdose Prevention Program continues to provide Naloxone to first responders, community-based organizations, schools, libraries and the community at large. There were 1,725 people trained in 2018.

Jail based mental health staff can now provide Narcan trainings to opioid dependent DC Jail inmates. Inmates that have received this training are provided with Narcan kits upon release.

All corrections officers in the jail were trained in the use of naloxone and carry a kit with them during their shift.

All Stabilization Center staff are Narcan trained and can train others. Anyone can now walk into the Stabilization Center and be trained in Narcan and receive a kit 24 hours a day, 7 days a week.
Monthly drop-in Naloxone trainings are held in Poughkeepsie for low threshold access to the medication.

Next Steps: DBCH will develop community forums and other approaches targeting the Eastern part of Dutchess County to increase access to education, services, Naloxone and other harm reduction programming in this underserved part of the county.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.10 Promote continuing education of licensed prescribers especially primary care physicians (PCP) on the use of opioid medications, addiction as a brain disease and public health issues surrounding this disease.

Progress:
The Maternal Child Health group held an annual conference at Marist College to educate prescribers and nursing staff about the opioid epidemic and reducing stigma in prenatal and primary care.

A presentation was given to the Dutchess County Medical Society on the local overdose mortality data, access to resources, and access to Naloxone.

Next Steps: Begin to implement Academic Detailing to local Prescribers and clinicians. Hold a Second Annual Maternal Child Health Conference for nursing and prescribers in the Hudson valley.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.11 Population Health: incorporate mental health, physical wellbeing, social determinants of health and prevention efforts into a comprehensive, global view of wellness and recovery. Providers will incorporate a pre-diabetes screen into the intake process for new patients.

Progress: All DBCH contract agencies are now utilizing a diabetes pre-screening tool with their clients to make appropriate referrals to a primary care physician or other healthcare professional.

Next Steps: Convene stakeholders (mental health, substance use and local FQHC) to create an action plan on prioritizing wellness goals in the community and implementation strategies to reach those goals.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.12 Providers will encourage smoking cessation and provide access to Nicotine Replacement Therapy (NRT) and cessation support groups.
Progress:
CAPE continues to provide the evidence-based smoking cessation program developed through Seton Hall-The Butt Stops Here.

Teen Intervene, which is provided by CAPE in several school districts and by DBCH in the Probation Department, provides screening and brief intervention around smoking, vaping and chewing tobacco.

The OASAS sponsored, Addressing Tobacco Dependence in Addiction Services, was held January 12, 2018 with a follow up training on March 23, 2018.

Two interagency meetings were held by DBCH to discuss how to target the use of Tobacco products on the campus despite the campus being “Tobacco Free”. New signage was proposed, and a script was developed to use with individuals who are smoking in places where it is not allowed.

All DBCH contract agencies are now utilizing smoking screening tools. Literature and appropriate counseling is provided to individuals; referrals or treatment is offered to individuals interested in quitting smoking.

Next Steps: Have new signage placed and work with community partners to develop motivational interviewing applications for people with Tobacco use disorder.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Priority Outcome 2

**Treatment:** All individuals in Dutchess County living with mental illness, substance use, or intellectual and developmental disabilities (IDD) should have access to evidence-based services meeting all quality of care standards.

Priority Rank 2

Strategy 2.1: Expand local capacity to provide welcoming, recovery-oriented co-occurring and complexity capable services for adults, children, and families.

Progress:
Regional conferences were held in both 2017 and 2018. Both were presided over by Dr. Ken Minkoff who promoted his vision of transforming systems of care to encompass a co-occurring complexity model. These conferences were well attended by local providers. Dr. Minkoff’s assessment tool, the “COMPASS-EZ”, was introduced at the conferences with the understanding that local providers would initiate audits of their respective programs. The Regional Planning Consortium is actively promoting the Minkoff model.

August 2018, the Lexington Center for Recovery Main Street Clinic reorganized and expanded the range of offered services to include co-occurring specific groups, gender specific programming, medication assisted treatment (MAT), criminal justice involved groups, and peer services.
The Dutchess County Jail based RESTART initiative is providing co-occurring and trauma informed group and individual programming to incarcerated individuals.

A Dutchess County Co-Occurring Task Force was established and had its initial meeting February 2019. In May 2019, the Co-Occurring Task Force met again and crafted a draft of a Co-Occurring/Complexity Capable Services Charter for Dutchess County.

Next Steps: June 2019, the RPC will host an additional regional conference to review progress and additional tasks necessary for the implementation of the co-occurring initiative.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.2 Ensure that there is a robust capability for the provision of services for children and youth.

Progress:
The LGU will monitor the new Child and Family Treatment and Support Services (CFTSS) to ensure sufficient capacity.

The 2019 LGP references a study conducted by the Astor Clinic to determine the feasibility of establishing a satellite clinic in the City of Poughkeepsie Middle School. The project was untenable, and Astor will not be moving forward on this proposal.

Next Steps: Astor will expand the age limits for the groups it serves: the lower age will include children less than 3 years of age; the upper age limit will increase to 25 years of age. In addition, Astor will be offering clinical services to the parents of the children they serve.

Applicable State Agencies:
NYS Office of Mental Health

Strategy 2.3 Develop ten adolescent psychiatric inpatient opportunities in Dutchess County.

Progress: The need persists but Mid-Hudson Regional Hospital has no concrete plan to actualize the strategy.

Next Steps: The Mental Health Board will invite OMH representatives to a meeting to advocate directly for this proposal.

Applicable State Agencies:
NYS Office of Mental Health

Strategy 2.4 Astor Clinic will explore the need for a Children’s Partial Hospital Program for children ages 10-12.
Progress: Astor determined that there is a need and has developed a plan.

Next Steps: Fiscal feasibility is being explored along with a staffing/hiring strategy.

Applicable State Agencies:
NYS Office of Mental Health

Strategy 2.5 Expand the range of treatment options for individuals living with developmental disabilities and co-occurring disorders.

Progress: DBCH in collaboration with NY Systemic, Therapeutic, Assessment, Resources, and Treatment (START) held a conference in February 2019, “Adjusting the Practitioners Lense- Integrating People with an Intellectual/Developmental Disability into Clinical Practice”. The conference was well received by the 80 professionals who attended.

Next Steps: A planning committee under the direction of the DBCH IDD Coordinator is strategizing plans for similar conferences in 2020.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.6 IDD providers with workshops will continue the transformation of their workshops in accordance with the new OPWDD specifications.

Progress: All Dutchess Workshops are now closed, consumers have been transferred to alternate vocational opportunities or Day-hab programming.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.7 The 2019 IDD Public Forum revealed a need for crisis training and aggressive behavior management for parents and care givers of individuals with IDD.

Next Steps: DBCH is exploring a partnership with a community agency to provide this training.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.8 DBCH will work with START to develop a resource center to provide respite opportunities for individuals with IDD.

Progress: A site has been identified that would provide 4 beds.

Next Steps: The opening of this program is delayed due to difficulties with staff recruitment. Additional efforts to identify and enlist potential candidates for the professional workforce will continue in 2019.
Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.9: Ensure that individuals have immediate access to care. Immediate access will include timely outpatient clinic intake appointments, the availability of MCIT and other crisis service interventions, the continued 24-hour Stabilization Center access, and decreased wait time between the intake appointment and a meeting with a psychiatrist or other prescriber.

Progress:
The Transition of Care Team commenced operations in February 2018. This is an initiative combining staff from Family Services (formerly HVMH) and PEOPLe, Inc. who are tasked with accomplishing a successful community re-entry for individuals who were psychiatrically hospitalized. Services include peer support, transportation, and warm hand-offs to clinical services.

The DBCH Stabilization Center continues to provide low barrier access points to initial mental health, substance use, and IDD services in Dutchess County.

Astor continues to provide intake services on a walk-in basis.

Next Steps: The LCR Page Park and Main Street Clinics, and other LCR outpatient locations, will begin offering open access (walk-in) intake services in 2019

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.10 Expand DBCH Acute Services to provide continuous services year-round, seven days a week, 24 hours a day to adults and children of all ability groups.

Progress:
The Behavioral Evaluation Action Team (BEAT) Project provides a mental health professional who partners with City and Town of Poughkeepsie police departments to conduct street level outreach to individuals in the community suffering with substance use disorder and/or mental illness who may need assistance. As of 2019 this program provides three patrols weekly to the community.

In 2019, procedure was established whereby the Department of Probation alerts the DBCH MCIT when an opioid dependent individual is unexpectedly released from the Dutchess County Jail. MCIT will attempt to contact that individual in the community within 24 hours.

It is the observation of the Dutchess County Criminal Justice Council that the low DC Jail census is partially attributed to the availability of the Stabilization Center’s 24-hour services providing law enforcement with an alternative to incarceration.

Next Steps: The availability of a prescriber at the DBCH Stabilization Center will increase the range of services available same-day.
Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.11 Ensure that opioid dependent individuals will have ready access to all modalities of medication assisted treatment (MAT) including Methadone, Suboxone, and Vivitrol.

Progress:
The LCR Methadone Program resumed a regular schedule of intakes in August of 2018.

The LCR CORE Team has connected 154 Dutchess County residents to MAT since beginning operations in 2018.

DBCH received an OASAS grant in 2019 enabling the hiring of an additional staff person to expand Vivitrol services in the DC Jail.

In September 2018, a subcommittee of the Criminal Justice Council (CJC) Special Population Workgroup was formed to formulate strategies for the advancement of MAT services in the DC Jail. The subcommittee identified the phases needed to accomplish this goal and submitted a formal work plan to the CJC.

As of February 2019, individuals admitted to the DCJ who are participating in methadone programs are now continued on maintenance throughout their term of incarceration.

DBCH hosted three Suboxone Waiver Trainings for local providers in 2018 and 2019.

As of May 2019, The Kyle Goldberg Turning Point at MHRH offers Suboxone in inpatient, detox, and intensive outpatient programs.

Next Steps: DBCH Stabilization Center is now recruiting for an OASAS funded prescriber to provide same day suboxone induction.

An additional 2019 waiver training is scheduled.

Applicable State Agencies:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2:12 Bring together treatment and community partners to exchange ideas, information, and to organize and articulate a coherent strategy to address the opioid epidemic.

Progress:
The Opioid Task Force has been greatly expanded. The Task Force meets quarterly and now includes partners from criminal justice, treatment, peers, community members, and pharmacists.

DBCH was awarded a $900,000. grant from the Department of Justice, Bureau of Justice Assistance, and Comprehensive Opioid Abuse Site-Based Program with the goal of enhancing public safety, reducing
overdose fatalities, promoting information sharing partnerships, transforming and enhancing the current Opioid Task Force and bringing technical expertise to community providers.

Applicable State Agencies:
NYS Office of Alcoholism and Substance Abuse Services

Priority Outcome 3

Recovery: Create a treatment and community culture that enhances the ability of individuals living with mental illness, substance use, intellectual or developmental disabilities to successfully manage their lives within a recovery-oriented system of care.

Priority Rank 3

Strategy 3.1 Promote the reduction of stigma connected to individuals living with mental illness, substance use, and developmental disabilities.

Progress:
In November 2018, Dr. Belinda Greenfield (NY OASAS), provided a power point and question and answer session to the DBCH MH/CD Providers meeting regarding OASAS guidelines for Person Centered Care and the need for Harm Reduction strategies in addition to traditional treatment modalities.

The 2019 Chemical Dependency Public Forum featured a talk by a Dutchess County resident who participates with the local methadone maintenance program. The speaker provided a cogent account of her experiences and why this MAT modality works for her. Forum attendee reactions were positive.

The 2019 CD Forum also featured Dr. Kelly Ramsey, a recognized expert on MAT and healthcare, who provided a presentation on “Myths and Misconceptions of MAT”.

Next Steps:
DBCH will work with criminal justice system partners to include harm reduction strategies for individuals under court supervision.

DBCH Forensic Evaluations will be individualized to account for stages of change, motivational level, and disparate treatment goals.

A grasp of the impact of Adverse Childhood Experiences (ACES) is fundamental to understanding individuals who are receiving services in the mental health system. DBCH will offer additional ACES trainings in 2019.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.2 Increase the availability of non-traditional, peer-oriented modalities of recovery support.
Progress:
CAPE has received additional OASAS funding for Recovery Coach positions.

The LCR CORE Team added two additional Recovery Coaches in 2019.

In 2019 Mental Health America (MHA) began offering peer/recovery services.

PEOPLE, Inc. has added Peer Specialists which are dually certified for mental health and substance use.

Hope Not Handcuffs is a community-based non-professional (grassroots) organization that identifies individuals in the community suffering with substance use disorder, and in concert with the Village of Wappingers Police Department, directs these individuals to treatment. On 5-15-2019, Hope Not Handcuffs provided a training for 51 new members at the 230 North Rd. Training Room.

Next Steps: Generate additional strategies with criminal justice partners through efforts of the Opioid Task Force and Special Population Workgroup to enrich the menu of non-traditional approaches accessible to criminal justice involved individuals.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.3 Develop housing to meet the need for individuals with IDD who are aging out of residential schools. Create residential opportunities specific to individuals with IDD and individuals with both IDD and mental health challenges.

Progress: Local providers are working with the DDRO to develop housing opportunities.

Next Steps: The LGU will monitor progress and assist with minimizing potential barriers to accomplishing this goal.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 3.4 Advocate for increased job opportunities for individuals living with mental illness, chemical dependency, and IDD.

Next Steps: A task force will be formed with membership representing all ability groups to strategize approaches to this issue.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 3.5 Educate the community regarding the availability of web-based mental health, substance use, IDD, prevention services and residential opportunity resource directories.
Progress:
Astor revises the Helping our Families guide annually which is posted on the Astor website.

The comprehensive CAPE Resource Directory is available on their website.

The DBCH Commissioner of Special Needs has launched the “Think Differently” website on the Dutchess County website.

Next Steps: DBCH staff will publicize the availability of these directories at all community events and trainings. Investigate whether it is viable to employ a Listserv application to disseminate information to private practitioners and community partners.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 3.6 Develop crisis respite opportunities for youth.

Progress: The need for additional opportunities persists.

Next Steps: DBCH will work with partner agencies to identify funding sources.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.7 Dutchess County LGU’s goal is to partner with the local Health Home providers to identify barriers to enrollment and service assessment, as well as identify and address gaps in the Home and Community Based Service (HCBS) continuum for eligible Dutchess residents.

Progress: The state has provided utilization data indicating that Dutchess County’s Health and Recovery Plans (HARP) enrollment is low compared to the projected number of eligible clients. HARP classification is a key part of DSRIP’s Medicaid Transformation, with the goal of better coordinated physical health, mental health, and substance use services in an integrated way for adults with significant behavioral health needs.

Next Steps: DBCH will work with community partners to continue to identify barriers and increase HARP enrollment. The monthly Providers Meeting will provide a useful vehicle with which to review goals and progress.

NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities
Local Government Plan 2018

Priority Outcome 1

Prevention: Promote and enhance emotional and physical health, prevent or delay the onset of symptoms of mental illness and substance abuse and prevent suicide.

Priority Rank 1

Rationale: Dutchess County continues to believe that prevention is the most powerful tool to help us become the healthiest county in New York State.

Strategy 1.1 Continue to follow the SAMHSA Strategic Prevention Framework model to guide all prevention activities which utilizes research and data to inform our work plan. The Council on Addiction Prevention and Education (CAPE of DC., Inc.) will administer the Dutchess County Youth Survey in the fall of 2017. This survey meets the NYS OASAS and the Federal Drug Free Communities Grant National Evaluation Standards.

Progress: The Prevention Council, consisting of key stakeholders in the fields of behavioral and community health, prevention, Office for the Aging, Department of Community and Family Services, education, domestic violence and community services worked together to develop logic models specific to substance abuse prevention, promotion of behavioral and physical health and suicide prevention. The Dutchess County Youth Survey collects behavioral data related to youth risk and protective factors. Participation in the survey is voluntary for the districts and the students. Students in grades 8, 10 and 12 self-report. The administration of the survey is completed online. The results are analyzed by the research team at the Benjamin Center and shared with the participating school districts and the county. The 2015 results mirrored national statistics (Monitoring the Future) reflecting the continued positive outcomes of strategic prevention strategies. Eleven out of thirteen school districts participated in the 2015-16 survey.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.2 Continue to promote the implementation of evidence-based programs in the schools (Pre-K-12) that will address the risk and protective factors identified in the youth surveys.

Progress: CAPE’s Students Assistance Counselors continue to use evidence-based programming in their school based locations. Project Success and Teen Intervene guides the service delivery model in the four contracted districts: Dover Union Free, Hyde Park Central, Red Hook and Wappingers. CAPE’s Community Educator, trained in Too Good for Drugs and Too Good for Violence, provides those evidence-based curricula to public and private schools throughout Dutchess upon request. CAPE will be submitting its application for the Marathon Project to the National Registry for Evidence-based Programs and Practices (NREPP) in the fall of 2017.
Second Step, an evidence-based program that teaches youth good coping skills and problem solving skills and builds empathy and self-esteem, is being utilized in 18 schools in Dutchess County as well as in all Head Start programs. This is a classroom based intervention provided by the teachers. County prevention funds are utilized to purchase the Second Step kits.

All Astor therapists working in school districts, at the Adolescent Day Treatment program as well as the Alternative High School and at the Mental Health Clinics, were trained in Teen Intervene which is an evidence-based 3-5 session model to address risks factors for substance use. Prevention funding was used to purchase the curriculum for these therapists.

The entire Pine Plains School District was trained in Youth Mental Health First Aid, an evidence based program which helps school staff to identify youth who may be developing a mental health or substance use disorder, encourages them to seek treatment and how to intervene in a crisis. Other school districts, including Dover, Hyde Park, City of Poughkeepsie and Beacon have chosen to have trainings in Mental Health First Aid in smaller groups.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.3 Efforts continue to support broad-based community coalitions to rally substance abuse prevention countywide.

Progress: CAPE serves as the lead agency for the only Federal Drug-Free Communities Grant in Dutchess (The Southern Dutchess Community Coalition or SDCC). The SDCC has developed a robust media campaign using the NYS OASAS driven guide for implementation of environmental strategies. The SDCC launched the first annual Youth Health Rally in 2016. Planning is under way to continue this initiative, provided adequate funding can be secured. The Harlem Valley Community Coalition and Northern Dutchess Community Coalition (NDCC), mentored by CAPE and trained in the Strategic Prevention Framework (SPF), continue to develop community initiatives: Community Forums, Narcan trainings, Youth Mental Health First Aid.

The NDCC will be scheduling a Community Forum in the fall with a focus on “Alternatives to Prescription Pain Medication” for the treatment of chronic pain.

Applicable State Agencies:
Substance Abuse and Mental Health Services Administration
NYS office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.4 Continue to develop and implement strategies to decrease prescription opioid and heroin abuse.

Progress: The Dutchess County Substance Abuse Workgroup has continued its efforts to actualize its work plan to address opioid and heroin abuse, which includes increasing public awareness around the process of addiction, treatment resources and the hope for recovery through community forums and a preventing substance abuse website.
CAPE continues providing public education and forums tailored to the needs of the group/agency requesting these services. Multiple sectors have been reached through this intervention: K-12 schools, colleges, universities, churches, businesses, parents, local and regional CSEA and media. CAPE’s counseling staff has been trained in Teen Intervene. At the request of local policy makers, CAPE has coordinated forums in Eastern, Central, Northern and Southern Dutchess and participated in Drug Take-Back Days. As mentioned in Strategy 1.2, the use of evidence based interventions in schools to address prevention of substance abuse is being implemented. It is planned that all Astor clinicians will receive this Teen Intervene training.

The Screening, Brief Intervention and Referral to Treatment (SBIRT) model was presented at the 2016 Pediatricians Forum and well received by those in attendance.

The prescription Drug Take Back events have been extraordinarily effective; efforts are underway with local pharmacies to install collection boxes in their establishments. Results – 2013: 426 lbs., 2014: 877.5 lbs., 2015: 1074 lbs., 2016: 2145 lbs.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.5 Continue to develop and implement suicide prevention strategies targeting the high risk groups of youth, veterans and older adults.

Progress: There were 394 individuals trained in 18 Mental Health First Aid (MHFA), Adult or Youth version, trainings which were offered in 2016. MHFA has a strong suicide prevention component. In 2017, MHFA trainings are being made available to police officers and correction officers. Talk or Text and the Suicide Prevention apps are promoted at every public event, forum, health fair, etc. On April 29, 2017, MHFA training was provided to 21 veterans and family members, the training was well received. Police throughout Dutchess County are being trained to identify those at risk of suicide, as well as ways to intervene during the 40-hour Crisis Intervention Training course.

DBCH staff distributed HELPLINE information and materials at all senior picnic events in 2016. The DBCH Prevention Coordinator attended NY State Senator Sue Serino’s Golden Gathering on 10/01/2016, where HELPLINE literature was presented and distributed.

The two day Applied Suicide Intervention Skills Training (ASIST) training, which is an evidence based intervention for suicidal individuals, will continue to be offered in 2017. Forty-two (42) individuals were trained in the two ASIST trainings that were offered in 2016. CAPE staff has been trained in ASIST and the Columbia Suicide Severity Rating Scale (C-SSRS).

Dutchess County received a $3500 grant from the NYS Suicide Prevention Center. These funds were used to purchase the “Lifelines Trilogy: Suicide Prevention, Intervention, and Postvention” program, advertise the DC HELPLINE Suicide Prevention Mobile app, and train more staff as trainers in the brief bystander suicide prevention model. The funds were also used to send the Unit Administrator of HELPLINE and the Prevention Coordinator to the NYS Suicide Prevention Conference where the Prevention Coordinator provided a presentation on Prevention Initiatives in Dutchess County.
Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.6 Continue to promote texting and other social media modalities as a method of communication through HELPLINE.

Progress: Multiple modes “teen friendly” advertising were developed including colorful cards, water bottles and glow in the dark bracelets. To date 6000 bracelets have been distributed. Some of the funds received in the grant from the NYS Suicide Prevention Center were earmarked to buy additional promotional materials to advertise texting. Laminated Talk or Text cards have been obtained and are being placed in high school bathrooms around the Dutchess County.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.7 Continue to educate the community about the needs of individuals struggling with mental health and substance abuse issues to decrease the stigma and to increase help seeking behavior.

Continue to train in Mental Health First Aid (MHFA) and Crisis Intervention Training (CIT) for police. The goal is to train 25% of the police in the 40-hour CIT and the other 75% in the MHFA curriculum specific to Public Safety Officers.

Continue to support the SDCC Youth Health Rally Initiative as a means to connect Dutchess County 9th graders to information and services for adolescent and young adults and promote health and wellness messaging.

Progress: Over 1800 people were trained in Mental Health First Aid (Youth and Adult version) including many staff from the DCFS, Grace Smith House, Hudson River Housing (HRH), Probation, school personnel, library system and the community at large. To date 77 of the 168 officers identified to be trained in CIT have been trained, just over 45% and 46 of the 504 officers identified to be trained in the Brief CIT have been trained, just over 9%. These numbers are reflective of all local and county officers.

The First Youth Health Rally drew over 1000 9th grade students from four Dutchess County Public School Districts.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.8 Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to staff in the Mobile Crisis Intervention Team (MCIT), Stabilization Center, Hudson Valley Mental Health (HVMH), primary care providers and emergency department personnel. Train staff who work with adolescents in Teen Intervene.
Progress: SBIRT training was provided to licensed staff from various agencies. MCIT hospital based staff and the majority of Stabilization Center staff are now SBIRT trained. Teen Intervene is being used extensively by Persons in Need of Supervision (PINS) diversion staff at Probation and by CAPE’s Student Assistance Counselors in schools. In 2016, 111 clinicians were trained in Teen Intervene.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.9 Continue to promote Narcan use by the general public, family members of addicted individuals, law enforcement, first responders, individuals leaving rehabilitation programs, participants in recovery groups and individuals leaving jail who have a history of opiate abuse.

Progress: Narcan training has been ongoing. School nurses are now legally permitted to administer Narcan and have been receiving the training. Over 1,300 individuals were trained in the administration of Narcan in 2016 including first responders, homeless shelter staff, chemical dependency (CD) treatment providers, patients in CD programs, law enforcement officers, and the community at large. CAPE hosted three public forums where Narcan training was offered to community members. DC Jail staff will be trained in Narcan during the coming year.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.10 Promote continuing education of licensed prescribers especially primary care physicians (PCP) on the use of opioid medications, addiction as a brain disease and public health issues surrounding this disease.

Progress: At least two presentations were given in 2016; one to an audience of PCP, totaling 200 physicians and one to a regional consortium of physicians. The deputy Medical Examiner presented at a HealthQuest Pediatric Grand Rounds regarding Neonatal Abstinence Syndrome, opioid overdose and screening for adolescents on May 17, 2017. Additional forums are planned through 2017.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.11 Population Health: Incorporate mental health, physical wellbeing, social determinants of health and prevention efforts into a comprehensive, global view of wellness and recovery. Providers will incorporate a pre-diabetes screen into the intake process for new patients.

Progress: a pre-diabetes screen has been developed. The use of this screening form will be promoted system-wide and will foster greater communication between primary care and behavioral health providers to improve overall health of patients served.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
Strategy 1.12 Providers will encourage smoking cessation and provide access to Nicotine Replacement Therapy (NRT) and cessation support groups.

Progress: The providers are currently developing education about smoking for staff to encourage them to support smoking cessation. Once the training is developed and staff trained, providers will begin to develop nonsmoking policies and services. CAPE provides the evidence-based smoking cessation program developed through Seton Hall-The Butt Stops Here.

The newest version of Teen Intervene provides screening and brief intervention around smoking, vaping and chewing tobacco. This is offered with the Teen Intervene training.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Priority Outcome 2

Treatment: Ensure there is sufficient mental health, chemical dependency and services for the intellectually and developmentally disabled to meet the needs of individuals in Dutchess County. All programs should have sufficient access, be evidence based, and meet Quality of Care standards.

Priority Rank 2

Rationale: Healthcare delivery is moving towards an integrated system of care including primary healthcare and behavioral health. The Departments of Mental Hygiene and Health have merged to become the Department of Behavioral and Community Health to reflect these changes. Emphasis will be on strengthening access of care through all avenues to healthcare and ensuring comprehensive assessment and engagement in identified treatment needs.

Strategy 2.1: The Local Governmental Unit (LGU) and behavioral health treatment providers will work closely with Behavioral Health Organizations, Managed Care Organizations (MCO), Health Homes, Delivery System Reform Incentive Payments (DSRIP), Performing Provider System (PPS) and PCP’s to ensure that the network of service providers is robust and meets the needs of the individuals seeking care in Dutchess County. Regular participation in planning and governance meetings with these entities will facilitate preparation for the Value Based Payment (VBP) initiative.

Progress: Community-based agencies are engaged with both PPSs and actively participating in Crisis Stabilization, Integration, and Tobacco projects. The Stabilization Center is a major focus of work with both of these PPS’s. MCO will be engaged to potentially add this level of care as part of the benefit package and/or about Health and Recovery Plans (HARP) services. The LGU will provide necessary guidance, information and education to ensure stakeholders understand the transition to VBP.

Children’s Health Homes were rolled out in December 2016. The LGU and Children’s Single Point Of Access (SPOA) are monitoring this closely. Contact has been made with the two Health Homes and a meeting with the Health Homes Care Management Agencie’s & providers of children’s services is scheduled to look at ways to collaborate and share resources to provide continuity of care for children and families.
Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.2 The Office for Office of People with Developmental Disabilities (OPWDD) system will be moving to managed care in 2018.

Progress: IDD agencies are preparing by working on becoming care coordination entities.

Applicable State Agency:
NYS Office for Office of People with Developmental Disabilities

Strategy 2.3 IDD providers with workshops will continue the transformation of workshops in accordance with OPWDD.

Progress: Agencies are involved in ongoing planning with individuals currently attending workshops to obtain appropriate options.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.4 Ensure that individuals have immediate access to care.

Progress: In February 2017 the Stabilization Center opened providing access “24/7” to individuals in all disability and age groups. Some community-based agencies (Astor) are providing open access intake scheduling. Mid-Hudson Addiction and Recovery Centers (MARC) and Cornerstone of Rhinebeck provide 24 hour access to care. Efforts will be made for additional treatment providers to expand access to seven days per week. Open access, collaborative documentation and Just-in-Time scheduling will also be explored, expanded and improved. Astor has expanded their open access hours and can accommodate walk-in crisis visits during the day.

Advocate with MCO’s and insurance companies for authorization to treatments that meet the presenting needs of the individual and ensuring responsible practices by these companies.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for Office of People with Developmental Disabilities

Strategy 2.5 Diversion services have been enhanced and expanded to 24/7/365 serving adults and children; the Stabilization Center opened its doors February 2017. The anticipated impact of these programs is to decrease emergency department visits for MH/CD/IDD patients, reduce need for inpatient hospitalization, and reduce lengths of stay on psychiatric inpatient units.

Progress: MCIT services were enhanced to 24/7/365 in 2016. As of May 2017, the Stabilization Center served 554 guests. Initial feedback confirms that many consumers would have used local hospital
emergency departments were it not for the immediate access afforded by the Stabilization Center. The relatively small percentage of Stabilization Center guests who require later hospitalization validates the general efficacy of the Center’s concept and approach. 2017 has seen a reduction in 9.45 pick-up orders, possibly related to the combined effects of the Diversion Services. Data will be gathered to determine impact of these services on MHRH ED high-utilizer patients (four or more ED visits per quarter).

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.6 In collaboration with OPWDD and MHRH, develop a diversion strategy for IDD individuals to be diverted from hospitalization and/or incarceration with crisis supports in their residential opportunity. IDD providers will offer training to staff in MCIT, Stabilization Center and MHRH to increase understanding of the IDD population.

Progress: The Systemic, Therapeutic Assessment, Resources and Treatment (START) Team services and Anderson Center have provided training to the Stabilization Center and MCIT staff.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.7 A Special Needs Health Care partnership has been developed to improve the delivery of health care services through education and collaboration.

Progress: A committee has been formed with IDD Providers and hospital representatives and areas have been identified for improvement.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.8 START to develop a Resource Center to provide respite opportunities for individuals with IDD.

Progress: START has identified a site in Ulster County for the Regional Resource Center which will offer two crisis respite opportunities and two planned respite opportunities for the Taconic region. Date of opening to be determined.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.9 Increase availability of Opioid Treatment Program (Methadone) services.

Progress: OASAS has approved the Lexington Center for Recovery, Inc. (LCR) Methadone Treatment Program capacity increase. Renovations are underway to allow for expansion of services. Additional staff training is planned; group treatment will be offered to Methadone patients on-site starting sometime 2017.
Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.10 Develop ten adolescent inpatient opportunities in Dutchess County.

Progress: Westchester Medical Center is moving forward with a plan to move ten adolescent beds to MHRH. A detailed proposal will be submitted to OMH by the end of 2017.

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.11 Explore treatment resources for the Seriously and Persistently Mentally Ill (SPMI) individuals with eating disorders using Affordable Care Act (ACA).

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.12 Develop a second elementary Intensive Day Treatment (IDT) class to manage the increased number of referrals.

Progress: A second elementary IDT class was implemented by Rockland Children’s Psychiatric Center (RCPC).

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.13 Explore need for a children’s Partial Hospital Program for children age 12 and under.

Progress: More data needs to be collected on need for children’s Partial Hospitalization Program.

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.14 Increase availability of outpatient chemical dependency treatment services for adolescents.

Progress: LCR, Inc. is offering the group treatment based “Seven Challenges“ curriculum. The activity for 2016 in the various clinics is as follows:

- Page Park – 277 group sessions
- Dover Plains – 28 group sessions
- Beacon – 348 group sessions

In 2016, LCR, Inc. adolescent age breakdown is as follows:

- Age 13 - 2 Served
- Age 14 - 12 Served
- Age 15 - 19 Served
- Age 16 - 24 Served
Strategy 2.15 CD/MH Providers will identify the two most prevalent chronic physical diseases in the behavioral health population to address in a comprehensive wellness treatment plan.

Progress: Completed. The two most prevalent chronic physical diseases in the Behavioral Health population in Dutchess County are diabetes and tobacco use. A screening form, specific to patients who are prescribed psychotropic medication, has been developed which identifies individuals at risk for diabetes.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.16 Ensure access to CD and MH services including Medication Assisted Treatment (MAT). Seek regulatory relief for Nurse Practitioners to be authorized to sign treatment plans and to increase the availability of licensed prescribers and to reduce requirements for a rapid re-admission to a treatment program.

Progress: The DBCH/ DC Jail Vivitrol pilot program was initiated in 2016 for incarcerated patients with a history of opioid addiction in 2016. Vivitrol treatment also became available for patients participating in the DBCH Intensive Treatment Alternative Program (ITAP). Twenty percent of the patients enrolled in ITAP were receiving Vivitrol as of May 2017. LCR expanded its menu of treatment options in 2017 by making both Suboxone and injectable Vivitrol available through their outpatient services. As mentioned previously, the LCR Methadone Treatment Program has expanded its license capacity to 300, thus increasing this modalities' availability. Additional providers may bring MAT services on-line in 2017-2018. The lack of prescriber availability continues to be an issue for CD, MH, and IDD providers in Dutchess County; increasing availability will continue as a goal for 2018. Nurse Practitioners can now sign treatment plans without co-sign of Medical Doctor.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.17 IDD providers will continue to expand services to youth and families and develop new services to meet community need. Marantha will expand the After School Programs. Abilities First will enhance/expand preschool services to meet increased need. New Horizons will create a playground and a walkway with a sensory trail at Briggs Farm. The ARC of Dutchess will explore providing respite services for children during school breaks beyond the summer. Taconic Innovations will develop site based weekend and holiday respite and develop recreational programs for children with Autism. Cardinal Hayes will expand in-home respite care to five families.

Progress: Waryas House has relocated the outpatient day rehab to the Town of LaGrange addressing both the mental health and chemical dependency needs of the IDD population. Admission criteria are
more inclusive than traditional IDD services; patients do not have to be DDSO eligible to be considered for admission.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Priority Outcome 3

Recovery: Increase the number of persons successfully managing their mental illness, addiction and intellectual developmental disability within a recovery-oriented system of care.

Priority Rank 3

Rationale: It is recognized that support services such as Peer Supports, housing, care management, vocational, day habilitation, transportation and physical healthcare, etc. are essential components of a complete treatment approach to care for individuals with behavioral health needs.

Strategy 3.1 Increase the availability of Recovery Coaches, Peer Advocates and Recovery Peer Advocates.

Progress: Peer Advocates (mental health) are now utilized on the MHRH inpatient mental health unit and on the second shift in the MHRH ED, which is the local 9.39 hospital. CAPE has secured funding to support 2 full time Peer Engagement Specialists covering Dutchess, Putnam and Rockland counties. Participating hospitals will be MHRH, Northern Dutchess, Putnam Hospital Center and Vassar Brothers Hospital. Through DBCH, there is a part-time Recovery Coach covering the Stabilization Center and the DC Jail.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.2 Advocate for a Recovery Center in Dutchess.

Progress: Dutchess did not receive funding for a center in this funding cycle.

Applicable State Agencies:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.3 Seek funding for short-term transitional living housing for individuals who are homeless, recently discharged from jail, prison, or inpatient settings.

Progress: No funding received.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
Strategy 3.4 Seek funding for supported housing for persons, 16-24 years old, who are involved in the criminal justice system, youth who have dropped out of school, youth who have transitioned out of residential placement and homeless youth who are chemically dependent and/or mentally ill.

Progress: No funding received.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.5 Develop a community housing and treatment strategy for individuals who are seriously mentally ill and chemically dependent which is safe, affordable and supports long term recovery.

Progress: No funding received.

Applicable State Agency:
NYS Office of Mental Health

Strategy 3.6 Develop housing to meet the need for individuals with IDD.

Progress: New Horizons has established a housing alliance to look at innovative ways to partner with developers to create housing opportunities.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 3.7 Seek funding for service dollars to assist individuals in obtaining and maintaining necessary support services not otherwise funded by entitlements.

Progress: No funding received in 2016.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.8 Promote increased job opportunities by 10% for individuals with MH/CD.

Progress: The “Think Differently” initiative in Dutchess is covering “Think Differently for Jobs” roundtable event bringing employees together to learn about how to successfully employ a diversified workforce.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.9 Improve availability of resource directory for parents by developing a web-based parent resource directory/platform. This will assist parents in finding available resources, help them to understand eligibility and assist in building comprehensive supports and services for an individual.
Progress: The web-based platform has been designed and content is being imputed. The Deputy Commissioner for Special Needs is developing a website for the community that will provide guidance for obtaining services in the OPWDD system throughout the lifespan; to be completed by end of 2017.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 3:10 Strengthen the support available to the programs under Diversion Services (HELPLINE, MCIT, and Stabilization Center) to assist individuals and their families who may need extra supports to remain out of inpatient care by increasing coordination between the Diversion Services and care management, increasing availability of respite services for both adults and youth, and transitional recovery housing.

Progress: Exemplary coordination evidenced between MCIT, Astor Clinic, and Stabilization Center; shared staffing pattern is producing interventions that are successful in maintaining children in the community and away from emergency departments. Data will become available end of 2017.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3:11 Develop crisis respite beds for youth.

Progress: HRH has identified two respite beds for youth starting in 2017.

Applicable State Agency:
NYS Office of Mental Health