

2018
Local Services Plan
For Mental Hygiene Services

Ulster County Dept. of Mental Health
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Ulster County Dept. of Mental Health	70660	(LGU)
Executive Summary	Optional	Not Completed
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Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

Mental Hygiene Goals and Objectives Form
Ulster County Dept. of Mental Health (70660)
Certified: Amy McCracken (5/26/17)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

Ulster County is a rural, sprawling county with a population of 182,000 individuals. As of March, 2016, 40,389 residents were receiving NY State Health Exchange / Medicaid; local DSS support or TA/MA.

- Consistently, one third of the Ulster County jail population consists of individuals with current or recently documented behavioral health issues, while at the same time there are limited behavioral health programs for the individuals in the jail.
- In the mental hygiene sector there has been a rise in individuals seeking behavioral health treatment and stabilization. While all mental health clinics in Ulster County report they have capacity, caseloads are exceedingly high and there is a dearth of psychiatric prescribers throughout the provider system.
- Lack of adequate, affordable housing within reasonable access to the service system remains a serious problem. Ulster County's Residential SPOA has 182 individuals on the waiting list for housing, 41 of whom are homeless. Ulster has one community residence level of housing for which there is always a waiting list. "Not in my back yard" (NIMBY) issues remain ever present when attempting residential development.
- Ulster County has very limited access to adult respite, which adds to an increase of unnecessary utilization of the emergency department and inpatient psychiatric hospitalization.
- Ulster County does have limited transportation through some of the main North / South corridors and East / West corridors, however access from remote areas to the corridors can be very difficult. This has an impact on accessing services and shopping, as well as getting to and from potential employment.
- The NYS health care system transformation has left many providers and consumers concerned about the future availability of services, as does the threatened future of the Affordable Care Act.
- The Latino community has grown substantially over the past number of years, yet there remains a dearth of Spanish speaking providers in Ulster County.

Areas of improvement:

- There has been some expansion of OMH licensed children's outpatient mental health clinic services, specifically expanded days/hours of operation in two satellite clinics in the county and the opening of one school-based MH satellite clinic in a high school.
- One school based OMH licensed children's outpatient mental health clinic implemented telepsychiatry in collaboration with an academic institution to address the dearth of psychiatric services.
- Ulster County held a Sequential Intercept Mapping workshop which brought together many stakeholders in the community who interface with individuals with behavioral health and criminal justice concerns. As a result of this workshop, significant collaborations developed that have led to some service system improvements including increased rapport with law enforcement, development of a Vivatrol protocol in the jail, reallocation of care management services, and the development of transitional housing.
- Ulster County received 21 supported housing units to a targeted provider and targeted location. Through working closely with the provider and Ulster County Adult SPOA, those units were filled prior to the identified deadline. Of concern is the extreme vetting of applicants for these units which rules out some of Ulster's most vulnerable individuals.
- The LGU worked closely with Ulster County Jail correction medical service staff and our FQHC to develop a protocol to ensure community accessibility of psychotropic medication for inmates who are being released from the jail.
- The LGU secured additional funding for the expansion of UC Mobile Mental Health hours of operation.
- The LGU became actively involved with the Ulster County Police Chief's Association.

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

Please Explain:

In Ulster County, as throughout NY State and the country, individuals are dying of opiate overdoses. Providers across Ulster County report a rise in individuals applying for substance use treatment and a rise in opiate addicted individuals. Providers are overwhelmed with admissions, and in some cases maintain waiting lists for individuals who are seeking treatment, but cannot be accommodated.

- There is one OASAS licensed halfway house in Ulster County. OASAS had approved a second halfway house for Ulster County nearly 10 years ago, however NIMBY concerns have delayed the development of this halfway house for years. This remains in litigation and further delays are anticipated.
- Safe, affordable housing options are limited, and often have limited accessibility to treatment.
- Out patient treatment agencies are overwhelmed with referrals, and one agency consistently carries a waiting list.
- Funding for case management / care management services (MATS) for substance using individuals was ended a few years ago, yet the need has increased.
- Medication assisted treatment is available, but not quickly accessible. There is a waiting list for the Methadone clinic and while more MD's can prescribe Suboxone than last year, these MD's lack experience in addiction. We have developed a Vivatrol protocol in our jail, but there is only one out patient treatment program that can continue the Vivatrol post release.
- As in most of NY state, there is a significant dearth of psychiatric prescribers in Ulster County, and even fewer with addiction treatment experience.
- Comprehensive, accurate data collection with regard to drug, specifically opiate, overdoses is difficult to gather. A recent report by the Ulster County Regional Task Force indicated that in 2016, there were 134 overdoses and 26 deaths. It is clear that overdoses and deaths are underreported as the result of overdoses not being reported due to naran reversals, and deaths not being reported as overdoses because this specific piece of information is not consistently captured on death certificates.

Areas of Improvement

- A Vivatrol protocol has been developed in the Ulster County Jail.
- Ulster County created a Family Advocate position to assist individuals and families struggling with substance use issues by providing direct support and helping individuals gain access to appropriate treatment.
- There has been an increase in the number of school districts who are actively seeking prevention services for students. Both OASAS Prevention Providers in Ulster have expanded the number of school districts in which they are providing evidenced based prevention programming.
- The LGU worked closely with OASAS and a local children's provider towards the development of out patient chemical dependency services.
- The LGU, in conjunction with the Ulster County Police Chiefs Association, a local school district and Ulster Prevention Council, formed the Ulster County Inter Agency Drug Task Force. The Task force held two substantially attended community forums on the opiate/heroin crisis, providing education, resource information and stories of hope. An additional community forum is already scheduled.

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

Please Explain:

As was the case last year, the service needs of the developmentally disabled remain sorely unmet. While Ulster County has excellent providers, the transformation of the OPWDD system has left vulnerable individuals without services or with very limited services.

- Older individuals who are developmentally disabled, not deemed eligible when they were young and remain living with their elderly parents, are significantly vulnerable. The task of obtaining the necessary documentation to be deemed eligible is extremely difficult and navigating a nearly impossible system exceeds the capacity of many individuals with disabilities. These most vulnerable individuals are often left without needed services for their survival.
- In Ulster County, and all of New York state for that matter, there is no facility to care for frail, medically involved children. These youth must be sent out of state for proper care and this is both costly and a hardship on families who want to participate in treatment planning and the care of their child.
- All agencies serving OPWDD individuals in Ulster County report staff shortages consistently running at 20%. This puts a strain on existing staff by requiring overtime in order to have minimum coverage needs met.
- Recently, Ulster County had an OPWDD individual in our local 9.39 hospital who had been stable and ready for discharge for over a month. The agency providing residential services for this individual refused to take the individual back citing not enough staffing, and OPWDD regional office indicated there was no other place for her to be discharged to. The individual languished in the hospital, at great cost to the hospital, and great disservice to her. This is not an unusual example of lack of responsiveness of the OPWDD service system.
- All agencies serving OPWDD individuals in Ulster County report that pay for direct care staff is not commensurate with the responsibility expected of these employees.
- OPWDD reports regularly that services have been authorized, but not fulfilled because there are no staff to provide the authorized services. It's unclear, for instance, why OPWDD considers respite service a viable option in a care plan when respite providers cannot be found.
- OPWDD is transitioning away from residential care, indicating that they will provide support to keep developmentally disabled individuals at home with their families. This is not normative, as when individuals grow up, there is the expectation of separation from parents. Parents express frustration and exhaustion at the prospect of having their adult children live with them for the rest of their lives. Additionally, it is not clear what planning is taking place for the eligible individual when the parents are no longer able to care for their adult child, or when the parents' die.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2a. Housing - Background Information

- In the Fall of 2016 Ulster County Department of Mental Health, through a grant from SAMHSA, conducted a two day Sequential Intercept Mapping workshop. Over 40 stakeholders, including law enforcement, clergy, judges, treatment providers, representatives from the DA's office, the Public Defender's office, and housing providers were in attendance. Through this large stakeholder group, lack of adequate housing was overwhelmingly identified as the number one priority for change in Ulster County.
- Ulster County's Residential SPOA has 182 individuals on the waiting list for housing, 41 of whom are homeless. Ulster has one community residence level of housing for which there is always a waiting list. "Not in my back yard" (NIMBY) issues remain ever present when attempting residential development for the behavioral health population. Additionally, Ulster has 3 family supported housing beds and 11 families on the Residential SPOA waiting list, one of those families has been on the waiting list since January of 2015.
- For OPWDD eligible individuals there remains a substantial number of individuals on the Priority One (urgent) waiting list, and very few opportunities to place those individuals. Since 2015 there have been 24 priority One requests from individuals living in Ulster County. Of those 24 Priority One emergency housing requests, 17 have secured a certified residential opportunity. These are our highest risk, most vulnerable individuals.
- Without safe, stable housing individuals with behavioral health concerns (substance use and mental health) are more likely to go to the emergency department and/or get arrested and end up in jail.

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

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

Objective Statement

Objective 1: The LGU will bring providers together to develop and act on a plan to reduce the stigma associated with behavioral health and developmental disabilities in an effort to help neighborhoods be less resistant to behavioral health housing in their areas.

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

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

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

Objective 3: The LGU and OASAS will support RSS in the development of a licensed Community Residence (Halfway House) for females.

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

Objective 4: The LGU will lobby OMH for additional family supported housing units.

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

Change Over Past 12 Months (Optional)

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

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

- All Ulster County OPWDD licensed agencies report operating at 20% direct care staff deficit. This data comes from local agencies reporting out at the Developmental Disabilities Sub Committee of the Ulster County Community Services Board.
- Agencies identify pay as a key barrier in staff acquisition and retention.
- Agencies report that pay is not commensurate with responsibilities assigned to direct care staff.
- There is a dearth of psychiatry and other prescribers throughout the Ulster County service system, and even fewer prescribers who are addiction specialists. While the local FQHC is able to recruit prescribers due to outreach and funding, the non for profit clinic providers and the local 9.39 hospital have significant difficulty finding prescribers.

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

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

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

Change Over Past 12 Months (Optional)

2l. Heroin and Opioid Programs and Services - Background Information

In Ulster County, as throughout NY State and the country, individuals are dying of opiate overdoses. Providers across Ulster County report a rise in individuals applying for substance use treatment, and a rise in opiate addicted individuals. Providers are overwhelmed with admissions, and in some cases maintain waiting lists for individuals who are seeking treatment, but cannot be accommodated. There is no single answer to address this epidemic. Communities, local governments, state government, law enforcement, and medical providers all need to be part of the solution.

- Access to treatment is difficult. Out patient programs are bursting at the seams trying to accommodate the plethora of individuals seeking treatment.
- Medication Assisted Treatment (Methadone, Vivatrol, Suboxone) is not easily accessible and there are not enough prescribers.
- With the introduction of Fentanyl and Carfentanyl, reversal of overdoses requires more doses of naran to which first responders do not have access.
- NIMBY concerns interfere with the development of residential and halfway houses which results in safe and sober living environments being few and far between.
- Parents often don't know that their children are using drugs until they are addicted. They miss the warning signs and have a hard time acknowledging that their loved one has a substance use disorder.

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

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

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

Objective Statement

Objective 1: Through a STR grant from OASAS, Ulster County, in conjunction with Catholic Charities, will develop an outpatient mobile treatment service to service high need areas in Ulster County.

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

Objective 2: The Ulster County LGU, as a member of the Ulster County Inter Agency Drug Task Force will hold Opiate Crisis informational forums in school districts throughout Ulster County for parents, youth and community members to provide education, resources, offer hope and reduce stigma.

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

Objective 3: Ulster County LGU will publish the UlsterHelps web based app guide that will be a comprehensive, continuously updated resource guide to substance use services throughout the county.

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

Objective 4: Ulster County LGU will work with Ulster Prevention Council and Family of Woodstock, Inc. (our two OASAS prevention providers) to provide evidence based programs in additional school districts and grades as well as train school staff to ensure better integration of prevention principles into the curriculum and maximize sustainability.

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

Change Over Past 12 Months (Optional)

2aa. Developmental Disability Front Door - Background Information

For some, the OPWDD Front Door has improved responsiveness to applicants seeking to establish eligibility, however for others, vulnerable individuals are left languishing without needed OPWDD services. As stated earlier, individuals who have aged out before obtaining eligibility for OPWDD services are virtually locked out of the system that can best meet their needs. This past year Ulster County has had two high profile individuals who were cared for by mothers who suddenly died. Both individuals were in their 50's, unable to care for themselves, and yet they were left to their own devices. Accessing school records that are 30 years old or older is virtually impossible. In most cases, the OPWDD system does nothing to link individuals to other services while they are assessing eligibility. OPWDD needs to do a better job of service provision and service linkage while applicants are waiting for eligibility determination.

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

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

The local OPWDD-DDSO providers will become familiar with the services available in Ulster County that can assist individuals while awaiting OPWDD eligibility determination.

Objective Statement

Objective 1: The LGU will facilitate training opportunities for DDSO staff to become familiar with other services in Ulster County.

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

Change Over Past 12 Months (Optional)

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

Jails and prisons house significantly greater proportions of individuals with mental health, substance use and co-occurring disorders than are found in the general public. While it is estimated that approximately 5 percent of people living in the community have a serious mental illness, comparable figures in state prisons and jails are 16 percent and 17 percent respectively. The prevalence of substance use is notably more disparate, with estimates of 8.5 percent in the general public, but 53 percent in state prisons and 68 percent in jails (SAMHSA). Ulster County is no exception.

In the Fall of 2016, Ulster County completed a two day Sequential Intercept Mapping Workshop with key stakeholders in the community who interface with behavioral health and or substance use involved individuals who are involved in the justice system. Participants in the workshop included local judges, law enforcement, housing providers, treatment providers, probation, the public defenders office, and the religious community, just to name a few. In this collaborative, two day workshop, participants identified priorities for change in Ulster County. The major priorities identified to improve outcomes for behavioral health / substance use disordered justice involved individuals included: increase housing options; improve transportation; development of a crisis stabilization center; court based advocacy; timely access to mental / physical health services upon release from jail; cross training in trauma informed care; and facilitation of continuum of care through peer led bridging, mentoring and transition assistance.

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

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

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

Objective Statement

Objective 1: Thirty Ulster County Law Enforcement officers on road patrol will be trained in Crisis Intervention Team (CIT).

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

Objective 2: The SIM work group will develop a small work group focused on developing interventions to improve outcomes for inmates released from Ulster County Jail.

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

Objective 3: The LGU will work closely with probation to re-allocate care coordination and care navigation services to behavioral health / substance use involved individuals on pre sentencing release in an effort to reduce likelihood of return to jail and increase chances for success.

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

Change Over Past 12 Months (Optional)

- Developed and implemented a Vivatrol protocol in the Ulster County Jail
- Increased transitional housing units at Clinton Avenue Methodist Church in the parsonage - 12 new units added
- Re-allocated care management services to Clinton Avenue Church and UC Jail to assist with engagement and linkages to services
- Developed an inmate release protocol for immediate connection to health and mental health services for individuals on psychotropic medications
- Law Enforcement training through the VJO (Veterans Justice Organization) - "Intervening with Justice Involved Veterans" - 45 officers trained
- Training to Court Clerks on Competency evaluations
- Acquisition of funding for additional CIT training

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3a. Medicaid Redesign - Background Information

For adults ages 21 and older, the transition of Medicaid behavioral health services from fee for service into Medicaid Managed Care plans is nearing completion of its first year. The integration of all Medicaid behavioral health and physical health benefits under managed care will be delivered through Managed Care Organizations and Health and Recovery Plans (HARPS). This system transformation has created more barriers and bureaucracy for consumer access to services and confusion throughout the service provider system. Health Home care managers are now expected to perform all care management for individuals enrolled in Medicaid, yet the Health Home Care Management providers are not able to provide the same level of care management that has been available in the past. Case loads are high (upwards of 70 -90) and as such, high need consumers are not able to receive the services that will help them stay engaged in treatment and out of the hospital. This system transformation has also raised concerns about survivability for some of the smaller providers in Ulster. The transition of Medicaid enrolled children/adolescents ages 0 to 21 into Health Homes began in December, 2016 and has created challenges and concerns similar to those impacting service delivery for the adult Medicaid population. Concerns include, but are not limited to, confusion and lack of clear, operational guidance to the Health Homes around the role of Child SPOA in the transition to Health Homes, lack of adequate vetting of the Care Management Agencies to ensure they are able to adequately assess and meet the needs of high risk children and families, increased wait time between referral to Health Homes and children actually receiving services, and functional limitations of MAPP (Medicaid Analytic Performance Portal) which significantly hinder ability of the LGU/Child SPOA to perform our regulatory responsibility of monitoring high risk children in our county. There is also concern about meeting the behavioral health needs of non Medicaid children/adolescents when wait lists are already forming.

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

Goal Statement- Is this Goal a priority goal? Yes No

The LGU will work extensively with Ulster County behavioral health providers, Health Homes and Care Management Agencies to ensure access to system wide services throughout health care transformation.

Objective Statement

Objective 1: The LGU will meet with behavioral health executives to facilitate collaboration specific to Medicaid Redesign and for collaboration with the Regional Planning Consortium.

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

Objective 2: The LGU will monitor Article 31 clinics to ensure access and quality of service throughout healthcare transformation

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

Objective 3: The LGU will work with Health Homes and Care Management providers to reduce duplication of services, clarify service provision, and ensure that the care management needs of our highest risk adults, children and families are being met in a timely and effective manner.

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

Change Over Past 12 Months (Optional)

3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information

DSRIP is the mechanism by which NYS will fundamentally restructure health care delivery with the expectation of reinvesting in the Medicaid program (at year three of this five year plan very few dollars actually have been reinvested). The main goal of DSRIP is to reduce avoidable hospitalizations by 25 percent.

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

Goal Statement- Is this Goal a priority goal? Yes No

Ulster County's Sequential Intercept Mapping workshop identified the development of a crisis stabilization center as a priority for Ulster County. The goal is to work closely with Westchester DSRIP and the PPS in Ulster County towards the development of this center in an effort to reduce unnecessary hospitalizations, arrests, and incarcerations.

Objective Statement

Objective 1: The LGU will work closely with WMC in the development of the Medical Village as a location for the Crisis Stabilization Center

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

Objective 2: The LGU will work with service providers to coordinate services at the Crisis Stabilization Center.

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

Objective 3: The LGU will coordinate Law Enforcement trainings and assist in the development of CIT teams.

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

Change Over Past 12 Months (Optional)

3d. NYS Department of Health Prevention Agenda - Background Information

The NYS Prevention Agenda is the NYS Department of Health's multi-year state health improvement plan. The goal of the prevention agenda is for local health departments and hospitals to collaborate with community partners to improve health status and reduce health disparities in five priority areas, including 'Promote Mental Health and Prevent Substance Abuse.'

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

Goal Statement- Is this Goal a priority goal? Yes No

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

Objective Statement

Objective 1: The LGU will advocate for sufficient care coordination and other safety net and wrap-around resources and develop provider collaboration to reduce unnecessary utilization of the emergency department in an effort to secure improved outcomes for individuals with behavioral health conditions.

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

Objective 2: Suicide Prevention: Ulster County SPEAK Coalition will seek to reduce suicides in Ulster County by promoting suicide prevention through public awareness and education; sponsoring suicide prevention trainings for gate keepers; promoting suicide prevention with fire arms vendors and sportsman's clubs; promoting suicide prevention with local veterans organizations and by creating opportunities for community members to learn about suicide prevention through tabling events.

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

Objective 3: The LGU will work closely with primary prevention providers: Ulster Prevention Council and Family of Woodstock, Inc., NAMI school districts, law enforcement, coalitions, recovery community and behavioral health service providers in UC to facilitate county-wide mental health and substance use prevention initiatives which will include prevention education, awareness, and advocacy.

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Ulster County Dept. of Mental Health (70660)
Certified: Amy McCracken (3/20/17)

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

1. For Criminal Procedure Law 730 Chargeback Budgeting: Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted

Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

2. For Local Administration of the Assisted Outpatient Treatment Program:

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment.

Taken directly from Ulster County Assisted Outpatient Treatment Policy:

The Commissioner of Health and Mental Health designates the Ulster County Department of Mental Health (UCDMH) to provide oversight, coordination and administration of NYS MHL §9.60, Kendra's Law.

PROCEDURE:

AOT CRITERIA

- AOT criteria, according to NYS MHL §9.60 are as follows:
- The individual must be eighteen (18) years of age and suffer from a mental illness; **and**
- is unlikely to survive in the community without supervision, based on a clinical determination; **and**
- has a history of non-compliance with treatment for mental illness which has led to either two (2) hospitalizations for mental illness in the preceding three (3) years, **or** resulted in at least one (1) act of violence toward self or others, or threats of serious physical harm to self or others, within the preceding four (4) years; **and**
- **is unlikely to accept the treatment recommended in the treatment plan: and**
- is in need of AOT to avoid a relapse or deterioration that would likely result in serious harm to self or others; **and**
- will likely benefit from AOT.

AOT INVESTIGATION

- Anyone (see list below) in Ulster County who knows of an individual that they believe meets criteria for AOT, can contact the AOT coordinator for a consultation:
- Adult (18 or older) roommate
- Parent, spouse, adult child or adult sibling
- Director of hospital where the individual is hospitalized
- Director of a public or charitable organization, agency or home that provides mental health services to the individual and in whose institution the person resides
- A psychiatrist who is either treating the individual or supervising the treatment of the individual for mental illness
- Director of Community Services, or social services official
- Parole or probation officer assigned to supervise the individual
- Additionally, individuals may be identified through the Local Government Unit Clinical Case Review process which is overseen by UCDMH.
- Anyone wishing to bring a case for investigation will provide the AOT coordinator with the individual's name, date of birth and information regarding past treatment providers. The individual being investigated must sign consents to release information in order for the investigation to commence.
- The AOT coordinator and AOT psychiatrist will review records to determine whether an individual meets criteria to open an investigation. The referent and involved treatment providers will be contacted (with consent from the individual) in order to determine whether an investigation will proceed. In addition, family members/relatives or significant others, may also be contacted (with consent from the individual) if clinically appropriate.
- The AOT investigation phase is used to gather an individual's past and current treatment records. The investigation also allows for a period of time in which the individual is observed, while living in the community.
- The outcomes of the investigation phase of AOT are as follows:
- The individual does not meet AOT criteria, and the investigation is closed; **or**
- The individual is found to meet AOT criteria, and is offered enhanced services to try to improve his or her clinical course without the need for a court-ordered petition; **or**
- The individual is found to meet criteria and has previously failed enhanced services or is deemed unlikely to participate in enhanced services without a court-ordered petition; a court-ordered petition is pursued.

AOT ENHANCED SERVICES

- The AOT coordinator and AOT psychiatrist will recommend enhanced services for an individual on AOT investigation when it is clinically indicated.
- Enhanced services in Ulster County include, but are not limited to:
- Intensive Case Management (ICM), Non-Medicaid Care Coordination, Health Home Care Management

- Structured Housing
- Psychiatric Treatment (outpatient clinic)
- Personalized Recovery Oriented Services (PROS)
- Substance Abuse Services
- Home Nursing
- Assertive Community Treatment (ACT)
- The enhanced service providers that are assigned to the individual are responsible for coordinating the treatment and care management, in consultation with the AOT coordinator.

AOT COURT-ORDERED PETITION

- The AOT coordinator and AOT psychiatrist may consider requesting a court-ordered petition to attend treatment, as an outcome of the investigation phase or as a result of a failed trial with enhanced services.
- The AOT psychiatrist for Ulster County evaluates all potential petition candidates in the County, whether the person is an outpatient setting or in a §9.39 hospital.
- If the individual is in an inpatient program in another county, that hospital or county AOT program will pursue the court-ordered petition, in consultation with the Ulster County AOT coordinator.
- When a decision has been made to pursue a court-ordered petition, the AOT psychiatrist will conduct a psychiatric evaluation of the individual, with the individual's Mental Hygiene Legal Services (MHLS) Attorney present, in accordance with the New York State Court of Appeals ruling. Notification of the scheduled psychiatric evaluation to be held either at Ulster County Department of Mental Health or at Health Alliance of the Hudson Valley Hospital (if the individual is presently hospitalized) will be sent to the individual and a care manager, if one is assigned, by the AOT coordinator.
- The AOT coordinator must obtain the individual's consent to release information, so that the current treatment records can be reviewed by the AOT psychiatrist, prior to the evaluation. If the individual refuses to provide consent, then the Ulster County AOT program may consult the Ulster County Attorney about pursuing a court order for release of said records.
- If the AOT psychiatric evaluation and other gathered information determine that a court-ordered petition should be pursued, the AOT psychiatrist prepares a written treatment plan and reviews it with the individual and the MHLS Attorney.
- The AOT psychiatric evaluation and the AOT treatment plan are emailed to the Ulster County Attorney's Office by the AOT psychiatrist. The signed originals are given to the AOT coordinator.
- The County Attorney or their designee will prepare the necessary legal documents ("Order to Show Cause", "Petition of Commissioner of Mental Health" and the "Physician's Affirmation after Examination") and faxes a copy of the documents to the AOT coordinator.
- The AOT coordinator has the Commissioner of Health and Mental Health or designee (sign the petition which is notarized). The AOT coordinator reviews the Physician Affirmation and has the AOT psychiatrist review and sign off.
- The AOT coordinator delivers the legal documents, along with the original/signed AOT psychiatric evaluation and treatment plan, to the County Attorney's Office.
- The County Attorney has ten (10) days from the date of the evaluation to file paperwork with the court and schedule a subsequent court date. The Order to Show Cause is prepared and sent to the judge for signature. The signed Order to appear is faxed to the AOT coordinator. The MHLS Attorney receives a copy from the County Attorney. The individual is served by the County Attorney. In addition, the AOT coordinator provides the court date to the treatment provider, care manager, and any other relevant care givers.
- The judge hears testimony and decides whether to grant or deny the AOT petition. AOT psychiatrist testifies to the need for the court-ordered petition. If the individual wants to contest the request for petition, the MHLS Attorney can call witnesses, including the individual he/she represents. Final Order for petition is signed by the judge. A petition is in place for a maximum of twelve (12) months. Any significant changes in the treatment plan may require a return to court for an amendment.
- A copy of the Final Order for petition is sent to the individual, the MHLS Attorney, the Ulster County AOT coordinator and the NYS Office of Mental Health (OMH) Regional AOT Coordinator.
- The AOT coordinator will send copies of the Final Order to all providers listed in the AOT treatment plan.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

Taken directly from ulster County Assisted outpatient Treatment Policy:

MONITORING THE COURT-ORDERED AOT PETITION

- An initial AOT petition may last up to twelve (12) months. Any changes in the treatment plan made by the treatment team will need to be approved by the client, the AOT team, the service provider, the County Attorney, and the MHLS Attorney. Significant changes in the AOT treatment plan may require a return to court for a material change.
- The AOT team will monitor clients who are on petition on a regular basis, through communication with the care manager, the treatment provider, and the client as needed. The care manager or ACT team will prepare a written report (**Attachment 1**). The report will be sent to the AOT coordinator on a monthly basis.
- Any major client events will be reported immediately to the AOT coordinator. These shall include acts of violence, incarcerations, suicidal or homicidal behaviors or threats, hospitalizations, loss of housing and any other significant clinical event. This applies to individuals in any phase of investigation, enhanced services, or petition.
- at any time during the length of the petition, the individual exhibits non-compliance with medication and is decompensating, a MHLS §9.60 Removal Order may be initiated. The AOT coordinator, or designee, completes the OMH 486 form (*Application for Hospital Examination After Failure To Comply With Order For Assisted Outpatient Treatment*), which is then signed by the AOT psychiatrist or the Commissioner of Health and Mental Health (the signatory must be a medical doctor). The OMH 486 can be found on the OMH website: www.omh.ny.gov.
- Under a Removal Order, peace officers will bring the individual to the local psychiatric hospital emergency department to be evaluated. This evaluation could result in a hospital admission or release.
- Approximately thirty (30) days prior to the expiration date of the Petition, the AOT psychiatrist, along with the MHLS Attorney, will schedule a subsequent psychiatric renewal evaluation for the petitioned individual. This evaluation will be scheduled enough in advance of the expiration of the current petition to

allow for filing of court paperwork before the expiration. Ideally, this will be at least 2-3 weeks prior to the expiration to allow for rescheduling of the evaluation if the petitioned individual fails to appear for the first evaluation. The AOT coordinator will send a letter to the petitioned individual and the care manager notifying them of the scheduled psychiatric evaluation. The evaluation will determine whether or not there is enough evidence to pursue a petition renewal. If there is not enough evidence, then the petition will expire. The AOT coordinator will complete the AOT Determination of Non-Renewal form (found in N:\Share\Forms\AOT) and forward to the NYS OMH AOT Regional Coordinator.

- **Under provisions of the New York Secure Ammunition and Firearms Enforcement (SAFE) ACT of 2013, the Commissioner of Health and Mental Health and/or the AOT coordinator must notify the Commissioner of Mental Health or the Director of Community Service (DCS) of a county when he/she knows or has reason to believe that the AOT petitioned individual has moved or will move to during the period of time that the AOT order is in effect. Upon such move the Commissioner of Mental Health or the DCS of the new county becomes responsible for overseeing the AOT order.**

AOT STATISTICAL REPORTING TO NYS OMH

- AOT coordinator maintains a Status List (N:\AOT\{year}\Status list) that contains a list of all the clients who are on AOT investigation, enhanced services and/or court-ordered petition. This status list identifies the date of when a client's investigation and/or enhanced services began. If a client is on a court-ordered petition it lists the date range of the petition. In addition, it also identifies the client's treatment provider, care manager, stability level and type of housing. status list is updated on regular basis, and utilized during the monthly AOT provider/care manager meeting.
- The AOT coordinator completes a monthly Statistical Summary Report (S:\AOT\{year}\Monthly Statistical report) and faxes it to the NYS OMH Regional AOT Coordinator (877-849-1067) after the last day of every month. The report includes facts regarding the number of clients on investigation, enhanced services and court-orders. It also includes new, ongoing and unduplicated numbers for each category. Finally it includes the number of significant events that have occurred for those on court-ordered petition.
- The AOT coordinator completes the AOT Quarterly Report (S:\AOT\{year}\Quarterly report) and faxes it to the NYS OMH Regional AOT Coordinator (877-849-1067) after the last day of each quarter (March, June, September and December).
- The AOT coordinator tracks significant events, as defined by NYS OMH (see OMH guidance document on OMH website:www.omh.ny.gov). Significant events are only tracked for individuals who are on court-ordered petition only. Significant event reports are completed by the care manager and forwarded to the AOT coordinator. Under certain circumstances, the AOT coordinator may also complete the report. The AOT coordinator faxes the report to the NYS OMH Regional AOT Coordinator at 877-849-1067.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

- Rockland - State ICM - Health Home Care Management
- Mental Health Association in Ulster County- Health Home Care management

Questions regarding this survey item should be directed to Rebecca Briney at Rebecca.Briney@omh.ny.gov or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System, please contact the OASAS Planning Unit at 518-457-5989 or by email at oasasplanning@oasas.ny.gov

Community Service Board Roster
 Ulster County Dept. of Mental Health (70660)
 Certified: Amy McCracken (3/13/17)

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

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.

Chairperson		Member	
Name	Amy Russell	Name	Nancy Schaefer
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	community / family	Represents	community
Term Expires	12/31/2020	Term Expires	12/31/2018
eMail	amybob41@gmail.com	eMail	schaefer@hvc.rr.com
Member		Member	
Name	Margaret Sellers	Name	Colleen Sheehan
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Family / Community	Represents	consumer
Term Expires	12/31/2018	Term Expires	12/31/2018
eMail	mcsellers@aol.com	eMail	colleens@nyaprs.org
Member		Member	
Name	Nina Singer	Name	Patricia Thayer
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Community	Represents	Community
Term Expires	12/31/2018	Term Expires	12/31/2018
eMail	ninis474@aol.com	eMail	mrstet@aol.com
Member		Member	
Name	Karla Peterson	Name	Jon Brown
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	consumer	Represents	Community
Term Expires	12/31/2020	Term Expires	12/31/2020
eMail	karlamarie.peterson@gmail.com	eMail	jonrsr48@yahoo.com
Member		Member	
Name	Virginia Botero	Name	Anne Flanagan Kelly
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	community	Represents	community
Term Expires	12/31/2017	Term Expires	12/31/2018
eMail	rnbotero@aol.com	eMail	akelly342@yahoo.com
Member		Member	
Name	Susan Laporte	Name	Mary Netter
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	community	Represents	community
Term Expires	12/31/2017	Term Expires	12/31/2017
eMail	susanl@hvc.rr.com	eMail	retten98@aol.com
Member			
Name	Theresa Pabon		
Physician	No		

Psychologist	No
Represents	community
Term Expires	12/31/2018
eMail	TPabon@hvc.rr.com

Alcoholism and Substance Abuse Subcommittee Roster
Ulster County Dept. of Mental Health (70660)
Certified: Amy McCracken (3/13/17)

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

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

Member
Name Sara Rabbino
Represents public
eMail s.rabbino@yahoo.com
Is CSB Member No

Member
Name Patricia Thayer
Represents public
eMail mrstet@aol.com
Is CSB Member Yes

Member
Name Nina Singer
Represents public
eMail ninis474@aol.com
Is CSB Member Yes

Member
Name Susan Laporte
Represents public
eMail susan1@hvc.rr.com
Is CSB Member No

Mental Health Subcommittee Roster
 Ulster County Dept. of Mental Health (70660)
 Certified: Amy McCracken (3/13/17)

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

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. 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.

Member
Name Penelope Bishop
Represents consumer
eMail
Is CSB Member No

Member
Name Ethel Knox
Represents public
eMail eknox@greystoneprograms.org
Is CSB Member No

Member
Name Andrea Raphael-Paskey
Represents public
eMail apaskey@hvc.rr.com
Is CSB Member No

Member
Name Colleen Sheehan
Represents consumer
eMail colleens@nyaprs.org
Is CSB Member Yes

Member
Name Cheryl Ronk
Represents consumer
eMail
Is CSB Member No

Member
Name Virginia Botero
Represents public
eMail rnbotero@aol.com
Is CSB Member Yes

Developmental Disabilities Subcommittee Roster
 Ulster County Dept. of Mental Health (70660)
 Certified: Amy McCracken (3/13/17)

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

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

Chairperson

Name Margaret Sellers
Represents Family
eMail mcsellers@aol.com
Is CSB Member Yes

Member

Name Helen Gonyea
Represents Family
eMail sis.gonyea@gmail.com
Is CSB Member No

Member

Name Ether Knox
Represents Public Representative
eMail eknox@greystoneprograms.org
Is CSB Member No

Member

Name Karla Peterson
Represents family
eMail karlamarie.peterson@gmail.com
Is CSB Member Yes

Member

Name Anne Flanagan Kelly
Represents public representative
eMail akelly342@yahoo.com
Is CSB Member Yes

2017 Mental Hygiene Local Planning Assurance
Ulster County Dept. of Mental Health (70660)
Certified: Amy McCracken (5/24/17)

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

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 2018 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 2018 Local Services planning process.