



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020
Local Services Plan
For Mental Hygiene Services

Rockland County Dept of Mental Health
September 6, 2019

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| Planning Form | LGU/Provider/PRU | Status |
|--|-------------------------|----------------------|
| Rockland County Dept of Mental Health | 70460 | (LGU) |
| Executive Summary | Optional | Not Completed |
| Goals and Objectives Form | Required | Certified |
| New York State Prevention Agenda Survey | Required | Certified |
| Office of Mental Health Agency Planning (VBP) Survey | Required | Certified |
| 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
Rockland County Dept of Mental Health (70460)
Certified: Bonnie Halley (8/23/19)

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**:

Adults

Vacancies for the three providers who support people who have a serious mental illness and are deaf or hard of hearing have improved. Although this will most likely be an issue of concern in the future, regional and interstate referrals continue to be accepted by providers

Wait lists for care management and ACT supports have improved thanks to the addition of HVCS, a health home care management agency in our area. ACT has been working closely with the care management providers to step candidates to the HH+ level of care management when possible. The ability for the LGU A-SPOA chair to submit a request for a person to become HH+ who needs increased supports but does not meet exact criteria for HH+ has also helped keep people on the care management agency roster instead of being referred to ACT.

The Suicide Prevention Coalition of Rockland has made important changes during the year. RCDMH has collaborated with the County Medical Examiner to develop a form to track deaths by suicide, listing key identifiers such as cause of death, age, gender, town of residence, history of behavioral and physical illness, developmental disability, known life stressors, risk factors and crisis interventions prior to the event. Receiving information in a timelier manner allows us to better identify trends and to direct our prevention efforts. Training for the community, providers and school personnel continues.

Children and Adolescents

The addition of CFTSS has provided new mental health resources for youth with Medicaid. OLP has been especially helpful as an access point for children who do not have an existing diagnosis but need to be assessed. We continue to educate the community about this new service array, especially schools and primary care as they interact with large numbers of children, some of whom will require a first-time assessment when there is a concern about possible mental health needs. Clinicians seeing children in outpatient mental health settings are learning how to refer to CFTSS to augment the office-based therapy they are providing.

There has been an increase in the number of children's SPOA referrals which coincides with both the last quarter of school and the significant reduction in length of the SPOA application. If the increase in referrals is due to the application having been simplified it should persist and more children will be connected to services.

More school districts have expressed an interest in having school-based clinics within their buildings. An additional four schools are currently in the process of seeking approval for satellite clinics which would bring the total number of schools to six. This increases access to mental health treatment while reducing both transportation barriers and stigma.

There has been some increase in the number of Spanish speaking therapists in the community. This will better meet the needs of youth and families that could not access mental health treatment in the past due to language barriers.

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

Adults

The need for OMH licensed residential opportunities for people with co-occurring substance use disorders continues to be significant. The wait list for this level of support remains significant and referrals cannot be accommodated. Residential providers are also expressing concerns with being able to support the restorative services needs of these individuals in an effective manner. Providers and direct support staff are utilizing area OASAS providers for training and peer supports.

Transportation issues remain unchanged. There is a lack of easily, accessible options for people to get to work, to treatment or to recreational activities. The expense of transportation is also a concern for many on a fixed income. Time spent to travel to a treatment appointment often exceeds the time spent with the provider.

The need for linguistic and culturally competent clinical supports remains unchanged.

Adults and children continue to have difficulty accessing clinical, prescriber and psychiatric supports; especially those with commercial insurance.

The Department of Mental Health and the Veteran's Service Agency continues to collaborate to address the unmet behavioral health, housing and crisis needs for veterans and people who served in the military.

Children and Adolescents

There continues to be more demand than supply for outpatient child mental health services. Youth that do not have Medicaid are especially affected as provider agencies prefer to contract with Medicaid than commercial insurance due to the disparity in reimbursement rates. CFTSS can help decrease the need for office-based therapy but youth still need to be seen in clinics for medication management. Many clinics will not provide medication services unless the child is also seeing a clinic-based therapist so the unmet need for outpatient clinic services persists.

Transportation issues continue throughout the County. The bus system has a limited number of stops, can be costly to families and is a time-consuming way to travel.

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

Adults

OMH reduction in service dollars to care management and ACT providers is causing ongoing and worsening repercussions. These providers do not have the capacity to support people with serious mental illness who do not have Medicaid for extended periods of time. Those who will never become Medicaid eligible for reasons such as immigrant status have limited access to ongoing care management supports. Peer supports are being utilized but the services and supports are different. Also, care management and ACT providers are indicating that they have less transportation funds available for individuals seeking visits to potential residential and treatment providers. The transit systems do not cover all areas at all times of day or evening.

The need for safe, affordable housing opportunities for people in Rockland has generally worsened. A-SPOA referrals exceed the vacancies. Provider agencies and individuals are finding it increasingly difficult to find affordable apartments with the current level of OMH funding for supportive housing. Adult Homes are decreasing their census of individuals with serious mental illness to meet DOH mandates or convert to ALP sites. Two agencies have been approved for housing grants for development of affordable mixed-use housing. The agencies, however, are unable to locate a building site in the County due to concerns of residents in the area.

A-SPOA referrals for ACT supports doubled from 2018 to 2019. People who have not been successful with care management services, even with HH+ supports, are seeking ACT supports to remain out of the hospital or as part of a successful AOT order. It would be helpful to increase the capped case load for ACT from 68 to 106. This would allow a larger team and more individuals to receive this service.

Children and Adolescents

While CFTSS has had a positive effect for youth with Medicaid, youth without Medicaid do not have an alternate pathway to these services. When we educate the community (schools, primary care, etc.) about CFTSS we must include the caveat that these services are only for youth with Medicaid. The county has many youths without Medicaid. These youth can remain on waitlists for months while they await an opening with the legacy care management agency. We use alternate community supports such as peers, HBCI, etc. while they are on the waitlist but then these programs cannot accept new referrals as they wait for these youth to move into care management. Once youth without Medicaid are in care management there are very few services available to them compared to what is available for youth with Medicaid.

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**:

Rockland County Department of Mental Health has partnered closely with local OASAS providers, private practitioners and the local hospitals to improve the array and quality of services offered within the County. Improvements have been made as follows:

- MHA of Rockland continues to expand their Intensive Outpatient Treatment.
- MHA of Rockland has continued their Open Access program where clients can walk in for an intake for 3 days per week.
- Rockland County Department of Mental Health has trained over 100 providers and first responders in Narcan.
- Rockland County Department of Mental Health coordinated a Narcan Train the Trainer to become DOH Opioid Overdose Prevention providers. A total of 21 providers and clinicians were trained to distribute Narcan. Attendees included Montefiore Nyack Hospital, Good Samaritan Hospital, Blaisdell ATC, Lexington Center for Recovery, Mental Health Association of Rockland and a private Buprenorphine provider within the community.
- Rockland County Department of Mental Health delivered SBIRT training to providers within the county including Good Samaritan Hospital emergency department staff and various primary care offices.
- Rockland County Department of Mental Health has worked with OASAS to award funding to MHA of Rockland to place a substance use disorder clinician in the jail.
- Rockland County Department of Mental Health has worked with RFMH to award funding to Montefiore Nyack Hospital for peers in the emergency department to engage with overdose patients, families and those struggling with addiction.
- Rockland County Department of Mental Health worked closely with Lexington Center for Recovery and Good Samaritan Hospital to staff the Emergency Department with peers six (6) days per week to engage people with substance use disorders and their support system.
- Rockland County Department of Mental Health has supported RCADD, Village of Haverstraw and CANDLE through the SAMHSA System of Care expansion grant by supplying training and materials of SAMHSA approved evidenced-based prevention practices. This allows the expansion of these evidenced-based practices within schools and the rest of the system of care.
- Rockland County Jail implemented Vivitrol protocol (initial dose and referral to treatment) to inmates with substance use disorder upon discharge from custody.

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

The County continues to struggle with clients having access to local transportation to get to their appointments, groups and support groups. This need has not improved, nor worsened in relation to accessing services. OASAS providers have taken this unmet need into account when planning their services and location.

Prevention services remains an unmet need, as not all school aged children receive this intervention and the intervention is not standardized across all school districts.

There remains a need to start an ambulatory detox service within the County and for better access to detox services in and through the local hospital ED's.

Housing continues to be scarce for residents struggling with a substance use disorder, as there are limited routes, timeframes and accessibility.

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

In 2019 there is an increase in the number of overdose deaths to date, and there is a decrease in admissions to outpatient providers. This shows the need to improve "in-community" services and updated policies for providers to work with clients who have relapsed, reducing stigma and increasing supports.

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

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

The influx of State funding from the 2017 State budget allowed close to 30 adults living at home to move into certified residential opportunities in Rockland County. This was certainly a welcome support for families and individuals with IDD.

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

The need for certified and uncertified residential supports remains an unmet need in Rockland County.

Reliable, affordable and accessible public and para transit transportation remains an unmet need. In Rockland County, one group of self-advocates are requesting enrollment on the Rockland County Disability Advisory Council.

Workforce recruitment and retention continues to be at the crux of many of the day opportunity and respite access issues. Expansion of agency opportunities must be in line with Front Door authorization of supports and services.

Families, individuals and providers have concerns with the transition to managed care. OPWDD has been proactive in keeping all stakeholders informed.

Issues of Stigma remain unchanged. Although community integration efforts have been strong, the public at large has not been adequately prepared to accept the transition. People with IDD are chronically underemployed or unemployed. Transit issues limit access to community opportunities. People with disabilities, as a whole, live at a lower standard of living than the non-disabled population.

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

It has become more difficult for Local Governments to track certified residential placements and provider vacancies as DDRO Region 3 has stopped providing monthly updates. The State is advocating for a unified process of notification to all regions, statewide. This situation is causing delays in dissemination of information and complicating local planning efforts.

Crisis services for persons with IDD remains an unmet need and is worsened by the fact that promised supports from NYSTART (resource center and a stable regional staff) would be in place. Local hospitals and outpatient providers are straining and many times failing to keep up with the needs of adults and children in the community.

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

2. Goals Based On Local Needs

| 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Crisis Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Prevention | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g) Inpatient Treatment Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Recovery and Support Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Reducing Stigma | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) SUD Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) SUD Residential Treatment Services | <input checked="" 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| n) Mental Health Clinic | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| q) Developmental Disability Clinical Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r) Developmental Disability Children Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| s) Developmental Disability Student/Transition Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| t) Developmental Disability Respite Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| u) Developmental Disability Family Supports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v) Developmental Disability Self-Directed Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w) Autism Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| x) Developmental Disability Front Door | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y) Developmental Disability Care Coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| z) Other Need 1(Specify in Background Information) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aa) Other Need 2 (Specify in Background Information) (NEW) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ab) Problem Gambling (NEW) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ac) Adverse Childhood Experiences (ACEs) (NEW) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(After a need issue category is selected, related follow-up questions will display below the table)

2a. Housing - Background Information

The lack of permanent supportive housing services and short-term transitional housing options in Rockland County continues to be a significant barrier in meeting the needs of people with substance use disorders. Obtaining funding to develop this type of housing is a challenge.

The lack of available affordable housing in Rockland County continues to be a significant barrier in meeting the needs of people with serious mental illness. OMH rental stipends for Supportive Housing do not match the high cost of rental housing in the County, thus presenting a challenge to providers in locating suitable and affordable housing opportunities. Additionally, the availability of both OMH licensed residences and OMH Supportive Housing does not match the scope or pace of the need and the County must maintain a waiting list. Another significant barrier is that the needs of some individuals seeking residential supports cannot be met by the restorative services model of OMH licensed congregate treatment residences. For instance, individuals returning from prison, long-term hospitalization or OMH Residential Treatment Facilities often need more intensive, directive supports than is currently available. A growing number of individuals often have complicated medical concerns or have a co-occurring diagnosis of intellectual disability or Autism Spectrum Disorder. The largest category of individuals waiting for residential opportunities have co-occurring serious mental illness and substance use disorder. To address some of the unmet needs, direct support staff in residential facilities will be offered various training opportunities to more effectively provide person-centered supports. To increase access to residential opportunities, the County’s Adult SPOA Committee and the Rockland County DSS Coordinated Re-entry Unit are now partnering to identify and secure HUD funding for SPOA applicants who are homeless.

Given the high cost of housing, land and taxes in Rockland County, realistically we will never be able to meet the demand for housing for people with serious mental illness. Developing regional housing and appropriate transportation may be a viable option to address the realities of a shortage of housing in counties that have expensive real estate.

The lack of available housing in the County continues to be a significant barrier for people with intellectual and other developmental disabilities as well. There is a continuing need to develop residential opportunities that meet the needs of people with IDD, especially for those with co-occurring mental illness and/or substance use disorder, those who are aging and would benefit from a nursing home style environment, and those who can live with less supports. To address the needs, OPWDD providers are working with area developers to provide non-certified residential opportunities. L-DSS is working to obtain vouchers to assist adults with IDD issues in securing non-certified residential opportunities. OPWDD providers have requested a quarterly Housing Subcommittee meeting to review certified and non-certified housing options and issues. OPWDD providers plan to have an increased presence at the County’s Continuum of Care Committee meetings.

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

Expand the availability and accessibility of a full continuum of safe, adequate and affordable housing in the least restrictive setting for all individuals.

Objective Statement

Objective 1: Partner with Rockland Recovery Homes and other non-profit providers to initiate the establishment of transitional housing for individuals working towards recovery from substance use disorders.

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

Objective 2: Offer ongoing training opportunities for residential direct support staff on topics such as mental health first aid, de-escalation techniques, co-occurring and dual diagnosis issues, entitlements, chronic disease prevention and area resources.

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

Objective 3: Increase MH and IDD provider representation on the Continuum of Care Committee and collaborate to identify and secure funding, including ESSHI awards and HUD funding, and connect individuals with residential opportunities.

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

Objective 4: Work with OMH residential providers to network with Managed Long-Term Care Service providers to identify supports to address acute and chronic medical needs of residents, thus helping individuals remain in the least restrictive setting.

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

Objective 5: Work with SUD outpatient providers and OMH residential providers to collaborate and offer training for residential direct support professionals in providing services and supports to people with a primary serious mental illness and a secondary substance use disorder.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Transportation services allow adults with disabilities, including those with serious mental illness, substance use disorders and/or intellectual and other developmental disabilities, to live independently in the community. The County's Department of Public Transportation has worked with local providers to address individual-specific needs, yet affordable and reliable access remains a continuous challenge. The limited hours of operation for both public and Medicaid transportation results in lengthy commutes and often missed appointments. Missed appointments frequently result in increased use of the hospital emergency room. Medicaid transportation is limited to one trip per day. People with SUD, however, are often enrolled in more than one program and are unable to utilize Medicaid transportation for their second appointment, even when they do not have access to another method of travel. Also, public buses often stop running prior to the end of the treatment day and many individuals are left to walk on unlit and high traffic roads. Public transportation services are often not accessible to people with ambulation issues. The para-transit bus service, however, requires a reservation and cannot provide door-to-door accommodations to every street in Rockland County. Additionally, the cost of travel, even with discounts, is often prohibitive for those with limited cash resources. Transportation is also important as it plays a significant role in supporting the social determinants of health including access to events that promote social and community inclusion, access to employment and access to healthy food. The limits to the public and para-transit system, however, dictate access.

Several years ago, the County collaborated with Refuah Community Health Collaborative, a New York State DSRIP PPS serving Rockland County, to address the fact that Rockland County remains without a Partial Hospital Program (PHP) for either adults or children. Although there are entities willing to provide space at no cost, no agency has expressed interest in establishing a PHP in Rockland. For this reason, Rockland residents utilize partial hospital programs in Westchester County. The lack of transportation to and from the PHP programs in Westchester remains an obstacle for families and individuals and has prevented access to this important level of care. A result of the collaboration with Refuah PPS is that Rockland has had a no-cost taxi service (Rockland Access Project) to and from three of the Westchester partial hospital programs for over two years. However, a chaperone is required for minors to use the taxi service and for this reason it has been used almost exclusively by adults. This has clarified that the difficulty in accessing Westchester partial hospital programs is not only needing a means of transportation but also the time required to commute to and from the program. The County will continue to promote use of this program wherever feasible, particularly by transitional age youth who do not need a chaperone and are an underserved population, but also begin to consider other options for intermediate levels of care.

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 access to and affordability of public and para-transit transportation for all individuals.

Objective Statement

Objective 1: Work with the Department of Public Transportation and private transportation providers to advocate for the expansion of transit and para-transit areas of service and hours of operation to accommodate the needs of all individuals.

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

Objective 2: Self-Advocacy Association of NYS and The Arc Rockland self-advocates will seek enrollment on advocacy boards, such as the Rockland County Disability Advisory Council, to educate and promote the concerns that individuals with IDD encounter while accessing transit and para-transit transportation services.

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

Objective 3: Continue to educate the community about the Rockland Access Project, including information concerning the ability of parents to designate up to four adults as alternative chaperones.

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

Objective 4: Explore funding sources and potential billing mechanisms for SUD providers to offer transportation for individuals to access SUD treatment services.

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

Rockland is aware that a Crisis Stabilization Center would be a beneficial addition to our community and continues to look for an opportunity to develop this service. Efforts to collaborate with DSRIP lead agencies on this project, however, have been redirected to other areas of need that are more readily addressed. As a result, the identified need for this service remains as will the search for implementation strategies, but the project itself is deferred.

Progress has been made in both the provision of and community awareness of services for people with serious mental illness, including the Behavioral Health Response Team, Mobil Integration Team, Mobile Outreach Team and IOP/PHP levels of support. There is still, however, a need for funding and development in the areas of crisis residential services, hospital based crisis services that can address both behavioral health and medical needs, and the addition of peer advocates in the emergency departments. Additionally, Rockland has limited overnight respite opportunities in the community for short or mid-term needs.

To address the current opioid and heroin epidemic, the County intends to expand the use of certified recovery peer advocate services, an

intervention that has proven to be beneficial in engaging individuals in SUD treatment and reducing the need for admission to the hospital emergency department. Individuals who have been administered Narcan would benefit from this type of intervention. The need to establish a medically managed withdrawal service and the need to initiate the OASAS funded Open Access Center have also been identified.

There is a significant lack of crisis services for people with IDD, including those with co-occurring mental illness and/or substance use disorder. Rockland County has the Behavioral Health Response Team and NYSTART. Each entity has its benefits and its limits regarding hours of operation, individuals who can be served and ability to provide comprehensive crisis prevention and response. The Department of Mental Health and the DDRO are now engaging in routine conference calls to discuss and arrange for support for people with IDD in crisis. The County plans to collaborate with key stakeholders and launch a behavioral health/crisis resource network to support the needs of these individuals.

Crisis services for children include the two local emergency rooms, the Behavioral Health Response Team and Home-Based Crisis Intervention (HBCI). Schools, providers and families report variable levels of satisfaction with the different services, but all are well utilized. Statistics show that the number of children visiting the emergency room for behavioral health issues has increased by almost a third in both hospitals located in the County, indicating that more services are needed across the continuum of care. Rockland County is currently in year three (3) of its System of Care expansion grant and plans to expand the number of services and peer supports to reduce the need for crisis services.

Provider agencies across the mental hygiene service system, general health care providers, I&R resources, local colleges and the community would benefit from ongoing training and education to increase awareness of behavioral health needs, the risk factors and warning signs of behavioral health concerns, how to assist someone in crisis and how to access existing crisis and other behavioral health services.

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

Decrease the demand for crisis services by expanding and enhancing the adult and child systems of care.

Objective Statement

Objective 1: Work with the Orange County Independent Living Center to expand hospital-based 'Bridger' transition peer services for people with serious mental illness to enhance linkage to outpatient treatment.

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

Objective 2: Train hospital ED physicians in the administration of buprenorphine to decrease the need for hospitalization and subsequent overdoses.

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

Objective 3: Work with the local hospitals to utilize certified recovery peer advocates in the emergency departments to engage and connect individuals with SUD to the appropriate level of treatment and to provide follow-up to ensure engagement in treatment.

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

Objective 4: Establish OASAS funded Open Access Center through Lexington Center for Recovery to provide 24/7 support for people with SUD who are in crisis and in need of support, treatment and services.

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

Objective 5: Identify key stakeholders and launch a behavioral health/crisis resource network and strengthen alliances between the Behavioral Health Response Team, hospital emergency departments and the IDD community through education and resource training, to support the needs of individuals with IDD and behavioral health issues and their families.

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

Change Over Past 12 Months (Optional)

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

Workforce recruitment and retention continue to be significant issues for provider agencies and can have a negative impact on persons in need of services. The ability to secure and retain a competent workforce while providing person-centered services continues to be a challenge in this environment of national and State policy transformations. Low wages, high employee turnover, residential staffing formularies, ongoing overtime challenges, reporting and accountability issues, regulatory requirements, changes in funding structures and the need to learn a changing healthcare system are some of the obstacles. Many of the high unmet needs in Rockland County emanate from a workforce shortage.

There is a significant shortage of psychiatric supports for all age cohorts. Adult homes have a significant need for psychiatric and other licensed clinical supports. A bilingual and bicultural workforce is also in high need. The OPWDD workforce capacity does not meet the level of authorized services and supports. There is also a need for more self-direction brokers, especially to serve the Latino and Caribbean communities.

Due to frequent turnover in children's care management and waiver services, families can experience a disruption in service and may have to change workers, which can be a difficult transition. Staff in these programs report that they leave due to low wages, lack of tuition reimbursement (that may be offered by other employers), feeling underappreciated and not having the supervision required to support them in earning clinical hours as required for their discipline.

Mergers of community-based organizations providing behavioral health services with larger hospital based healthcare systems may be the only viable option to address the inadequate salaries, frequent employee turnover, and training needs of employees. Hospital based employees have better salaries, benefits and training opportunities which reduces employee turnover and enhances care.

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

Enhance workforce recruitment and retention through training initiatives, recruitment events and a focus on employee wellness.

Objective Statement

Objective 1: Strengthen working relationships with local colleges, professional training institutes and local chapters of behavioral health professional networking groups to recruit culturally and linguistically competent staff.

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

Objective 2: Hold recruitment events for self-directed brokers in linguistically and culturally diverse populations.

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

Objective 3: Explore the use of tele psychiatry in area adult homes and licensed clinical sites to address workforce needs and provision of services.

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

Objective 4: Include care managers and waiver program staff in County training initiatives, including the evidenced-based practice training funded through the County's System of Care Expansion grant.

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

Objective 5: Enhance employee wellness initiatives throughout the mental hygiene system to address burnout, secondary trauma, compassion fatigue and compassion satisfaction.

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

Change Over Past 12 Months (Optional)

2e. Employment/ Job Opportunities (clients) - Background Information

Many individuals with mental health or IDD issues are either unemployed, underemployed or not sustaining employment for appreciable periods of time. Residential opportunities, recovery plans, social entitlement programs and enhanced levels of self-esteem are often dependent upon ongoing engagement in employment. Social Security and Medicaid incentives are available to support individuals with disabilities who work. People with disabilities who receive vocational supports such as job coaches have increased retention rates and productivity. Studies have found that a healthy workforce is linked to happier employees, lower medical costs, higher productivity, lower absenteeism, accident reduction and higher business performance. It would benefit employers to identify and utilize ongoing general health and behavioral health workplace wellness initiatives to support individuals with mental health or IDD issues who are employed.

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

Provide education and training to employers concerning the needs of staff with mental health or IDD issues and the resources available to support these staff.

Objective Statement

Objective 1: Provide education and training opportunities such as Mental Health First Aid to local employers to reduce stigma and enhance supports for working individuals.

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

Objective 2: Hold an annual Workplace Wellness Forum to educate employers about the benefits of worksite wellness policies and the benefits of hiring individuals who receive job supports.

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Current funding levels for SUD primary prevention allow for the provision of prevention services in a small portion of schools within the county. Additionally, current guidelines for prevention counseling designate the target population as youth, ages 5 to 20 years old. Due to the extensive increase in the availability of opioids and other drugs, Prevention providers in the County report that increasing the age to allow prevention counseling services up to age 25 would better serve the community.

The Suicide Prevention Coalition of Rockland (SPC-R) has increased its visibility in the County, offering training opportunities to various entities. The focus is to change the conversation of suicide as a stigmatized mental illness to action taken to reach a goal, thus enabling people to access treatment without judgement. The Medical Examiner's Office and the SPC-R designed a reporting system to track deaths by suicide in a timelier manner and to identify key risk factors such as substance use, existing behavioral health issues and crisis interventions.

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

Expand the availability and accessibility of evidenced-based and other promising prevention strategies and interventions.

Objective Statement

Objective 1: Coordinate efforts of prevention providers and school districts to bring consistent prevention messaging to students and families regarding suicide prevention, identification of behavioral health needs and substance use prevention.

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

Objective 2: Establish ongoing educational programs on vaping, juuling and tobacco for youth within the local school districts.

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

Objective 3: Create a public service announcement on substance use in youth and young adults that targets parents and another on the #BeThe1To Campaign for suicide prevention.

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

Objective 4: Provide Train the Trainer opportunities for SUD prevention providers on “Too Good for Drugs” and “Botvin Life Skills” to increase the number of trainers.

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

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

There is a need for behavioral health inpatient treatment services with the capacity to provide services for adults and children with IDD who have co-occurring mental illness, substance use disorder or significant behavioral needs. Also, the current psychiatric inpatient unit in Rockland County cannot support an individual with significant medical needs. These individuals are placed on a medical floor without the therapeutic milieu and group supports found on the psychiatric inpatient unit. Additionally, with the closing of a regional inpatient rehab service for adolescents, there is a need to identify other providers to serve this population.

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

Formulate strategies to address the behavioral health needs of adults and children who require behavioral health inpatient treatment services.

Objective Statement

Objective 1: Advocate for regional behavioral health inpatient units with specially trained staff able to accommodate adults and children with IDD who have co-occurring mental illness, substance use disorder or significant behavioral needs, including those with varying ambulation and comorbid medical needs.

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

Objective 2: Work with OASAS to identify inpatient rehab services for adolescents.

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

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

The addition of a Recovery Community Centers for individuals with substance use disorders, which offers education, recovery coaching, life skills training, vocational counseling, childcare and peer recovery groups to encourage and support individuals to establish and maintain a drug-free lifestyle, would benefit the Rockland Community. There is also a need to expand the use of recovery coaches and certified recovery peer advocates in the emergency departments, detox units, rehab units, outpatient programs, jail settings and the community to provide in-person support to connect individuals with the network of community-based services.

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

Enhance recovery and support services for individuals with substance use disorders.

Objective Statement

Objective 1: Increase the number of culturally and linguistically competent recovery coaches and certified recovery peer advocates through training provided by the Rockland Council on Alcoholism and Other Drug Dependence.

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

Objective 2: Implement a Recovery Community Center within Rockland County for individuals who are in treatment for or recovering from substance use disorders.

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

Objective 3: Expand recovery coach and certified recovery peer advocate services to emergency departments, treatment programs, jail settings and the community.

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

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

There continues to be stigma surrounding mental illness, substance use disorder and intellectual and developmental disabilities. Substance use is often viewed as a moral failing rather than a disease of addiction. Many individuals with substance use disorders are treated disrespectfully and denied access to supports. Addiction needs to be recognized as a chronic, relapsing illness that requires treatment interventions.

There is also a pervasive stigma regarding mental illness, those who have lived experience with mental illness and the recovery process. Stigma and bias are present in common language colloquialisms, media depictions, the lay public at large and even within some providers/recipients of services. The view of mental illness as anything other than a medical disease negatively impacts the utilization of treatment and long-term recovery. Stigma can negatively impact a person's use of behavioral health supports.

Youth are especially sensitive to being perceived as different from their peers and this may interfere with them seeking treatment in specialized settings. The integration of mental health clinic services into schools could be an effective way to enhance access while providing mental health treatment in a non-stigmatizing setting. (Please see related objective under "Mental Health Clinic".)

People with IDD are increasingly visible in the community as they partake in integrated day services, residential opportunities, employment opportunities and recreational/leisure activities. These individuals often experience disparities in general health care settings, MH and SUD services and the criminal justice system. Those with increased aggression or behavioral presentations often have reduced access to health care as providers are not adept to support these presentations in a community-based practice.

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

Provide educational opportunities for the community, schools and stakeholders to increase knowledge and awareness of addiction, mental illness, and intellectual and other developmental disabilities.

Objective Statement

Objective 1: Establish Stop the Stigma programs at Rockland Council on Alcohol and Other Drug Dependence and promote positive images of individuals with substance use disorder who are in long term recovery via Friends of Recovery NY.

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

Objective 2: Work with community-based organizations to provide ongoing education to a broad cohort of stakeholders and community members regarding topics including mental illness, substance use disorder, IDD, trauma, suicide prevention and de-escalation techniques to support equitable access to services.

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

Objective 3: Work with Rockland Community College Administration and Counseling Services to identify strategies to decrease the stigma of accessing mental health and substance use disorder treatment services for the student body.

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

Objective 4: Work with OMH licensed Clinic providers in the community to develop two (2) additional school-based mental health satellite clinics to enhance access in a non-stigmatized setting.

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Rockland County continues to need a wider array of substance use disorder outpatient treatment options to address the needs of the community. New options, such as "In-Community" services, would allow individuals to obtain needed treatment in the setting, time-frame and level of care most beneficial to their recovery.

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 outpatient treatment options for people with substance use disorders to expand access to services.

Objective Statement

Objective 1: Increase the use of Medication Assisted Treatment by all SUD outpatient providers within the community.

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

Objective 2: Establish and expand “In-Community” SUD treatment services for underserved individuals.

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

Objective 3: Establish culturally and linguistically competent tracks in SUD outpatient programs that serve the diverse needs of the community.

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

Objective 4: Train all SUD outpatient providers in “Thinking for a Change” to address adverse thinking patterns for the criminal justice population.

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

Objective 5: Conduct training and education for physicians in the community to implement the use of Medication Assisted Treatment to expand access to care.

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

There is a greater demand in the community for OASAS-certified residential treatment services for people with substance use disorders. There is a need to increase access to residential treatment services for hospital referrals after completion of inpatient rehab programs to enhance long term recovery. There are many challenges with payor sources, including Medicaid, Medicare and insurance, to cover the cost of residential treatment services. Due to the limited number of beds within the County, many individuals have no other choice than to be placed in a residential program outside of the County. This denies that person the ability to reintegrate into their hometown and breaks the opportunities to form healthy connections during all phases of residential treatment. Additionally, there is only one OMH licensed residential facility in the County for individuals with a co-occurring mental illness and substance use disorder that serves 12 individuals at any given time. There is a constant need for additional beds to serve those suffering with co-occurring disorders.

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 all levels of OASAS-certified residential treatment services for individuals with substance use disorder, including those with co-occurring mental illness, which provide 24/7 structured treatment and recovery services.

Objective Statement

Objective 1: Explore funding opportunities to expand and/or develop residential treatment services.

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

Objective 2: Work with local provider of Supportive Living services to expand access to this service.

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

Change Over Past 12 Months (Optional)

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

Due to increased availability and use of heroin and other opioids, there is a need to increase the County’s service array to provide all levels of intervention for individuals with opioid use disorder. This includes the use of certified recovery peer advocates, increased medication assisted treatment, use of Narcan and coordinated use of data points through ODMAP to address high use/overdose geographical areas.

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

Expand and enhance services available to individuals with opioid use disorder.

Objective Statement

Objective 1: Develop a postvention response protocol for opioid overdose by using ODMAP or similar data to map overdoses and deploy resources appropriately.

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

Objective 2: Partner with Law Enforcement to utilize data obtained from EMS, police and paramedics to assist in the implementation of prevention strategies to prevent overdose deaths related to heroin and opioid use.

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

Objective 3: Expand recovery coach and certified recovery peer advocate services to emergency departments, treatment programs, jail settings and the community.

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

Objective 4: Expand the capacity and treatment offerings of the Opioid Treatment Program at Lexington Center for Recovery through the hiring of counselors and expansion of physical space to accommodate additional group rooms.

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

Change Over Past 12 Months (Optional)

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

Individuals with substance use disorder often have needs that cross systems of care. There is a continued need to coordinate with all providers to ensure continuity of care and that all aspects of the person's well-being are addressed and planned for consistently across all domains of service provision.

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

Establish protocols for the coordination of services for people with substance use disorders, including those with co-occurring disorders across all domains of service provision.

Objective Statement

Objective 1: Create protocols among OASAS licensed SUD providers to ensure consistency regarding treatment and discharge planning for individuals with service needs from multiple systems of care.

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

Objective 2: Establish quarterly combined Mental Health and Substance Use Disorder Workgroup/Subcommittee meetings and quarterly combined IDD and Substance Use Disorder Workgroup/Subcommittee meetings to assist in the coordination of service provision and cross training of service providers.

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

Objective 3: Expand "Welcome Rockland" campaign to promote collaboration, commitment and connection among treatment providers who serve people with co-occurring disorders.

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

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

There is an increasing need in Rockland County to enhance Mental Health Clinic treatment options available to children and adults with varying language and other treatment needs. Mental Health Clinic providers are increasingly required to support the needs of those who speak primarily Spanish and Creole. Adults and children whose primary language is not English and those who are deaf or hard of hearing cannot participate in an integrated group therapy milieu. Many adults in Rockland have needs that cannot be addressed by the traditional treatment models offered by Mental Health Clinics. Underserved populations include individuals with intellectual disabilities or Autism, those with eating disorders and those with aberrant sexual behaviors who have completed court-ordered treatment programs. Rockland County is also experiencing a need for increased capacity for adult therapy, prescriber and psychiatrist time due to many providers experiencing staffing reductions due to attrition. Additionally, the availability of integrated behavioral and physical healthcare in a Mental Health Clinic setting is also important to improve the treatment and health of those with significant behavioral health issues. The County LGU recommends that Montefiore Nyack Hospital develop an Article 31 outpatient mental health clinic and that Good Samaritan Hospital expand their Article 31 outpatient mental health clinic.

There is also a need for additional Mental Health Clinic services for youth. This is evidenced by the increase in the number of youth behavioral health visits in the emergency rooms, by clinic waiting lists and by reports from both families and providers. Clinics, however, continue to have significant numbers of missed appointments and providing enough after-school therapy hours remains a challenge. Integrating clinic services into schools could be an effective way to enhance access and reduce missed appointments, while providing mental health treatment in a non-stigmatizing setting.

As the Rockland County Department of Mental Health continues to transition the provision of direct services to community-based providers, an OMH licensed Clinic provider will be establishing a Mental Health Clinic in Rockland County, to include some satellite locations. Services offered will include evidence-based interventions and integrated treatment.

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 access to Mental Health Clinic treatment services for underserved populations.

Objective Statement

Objective 1: Update and disseminate information about providers who can support people from varying linguistic and ASL capacities.

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

Objective 2: Work with OMH licensed Clinic provider to establish a Mental Health Clinic and additional satellite locations in Rockland County.

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

Objective 3: Work with OMH licensed Clinic providers in the community to develop two (2) additional school-based mental health satellite clinics to enhance access in a non-stigmatized setting.

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

Objective 4: Utilize Westchester MHA's mobile clinician to connect hospitalized individuals to outpatient clinic services, helping to ensure a safe transition between levels of care.

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

Objective 5: Promote the integration of behavioral health and physical health services in a Mental Health Clinic setting.

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

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

Ongoing changes to reimbursement formulas, case load size and documentation/assessment protocols are making it difficult to provide ongoing care coordination to adults with serious mental illness. Decreases in OMH funding for those adults who are not eligible for Medicaid is reducing the number and scope of support opportunities.

The ongoing transformation of the children's system has created some uncertainty for providers as they try to anticipate and adapt to the changes. We continue to try to best address the needs of children without Medicaid that at times exceeds the capacity of the legacy care management agency. Children without Medicaid are referred to community programs as waitlist interventions, but they can remain on the waitlist for long periods of time. The County continues to educate the care management agencies about the importance of referring to HCBS when needed to increase supports and keep children at home and in the community. Also, having sufficient Spanish speaking care management and waiver providers remains a challenge.

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

Enhance access to Mental Health Care Coordination for adults and children.

Objective Statement

Objective 1: Expand access to Medicaid Buy-in, Medicaid Spenddown and Trust Accounts to ensure access to Care Coordination for adults with Medicaid who have a serious mental illness.

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

Objective 2: Advocate to NYS OMH to restore, or not further reduce, funding to support individuals without Medicaid who need care coordination.

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

Objective 3: Include a review of children without Medicaid who are on the care management waitlist during SPOA meetings to identify and refer to the most appropriate and timely service for each child.

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

Objective 4: Utilize the Child and Adolescent Workgroup to disseminate updated information to providers regarding the children's system transformation.

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

Objective 5: Conduct at least annual training for care managers, providers and the public on Health Homes, Care Management Agencies, HARP and HCBS services.

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

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

There is a significant lack of inpatient, outpatient and hospital diversion clinical resources for adults and children with IDD issues who have a co-occurring mental illness and/or substance use disorder or who have significant behavioral needs. Jawonio, Inc. and MHA of Rockland have been able to accommodate OPWDD eligible adults in their OMH licensed PROS programs. Development of behavioral health treatment for adults and children in the OPWDD, OMH and OASAS systems are needed to provide ongoing treatment, to address crises and to prevent unnecessary hospitalization. Providers need to establish proficiency to provide for the behavioral health needs of adults and children with IDD and co-occurring disorders. There is a need for the creation of a regional inpatient specialty unit to provide for the unique needs and safety issues of adults and children with IDD and a co-occurring disorder. There is a need for the creation of hospital diversion programs for children and adults with co-occurring disorders or behavioral needs.

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

Expand the availability and accessibility of affordable, person-centered, age appropriate and evidence-based treatment services for people who have an intellectual and/or developmental disability and co-occurring mental illness and/or substance use disorder.

Objective Statement

Objective 1: Develop outpatient programs/tracks for adults and children that can provide for the needs of individuals with IDD who have co-occurring mental illness and/or substance use disorder, regardless of OPWDD, OMH or OASAS eligibility.

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

Objective 2: In conjunction with NYSTART, NKI and other local experts, provide training across the mental hygiene system of care, in district based and BOCES school sites, and in accredited colleges and universities concerning the clinical needs of individuals with IDD and mental health and/or substance use issues.

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

Objective 3: Establish quarterly combined Mental Health and Substance Use Disorder Workgroup/Subcommittee meetings and quarterly combined IDD and Substance Use Disorder Workgroup/Subcommittee meetings to assist in the coordination of service provision and cross training of service providers.

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

Objective 4: Advocate for regional behavioral health inpatient units with specially trained staff able to accommodate adults and children with IDD who have co-occurring mental illness, substance use disorder or significant behavioral needs, including those with varying ambulation and comorbid medical needs.

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

Objective 5: Identify key stakeholders and launch a behavioral health/crisis resource network and strengthen alliances between the Behavioral Health Response Team, hospital emergency departments and the IDD community through education and resource training, to support the needs of individuals with IDD and behavioral health issues and their families.

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

Change Over Past 12 Months (Optional)

2s. Developmental Disability Student/Transition Services - Background Information

Rockland County providers are designing person-centered day services for individuals leaving developmental centers and residential treatment settings or graduating from school. Day services, respite services and self-directed services are being authorized by OPWDD, yet the workforce and provider capacity does not meet the level of authorized services. DDRO, the LGU, provider agencies and the IDD community need to advocate for the expansion of site-based services to meet the growing population of transitioning students and those with complex medical and behavioral needs. Local mental health providers, substance use treatment and prevention providers, local businesses and community organizations need to have the capacity to address the needs of people with IDD issues. The secondary school system must be supported to ensure students are receiving optimal academic and social preparation to succeed in adult life.

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

Provide comprehensive person-centered transitional services to youth with intellectual and/or developmental disabilities who are leaving school for adult life.

Objective Statement

Objective 1: 1. Along with the Transition Consortium of Rockland and transitions personnel from schools, encourage families to pursue OPWDD eligibility before 16 years of age to aid in careful person-centered transitional planning.

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

Objective 2: 2. Work with secondary school system to establish or strengthen evidenced-based social skills curriculum, such as Capabilities Partnerships' Life Link Social Skills Training program and RJFS Social Skills and Beyond, to prepare students for post high school life.

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

Change Over Past 12 Months (Optional)

2t. Developmental Disability Respite Services - Background Information

There has been an increase in the number of authorized supports and services for people with intellectual and other developmental disabilities through the Front Door. The changes to Respite categories, provider agency tracking responsibilities, workforce size and fee schedule have had varying effects on the delivery of this HCBS opportunity. The introduction of Intensive Respite for high behavioral needs and high medical needs will allow more individuals to receive respite supports; albeit with a need for more robust reimbursement to cover staffing needs. In Rockland County, two voluntary providers have pursued Intensive Respite for individuals with high medical needs and behavioral issues. Providers have either limited or eliminated certain respite supports in Rockland County. The State OPWDD and NYSTART planned Crisis Respite site for

adults has yet to open. This resource, however, cannot address the respite needs of all adults in the Hudson Valley Region and does not address the respite needs of children. Reduction in respite opportunities and a lack of workforce capacity to meet the number of authorized opportunities will continue to put stress on individuals and their families. It is anticipated that a lack of robust respite supports may result in increased use of community and agency crisis/prevention support services as well as local hospital emergency room services.

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 Local Governmental Unit and OPWDD providers cannot override the changes to HCBS Waiver Respite Services. These entities can, however, monitor the effects of the changes to individuals with IDD, to their families, to the agencies providing services and to the community infrastructure. The above entities will continue to promote the availability and utilization of Respite Services as part of person-centered planning. People with IDD and their families will be encouraged to utilize self-directed supports.

Change Over Past 12 Months (Optional)

2w. Autism Services - Background Information

There is a significant growing need for enhanced services for adults and children with Autism. It is estimated that 1 in 50-64 children have autism. As these children age out of educational services their needs continue while the supports available to them diminish. Rockland County has limited providers with formal, structured and evidenced-based programs for adults with Autism, who require additional supports including enhanced staffing, enhanced staff training, mentoring and supervision, behavior supports and community integration opportunities. Schools need to employ evidenced-based programs to augment social functioning needs for all students. Providers across the mental hygiene service system and other community-based services need to have the capacity and services to support people with autism and their families. Funding for appropriate intervention and innovative programming needs to be evaluated.

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

Expand the availability and accessibility of a full continuum of supports and services for adults and children with Autism.

Objective Statement

Objective 1: Continue to provide education to the service providers across the mental hygiene system, school personnel, local business community, criminal justice system and the public about Autism and area resources available through the District Attorney's Office, the IDDATI Stakeholders Committee, the Center for Safety and Change and other private and county-based entities.

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

Objective 2: Increase the capacity of OPWDD day program providers, behavioral health providers, general healthcare provider, and other community-based services to provide services to people with autism through cross systems education.

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

Objective 3: Expand the number of OMH and OASAS providers with the capacity to provide integrated treatment tracks for people with autism.

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

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Rockland County Dept of Mental Health (70460)
Certified: Bonnie Halley (8/23/19)

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 initiatives described in Question #2.

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

- 2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

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

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

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

Goal 2.4 Reduce the prevalence of major depressive disorders

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

Goal 2.5 Prevent suicides

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

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

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

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:

1.2 a) Two providers offer Mental Health First Aid on a regular basis and the Department of Mental Health notifies all providers. DMH is arranging a Train the Trainer training in Youth Mental Health First Aid through its SAMHSA System of Care Grant. 1.2 c) The Suicide Prevention Coalition of Rockland will be developing a Public Service Announcement. SPC-R arranged for geo-targeting of suicide prevention mobile ads and held a suicide prevention poster contest at Rockland Community College. DMH is featuring one poster each month for twelve months that includes a personal statement from the student who designed the poster. 2.1 a) Environmental approaches to substance use prevention are ongoing. 2.1 b) School-based prevention services are ongoing. There are plans to establish ongoing educational programs on vaping, juuling and tobacco for youth within the local school districts. 2.1 c) DMH has trained primary care providers, specialists and hospital/ED staff in SBIRT. 2.2 a) ED staff at both local hospitals were trained in the use of Buprenorphine. There are plans to expand this training to private practitioners. 2.2 b) DMH increased the number of Naloxone trainings this past year. 2.2 c) The County held a press conference concerning prescriber education and familiarity with opioid prescribing guidelines and limits with Good Samaritan Hospital, Montefiore Nyack Hospital, Helen Hayes Hospital and Crystal Run Healthcare. 2.2 d) Peer advocates are being made available at the local hospital emergency departments. The number of peer advocates available outpatient and prevention provider locations was increased. 2.2 e) The County arranges for participation in DEA Drug Take Back Day twice per year. 2.3 b) DMH is arranging a Trauma-Informed Care training for providers through its SAMHSA System of Care Grant. 2.3 c) MHA offers High Fidelity Wrap Around for children and families through DMH SAMHSA System of Care Grant. 2.3 d) Bravehearts is a youth peer program for children with lived experience in the mental health, foster care and/or juvenile justice systems. DMH is arranging a training in Trauma-Focused CBT for Children, and evidenced-based practice, for community providers. 2.4 a) DMH is working with a provider to establish a unified Information and Referral Line for children with behavioral health needs. 2.5 b) MHA of Rockland is embracing Zero Suicide, a commitment to suicide prevention in health and behavioral health care systems that includes a specific set of tools and strategies. It is both a concept and a practice that works to improve care and outcomes for individuals at risk of suicide, aspiring to reduce the number of deaths by suicide to zero. The initiative represents a commitment to client safety, the most fundamental responsibility of health care, and to the safety and support of clinical staff who do the demanding work of treating and supporting suicidal clients. 2.5 d) The Suicide Prevention Coalition of

Rockland is addressing the listed topics. Suicide Safer School initiative implemented in one school district. 2.5 e) The school districts have implemented social and emotional learning. DMH has implemented PCIT in the Clinic. 2.5 f) DMH provided a training in DBT, an evidenced-based practice, for community providers. 2.6 b) The PROS programs in the County offer integrated treatment for mental illness and nicotine addiction.

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:

DMH staff attend the Public Health Priorities quarterly meetings hosted by the local Health Department

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

Yes, please explain:

DMH is working with the Medical Examiner's Office to collect data on suicide loss. The Suicide Prevention Coalition of Rockland will be obtaining data on crisis text line usage. DMH will receive data on geo-tracking suicide prevention messages.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

No

Yes, please explain:

The use of State DOH Dashboards with information on County and statewide indicators of health, suicide loss, etc. assists in the implementation of Prevention Agenda interventions.

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:

DMH has arranged for a number of trainings in evidenced-based practices, including Trauma-Informed Care, DBT, CBT and PCIT for all community-based providers, including Article 31 and Article 32 Clinics.

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:

The Health Department priorities include the following: Prevent Chronic Disease; and Promote Mental Health and Prevent Substance Abuse. Both are addressed in the Rockland County Local Services Plan.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

No

Yes, please explain:

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

Poor Education

Food Insecurity

Poverty/Income Inequality

Adverse Features of the Built Environment

Adverse Early Life Experiences

Housing Instability or Poor Housing Quality

Poor Access to Transportation

Discrimination/Social Exclusion

Other

Please describe your efforts in addressing the selections above:

DMH has arranged for a number of trainings in evidenced-based practices, including Trauma-Informed Care, DBT, CBT and PCIT for all community-based providers that will help clinicians to address adverse early life experiences. Additionally, DMH is arranging for an Undoing Racism training through its System of Care SAMHSA grant. The Continuing of Care Committee in the County addresses housing issues explores potential grant funding. DMH and the local DSS are partnering to expand housing opportunities for adults with serious mental illness.

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

a) No Yes

b) If yes, please list

Title of training(s):

Trauma-Informed Care for community based-providers Undoing Racism for the community and providers

How many hours:

Target audience for training:

Estimate number trained in one year:

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:

Office of Mental Health Agency Planning (VBP) Survey
Rockland County Dept of Mental Health (70460)
Certified: Bonnie Halley (8/23/19)

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
DSRIP Performing Provider Systems (PPS Statewide)

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:

DMH worked with Refuah PPS to address gaps in services. Refuah supported the establishment of an additional shift on the Behavioral Health Mobile Crisis Response Team which, unfortunately, was discontinued in April 2019. Refuah also supported an initiative to provide transportation to both children and adults to PHP programs in Westchester County, as there are no such programs in Rockland County. DMH worked with Montefiore PPS and Montefiore Nyack Hospital to develop discharge protocols and procedures for the Psychiatric Inpatient Unit and Care Management and Outpatient providers in the community to increase the 7 and 30 day engagement rate with outpatient mental health treatment.

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

a) Yes No

b) Please explain:

There is concern, however, about the loss for the Behavioral Health Mobile Crisis Response Team.

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):

DMH is aware of one behavioral health provider in a VBP arrangement.

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:

Community Service Board Roster
 Rockland County Dept of Mental Health (70460)
 Certified: Bonnie Halley (8/23/19)

Note:

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.

| | | | | |
|-----------------------------------|--|--|----------------------|---|
| Name: Thomas A. Ternquist | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: Public Representative | Term Expires: | Email Address: TernquiT@co.rockland.ny.us |
| Name: Arlene Thomas-Strand | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: Family | Term Expires: | Email Address: ThomasA@co.rockland.ny.us |
| Name: Sarah Goforth | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: VCS Inc. | Term Expires: | Email Address: GoforthS@co.rockland.ny.us |
| Name: Julio E. Barros | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: Center for Human Development & Family Services, Inc. | Term Expires: | Email Address: BarrosJ@co.rockland.ny.us |
| Name: Peter T. Noonan | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: Public Representative | Term Expires: | Email Address: NoonanP@co.rockland.ny.us |
| Name: Marion E. Breland | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: Village of Haverstraw - Haverstraw Counseling Center Reachout, Family | Term Expires: | Email Address: BrelanM@co.rockland.ny.us |
| Name: Erica L. Arancibia | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: Care Design New York CCO | Term Expires: | Email Address: AranciaE@co.rockland.ny.us |
| Name: Maura Donoghue | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: RC Department of Social Services | Term Expires: | Email Address: Maura.Donoghue@dfa.state.ny.us |
| Name: John J. Fella | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: RC Department of Social Services | Term Expires: | Email Address: John.Fella@dfa.state.ny.us |
| Name: Dominic Ferro, MD | <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: Provider - Private Practice | Term Expires: | Email Address: FerroD@co.rockland.ny.us |
| Name: Aron Reiner | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: Achieve Behavioral Health, a Division of Bikur Cholim, Inc. | Term Expires: | Email Address: ReinerA@co.rockland.ny.us |

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

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

Alcoholism and Substance Abuse Subcommittee Roster

Rockland County Dept of Mental Health (70460)

Certified: Bonnie Halley (8/23/19)

Note:

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.

| | | | |
|-------------------------------|--|--|---|
| Name: Christina Murphy | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Blaisdell Addiction Treatment Center | Email Address: Christina.Murphy@oasas.ny.gov |
| Name: Sheila Magee | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Good Samaritan Hospital - Behavioral Health | Email Address: Sheila_Magee@bshsi.org |
| Name: Derwin Manigault | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Wellcore Educational Consulting | Email Address: dmanigault@wellcore.org |
| Name: Marion E.Breland | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: Village of Haverstraw - Haverstraw Counseling Center Reachout, Family | Email Address: BrelanM@co.rockland.ny.us |
| Name: Peter T. Noonan | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: Public Representative | Email Address: NoonanP@co.rockland.ny.us |
| Name: Aron Reiner | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: Achieve Behavioral Health, a Division of Bikur Cholim, Inc. | Email Address: ReinerA@co.rockland.ny.us |
| Name: Judy Rosenthal | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: RC District Attorney's Office | Email Address: RosenthJ@co.rockland.ny.us |
| Name: Juliet Stiebeck | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Family | Email Address: julietpcj@aol.com |

Mental Health Subcommittee Roster
 Rockland County Dept of Mental Health (70460)
 Certified: Bonnie Halley (8/23/19)

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.

| | | | |
|----------------------------------|--|--|---|
| Name: Debbie Farrelly | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Loeb House, Inc., Family | Email Address: dfarrelly@loebhouse.org |
| Name: Ian Laidlaw | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: VCS Inc. | Email Address: ilaidlaw@vcs-inc.org |
| Name: Lisa Schroeder | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Public Representative, Family | Email Address: LS714201@aol.com |
| Name: Joseph B. Zweig | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Jawonio, Inc. | Email Address: joe.zweig@jawonio.org |
| Name: Anne Arias | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: NAMI-Rockland, Family | Email Address: anne@namirockland.org |
| Name: Sonia Wagner | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Mental Health Association of Rockland County, Inc., Family | Email Address: wagners@mharockland.org |
| Name: Dominic Ferro, MD | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: Provider - Private Practice | Email Address: FerroD@co.rockland.ny.us |
| Name: Aron Reiner | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: Achieve Behavioral Health, a Division of Bikur Cholim, Inc. | Email Address: ReinerA@co.rockland.ny.us |
| Name: Thomas A. Ternquist | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: Public Representative | Email Address: TernquiT@co.rockland.ny.us |

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

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

Developmental Disabilities Subcommittee Roster
 Rockland County Dept of Mental Health (70460)
 Certified: Bonnie Halley (8/23/19)

Note:

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.

| | | | |
|--------------------------------------|--|--|---|
| Name: Arlene Thomas-Strand | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: Family | Email Address: ThomasA@co.rockland.ny.us |
| Name: Erica L. Arancibia | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: Care Design New York CCO | Email Address: AranciaE@co.rockland.ny.us |
| Name: Katherine Abramson | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Mental Health Associatin of Rockland County, Inc., Family | Email Address: abramsonk@mharockland.org |
| Name: Meyer Wertheimer | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: New York State Hamaspik Association, Inc./Tri County LLC | Email Address: meyer@nyshainc.org |
| Name: Donna Ehrenberg | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Rockland Community Services, Family | Email Address: donnaehrenberg6@gmail.com |
| Name: Marie Pardi | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Camp Venture, Inc. | Email Address: marier@campventure.org |
| Name: | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: | Email Address: |

2020 Mental Hygiene Local Planning Assurance
Rockland County Dept of Mental Health (70460)
Certified: Bonnie Halley (8/23/19)

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.