



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Rockland County Dept of Mental Health
August 21, 2018

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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
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 (8/17/18)

I. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

Adults

The level and scope of unmet needs for adults with mental illness has not significantly changed. The need for additional affordable and safe housing, transportation, psychiatric services and bicultural/bilingual therapeutic treatment supports remain significant barriers in Rockland County.

There is a significant need for more MICA enhanced residential opportunities for individuals with co-occurring serious mental illness and substance use disorder. The wait list for these opportunities averages 12 per month. The three area residential agencies that support individuals with serious mental illness who are also deaf or hard of hearing have standing vacancies. There seems to be a decline in the number of individuals seeking such supports. The Rockland Deafness Task Force and area providers will be surveyed to identify unmet needs. A-SPOA will continue to advertise the standing vacancies to Article 28 and State PC in the statewide catchment area.

Local schools of social work are encouraged to share any resumes for licensed graduates who are bilingual/bicultural. These resumes and any job postings from local providers are shared as received. These efforts are all geared to address workforce needs as well as provision of services.

Care Management agencies are experiencing increasing challenges to support individuals with regard to expending HH+ eligibility criteria, changes in case load ratios, HARP eligibility and assessment for HCBS supports. OMH has reduced funding for service dollars and to support agencies who provide services to persons who do not have Medicaid and need care management supports. Rockland LGU is working with OMH to address the needs of persons who have Medicaid with large spenddowns. When a spenddown is not met, the individual does not have Medicaid coverage and, by extension, has an interruption in care management supports. A-SPOA is experiencing wait lists for care management and ACT assignments.

Prevention of Suicide continues to be an ongoing need. The Suicide Prevention Coalition of Rockland (SPC-R) is partnering with community based organizations to form a postvention consortium. Needs assessments are ongoing to identify the types of training/awareness programs for the community. In 2017 there was an increase in loss by suicide for persons aged 55-74. Office for the Aging, Meals on Wheels, the Department of Health and other community based organizations are collaborating to provide increased supports to this cohort.

The Department of Veterans Affairs and the County of Rockland are collaborating with local hospitals and service providers to address unmet housing and treatment needs for people who identify as veterans or persons who served in the military.

Children

The level of unmet mental health service needs for children appears to have increased in Rockland as evidenced by a significant (approximately 30%) increase in the number of child/adolescent visits to the ER. This has been observed in both hospitals within our county. This increase is likely due to multiple factors.

- Schools refer to the ER for "clearance" when a child expresses thoughts of, or refers to, harming self or others. Schools may refer children to the ER even after the child is seen (and "cleared") by mobile mental health. Schools sometimes bypass mobile mental health due to the constraints of the length of the school day and the perception that liability is more effectively discharged by an emergency room evaluation.
- The community continues to express concern about the lack of outpatient services available for children, especially for medication management. There are providers in our county but many are in private offices and do not participate with insurance plans due to low reimbursement rates, paperwork demands and the demand for their services. Clinics that are able to recruit providers sometimes have difficulty retaining providers and/or difficulty matching the number of hours of psychiatric availability with therapist availability. For example, one of our clinics has psychiatric availability but limited therapist availability which restricts the flow of patients into the clinic.
- Lack of availability of intermediate levels of care. Working with a DSRIP partner we were able to provide free taxi transportation to PHP programs in Westchester as Rockland has none. However, a chaperone was required in order for minors to be transported. This requirement has prevented families from accessing this service. So, we realize that while having means to transport the child may be a barrier for some, the need to escort the child is the true barrier.

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

Please Explain:

Overall the level of unmet needs for SUD has remained the same, although the landscape of SUD treatment has changed due to increased availability of substances (opioids, herbal substances, marijuana). Prevention services remains an unmet need, as not all school aged children receive this intervention and the intervention is not standardized across the board. There remains a need to start an ambulatory detox service within the county and better access to detox services in and through the local hospital ED's. There is an increased need to implement community based services to better reach the 9/10 of the SUD population who are not receiving treatment. There continues to be a need for Spanish speaking treatment and prevention providers.

Despite these unmet needs, there were improvements in various areas including:

- MHA of Rockland began Intensive Outpatient Treatment.
- MHA of Rockland started an Open Access program where clients can walk in for an intake three (3) days per week.

- Rockland County Department of Mental Health became certified as Narcan Trainers through the DOH
- Rockland County Department of Mental Health became trainers in SBIRT
- Lexington Center for Recovery was awarded the Open Access grant by OASAS and plans on beginning services in 2018
- Narcan trainings have been expanded to include specific agencies including the county contracted warming center for the homeless and many trainings for the general community.
- Nyack outpatient Recovery Center moved their treatment location to a more accessible location for public transportation that includes space to implement an ambulatory detox area.
- Rockland County Jail has hired a substance abuse counselor that works closely with the SUD population.
- SUD treatment providers have begun to provide services in the jail.
- Rockland County Jail is planning on implementing Vivitrol protocol (initial dose and referral to treatment) to inmates with SUD upon discharge from custody.

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

Please Explain:

The level of unmet needs in Rockland has remained relatively the same.

The need for certified and uncertified housing opportunities remains. The influx of State funding to create opportunities for individuals on the CRO list to move from their familial homes is an improvement. Many individuals are seeking residential opportunities. The most difficult to secure are for individuals with complex medical or behavioral needs as well as those who require unplanned or emergency placement.

Transportation is an ongoing and seemingly improbable need to solve. Despite Rockland County’s small size, agencies and the local government cannot financially and geographically meet the varied transportation needs of individuals with and without disabilities.

Workforce retention is at the crux of most of the unmet needs for persons with IDD. The availability of skilled staff, paid a living wage, is at the center of the housing, transportation, care coordination, day services/respite and clinical supports. Some local agencies have closed or reduced various day and overnight respite opportunities due to rate formularies. There is only one agency serving Rockland County that enrolled to provide Intensive Respite Services. The need for Medicaid Service Coordination in Rockland County is greater than the labor pool, resulting in the DDRO seeking supports from out of County provider agencies. The CCO transformation is putting an additional strain on families seeking supports due to the blackout period in the month prior to the conversion. Rockland County LGU, DDRO and stakeholders have been working closely with the four incoming Care Coordination Organizations to educate them on the area needs and available resources. Agencies that support individuals with IDD issues are increasing their collaborations with local post-secondary and post-graduate institutions to provide trainings on supporting the needs of individuals with IDD or behavioral needs as well as to offer internship opportunities. BOCES offers a direct service professional certification course. These efforts are all geared to address workforce needs as well as provision of services.

Crisis services for persons with IDD have experienced setbacks. Jawonio Community Outreach Weekend Crisis Team, providing Family Support Services, closed at the end of 2017. The NYSTART Resource Center has not yet opened. The Region 3 NYSTART team has faced staffing issues and has had two stays in admissions. The County-wide Mobile Crisis Team is working with NYSTART to increase training to support persons with IDD and mental illness or behavioral challenges. Adults and children with IDD continue to face healthcare disparities in accessing psychiatric inpatient or diversion supports.

The availability of comprehensive supports for persons with Autism continues to be a challenge. There are limited behavioral/social supports for persons with Autism who are higher functioning. More services are required for adults and children who are functioning at a lower level. Area providers of medical, dental and behavioral health treatment need to improve capacity to serve all of the IDD community.

The transition for students from school to adult life continues to be a challenge. Many individuals and their families are not prepared for the different support structure provided in adult services. Greater focus and preparation needs to be placed on what will happen after graduation. Admission to college, securing day supports or employment are not a final goal but the beginning of different challenges and skills to be addressed. Greater focus needs to be in place to provide evidenced-based programs to strengthen social and coping skills.

Reducing stigma for persons with IDD; SUD Outpatient Services, Recovery/Support Services and the provision of Inpatient Treatment Services could be considered high level unmet needs among OPWDD provider agencies, families and individuals. When viewed through the lens of Social Determinants of Health, individuals with IDD do not have the same opportunities for access to health care, social engagement, housing, employment, transportation or public safety. Stakeholders, community members as well as the LGU would like the State to consider making the following “Issue Categories” available in the OPWDD column of the “High Level of Unmet Needs” form: Inpatient Treatment Services, Recovery and Support Services, Reducing Stigma and SUD Outpatient Services. The inability to identify any of these categories as high level of unmet need for persons with IDD is concerning and bode to a view that persons with IDD do not face stigma, do not require SUD or inpatient supports, and are not able to identify a life balanced with person-centered goals and support needs.

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 type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input 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 Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

Availability of permanent supportive housing services and short-term transitional housing options for persons with substance use disorder continues to be a significant barrier in Rockland County. Lack of funding to develop this type of sober housing is a challenge.

The lack of available affordable housing in Rockland County continues to be a significant barrier for persons with serious mental illness. Several factors have led to a reduction in the supply of affordable housing and an increase in rental pricing. As a result, OMH rental stipends for Supported Housing do not match the high cost of rental housing in the County. Although stakeholders are working to increase options for affordable housing, including Supported Housing opportunities, the process is not matching the scope or pace of the need. Another significant barrier is that the needs of individuals seeking residential supports do not always match 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. Also, the staffing formulary at congregate treatment residences is often inadequate to fully realize person-centered, restorative planning. There is also a significant need to increase the number of MICA enhanced residential opportunities. The largest category of individuals waiting for residential opportunities have co-occurring serious mental illness and substance use disorder. Additionally, a growing number of adults with serious mental illnesses currently in, or being referred for, residential supports often have complicated medical concerns or are persons with a co-occurring diagnosis of intellectual disability or Autism Spectrum Disorder. Recently, however, a reduction in the number of persons with serious mental illness who are deaf or hard of hearing and seeking OMH licensed housing opportunities is leading to a reevaluation of the number of licensed beds designated for this cohort. The LGU will be working with OMH to ensure that available housing opportunities meet the needs of individuals seeking residential supports.

The lack of available housing in the County continues to be a significant barrier for persons with intellectual and other developmental disabilities as well. Rockland County agencies are working with area developers to provide non-certified residential opportunities in the community. There is a continuing need to identify and develop residential opportunities that meet the needs of people with IDD, especially for those with a 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. L-DSS is attempting to obtain vouchers to assist adults with IDD issues secure non-certified residential opportunities.

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 persons across the mental hygiene service system.

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 disorder.

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

Objective 2: Offer ongoing training opportunities for residential and direct support staff and advocate with OMH, OPWDD, DOH and DSS to

require mandatory annual training in areas 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: Expand collaboration between OPWDD Community Team, A-SPOA, L-DSS and CoC to connect people with certified and non-certified residential opportunities such as ESSHI awards and HUD permanent supportive housing and rapid rehousing grants.

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

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

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

Objective 5: Work with OMH and local providers to create additional MICA enhanced, certified residential opportunities through A-SPOA for persons 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 disorder and/or intellectual and other developmental disabilities, to live independently in the community. The County’s Department of Public Transportation has worked with area providers to address individual specific needs, yet affordable and reliable access remains a continuous challenge. Use of Medicaid transportation is limited to transportation to and from medical appointments including psychiatric treatment, substance use disorder (SUD) treatment and specific care management visits. The limited hours of operation for both public and Medicaid transportation results in lengthy commutes and often missed medical appointments. Missed appointments frequently result in increased use of the hospital emergency room. Medicaid transportation is limited to one trip per day. Persons 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 IDD, as the amount of opportunities and adequate funding is not available. The para-transit bus service requires a reservation and cannot provide door-to-door accommodations to every street in Rockland. Additionally, the cost of travel, even with discounts, is often prohibitive for those with limited cash resources. Transportation also plays a significant role in supporting the social determinants of health. The limits to the public and para-transit system, however, also dictate access to employment and social/recreational opportunities. Access to health care is one supporting factor, but so are access to events that promote social and community inclusion, access to employment and access to healthy food.

A couple of 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 provider 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. Working with Refuah PPS, Rockland has had a no-cost taxi service (Rockland Access Project) to and from three of the Westchester partial hospital programs for over a year. 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. We will continue to promote use of this program wherever feasible 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 individuals across the mental hygiene services system.

Objective Statement

Objective 1: Create, update and publicize overlay maps showing bus routes and treatment and support site locations for mental health, IDD and substance use disorder services, area hospitals and area social services.

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

Objective 2: Work with the Department of Public Transportation and private transportation providers to expand transit and para-transit areas of service and hours of operation to accommodate the needs of all individuals across the mental hygiene services system.

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

Objective 3: Provide training to public and private transportation providers on the support needs of people with IDD and SMI issues.

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

Objective 4: Continue to educate the community about the Rockland Access Project, including information about the chaperone not having to be the parent and that parents can designate up to four adults as alternative chaperones.

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 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, and associated goals and objectives, are deferred.

Progress has been made in the provision of and community awareness of services, including the Behavioral Health Response Team, Mobil Integration Team and Mobile Outreach Team and IOP/PHP levels of support. There is still, however, a need for continued funding and development to support hospital diversion and crisis stabilization in the areas of crisis residential services and peer facilitated hospital transition/hospital diversion services. Additionally, Rockland has limited overnight respite opportunities in the community for short or mid-term needs.

To properly address the current opioid and heroin epidemic, the County needs to expand crisis services. Individuals who have been administered Narcan would benefit from the use of peer services in all levels of crisis stabilization. This type of intervention has proven to be beneficial in deterring clients from admission to the emergency department and has improved engagement with treatment services.

There is a significant lack of crisis/prevention supports for people with IDD, including those with a 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 or prevention supports. Provider agencies across the mental hygiene service system, I&R resources, general health care providers and the community require ongoing awareness training about these opportunities. Further development of cross systems education and encouragement of community members to utilize training modules geared to recognize and intervene will help to avert crises and to prevent unnecessary hospitalization.

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.

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 the availability and utilization of existing crisis services and community based crisis prevention services while exploring additional crisis supports for persons across the mental hygiene services system.

Objective Statement

Objective 1: Identify funding to support peer advocates to provide hospital transition/hospital diversion services for time-limited enhanced advocacy and crisis/recovery support skill building.

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

Objective 2: In conjunction with local agencies including the Suicide Prevention Coalition of Rockland, NKI, NYSTART and NAMI, encourage the utilization of Mental Health First Aid, NAMI Basics, NAMI Family to Family, safeTALK and NYSTART/OPWDD provider agency trainings by outpatient and hospital-based health care providers, provider/prevention agencies, I&R resources, accredited colleges/universities and the general community to increase awareness of behavioral health needs, the warning signs of suicide and how to access area resources.

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

Objective 3: Establish "The Living Room" mental health crisis opportunity in Rockland County, a non-clinical, ED diversion, crisis respite program to be operated by peer and clinical personnel.

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

Objective 4: Establish medically managed withdrawal service for persons withdrawing from opiates at two (2) OASAS licensed outpatient locations currently licensed to provide this service.

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

Objective 5: Establish OASAS funded Open Access Center through Lexington Center for Recovery to provide 24/7 support for persons with SUD who are in crisis and in need of support, treatment and services.

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 agencies across the mental hygiene service system and for persons receiving services. The ability for agencies 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. High employee turnover, low wages, residential staffing formularies, ongoing overtime challenges, reporting and accountability issues, regulatory requirements, changes in funding structures and the need to learn a changing healthcare reform 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.

In addition to the above, children's care management and waiver services are impacted by workforce recruitment and retention issues. When there is frequent staff turnover in these programs 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.

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 of staff for agencies that serve persons across the mental hygiene service system.

Objective Statement

Objective 1: Establish working relationships with local colleges, professional training institutes and local chapters of behavioral health professional networking groups to recruit culturally and linguistically competent staff, create and maintain a job bank for staff recruitment, create a regional cross-agency partnership providing supervision for school internship programs and identify barriers to employment within the Rockland county mental hygiene services system.

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

Objective 2: Establish a leadership program and succession planning for the local providers within Rockland County for middle level managers and senior clinicians to develop leadership skills and learn about the procedural and reporting requirements of the mental hygiene services system.

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

Objective 3: Explore the use of telepsychiatry 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 trainings, including the evidence-based practice trainings funded through the County's System of Care Expansion grant.

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

Objective 5: Work with care management agencies and waiver providers on the possibility of offering clinical supervision to their staff as required for earning certification in their discipline.

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 across the mental hygiene service system 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 support individuals with disabilities to work. Persons with disabilities who receive vocational supports such as job coaches have increased retention rates and productivity. Employers would benefit to identify and utilize ongoing general health and behavioral health workplace wellness initiatives to support staff. 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. According to the Center for Workplace Mental Health Working Well: Leading a Mentally Healthy Business - American Psychiatric Association, 1 in 5 adults has a mental illness and 1 in 10 full time employees have an addiction to alcohol or other substances. More days are lost to mental illness and substance use disorders than to any other chronic health condition including diabetes, asthma and heart disease.

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 strengthen employer knowledge of the behavioral health needs of their staff and of the available community resources that can be utilized to support individuals with behavioral health needs to maintain their employment, while reducing the stigma concerning the need for behavioral health supports.

Objective Statement

Objective 1: Provide training and stigma reduction opportunities to local employers such as Mental Health First Aid and Prevention Programs.

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

Objective 2: Hold an annual or biennial 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

Objective 3: Identify and utilize additional means to provide flexible day supports to people with IDD who are underemployed or unemployed and would benefit from work skills training in a drop-in center setting.

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Current funding levels for primary SUD 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 for recurring prevention services to youth, ages 5 to 20 years old. Prevention providers in the county report that increasing the age to allow prevention counseling services up to age 25 would serve the current population better, due to the extensive increase in the availability of opioids and drugs.

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 evidence-based and other promising SUD 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.

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

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

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

Objective 3: Create Public Service Announcements targeting parents regarding SUD in youth and young adults.

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 lack of inpatient and hospital diversion resources for adults and children with IDD who have a co-occurring mental illness, substance use disorder or who have significant behavioral needs. In Rockland County, the current adult behavioral health inpatient unit 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 behavioral health unit. Veterans who are eligible for supports from the VA have experienced delays in access to substance use disorder and behavioral health treatment due to a lack of understanding by area emergency department and inpatient personnel as to the referral process.

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 and improve strategies to address the behavioral health needs of adults and children across the mental hygiene service system who require inpatient behavioral health and substance use disorder treatment.

Objective Statement

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

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

Objective 2: Work with the Veterans Administration and local hospitals to establish a protocol and ongoing staff education on how to access VA resources.

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

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

Recovery centers for individuals with substance use disorder can offer education, recovery coaching, life skills training, vocational counseling, childcare and peer recovery groups to support individuals to establish and maintain a drug-free lifestyle. These centers are built on a core of peer-driven supports and services that encourage and promote a drug-free lifestyle. The clubhouse model provides a restorative environment for young people whose lives have been disrupted because of their addiction and who would like the support of others in recovery. Clubhouses for youth are for individuals ages 12 to 17. Clubhouses for young adults are for individuals ages 18 to 21. There is also a need to incorporate recovery coaches in the emergency departments, detox units, rehab units and outpatient programs 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 disorder.

Objective Statement

Objective 1: Increase the number of culturally and linguistically competent certified recovery coaches and 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: Explore opportunities to obtain funding to establish a Recovery Center within Rockland County for individuals who are in treatment for or recovering from substance use disorder.

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

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

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

Objective 4: Explore funding sources to establish a young adult clubhouse that offers services and supports to help young people progress in their recovery from substance use disorder.

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. There is a stigma that substance use is a moral failing rather than a disease of addiction. Many individuals with substance use disorders are treated disrespectfully and denied access when seeking treatment. Addiction needs to be recognized as a chronic, relapsing illness that requires treatment.

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 across the mental hygiene system. 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. Integrating 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 issues are increasingly visible in the community as they partake in integrated day services, residential opportunities, employment opportunities and recreational/leisure activities. People with IDD issues experience disparities in general health care settings, OMH/OASAS services and the criminal justice system. People 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 education for the community, schools and health providers 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 such as mental illness, trauma, suicide prevention, IDD, substance use disorder and de-escalation techniques to support equitable access to services.

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

Objective 3: Provide training using the Faces and Voices of Recovery program to deliver practical information and tools that increase the knowledge, capacity and accountability of recovery support providers.

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

Objective 4: Increase the representation of persons with lived experience of mental illness and IDD issues on the Workgroup/Subcommittee for Mental Health and the Workgroup/Subcommittee for IDD, increasing the inclusion of a person-centered perspective to service planning.

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 SUD treatment options within the county to address the needs of the community. New

options would allow individuals to obtain needed treatment in the setting, time-frame and level of care 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 persons with substance use disorders.

Objective Statement

Objective 1: Increase the use of medication assisted treatment options by all 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 that serve the diverse needs of the community.

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

Objective 4: Train all 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: Establish working relationship between OASAS outpatient treatment providers and SAMHSA Grant recipient BRiDGES to provide reentry services, including linkage to medication assisted treatment and outpatient services, for inmates with substance use disorder being released from the Rockland County Jail.

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 residential treatment services for 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. The number of allowable days needs to increase. Open Arms is the only safe, sober community residence and supported living housing available in the County and is not sufficient to meet the need. 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 MICA facility in the County for individuals with a co-occurring mental illness that serves 12 people 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 and expand all levels of OASAS-certified residential treatment program facilities for individuals with SUD and/or co-occurring disorders which provide 24/7 structured treatment and recovery services.

Objective Statement

Objective 1: Explore funding opportunities for OASAS providers to expand/create residential treatment services.

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 opiates, there is a need to increase the County’s service array to provide all levels of intervention for Opioid Use Disorder clients. This includes the use of peers, increased medication assisted treatment, use of Narcan and coordinated use of data points 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: Establish a coordinated network of peer advocates and/or recovery coaches to connect with paramedics in the emergency department

after a Narcan administration and to arrange for follow up treatment and recovery support services following emergency department discharge.

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

Objective 2: 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 3: Partner with the District Attorney's office to utilize data obtained from RX Stat to prevent overdose deaths related to heroin and opioid use.

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

Objective 4: Ensure all outpatient treatment providers become Narcan Trainers to meet the expectation of offering Narcan training to SUD clients prior to discharge from outpatient treatment.

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

Objective 5: Expand 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 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 clients with SUD across all domains of service provision.

Objective Statement

Objective 1: Create protocols amongst OASAS providers to ensure consistency regarding treatment and discharge planning for clients who cross multiple agencies.

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

Objective 2: Establish quarterly combined Mental Health 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: Initiate "Welcome Rockland" campaign that promotes collaboration, commitment and connection for treatment providers who serve persons 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

More outpatient treatment providers are required to support the needs of adults and children 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 do not fit into the traditional treatment models offered by clinic or PROS programs. Underserved populations include individuals with intellectual disabilities or Autism, people with eating disorders and people with aberrant sexual behaviors who have completed court-ordered treatment programs. The availability of integrated behavioral and physical healthcare in a clinic setting is also important in order to improve the treatment and health of those with significant behavioral health issues.

There is a need for additional clinic services for youth in Rockland. 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. However, clinics 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.

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 outpatient treatment options for children and adults with varying language and treatment needs, as well as access to integrated treatment for behavioral health and physical health conditions.

Objective Statement

Objective 1: Work with area stakeholders to expand the array of treatment services offered in Rockland County to address unmet needs.

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

Objective 2: Increase outpatient child-serving capacity and efficiency by working with licensed OMH Article 31 providers on creating satellite clinics within school districts.

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

Objective 3: Meet with school district superintendents every six months to provide information on school based clinic services and assess readiness.

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

Objective 4: Explore the integration of behavioral health and physical health in a 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. Rockland County is now triaging referrals for care management services through A-SPOA.

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 non-Medicaid youth that at times exceeds the capacity of the legacy care management agency. 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

Identify and provide effective and accessible mental health care coordination supports to adults and children.

Objective Statement

Objective 1: Develop business associate agreements between the LGU and Health Home providers who service Rockland County enhance the coordination of care.

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

Objective 2: Advocate with OMH to restore or not further cut funding to support individuals without Medicaid who need care coordination and to explore how to support the needs of individuals who have Medicaid but have high monthly spenddown rates, often leaving them without Medicaid and, therefore, HH care management supports.

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

Objective 3: Include a review of non-Medicaid children on the care management waitlist during weekly 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

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. has been able to accommodate OPWDD eligible adults into a track of their OMH licensed PROS program. Further 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. Area providers need to establish proficiency to provide for the behavioral health needs of adults and children with IDD and a co-occurring disorder. Reimbursement rates do not match the cost to serve individuals in Article 28 Clinics. 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/developmental disability and a 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 a 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/universities concerning the clinical needs of individuals with IDD and mental health/substance use disorder issues.

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

Objective 3: Work with the Interagency Council of Developmental Disabilities along with local, State and Federal officials, to advocate for an increase in reimbursement rates for Article 28 clinics.

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

Objective 4: Through collaboration between OMH, OPWDD and local voluntary agencies, advocate for the creation of regional inpatient units, with specially trained staff able to accommodate varying ambulation and comorbid medical needs for adults and for children with IDD who have a co-occurring mental illness, substance use disorder or significant behavioral needs.

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

Change Over Past 12 Months (Optional)

2t. 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. To meet the need for day services opportunities for all people with IDD, local providers have been innovative in the creation of a variety of small community-based program opportunities. Local mental health, substance use disorder/prevention providers, local businesses and community organizations need to have the capacity to address the needs of people with IDD issues. Our 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 IDD issues leaving school for adult life.

Objective Statement

Objective 1: Encourage school districts and 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: Through a consortium of local and state government, provider agencies and community stakeholders, advocate for funding enhancements and to establish multiple, small community program hubs in downtown areas which allow for person-centered and directed services with access to local businesses, volunteer opportunities and community inclusion.

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

Objective 3: Explore the development of a Transitional Housing Project in a college campus dorm.

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

Objective 4: Work with secondary school system to establish or strengthen evidenced-based social skills curriculum to prepare students for post high school life.

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

Change Over Past 12 Months (Optional)

2u. 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, one voluntary provider has pursued Intensive Respite for individuals with high medical needs. Providers have either limited or eliminated certain respite supports in Rockland County. The State OPWDD and NYSTART planned and 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 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 area providers cannot override the changes to HCBS Waiver Respite. 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. Persons with IDD and their families will be encouraged to utilize self-directed supports.

Change Over Past 12 Months (Optional)

2x. 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 they 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. Adults with autism require additional supports including enhanced staffing, enhanced staff training, mentoring and supervision, behavior supports and community integration opportunities. Jawonio's OMH licensed PROS program has begun to address the social integration needs for a small cohort of adults on the spectrum. Schools need to employ evidenced-based programs to augment social functioning needs for all students. Other providers across the mental hygiene service system and community based opportunities 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: Provide education to providers of services across the mental hygiene system, to school personnel, the local business community, the criminal justice system and the public about Autism and area resources.

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

Objective 2: Increase the capacity of OPWDD day programs, behavioral health and general health providers, and other community 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 that are providing integrated treatment tracks for people with autism.

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

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

Need for Developmental Disability Residential Services addressed under "Housing."

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

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

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

3a. Medicaid Redesign - Background Information

Individuals with substance use disorder often 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? Yes No

Establish protocols for the coordination of services for clients with SUD across all domains of service provision.

Objective Statement

Objective 1: Create protocols amongst OASAS providers to ensure consistency regarding treatment and discharge planning for clients who cross multiple agencies.

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

Objective 2: Establish quarterly combined Mental Health 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: Initiate “Welcome Rockland” campaign that promotes collaboration, commitment and connection for treatment providers who serve persons with co-occurring disorders.

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

Change Over Past 12 Months (Optional)

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

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 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, and associated goals and objectives, are deferred.

Progress has been made in the provision of and community awareness of services, including the Behavioral Health Response Team, Mobil Integration Team and Mobile Outreach Team and IOP/PHP levels of support. There is still, however, a need for continued funding and development to support hospital diversion and crisis stabilization in the areas of crisis residential services and peer facilitated hospital transition/hospital diversion services. Additionally, Rockland has limited overnight respite opportunities in the community for short or mid-term needs.

To properly address the current opioid and heroin epidemic, the County needs to expand crisis services. Individuals who have been administered Narcan would benefit from the use of peer services in all levels of crisis stabilization. This type of intervention has proven to be beneficial in deterring clients from admission to the emergency department and has improved engagement with treatment services.

There is a significant lack of crisis/prevention supports for people with IDD, including those with a 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 or prevention supports. Provider agencies across the mental hygiene service system, I&R resources, general health care providers and the community require ongoing awareness training about these opportunities. Further development of cross systems education and encouragement of community members to utilize training modules geared to recognize and intervene will help to avert crises and to prevent unnecessary hospitalization.

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.

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

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

Expand and enhance the availability and utilization of existing crisis services and community based crisis prevention services while exploring additional crisis supports for persons across the mental hygiene services system.

Objective Statement

Objective 1: 1. Identify funding to support peer advocates to provide hospital transition/hospital diversion services for time-limited enhanced advocacy and crisis/recovery support skill building.

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

Objective 2: 2. In conjunction with local agencies including the Suicide Prevention Coalition of Rockland, NKI, NYSTART and NAMI, encourage the utilization of Mental Health First Aid, NAMI Basics, NAMI Family to Family, safeTALK and NYSTART/OPWDD provider agency trainings by outpatient and hospital-based health care providers, provider/prevention agencies, I&R resources, accredited colleges/universities and the general community to increase awareness of behavioral health needs, the warning signs of suicide and how to access area resources.

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

Objective 3: 3. Establish “The Living Room” mental health crisis opportunity in Rockland County, a non-clinical, ED diversion, crisis respite program to be operated by peer and clinical personnel.

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

Objective 4: 4. Establish medically managed withdrawal service for persons withdrawing from opiates at two (2) OASAS licensed outpatient locations currently licensed to provide this service.

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

Change Over Past 12 Months (Optional)

3c. Regional Planning Consortia (RPCs) - Background Information

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

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 across the mental hygiene system. 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. Integrating 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 issues are increasingly visible in the community as they partake in integrated day services, residential opportunities, employment opportunities and recreational/leisure activities. People with IDD issues experience disparities in general health care settings, OMH/OASAS services and the criminal justice system. People 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? Yes No

Provide education for the community, schools and health providers 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 such as mental illness, trauma, suicide prevention, IDD, substance use disorder and de-escalation techniques to support equitable access to services.

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

Objective 3: Provide training using the Faces and Voices of Recovery program to deliver practical information and tools that increase the knowledge, capacity and accountability of recovery support providers.

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

Objective 4: Increase the representation of persons with lived experience of mental illness and IDD issues on the Workgroup/Subcommittee for Mental Health and the Workgroup/Subcommittee for IDD, increasing the inclusion of a person-centered perspective to service planning.

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

Change Over Past 12 Months (Optional)

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

The 2019-2021 NYS Prevention Agenda will once again be focusing on Health Disparities as they relate to an aging New York population, chronic diseases, maternal and infant health indicators, sexually transmitted diseases, opioid overdose and water quality. Many of these areas overlap with the ongoing goals and objectives of the Rockland County Department of Mental Health. In 2017 Rockland County saw its first rise in death by suicide rate for individuals 55 to 74 years of age. Efforts are being extended with local funeral directors, Meals on Wheels, the Medical Examiner's Office, Office for the Aging and the Rockland County Department of Health to address suicide prevention and postvention efforts. The Department of Health and Mental Health have been working with a consortium of stakeholders to educate women and the health care community on post-partum depression, anxiety and psychosis. The Department of Mental Health has been highly invested in reducing the negative impact of the opioid epidemic with several ongoing initiatives including efforts directed at reducing the number of opioid prescriptions by health care providers, increasing medication disposal sites, and providing varied treatment and crisis options as well as peer services. The Department of Mental Health and local behavioral health providers are incorporating health behavior targets such as tobacco cessation, proper diet, exercise, substance use and healthy sexual activity into their treatment planning.

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):
See background information above for a summary of ongoing Rockland County initiatives that align with the NYS Prevention Agenda.

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Community Service Board Roster
 Rockland County Dept of Mental Health (70460)
 Certified: Bonnie Halley (8/17/18)

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson		Member	
Name	Thomas A. Ternquist	Name	Arlene Thomas-Strand
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Public Representative	Represents	Family
Term Expires		Term Expires	
eMail	tternquist@gmail.com	eMail	arlene501@aol.com

Member		Member	
Name	Gerry Trautz	Name	Sarah Goforth
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Consumer, Peer Specialist	Represents	VCS Inc.
Term Expires		Term Expires	
eMail	Gerry.Trautz@omh.ny.gov	eMail	sgoforth@vcs-inc.org

Member		Member	
Name	Julio E. Barros	Name	Peter T. Noonan
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Center for Human Development & Family Services, Inc.	Represents	Public Representative
Term Expires		Term Expires	
eMail	jbarros@chdfs.org	eMail	PETECPD@aol.com

Member		Member	
Name	Marion E. Breland	Name	Erica L. Arancibia
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Village of Haverstraw Department of Youth & Family Services - Haverstraw Counseling Center Reachout, Family	Represents	Care Design New York CCO
Term Expires		Term Expires	
eMail	MEBreland1@aol.com	eMail	earancibia@caredesignny.org

Member		Member	
Name	Maura Donoghue	Name	John J. Fella
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	RC Department of Social Services	Represents	RC Department of Social Services
Term Expires		Term Expires	
eMail	Maura.Donoghue@dfa.state.ny.us	eMail	John.Fella@dfa.state.ny.us

Member		Member	
Name	Dominic Ferro, MD	Name	Evelyn S. Ha, MD
Physician	Yes	Physician	Yes
Psychologist	No	Psychologist	No
Represents	Provider - Private Practice	Represents	Public Representative

Term Expires
eMail drferro@optonline.net

Member
Name Helen Klein
Physician No
Psychologist No
Represents NAMI-Rockland; Family
Term Expires
eMail lipsonm@mharockland.org

Term Expires
eMail DRHa@palisadespediatrics.com

Member
Name Aron Reiner
Physician No
Psychologist No
Represents Bikur Cholim, Inc.
Term Expires
eMail aron@bikurcholim.org

Alcoholism and Substance Abuse Subcommittee Roster

Rockland County Dept of Mental Health (70460)

Certified: Bonnie Halley (8/17/18)

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

Chairperson

Name Christina Murphy
Represents Blaisdell Addiction Treatment Center
eMail Christina.Murphy@oasas.ny.gov
Is CSB Member No

Member

Name Ruth A. Bowles
Represents Rockland Council on Alcoholism & Other Drug Dependence
eMail rbowles@rcadd.org
Is CSB Member No

Member

Name Sheila Magee
Represents Good Samaritan Hospital - Behavioral Health
eMail Sheila_Magee@bshsi.org
Is CSB Member No

Member

Name Derwin Manigault
Represents Wellcore Educational Consulting
eMail dmanigault@wellcore.org
Is CSB Member No

Member

Name Marion E. Breland
Represents Village of Haverstraw Deptment of Youth & Family Services - Haverstraw Counseling Center Reachout, Family
eMail MEBreland1@aol.com
Is CSB Member Yes

Member

Name Peter T. Noonan
Represents Public Representative
eMail petecpd@aol.com
Is CSB Member Yes

Member

Name Aron Reiner
Represents Bikur Cholim, Inc.
eMail aron@bikurcholim.org
Is CSB Member Yes

Member

Name Judy Rosenthal
Represents RC District Attorney's Office
eMail RosenthJ@co.rockland.ny.us
Is CSB Member No

Member

Name Juliet Stiebeck
Represents Family
eMail julietpcj@aol.com
Is CSB Member No

Mental Health Subcommittee Roster
 Rockland County Dept of Mental Health (70460)
 Certified: Bonnie Halley (8/17/18)

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

Chairperson

Name Dominic Ferro, MD
Represents Provider - Private Practice
eMail drferro@optonline.net
Is CSB Member Yes

Member

Name Sonia Wagner
Represents Mental Health Association of Rockland County, Inc.
eMail wagners@mharockland.org
Is CSB Member No

Member

Name Anne Arias
Represents NAMI-Rockland, Family
eMail anne@namirockland.org
Is CSB Member No

Member

Name Joseph B. Zweig
Represents Jawonio, Inc.
eMail joe.zweig@jawonio.org
Is CSB Member No

Member

Name Lisa Schroeder
Represents Public Representative
eMail LS714201@aol.com
Is CSB Member No

Member

Name Ian Laidlaw
Represents VCS Inc.
eMail ilaidlaw@vcs-inc.org
Is CSB Member No

Member

Name Debbie Farrelly
Represents Loeb House, Inc.
eMail dfarrelly@loebhouse.org
Is CSB Member No

Member

Name Thomas A. Ternquist
Represents Public Representative
eMail tternquist@gmail.com
Is CSB Member Yes

Member

Name Aron Reiner
Represents Bikur Cholim, Inc.
eMail aron@bikurcholim.org
Is CSB Member Yes

Developmental Disabilities Subcommittee Roster
 Rockland County Dept of Mental Health (70460)
 Certified: Bonnie Halley (8/17/18)

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

Member
Name Arlene Thomas-Strand
Represents Family
eMail arlene501@aol.com
Is CSB Member Yes

Member
Name Erica L. Arancibia
Represents Care Design New York
eMail earancibia@caredesignny.org
Is CSB Member Yes

Member
Name Katherine Abramson
Represents Mental Health Associatin of Rockland County, Inc., Family
eMail abramsonk@mharockland.org
Is CSB Member No

Member
Name Meyer Wertheimer
Represents New York State Hamaspik Association, Inc./Tri County LLC
eMail meyer@nyshainc.org
Is CSB Member No

Member
Name Donna Ehrenberg
Represents Rockland Community Services, Family
eMail donnaehrenberg6@gmail.com
Is CSB Member No

Member
Name Steven J. Rubinsky
Represents Crystal Run Village, Inc.
eMail steven.rubinsky@crvi.org
Is CSB Member No

Member
Name Marie Pardi
Represents Camp Venture, Inc.
eMail marier@campventure.org
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Rockland County Dept of Mental Health (70460)
Certified: Bonnie Halley (8/17/18)

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 2019 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 2019 Local Services planning process.