



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

Orange County Dept of Mental Health
July 18, 2018

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Orange County Dept of Mental Health	70430	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning 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
 Orange County Dept of Mental Health (70430)
 Certified: Regina LaCatene (6/22/18)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

Orange County believes that the level of unmet mental health service needs, in general, has worsened over the past year. Health Home Care Management operating with large caseloads of 70 to 100 continues to leave a gap in meeting individuals complexity of needs. The Single Point of Access (SPOA) housing wait list continues to rise for all levels of housing. State funded positions have been reduced therefore temporarily impacting local treatment and housing capacity. Orange County has been experiencing a higher demand for behavioral health services in all disability areas. Although there are efforts on the part of County operated services and community providers to expand and enhance services, the need for services still exceeds the capacity. Services such as housing, detox and rehabilitation programs for those with substance use disorder, psychiatry, and services for individuals with developmental disabilities have long wait lists.

- 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:

Despite new funding and expansion of services in Orange County, there continues to be a rise in fatal overdoses due to the opiate epidemic. Meeting the demand for Medication Assisted Treatment (MAT), a vital component of effective treatment, is increasingly difficult and presents the most significant barrier to accessing treatment.

Psychiatrists are in high demand and scarce as a resource across behavioral health in general, but addiction specific psychiatrists are almost impossible to identify and retain, which further compounds the epidemic. The most difficult change is with the "hearts and minds" as we refer to it, because we are fighting against outright discrimination with local municipalities and communities who do not want appropriate substance use disorder treatment services in their community.

- 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:

For children and adults with developmental disabilities, the level of unmet need has worsened due to a combination of factors. The system is not meeting the ever increasing number of people authorized, yet unserved and under-served in need of housing, day and 1:1 support. Despite state budget increases targeted to raise the rates of pay, providers struggle to recruit and retain staff for both certified and non-certified settings. This is not just a local issue; there is a national staffing crisis for entry level human service jobs. At the same time, the number of service authorizations for 1:1 supports continues to increase. Also increasing is the number of people with co-occurring disorders and other complexities including significant problem behaviors. Expertise and dedicated specialty treatment for those with co-occurring disorders through OPWDD, OMH or OASAS is largely unavailable. Available certified housing often does not meet the needs of people waiting due to insufficient, antiquated staffing ratios and sometimes, the environment. Decreased rates and authorization for day habilitation is another factor. Finally, when services are delivered, quality and outcomes can be poor because the supports are not matched to the complexity of the person and staff do not have the skill set needed.

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 type="checkbox"/>	<input 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 type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2a. Housing - Background Information

The rising cost of housing in Orange County has made affordable housing a challenge and near impossible for those with disabilities. The Housing and Urban Development (HUD) required point in time count was completed by the continuum of care committee who reported a significant increase in homelessness for 2018 with 120 more homeless individuals who are identified than in the 2017 count, which leaves Orange County with a total of 480 homeless people. There is a significant amount of homeless who are also identified as having serious mental illness and/or substance use disorders. The Orange County SPOA also consistently maintains a waitlist for housing (please see average number of people on waitlist below):

- Community Residences: 100
- Supportive Licensed Treatment Apts.: 144
- PRP/Enhanced Supportive Treatment Apts.: 47
- Supported-Non-Licensed Individual Apts.: 409
- Supported-Non-Licensed HUD Family Apts.: 76

Housing for individuals who have a substance use disorder continues to be limited. Although residential providers are making the transition to the new 820 regulations, most providers are offering and/or focusing on crisis stabilization and not the reintegration phase. The current opiate epidemic also continues to negatively impact the housing need as we are experiencing more individuals who are homeless due to their addiction.

Housing is complicated in the developmental disabilities system. Over the past few years the number of certified beds available have been reduced to create more single bedrooms increasing the quality of life, assisting with management of behaviors, increasing attraction to those seeking housing, etc. Vacancies in certified homes, locally and across the region, are high due in part to mortality rates, antiquated staffing ratios and rate structures that don't support the complexity of those in need. Reconfiguration of entire existing homes is challenging but it has been done and needs to continue. While housing can be "right sized" and semi-customized to meet the needs of special populations (people transitioning from secure settings or residential schools) because they have access to special "template" funding, those living at home with families that have the same types and level of need do not; they mainly have access to existing housing stock.

With regard to the waitlist, Orange County was the single point of access for over 25 years until OPWDD put together a centralized regional process. While it makes sense to ensure continuity and uniformity across the state, the providers, county and it's citizens have lost the personal connection, collaboration and collective responsibility of the county and providers working together to meet the needs of the highest priority people. Additionally, the DDRO no longer shares names of people identified as having a need for housing. Regarding non-certified housing, there is no waitlist.

Orange County is concerned about the review or screening process used by the DDRO that attempts to identify "readiness." The concept is valid in that appropriate supports should be in place to maximize success up front, however, the county believes this process should include providers experienced in delivering the services, the challenges and solutions; they also know the local cross systems resources to wrap around the person.

An additional concern is the low amount of funding for rent that does not match the market, causing providers to secure housing in neighborhoods with higher crime and where there is an increased probability of victimization. For all housing options, supports must be matched to the complexity of the people and that requires new ways of working and with different types of competencies including but not limited to providing trauma informed supports and maintaining continuity of interventions, evidenced based practices and strategies for individuals transitioning from residential schools, secure settings, and day school placements such as applied behavior analysis, stages of change, trauma informed care, use of visuals and schedules, etc. In doing so, emergency room visits, hospitalizations, arrests, jail admission and return to secure centers could be reduced.

Finally, staffing shortages is of great concern. Agencies struggle to maintain ratios required in certified settings, and are impacted by Justice Center investigations. Existing staff must work more shifts that can lead to undesirable outcomes for those receiving services, staff and the agencies providing the service, e.g., increased errors, decreased ability to provide the level of support needed, errors in judgement, documentation, medication administration, etc.

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

Work collaboratively with Federal, State and Local partners to increase stable housing in compliance with the Olmstead Act.

Objective Statement

Objective 1: Continue to work collaboratively with the Department of Social Services, and the Orange County Housing Consortium to explore new community housing options in safe communities and to increase access to existing housing options through addressing regulatory, policy and practice barriers.

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

Objective 2: Through the Housing Consortium/COC work collaboratively with agencies awarded HUD housing to ensure Orange County is effectively managing housing options.

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

Objective 3: Continue to work closely with the DDRO and providers to monitor and manage priority requests of county citizens seeking certified and non-certified housing options. Promote routine screening for all those seeking housing for trauma history and development of TI Care plans. Also, promote the use of evidenced based practices for all but especially emphasize the importance of maintaining continuity of interventions and strategies for those transitioning from residential schools, secure settings and day school placements to decrease emergency room visits, hospitalization, arrests, jail, admission and return to secure settings. The county will continue to provide specialized training including but not limited to applied behavior analysis, autism, co-occurring disorders, trauma and more.

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

Objective 4: Advocate for appropriate housing for transitional age youth with behavioral health needs. This is likely to include youth aging-out of foster care, residential treatment centers (RTC), secure developmental centers, residential schools, and hospital behavioral health inpatient units. We will advocated for all programs that provide housing to transition age youth to provide programming and activities to promote wellness, employment, socialization, transportation, and independent living using evidenced or research based practices.

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

Objective 5: Advocate to include providers in the DDRO's process to review requests for non-certified options that builds on the Stages of Change philosophy and that makes recommendations for what to include in the plan to maximize success to balance the risk adversity view.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Orange County consists of both urban and rural areas making transportation to behavioral health a challenge for many individuals. The lack of public transportation has often been given as a barrier to seeking treatment. Medicaid transportation is only available to individuals with active Medicaid and there are few, if any, other alternatives, preventing many people from accessing care. The current opiate epidemic has resulted in growing numbers of those struggling with addiction who have private healthcare or a lapse in healthcare. They do not have the supports or means necessary to get to and from treatment. There are treatment providers that will provide transportation to and from inpatient treatment on a limited basis.

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

We will continue to collaborate with other agencies to improve transportation in Orange County.

Objective Statement

Change Over Past 12 Months (Optional)

OC Department of Mental Health participated in the Orange County Coordinated Health & Human Services Transportation Plan (OCCHHSTP). OCCHHSTP was developed to address the transportation needs of individuals with disabilities, seniors, low income populations, and other Orange County residents with enhanced mobility needs. The planning document developed was a means of strategy development and prioritization that identified the needs of the target population within Orange County. Orange County Planning Dept. will move forward with the planning document that was created, with our input, to enhance transportation services in Orange County.

2c. Crisis Services - Background Information

Orange County has reviewed current crisis services and population need, based on the findings a Request For Proposal (RFP) is in process to enhance both mobile and telephonic crisis services in Orange County.

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

Improve current behavioral health system to include adequate crisis stabilization services.

Objective Statement

Objective 1: Review RFP applications to determine which proposal's meets Orange County's current and future crisis service needs and award accordingly.

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

Objective 2: Advocate with NYS funding opportunities for additional resources to address crisis needs including housing.

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

Objective 3: Bring together the providers of OPWDD funded crisis and crisis prevention services to look at utilization and referrals to Systemic Therapeutic Assessment Resources and Treatment (NYSTART) to identify what can be done differently to utilize existing services more efficiently to meet the need, identify service gaps and reduce referrals to START.

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

Change Over Past 12 Months (Optional)

Orange County has participated in several planning processes that provided information about service needs. The identified crisis service needs were written into the 24/7 Crisis Services: Crisis Hotline and Crisis Mobile Response RFP. Orange County Department of Mental Health submitted the Behavioral Health Mobile Crisis System - County Implementation Plan to the New York State Office of Mental Health.

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

Orange County has experienced difficulty in recruiting Psychiatrists and Psychiatric Nurse Practitioners across all service areas. The cost to recruit and retain Psychiatrists and Psychiatric Nurse Practitioners has also increased in the past year. The Chemical Dependency system is experiencing a shortage of competent CASAC level practitioners that is negatively impacting the service system and challenges them to meet regulatory requirements.

Like much of the country, Orange County is experiencing a staffing crisis for entry level human service jobs, specifically direct support professionals in the developmental disabilities system. This is having a significant impact on access to services, both certified and non-certified. Efforts to address workforce issues in New York have been largely focused on certified residential programs, but Orange County and the primary providers have focused on non-certified community supports. Resulting from a study of the issues, barriers to service delivery were identified along with recommendations that would impact the way people experience the system. While money was a factor, the issue was complex. The group quantified the unserved and under-served and identified a number of contributing factors including but not limited to: agency behavior, policies, and practices; OPWDD regulation, practices, guidance, rate structures, and more. This led to the creation of the Orange County Community Supports Initiative (OCCSI), a collaborative, systematic approach to optimize the delivery of quality supports to children & adults with developmental disabilities with three goals: reduce the number of unserved & under-served by managing the need as a system, deliver quality services matched to complexity and acuity with rates of pay tied to skill, and build the capacity required to meet the demand. Phase I was launched as scheduled January 1. This included a common profile of the person in need submitted through a single, county supported portal, accessible to the six partner providers. Phase II implementation began in April as scheduled with a twelve month calendar of specialized training, establishment of a career ladder with tiered community habilitation to match the needs of those with complexity and commensurate rates of pay.

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

Continue to focus on workforce issues, particularly targeting the unique needs and challenges of recruiting and retaining Psychiatrists (OMH/OASAS), Psychiatric Nurse Practitioners (OMH/OASAS), CASACS (OASAS) and direct support professionals (OPWDD).

Objective Statement

Objective 1: Explore the possibility of hiring residents/students in Psychiatry (MD/NP) in our Mental Health Clinics.

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

Objective 2: County operated clinics will continue the process of applying for a waiver to implement tele-psychiatry.

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

Objective 3: Advocate with the State to change the Medicaid regulation requiring an MD to sign treatment plans and to allow for NP's to sign treatment plans as well.

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

Objective 4: Continue to offer and coordinate evidenced based practices such as Motivational Interviewing, Cognitive Behavioral Therapy, Stages of Change, Applied Behavior Analysis, etc. to build competency and encourage retention of qualified staff.

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

Objective 5: Continue Phase II implementation of OCCSI, to include but not be limited to, the public roll out of a tiered Community Habilitation services and rates of pay recommended by the workgroup and agreed to by the partner providers; agreement on reciprocal OPWDD required orientation content and shared training calendars; discussions with BOCES and SUNY Orange to establish Direct Support Professional tracks that include OPWDD required orientation, provide pre-employment job exposure and required training content for those interested in the Registered Behavior Technician certification; collaborative recruiting and more.

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Orange County Department of Mental Health facilitates and participates in prevention initiatives throughout the OC system of care. Substance Use Prevention was identified as an area of need through a system mapping exercise and a workgroup was developed to implement evidenced based substance use prevention strategies county-wide. OCDMH continues to facilitate suicide prevention education and awareness. OCDMH has also increased access to community-based behavioral health services as a preventive measure.

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

Orange County will continue to advocate for prevention dollars and resources.

Objective Statement

Objective 1: Encourage and partner with providers to implement evidenced-based prevention strategies in community agencies, schools and through community education.

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

Objective 2: Advocate for new prevention dollars from NYS OASAS and OMH to support prevention efforts across the County.

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

Change Over Past 12 Months (Optional)

Funding has been received through OASAS for substance use prevention programs. OMH has provided funding for suicide prevention focused on the middle-aged male population. Orange County continues to partner with schools and communities to promote prevention through education and training of evidenced-based practices.

2g. Inpatient Treatment Services - Background Information

Orange County has capacity for both emergency room and inpatient adult treatment services, but there is a lack of consistent screening, diversion and admission criteria, and there are no inpatient services for children and adolescents. Due to high recidivism of emergency room visits, funding was provided through the DSRIP Innovation Funding Program to embed Care Managers in the emergency room to link and transition individuals to appropriate community-based 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 consistency and quality of screening, diversion, treatment and discharge process at Orange County hospitals.

Objective Statement

Objective 1: Continue to encourage the use of consistent practices and policies by hospitals, including the use of evidence and research-based tools and strategies for assessment, diversion, treatment and discharge planning to increase positive outcomes and reduce recidivism.

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

Objective 2: Continue to improve collaboration between community based agencies and hospitals.

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

Objective 3: Continue to improve the pathway to care and transitions between levels of care for children and adults.

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

Objective 4: Orange County will continue to support county hospitals to collect, share, and utilize data as a means of improving outcomes for individuals, particularly those individuals who are high utilizers of hospital level care.

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

Change Over Past 12 Months (Optional)

Inpatient level services have continued to decrease over the past year. The ongoing downsizing of higher level inpatient services continue to challenge the system to adequately care for those who present with complex needs.

2h. Recovery and Support Services - Background Information

Orange County has a PROS program for adults with Severe Mental Illness (SMI), and Peer/Recovery Coaching services for those with substance use disorders. In addition, On-Track NY addresses recovery for individuals ages 16 - 30 that present with first episode psychosis. We currently have a NYS OMH operated Assertive Community Treatment (ACT) program with the capacity for 48 individuals. In 2018 this ACT Team will increase to a capacity of 68 individuals. All serve people with co-occurring substance use disorders and developmental disabilities.

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

Promote expansion of recovery resources.

Objective Statement

Objective 1: Apply for additional funding for recovery services and initiatives.

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

Change Over Past 12 Months (Optional)

Orange County was awarded funding for the development of a Community Outreach Team to assist with people being discharged from Rockland Psychiatric Center to integrate successfully into community living. We will also be receiving state targeted response funds for Catholic Charities of Orange and Sullivan counties to develop an Outreach Team targeting the 9 of 10 individuals who need SUD services and are not currently in treatment. These funds will also assist with expanding the capacity for Medication Assisted Treatment (MAT).

The WELCOME Orange Geriatric Initiative (WOGI) was implemented in 2017. This State Office of Mental Health Partnership Innovation for Older Adults grant is a five-year, one million dollar grant focused on providing integrated mental health, substance abuse and aging services for adults 55 and older. The Orange County Department of Mental Health and Office for Aging partnered with Catholic Charities, the Department of Social Services, The Mental Health Association in Orange County, Rehabilitation Support Services, and Jewish Family Service to provide services in the community for older adults who otherwise would have difficulty accessing care.

OMH awarded \$75,000 (\$100,000 annualized) to Rehabilitation Support Services, Inc. (RSS) effective 4/1/2017 for the proposal to support home based crisis intervention services for Children in the Rockland Psychiatric Center (RCPC) Service area.

OASAS funded for the Alcohol and Drug Abuse Council of Orange County six months base funding of \$75,000 (\$150,000 annualized) and one-time start-up funding of \$3,500 for a Peer Engagement Program as of 7/1/2017. ADAC will employ NYS Certified Peers, who identify as having had a substance use disorder previously and/or are now in recovery or for families of such individuals. These Peers are charged with working with individuals with Opiate Use Disorders, those that have overdosed and/or are high risk of overdosing, they are required to form partnerships with local hospitals and emergency rooms to provide support and assistance to access treatment on demand.

The Center for Regional Healthcare Innovation, LLC - Westchester Medical Center Performing Provider System was awarded \$99,000 to provide Crisis Intervention Training (CIT) to various police departments in Orange County.

NYS OMH licensed outpatient clinics have opened satellites in OC Dept. of Probation and Dept. of Social Services.

2i. Reducing Stigma - Background Information

Over the past few years Orange County has partnered with agencies and programs to implement strategies to reduce stigma through community education, awareness events, and through the promotion of peer supports and 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

Reduce stigma related to people who have Substance Use Disorder (SUD), Developmental Disabilities (DD), and/or Mental Health (MH) Disorders. Provide and support the provision of education/training, i.e. Mental Health First Aid, Crisis Intervention Training, Suicide Prevention, community forums, etc. Orange County has dedicated considerable resources to reducing stigma over the last several years and continues to make progress in this area.

Objective Statement

Objective 1: Continue to coordinate/provide Mental Health First Aid, Crisis Intervention Team (CIT), and suicide prevention education/training to decrease stigma and increase access to care.

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

Objective 2: Evaluate community need for training/education to reduce stigma and implement best practice models.

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Orange County has multiple out-patient providers. In an effort to reduce stigma, OCMDH is educating the provider system and the community about the medical necessity of Medication Assisted Treatment (MAT) for individuals challenged with addiction. As part of the effort to combat stigma, three classes have successfully graduated from the police academy with Crisis Intervention Team (CIT) training. Increased access to treatment also serves to reduce stigma and therefore, OCMDH has expanded partnerships with school districts and community partners including the opening of satellite clinics in three new districts, Orange County Probation office and the the Department of Social 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

Orange County will work with community providers, as part of implementing the counties "Changing the Ecosystem in Orange County" initiative to provide best practice interventions, to increase access to treatment, and offer treatment on demand with same day access and/or access within 24 hours of request and to build capacity for providing medication management when appropriate and clinically indicated.

Objective Statement

Objective 1: Providers will participate in the bi-monthly Medication Assisted Treatment workgroup aimed at building capacity for out patient medication management for substance use disorders county wide.

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

Objective 2: Providers will participate in the Assessment Tool workgroup to promote the consistent use of the LOCATR assessment tool as well as agreed upon screening tools such as the Audit-C and DAST.

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

Objective 3: Providers will participate in the system-wide Universal Release workgroup that will produce one release for licensed providers to use that meets the requirements of HIPAA and 42CFR part 2

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

Objective 4: Providers will participate in the Prevention and Education workgroup to help promote standardized prevention and education.

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

Change Over Past 12 Months (Optional)

Regulatory changes aimed at improving timely access to treatment and promotion of best practice interventions continue to occur. Adequate medication management is not consistently promoted or available at all Chemical Dependency Treatment providers. The fatal overdose count for opiate related overdoses in Orange County continues to rise despite focused and intensive efforts.

2k. SUD Residential Treatment Services - Background Information

Orange County has limited residential services for those with Substance Use Disorder (SUD) needs. There are no residential services for women or adolescents, and limited residential crisis stabilization services residential for women. Orange County relies on out of county providers and continues collaborative efforts aimed at nurturing relationships with those providers.

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

Orange County will continue to educate the community on residential services available while promoting priorities outlined in the "Changing the Ecosystem in Orange County" Initiative, while promoting the development of appropriate residential services for all populations, and specifically focusing on residential services for women.

Objective Statement

Objective 1: Providers will participate in bi-monthly Medication Assisted Treatment workgroup aimed at promoting the use of and building capacity for medication management of SUD..

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

Objective 2: Providers will participate in the Assessment workgroup to promote the consistent use of the LOCATR assessment tool as well as agreed upon screening tools such as the Audit-C and DAST.

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

Objective 3: Providers will participate in the System-wide Universal Release workgroup that will produce one release for licensed providers to use that meets the requirements of HIPAA and 42CFR Part 2.

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

Objective 4: Providers will participate in the Prevention and Education workgroup to help promote standardized prevention and education on the full continuum of Chemical Dependency.

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

Objective 5: The LGU will continue to explore residential options for women as part of the reintegration phase of residential treatment.

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

Change Over Past 12 Months (Optional)

OASAS Residential Providers continue to transition to the newly implemented 820 regulations. As more individual's social determinants are impacted by addiction, specifically Opiate Use Disorder, we see a growing need for residential services and/or transitional services, as individuals step down from higher levels of care, and from criminal justice involvement.

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

Orange County, like the State and Nation is experiencing a shortage of Psychiatrists, particularly Addiction Specialists or Psychiatrists willing to provide medication management for opiate use disorders. Providers continue to develop opiate specialty services or treatment tracks. Culturally, it is important to note that Orange County is seeing a growing surge of community members and/or decision makers that are not supportive of additional services in their community and biased with regard to Medication Assisted Treatment (MAT).

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

Implement the recommendations from the final report "Changing the Ecosystem in Orange County" which include standardizing prevention and education messaging, expanding capacity for medication management, promoting and expanding the use of a common assessment tool, and screening tools; and implementating of a universal release.

Objective Statement

Objective 1: Promote partnerships between existing chemical dependency providers, and maximize current prescribing resources.

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

Objective 2: Partner with DSRIP PPS's to expand promotion of universal screening for Substance Use Disorder and increased access to Medication Management.

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

Objective 3: Continue to promote the use of the LOCATR Assessment Tool.

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

Objective 4: Continue to provide best practices, and standardized practices, education and preventative efforts.

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

Orange County is the founder of the WELCOME Orange initiative, which continues to serve as the umbrella for the Orange County behavioral health system's providers and emphasizes providing a welcoming and warm hand-off, while embracing the expectation that individuals come to us with complex and co-occurring needs. The WELCOME Orange philosophy has expanded to all human service providers, primary care and DSRIP partners; and has begun expanding to neighboring counties. Orange County has partnered with Montefiore and Westchester Medical Center DSRIP leads as well as local primary care providers to implement the recommendations of the "Changing the Ecosystem in Orange County" initiative.

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

Promote the WELCOME Orange philosophy and implement the recommendations of the "Changing the Ecosystem in Orange County" initiative.

Objective Statement

Objective 1: Continue to provide education about WELCOME Orange and to implement the philosophy across Orange County through at least two formal orientation trainings.

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

Objective 2: Hold monthly steering committee meetings and bi-monthly workgroup meetings to monitor the implementation progress of the Changing the Ecosystem in Orange County Initiative.

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

Objective 3: Planning and coordinating cross system training to build professional development and expertise for specialized co-occurring disorders.

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

Change Over Past 12 Months (Optional)

WELCOME Orange orientation was offered twice during the past year. A regional tri-county, two-day conference was convened through the partnership with the Regional Planning Consortium (RPC) outlining the comprehensive continuous integrated system of care (CCISC) model that WELCOME Orange is based on. Rockland and Westchester County have both begun the exploration of adopting a CCISC model.

A week long value-based mapping event was convened with Dr. Robert Corey Waller facilitating and with over 200 stakeholders participating from the chemical dependency/behaviorial health provider system, the criminal justice system, the judicial system, the hospital system, and the primary care health system. Representation from the local and state legislature and OASAS representatives also participated. Recommendations were made through a formal report and are currently being implemented.

2n. Mental Health Clinic - Background Information

Orange County has five (5) agencies with OMH licensed outpatient clinics. The county operated clinics continue to have satellite locations in three school districts, and a primary care office, and has opened satellite locations in Social Services and Probation in the last twelve months to increase access to care. Orange County Department of Mental Health is having planning conversations with three additional school districts that are interested in implementing school-based satellites to meet community needs. There is one intensive outpatient program for adults (PROS) and one for children (IDT), which can only be accessed through school districts. One provider received a waiver to provide expanded intensive outpatient services beyond PROS to help reduce the need for higher level, higher cost inpatient care. Two of the licensed programs continue to have same day access for first appointments but there is still a need for others to implement this practice. Orange County has made a commitment to training and ongoing support to understand and treat individuals with complex needs who may be impacted by mental illness, substance use disorders and/or developmental disabilities. Despite great strides over the past twelve months, mental health clinics continue to feel the impact of the Psychiatry and Psychiatric Nurse Practitioner shortage. This is negatively impacting programs ability to recruit and retain prescribers while simultaneously increasing costs.

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

Continue to expand access to outpatient care and increase capacity for intensive outpatient services.

Objective Statement

Objective 1: Continue to encourage providers to implement a same day access model.

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

Objective 2: The County will explore options to increase access to Psychiatrists and Psychiatric Nurse Practitioners in Orange County.

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

Objective 3: Orange County will continue to expand access to community-based care through satellite offices.

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

Objective 4: Orange County will continue to facilitate training to support the care and treatment of complex individuals who may have co-occurring behavioral health needs.

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

Change Over Past 12 Months (Optional)

In the past twelve months a local not-for-profit agency was able to receive a waiver to provide an intensive outpatient program. During the same time, the County was able to open satellite locations in a Probation office and a Social Services office. One clinic also received an OMH Partnership Innovation for Older Adults grant to provide services to adults over the age of 55 through a triple partnership of Mental Health, Chemical Dependency, and Aging service providers.

2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

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): Other Mental Health Outpatient Services (non-clinical) is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

The transition to Health Home Care Management has improved the care coordination for those with medical needs; however, those with chronic behavioral health needs have seen a decrease in the intensity of the services they receive. In addition, there are fewer Care Management services available for individuals who do not have Medicaid.

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

Advocate for changes to the current Care Management model including increasing the intensity of services, decreasing caseload size and expanding access for individuals who do not have Medicaid.

Objective Statement

Objective 1: Orange County SPOA and LGU will continue to provide general, and case specific support and monitoring, while advocating for system change and funding opportunities to expand services.

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

Objective 2: Orange County SPOA will continue to facilitate communication among the Care Management agencies and other community providers serving individuals in Orange County.

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

Change Over Past 12 Months (Optional)

Although anecdotal evidence suggests a large portion of the Substance Use Disorder (SUD) population would qualify for Care Management through Health Homes, the majority of those entering treatment do not have Care Managers. The lack of knowledge and expertise in other behavioral health systems, as well as in primary care, is by far one of the biggest barriers to truly providing good coordination of services. Primary healthcare does not consistently reach out to the local behavioral health system, that is already in place, and required under Mental Hygiene Law. This leads to potential duplication of services in a time when maximizing funding resources is increasingly important. DSRIP goals seem to support embedding behavioral health into primary care, but not primary care into behavioral health.

2q. Developmental Disability Clinical Services - Background Information

In general, the level of clinical services available needs substantial improvement to support the complexity of people requiring those supports. The county has developed a "complexity wheel" to identify specific areas that need to be addressed. This is an issue for OPWDD, OMH and OASAS. Providers, individuals and families need the three state agencies to come together to find solutions. Locally, the county continues to offer valuable, free training opportunities to build expertise, but providers have been slow to avail themselves and embrace these evidenced-based practices.

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 capacity and expertise to address areas defined on the "complexity wheel" that identifies what should inform assessment and interventions.

Objective Statement

Objective 1: Identify resources to address issues defined on the complexity wheel.

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

Objective 2: Continue to provide training for clinical staff and service coordinators including but not limited to assessing trauma in the DD population, trauma informed support, Essentials for Living assessment and curricula, Stages of Change, and Applied Behavioral Analysis.

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

Objective 3: Promote routine screening for trauma history as part of the intake process minimally for residential, day programs and service coordination.

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

Objective 4: Introduce further training on co-occurring mental illness, and developmental disabilities.

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

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

With the exception of the Coordinated In-Home Supports Project, Individual Service Plans are often created without input from school assessments or the educational plan. This can result in working on valued outcomes that may never be achieved or that conflict with the areas or teaching interventions being worked on at school. The county has been promoting the need for coordination with schools, and will continue to do so. While there are a number of services and supports available to children, there are few targeting youth ages 12-17. See also below.

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 social and recreational opportunities for youth ages 12 - 17, and promote coordination of supports to children with their educational program.

Objective Statement

Objective 1: Develop more options through family support service funding that focus on health and wellness and after school care for youth ages 12-17.

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

Objective 2: Continue to promote consistency between OPWDD supports and student's educational program, ensuring that ISP's and Community Habilitation plans and interventions/teaching methodologies.

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

Change Over Past 12 Months (Optional)

2s. Developmental Disability Adult Services - Background Information

While this area is vast, one striking need is to address is the health and wellness of people living on their own. Many lack friendships, leisure skills and resources to fill the unstructured time leading to a decline in mental health, victimization, involvement in unlawful activities and inability to maintain housing.

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 exposure and support to develop leisure skills.

Objective Statement

Objective 1: Now that staff supporting people in their own homes must complete core OCCSI training, new content has been added specifically for these staff providing resources and information about how they can expose people to a variety of leisure activities and develop skills. Through the OCCSI, provide resources for staff supporting people in their own homes and develop networking opportunities.

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

Objective 2: Through OCCSI training, staff will network and connect inside and outside of training. "meet ups" to connect service recipients will be encouraged and strategies to further develop this via the internet will be explored.

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

Change Over Past 12 Months (Optional)

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

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):
Developmental Disability Student Transition Services is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time. The County continues to participate in the Transition Planning council facilitated by OU BOCES, present at district parent nights and to district pupil personnel staff about services, eligibility and access.

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

As discussed above, more teens and young adults with a mild or no intellectual disability often presenting with mental illness are seeking services, but they do not want to be associated with people who have a developmental disability. Often they are coming from stressful household situations and are in need of respite, however, the population that generally accesses available overnight respite options is in need of higher levels of supervision and support. People have been successfully served in respite certified through OMH, however, an OPWDD option needs to be available, particularly for hospital diversion and step down. (There is no goal at this time as there are two state initiatives being developed that may partially meet the need within the region.)

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):
Developmental Disability Respite Services is an important area of focus, however due to two current State initiatives being developed that may partially meet the needs within the region, Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2v. Developmental Disability Family Supports - Background Information

In addition to the above, under adult and children's services, families find the system complicated and difficult to navigate, they experience it as unresponsive and unhelpful. The number of calls that come to the OCDMH office seeking assistance and information after calling other agencies, obtaining OPWDD eligibility and attending the Front Door orientation session is challenging to manage.

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):
With the transition from Medicaid Service Coordination (MSC) to Care Coordination, it is anticipated that there will be improvement.

Change Over Past 12 Months (Optional)

2w. Developmental Disability Self-Directed Services - Background Information

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):
Developmental Disability Self Directed Services is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time. We do wish to say that the rates for staffing approved for self-directed services contributes to the staffing crisis because of the significantly higher rate of pay often for situations where there are no problem behaviors, co-occurring disorder or other complexities and training of those hired is questionable.

Change Over Past 12 Months (Optional)

2x. Autism Services - Background Information

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):
Autism Services is an important area of focus, and we have addressed this area in many ways over the past few years.

Change Over Past 12 Months (Optional)

2y. Developmental Disability Person Centered Planning - Background Information

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):
Developmental Disability Person Centered Planning is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

See under housing (above)

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):
Developmental Disability Residential Services is an important area of focus, however due to two current State initiatives being developed that may partially meet the needs within the region, Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2aa. Developmental Disability Front Door - Background Information

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):
Please refer to housing (see above).
Developmental Disability FRONT Door is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2ab. Developmental Disability Service Coordination - Background Information

The office for People With Developmental Disabilities (OPWDD) is changing the way services are coordinated to "People First Care Coordination". The Medicaid Service Coordination (MSC) program which is currently used to coordinate services will be replaced by Health Home Care Management. Health Home Care Management will continue to provide the service coordination that people currently receive, and will also provide coordination of other services, such as health care and behavioral health supports. Care Coordination Organizations (CCO's), new entities formed by existing providers of developmental disability services, will coordinate all the services a person receives for their developmental disability, as well as the coordination of health, wellness, and mental health services through one individualized Life Plan.

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

Monitor the transition of Developmental Disabilities Service Coordination to Care Coordination Organizations in Orange County.

Objective Statement

Objective 1: Continue to monitor the transition to Care Coordination Organizations (CCO's) and advocate for change as needed.

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

Change Over Past 12 Months (Optional)

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

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):

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3a. Medicaid Redesign - Background Information

Orange County has been monitoring the roll out of the Medicaid Redesign and the impact of the Medicaid Redesign on the service continuum. The Centers for Medicare and Medicaid Services (CMS) vision for health care system redesign provides a three-part aim for delivery reform:

- Improving the quality of care by focusing on safety, effectiveness, patient-centeredness, timeliness, efficiency and equity.
- Improving health by addressing root causes of poor health e.g., poor nutrition, physical inactivity, and substance use disorders.
- Reducing per capita costs.

Orange County understands that to achieve the MRT's goal to control health care costs, it must ensure better care is provided, including proven-effective prevention initiatives resulting in improvements in overall health status and reductions in health disparities. In particular, ensuring that complex, high-cost populations obtain the coordinated care they require. OCDMH's WELCOME Orange philosophy positions our provider system to meet this goal.

MRT is also redesigning New York's Medicaid Benefit and has proposed specific Medicaid benefit changes as well as a process for moving forward in value-based benefit design. As part of this Orange County providers are preparing for the value based payment model. This shift to a value-based payment model has led to opportunities and challenges for providers. County operated OMH licensed clinics are particularly challenged because the difficulty in joining provider networks due to potential conflicts of interest due to their role as both Local Government Unit (LGU) and provider.

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

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

Orange County will monitor the Medicaid Redesign process in order to ensure services for the community.

Objective Statement

Objective 1: Orange County will advocate for providers to continue to prepare for a value based payment reimbursement model in order to ensure adequate services are available to meet the community needs remaining fiscally viable.

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

Orange County has interaction with two (2) DSRIP Performing Provider System (PP's): Westchester Medical and Monettefiore. Both are working on performance measures relating to smoking cessation, crisis stabilization/hospital discharge follow-up and integration with primary care. The specific focus this year is transforming the addiction treatment service system in Orange County. A steering committee and four workgroups have been established to move the process forward.

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

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

Orange County will continue to collaborate with the DSRIP PPSs to ensure DSRIP goals and Orange County needs are aligned.

Objective Statement

Objective 1: Orange County will continue to support local providers in reaching the PPS goals in order to improve outcomes for individuals.

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

Objective 2: Orange County will continue to support the reporting of crisis stabilization efforts to the PPSs.

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

Change Over Past 12 Months (Optional)

Orange County has seen the formal roll out of the Westchester Medical Center/Bon Secours Hospital Medical Village in the Port Jervis community and the WMC/Orange Regional Medical Center Medical Neighborhood in the Middletown community. There are ongoing discussions about future medical neighborhoods/villages in other parts of the County.

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

Orange County has representation on the RPC's. As OPWDD begins its transition toward managed care with the development of care coordination organizations (DD Health Homes) in 2018, oversight is needed and Orange County would like to see the oversight entity integrated into the RPCs.

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

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

Maintain representation and participate in regional planning for individuals in need of OMH, OASAS and/or OPWDD services.

Objective Statement

Objective 1: Orange County will continue to actively participate in the RPCs.

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

We partner with local agencies and regional initiatives to promote health and wellness for individuals with Mental Health, Substance Abuse, and Developmental Disabilities. This includes representation on the DOH board, DOH grants and initiatives, and identification and linkage for behavioral health services through public health detailing.

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

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

NYS Department of Health Prevention agenda is an important area of focus, and Orange County is partnering with local agencies and regional initiatives in this area.

Objective Statement

Objective 1: Continued representation by the Commissioner of Social Services and Mental Health on the Orange County Department of Health Board with opportunity for collaboration and expansion of integrated services.

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

Change Over Past 12 Months (Optional)

Orange County has developed a dedicated Prevention Committee focused on substance abuse prevention, which also focuses on universal prevention strategies.

4. Other Goals (Optional)

Other Goals - Background Information

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):
We do not have any "other goals" at this time.

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
 Orange County Dept of Mental Health (70430)
 Certified: Regina LaCatene (4/3/18)

1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the iss
Psychiatrist	5	4	Limited availability, and salary.
Physician (non-psychiatrist)	n/a		
Psychologist (PhD/PsyD)	n/a		
Nurse Practitioner	4	2	Limited availability, and salary.
RN/LPN (non-NP)	n/a		
Physician Assistant	n/a		
LMSW	2	3	Salary
LCSW	4	3	Varies by agency.
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	1	1	
Peer specialist	3	4	Salary, and impact of job stressors.
Family peer advocate	n/a		

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman jeremy.darman@omh.ny.gov. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
 Orange County Dept of Mental Health (70430)
 Certified: Regina LaCatene (4/3/18)

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.

Co-chairperson

Name James Conklin
Physician No
Psychologist No
Represents Alcohol & Drug Abuse Council of Orange County
Term Expires 12/31/2018
eMail jconklin@adacinfo.com

Co-chairperson

Name Susan Murray-Tetz
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2019
eMail smurraytetz@yahoo.com

Member

Name Dawn Wilkin
Physician No
Psychologist No
Represents Catholic Charities Community Services of O.C.
Term Expires 12/31/2019
eMail Dawn.Wilkin@archny.org

Member

Name Tenise Wall
Physician No
Psychologist Yes
Represents Community
Term Expires 12/31/2020
eMail occsb@orangecountygov.com

Member

Name Dhanu Sannesy
Physician No
Psychologist No
Represents NAMI
Term Expires 12/31/2020
eMail OCCSB@orangecountygov.com

Member

Name Nolly Climes
Physician No
Psychologist No
Represents Rehabilitation Support Services, Inc.
Term Expires 12/31/2020
eMail nclimes@rehab.org

Member

Name Matthew Corrigan
Physician No
Psychologist Yes
Represents Community
Term Expires 12/31/2020
eMail Matthew.Corrigan@shu.edu

Member

Name Julia R. Fraino
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2020
eMail jfraino@nhcpas.com

Member

Name Sharraine Franklin
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2018
eMail OCCSB@orangecountygov.com

Member

Name Becky Johnson
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2018
eMail BJohnson@orangecountygov.com

Member

Name Peggy Spagnola
Physician No
Psychologist No
Represents Family

Member

Name Jose De Jesus
Physician No
Psychologist No
Represents Family

Term Expires 12/31/2018
eMail OCCSB@orangecountygov.com

Member
Name Carol Lamoreaux
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2019
eMail Lamoreaux131@yahoo.com

Term Expires 12/31/2019
eMail driversafetyinstitute@yahoo.com

Member
Name Michele Iannuzzi Sucich
Physician Yes
Psychologist No
Represents Community
Term Expires 12/31/2019
eMail OCCSB@orangecountygov.com

Alcoholism and Substance Abuse Subcommittee Roster

Orange County Dept of Mental Health (70430)

Certified: Regina LaCatene (4/3/18)

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.

Co-chairperson

Name Maureen Sailor
Represents Community
eMail
Is CSB Member No

Co-chairperson

Name Daniel Maughan
Represents Hospitals
eMail
Is CSB Member No

Member

Name Dawn Wilken
Represents Community
eMail
Is CSB Member Yes

Member

Name Jim Conklin
Represents Families/Community
eMail
Is CSB Member Yes

Member

Name Chris Molinelli
Represents Community/Providers
eMail
Is CSB Member No

Member

Name Nick Roes
Represents Community/Providers
eMail
Is CSB Member No

Member

Name Dr. Jennifer Roman
Represents Community
eMail
Is CSB Member No

Member

Name Dr. Matthew Corrigan
Represents Community
eMail
Is CSB Member Yes

Member

Name Lori Hull
Represents Families
eMail
Is CSB Member No

Mental Health Subcommittee Roster
 Orange County Dept of Mental Health (70430)
 Certified: Regina LaCatene (4/3/18)

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		Member	
Name	Nolly Climes	Name	Julia Fraino
Represents	Families/Providers	Represents	Community
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	Yes
Member		Member	
Name	Susan Murray-Tetz	Name	Dhanu Sannesy
Represents	Community	Represents	Families
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Peggy Spagnola	Name	Mandy Stewart
Represents	Families	Represents	Community
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Angela Turk	Name	Mark Cerberville
Represents	Families/Providers/Community	Represents	Providers
eMail		eMail	
Is CSB Member	No	Is CSB Member	No

Developmental Disabilities Subcommittee Roster

Orange County Dept of Mental Health (70430)

Certified: Regina LaCatene (4/3/18)

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 Carol Lamoreaux
Represents Families
eMail
Is CSB Member Yes

Member

Name Michael Bark
Represents Community
eMail
Is CSB Member No

Member

Name Nicholas Batson
Represents Families/Community
eMail
Is CSB Member No

Member

Name Jose De Jesus
Represents Families
eMail
Is CSB Member Yes

Member

Name Sharraine Franklin
Represents Families
eMail
Is CSB Member Yes

Member

Name James Coleman
Represents Families
eMail
Is CSB Member No

Member

Name Penny Pagliaro
Represents Families/Providers
eMail
Is CSB Member No

Member

Name Heather Rajnert
Represents Families
eMail
Is CSB Member No

Member

Name Heather Purcell
Represents Families
eMail
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Orange County Dept of Mental Health (70430)
Certified: Regina LaCatene (4/3/18)

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.