



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

# 2020 Local Services Plan For Mental Hygiene Services

Orange County Dept of Mental Health  
September 6, 2019

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Orange County Dept of Mental Health</b>	<b>70430</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
New York State Prevention Agenda Survey	Required	<b>Certified</b>
Office of Mental Health Agency Planning (VBP) Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
Mental Health Subcommittee Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Roster	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**Mental Hygiene Goals and Objectives Form**  
Orange County Dept of Mental Health (70430)  
Certified: Regina LaCatene (6/4/19)

**1. Overall Needs Assessment by Population (Required)**

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

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

Orange County Department of Mental Health improved access to care by initiating a transformation of the behavioral health crisis service continuum in 2018. Over the course of the year, administrative staff completed a collaborative transformation process with the agencies that are contracted with the County to provide behavioral health crisis services. This transformation was informed by the Orange County Changing the Addiction Treatment Ecosystem project and includes several significant improvements. In 2018, an individual would call one number for a mobile mental health response and a different number for linkage to resources and support. In 2019 a single dedicated number was established. The single dedicated hotline was co-located with 911 call takers at the Emergency Services Building in April of 2019. The current number will transition to a 3 digit number to increase ease of use within the calendar year. The Crisis Call Center provides a 24/7 clinical telephonic response. The Crisis Call Center will screen for behavioral health needs including but not limited to: substance use disorder screening, the NYS required LOCADTR tool to determine level of care, and schedule an appointment for individuals in need of substance use disorder treatment. If a mobile response is warranted, the Crisis Call Center call takers dispatch a mobile response team. The mobile response was previously a mental health response but is now available to individuals in need of assistance across all three disability areas (Developmental Disability, Mental Health and Substance Use Disorder). The Crisis Call Center also has the capacity to dispatch certified peers, including three FTEs of peers, who are dedicated to this project, to assist individuals in connecting to, and navigating, the behavioral health system. All outcomes are reported back to the Crisis Call Center and staff follows-up with all callers to determine if their needs were met, and if appropriate, ensure engagement in treatment services. The Crisis Call Center is responsible for data collection and reporting to the Orange County Department of Mental Health on a monthly basis. This significant change will improve access to behavioral health services across the system.

The County continued to expand access to care through establishing OMH licensed clinic satellites in community settings. In April 2019 a new satellite clinic opened in the Enlarged Middletown City School District beginning with the High School and gradually expanding to all schools within the district. The Newburgh Human Services satellite also became operational in 2019. The Orange County Department of Mental Health is partnering with Cornell Cooperative Extension to work with community members and professionals who have attended over a dozen screenings of the film Resilience, each of which was followed by in-depth, participant-led, but guided discussions. The film documents the long-term effect of Adverse Childhood Experiences (ACEs), i.e. the biology of stress, as well as the science of hope by consciously fostering the development of resilience in communities, families and children. The community conversations contributed to public education around the effects of toxic stress as well as allowing for brainstorming ways the community can better support families. Maternal Infant Community Health Collaborative Program (MICHC) is addressing ACE's through education of family members on home visits. Orange County has committed to a collaborative approach to addressing the impacted of ACEs in our community. Reducing exposure and mitigating the impact of ACEs will improve physical and behavioral health in Orange County.

Orange County is an official pilot county for implementing an evidenced based High Fidelity Wraparound planning and care coordination process for children and youth ages 5-21 with serious emotional and behavioral challenges and their families. Training and supervision for this pilot is provided by the NYS Office of Mental Health. If successful, it may be adopted statewide as a planning process under NYS Department of Health Medicaid Health Homes. This pilot involves collaboration between Children's Single Point of Access (SPOA) and providers from Care Management, Family Peer Support, and Youth Peer Support Programs.

Orange County now has agencies designated by the NYS Offices of Mental Health and Health to provide three new Medicaid billable services to enhance mental health supports for children ages 0-21. Services include, assessment, therapy and rehabilitation that can be provided in home, school and community settings.

The Orange County Department of Mental Health and Department of Social Services Lean Six Sigma Project (LSSP), continued to focus on reducing time to a permanency determination for children in foster care. The LSSP Committee continues to meet monthly to identify barriers to improving the process and provides education to behavioral health providers, child welfare staff and the judicial system. Time to disposition for children in foster care was reduced for two of the four family court judges' dockets and the committee continues to collaborate to make further improvements.

The OMH operated ACT team increased capacity and is now able to serve up to 68 individuals.

One Orange County agency was awarded a grant to open a Certified Community Behavioral Health Center (CCBHC) which includes a 7 day per week behavioral health urgent care center, which opened on May 1, 2019, to address the behavioral health needs of individuals in the Hudson Valley Region. The urgent care center will also be able to address physical health needs through partnership with federally qualified health centers.

Collaboration between providers is also improving, for example, some providers are participating in weekly huddles to discuss and plan for individuals who have higher than average service utilization. Providers are able to access real time information about hospital emergency department and inpatient admission utilization through HealtheConnections allowing for better coordination of care.

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

Health Home Care Management operating with large caseloads of 70 to 100 continues to leave a gap in meeting individuals' complexity of needs. Health Home Plus has been beneficial, but there are still many individuals who do not meet criteria for that level of service, who would benefit from more support than the current design allows.

There continues to be a need for crisis respite for youth as an alternative to utilization of the hospital emergency department or inpatient level

care. There continues to be no additional housing for transition aged youth 18-25.

Workforce recruitment and retention is still a challenge for care managers, psychiatric nurse practitioners and psychiatrists. Lack of transportation to work settings challenges many individuals who are served by the behavioral health system.

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

The Single Point of Access (SPOA) housing wait list continues to rise for all levels of housing and affordable housing is increasingly difficult to access for individuals with the most complex needs.

The fair-market housing costs increased while the housing reimbursement remained static. Discretionary funds have either decreased or have been discontinued adding fiscal demand and risk to providers. Maintaining good working relationships with landlords has also been challenging for many providers.

State funded positions continue to be reduced, which impacts local treatment and housing capacity. Need for services such as housing and child, adolescent and adult psychiatry continue exceed capacity. Inconsistent inpatient discharge criteria and planning has presented increased challenges.

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

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

Orange County has been in the process of transforming the Substance Use Disorder System for the last few years. We have provided conferences and professional development events with national experts in order to raise awareness and understanding of Substance Use Disorders as a brain-based disease that is chronic, relapsing and potentially fatal. As a result of our week-long value-based mapping event with over 200 stakeholders, and the subsequent report, we established the Changing the Orange County Addiction Treatment Ecosystem, which guides our transformation of the Substance Use Disorder System. The following Changing the Orange County Addiction Treatment Ecosystem workgroups were charged with specific deliverables that were completed in 2018.

- Prevention and Education Workgroup-defined standardized, evidence-based, best practice education modules that will impact reducing overdoses.
- Assessment and Screening Workgroup-defined standardized best practice tools to be used by licensed OASAS and OMH providers and healthcare providers who come in contact with those struggling with SUD.
- Medication Assisted Treatment (MAT) Workgroup -identified current MAT prescribers and shared this information with the community. The workgroup will continue to meet to ensure the list is updated regularly and will work in tandem with the Prevention and Education Workgroup in educating the public on availability of MAT prescribers and MAT as the Gold Standard of Treatment for substance use disorders.
- Uniform Release of Information Workgroup –created and disseminated a universal release that is both HIPPA and 42 CFR Part 2 compliant.
- Law Enforcement Workgroup –continued to work with law enforcement on educating the public on high drug trafficking areas and on analog/synthetics drugs which are responsible for 84% of overdoses deaths in Orange County. We will partner with law enforcement more strategically in using the geo-mapping data available to the LGU through the High Intensity Drug Trafficking Area (HIDTA) ODMAP Initiative, and through our local Emergency Operations/911 Center.

The work of the Changing the Orange County Addiction Treatment Ecosystem, and implementation of our co-located Crisis Call Center at the Orange County 911 Emergency Operations Center, increased access to SUD care by increasing knowledge of, and access to substance use disorder services and treatment across the continuum. In January of 2019, Commissioner Miller provided a presentation to stakeholders outlining the planning and implementation progress to date and challenged stakeholders to continuing striving towards the agreed upon goal to “Stop all preventable addiction related deaths in Orange County, New York.”

Orange County has been the recipient of additional funding to increase and/or expand SUD treatment services as listed below:

- \$60,000 for development and/or expansion of Substance Use Disorder services within Orange County Jail (OCJ). The money is an award from the NYS Office of Alcohol and Substance Abuse Services and is part of the 3.9 million state allocation designated by the NYS Opioid Taskforce targeting services within county jails across the state. An Addiction Case Manager has been hired and will work within the county jail, in partnership with the administration of the jail and our mental health staff, to administer groups and link individuals to transition services upon release from jail.
- \$450,000 in new funding was awarded to Orange County through Expanded Jail Diversion Programming, sponsored by Assemblywoman Aileen Gunther to:
  - implement the Orange County Mental Health Connections Project targeting the City of Newburgh, the Town of Wallkill, and other county municipalities as needed and available. The project is modeled after our Middletown Forensic Support Team (FST) initiative. It is designed to provide assessment, case management, supervision, and community-based treatment to defendants with mental illnesses or co-occurring disorders, who are legally involved due to their mental illness or co-occurring disorder.
  - Provide the resources necessary to consider effective alternatives to incarceration for defendants whose mental illness has contributed to their current criminal justice involvement.
- The Orange County Department of Social Services (OCDSS) received \$90,000 from The New York State Office of Children and Family Services (OCFS), who has contracted with the LGU to implement a CASAC/Addiction Case Manager (ACM) within Child Welfare. The ACM will work closely with child welfare staff to identify families whose child welfare involvement is due to SUD. The ACM will also be in a position to formally and informally educate Social Services staff on substance use disorders, and help to dispel stigma associated with SUD.

Commissioner Miller continues to serve on the Orange County Legislative Special Committee on Opioid Addiction.

Montefiore Researches, in collaboration with Columbia University, applied for a National Institute on Drug Abuse (NIDA) Grant. This NIDA grant will create a Hub & Spoke Model (Vermont Blueprint for Health Model) across 15 Counties with the highest opioid death rates in New York State, which includes Orange County. In April of 2019, Orange County was notified that NIDA funded this project which will lead to increased access to Medication Assisted Treatment in Orange County. The administration from the Orange County Jail has been participating in

conversations regarding the award and is developing a better understanding of substance use disorders and the associated treatment needs.

The Orange County Department of Mental Health operates a clinic in the Orange County Jail. The Jail Clinic continues to collaborate with corrections and medical staff to identify inmates with alcohol/opioid addiction and recommend the voluntary Vivitrol program as a form of medication assisted treatment (MAT). The jail expanded its policy to include those inmates referred by local drug courts and to allow for participants to receive a second Vivitrol injection prior to release. This change in policy is based on the evidenced of improved outcomes for individuals who receive at least two doses of Vivitrol. State and local jails are exploring best practices for medication assisted treatment in correctional settings.

Through increased conversations about ACEs and other trauma the system is becoming more aware of the connection between trauma, substance use disorders, and risk for relapse.

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

The most difficult change is with the "hearts and minds." Due to stigma, fear, and discrimination some local municipalities and communities do not want appropriate substance use disorder treatment services in located in their community. Some individuals' who know and care for someone struggling with SUD do not understand medication assisted treatment as part of the recovery process.

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

Overdoses due to opioids and/or opioids combined with other substances continues to be the number one public health concern across the United States. Despite intensive efforts, including new funding and expansion of services targeting the epidemic, the introduction of synthetic drugs such as Fentanyl and Carfentanil has continued to cause fatal overdoses. 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, but substance use disorder specific psychiatrists are particularly difficult to recruit and retain.

Detox and rehabilitation programs for those with substance use disorder have long wait lists and many do not provide medication assisted treatment yet.

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

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

Implementation of the **Orange County Community Supports Initiative (OCCSI)**, an innovative, strategic plan to address the workforce crisis and improve the system's ability to deliver quality community services - specifically, community habilitation and respite continued.

This county-led effort employs a multi-tiered approach involving six partner providers that are committed to supporting people with complexity and improving the overall experiences of individuals and families. Working collaboratively with county support, providers continue to implement substantial operational changes to meet the three overarching goals, each with multiple strategies.

- Reduce the number of unserved and under-served by managing the need as a system.
- Deliver quality services matched to complexities and acuity with rates of pay tied to skill.
- Build the capacity required to meet the demand.

The DDRO's eligibility review process has greatly improved. With the additional clinical staff, the second step review and response time has been significantly shortened.

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

The introduction of **People First Care Coordination** provided by DD Provider-Led Health Homes called Care Coordination Organizations (CCOs) effective July 1, 2018 replaced Medicaid Service Coordination. They offer two levels of care coordination and members are assigned to tier 1-4. Almost one year later, the transition continues to be confusing and challenging for both families and other service providers especially with regard to communication, (e.g., not knowing who the care manager is, not knowing how to resolve problems, not understanding the tiers, etc.).

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

For children and adults with developmental disabilities, the level of unmet need has worsened. Despite state budget increases targeted to raise the rates of pay, providers struggle to recruit and retain staff for both certified and non-certified support settings. Certified settings, required residential staffing ratios are often maintained by staff working multiple shifts. This can have significant impact on quality of life, health and safety. In day programs, lack of staff has limited access for new people in need of those supports. Additionally, direct support professionals and supervisors often do not have the skill set required to effectively support the increasing numbers of people with co-occurring disorders and significant problem behaviors. Supports delivered in non-certified settings, specifically community habilitation and respite, continues to be unable to meet the demand for the increasing numbers of people authorized. By establishing the OCCSI (see above) portal in January 2018, data on the number of new people served during the year across the six provider partners became available for the first time. Only 31 new people were served by the six partner providers; it is believed that the number is consistent with or higher than previous years. The 2016 survey data provided a baseline of 537 non-duplicated people unserved and under-served and of that 272 were unserved all 12 months.

New authorizations in 2017 and 2018 continued to grow with about 100 additional people annually. The numbers are staggering. The in-home respite, rate is too low, especially to support people with complexity, and those are often the parents in the most need. The introduction of intensive respite in theory made sense, but the requirements make it too difficult to offer, and therefore, it is not offered by any providers in the county. The six partner providers should be applauded for agreeing to implement a significantly higher hourly rate of pay and a tiered service model for community habilitation tied to new training requirements within the current reimbursement rate structure and new strategies around recruiting, however without a rate structure that fully supports delivery of quality community habilitation and respite, the situation will continue to worsen; together with the robust local economy, it seem unlikely that the system will be able to meet the ever increasing need.

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

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**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 checked="" 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 checked="" 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 checked="" type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

**2a. Housing - Background Information**

In Orange County, rising costs have 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 109 person increase in homelessness for 2019; with 589 homeless individuals identified. There is a significant number of homeless individuals 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 SPOA waitlist below):

Community Residences: 99.5

Supportive Licensed Treatment Apts.: 158.25

PRP/Enhanced Supportive Treatment Apts.: 44.75

Supported-Non-Licensed Individual Apts.: 474.75

Supported-Non-Licensed HUD Family Apts.: 83

Housing for individuals who have a substance use disorder continues to be limited. Although residential providers have made the transition to the 820 regulations, most providers are focusing more on crisis stabilization than on reintegration. The current opioid epidemic continues to increase the need for housing as we are experiencing more individuals who are homeless due to their substance use.

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. Funding for Special Populations (people transitioning from secure settings and residential schools) supports new development that can be "right sized" and semi-customized to meet their needs. In 2018, funding was made available to some people living at home with their families, however, the criteria excluded some that have a high need for support; their access to housing is limited to existing housing stock.

Orange County was the single point of access for over 25 years until OPWDD put together a centralized regional single point of access process, the Access to Residential Opportunities Committee (AROC) for certified housing opportunities. While we support this process, as it provides continuity and uniformity across the state, the local providers, county and its citizens have lost the personal connection, collaboration and collective responsibility of working together to meet the needs of the highest priority people. The DDRO no longer shares names of people identified as having a need for housing with counties and does not provide data needed to monitor the process. Currently the number of OC residents waiting for placement into a certified setting is not known however, the data set request from the four counties in the region has been supported by the DDRO and they have forwarded that request to central office.

There is no waitlist for non-certified housing however, 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 Independent Support Services funding cap for rent; it 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 individual and that requires new ways of working and different types of competencies. It is especially important to maintain 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 and use of visual prompts, to embrace trauma informed support and the concept of stages of change. In doing so, emergency department visits, hospitalizations, arrests, jail admission and return to secure centers may be reduced.

**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 and maintain 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 by regularly attending housing related meetings.

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

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

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 of all those seeking housing for trauma history and development of trauma informed (TI) support 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. The county will continue to support the workforce by providing specialized training including but not limited to applied behavior analysis, autism, co-occurring disorders, trauma, essential for living and more.

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

Objective 4: Seek funding opportunities 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. Provide training to agencies that provide housing to transition age youth to increase programming and activities that 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: Promote awareness and routine screening of all those seeking OPWDD housing for trauma history and development of trauma informed (TI) support 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. The county will continue to support the workforce by providing specialized training including but not limited to applied behavior analysis, autism, co-occurring disorders, trauma, essential for living and more. Facilitate discussions amongst providers and law enforcement to foster relationships—and collaborative efforts to better meet the needs of individuals especially those living on their own in non-certified settings who have been or

are at risk of victimization.

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 services a challenge for many individuals. The lack of public transportation has often been given as a barrier to seeking and maintaining engagement in 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. Medicaid transportation requires three day notice to schedule. emergency transportation is available for emergencies but requires a providers assistance to obtain. With the recent addition of a behavioral health urgent care, it would be beneficial if medicaid transportation could respond to "urgent care" needs. The opioid epidemic has resulted in a growing number of individuals who have private healthcare or a lapse in healthcare, and therefore do not have the means to get to and from treatment. There are treatment providers that will provide transportation to and from inpatient treatment on a limited basis.

There has been a limited increase in access to Medicaid transportation for some individuals for non-medical appointments.

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

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

The LGU will continue to advocate for improved transportation options for individuals with behavioral health needs.

**Objective Statement**

Objective 1: The LGU will continue to attend the Orange County Coordination Council’s meetings to ensure the needs of residents of Orange County who have mental health, developmental disability, or substance use disorder have their needs represented to the council.

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

Objective 2: The LGU will advocate for changes to the medicaid transportation process to allow for transportation to address individuals behavioral health urgent care needs.

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

**Change Over Past 12 Months (Optional)**

The LGU and representatives from a variety of human services organizations participated in the Project Advisory Committee for the Coordinated Public Transit Human Service Transportation Plan update in 2018. One of the outcomes of that plan was a report that recommended the formation of the Orange County Coordination Council. The Orange County Coordination Council’s first meeting was held in May of 2019 and the LGU will participate in these meetings moving forward.

**2c. Crisis Services - Background Information**

The Department of Mental Health continued to strive for improved access to care by implementing a transformation of the behavioral health crisis service continuum in 2019. OCDMH completed a collaborative transformation process with the agencies that are contracted with the County to provide crisis services across all three disability areas. This transformation was informed by the Orange County Changing the Addiction Treatment Ecosystem project and includes several significant improvements. OCDMH established a single dedicated number for individuals with behavioral health needs and it was co-located with 911 call takers at the Emergency Services Building starting on April 1, 2019. The Crisis Call Center provides a 24/7 clinical telephonic response and dispatches the mobile crisis response team when clinically indicated. The Crisis Call Center also dispatches certified peers, including three FTEs of peers dedicated to this project, to assist individuals in connecting to, and navigating, the behavioral health system. All outcomes are reported to the Crisis Call Center and the Crisis Call Center will follow-up with all callers to determine if their needs were met, and if appropriate, ensure engagement in treatment services. The Crisis Call Center is responsible for data collection and reporting to the Orange County Department of Mental Health on a monthly basis.

The OCDMH collaborated with the contract agencies providing these crisis services to ensure that sufficient and consistent training is provided to all staff.

**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 redesigned behavioral health crisis services system to ensure that the needs of Orange County residents are being met efficiently and effectively.

**Objective Statement**

Objective 1: Provide support and attend regularly scheduled meetings to monitor the implementation of, and data related to, the new the redesigned crisis system (Crisis Call Center, Crisis Mobile Response and Crisis Peer Response).

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

Objective 2: Seek 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)

The Crisis Services available in Orange County have been transformed over the last 12 months. The most significant differences are that the crisis response is now a collaborative response provided by three agencies contracted with the county, the response encompasses all three services areas, the Crisis Call Center is now co-located with 911, and follow-up is now a requirement.

### 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 Substance Use Disorder 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, reimbursement 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 and adults with developmental disabilities with three goals: reduce the number of unserved and 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, 2018. Phase II implementation began in 2018 and early 2019. Provider partners agreed to establish a uniform increased hourly rate of starting pay, with another increase after completion of one year and new training requirements, along with an enhanced level of community habilitation to match the needs of those with complexity with a higher rate of pay. Phase III involves new recruitment and onboarding strategies planned during 2019 with full implementation in 2020.

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: 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 2: Through participation in the Conference of Local Mental Hygiene Directors (CLMHD) advocate with the State to change the Medicaid regulation requiring an MD to sign treatment plans and allow for NP's to also sign.

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

Objective 3: 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 4: Continue implementation of OCCSI Phase III.

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

### Change Over Past 12 Months (Optional)

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

The Orange County Employment and Training Administration provides resources and services to individuals seeking employment. The Employment and Training Administration received targeted funding to assist people who are in recovery from opioid use disorder (OUD) to become employed.

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

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

Ensure the SUD provider system is aware of Employment and Training resources for individuals in recovery from OUD.

#### Objective Statement

Objective 1: Share information regarding employment resources available through employment and training at the inpatient/outpatient provider meeting and other appropriate venues.

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

### Change Over Past 12 Months (Optional)

## 2f. Prevention - Background Information

The Orange County Department of Mental Health facilitates, participates in, and supports numerous prevention initiatives. Substance Use Prevention continues to be an area of need and the Changing the Orange County Addiction Treatment Ecosystem Prevention-Education Workgroup continues to strive for countywide implementation of evidenced-based substance use prevention strategies and programs. A newly formed Adolescent Workgroup was formed under the Changing the Orange County Addiction Treatment Ecosystem to explore countywide data on adolescent use of alcohol and other substances.

The Orange County Department of Mental Health continues to promote suicide prevention education and awareness efforts while also promoting the use of evidenced-based strategies and tools. OCDMH has increased access to community-based behavioral health services as a preventive measure, through the expansion of mental health satellite clinics in multiple school districts and community based settings.

Orange County embarked on a collaborative initiative with Cornell Cooperative Extension to reduce Adverse Childhood Experience's (ACE) and mitigate the impact of ACEs for those that are not able to be prevented. Please see ACEs section for further details.

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 seek prevention funding and resources to increase health and wellness for the individuals we serve.

### 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: Seek new funding to support prevention efforts across the County.

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

### Change Over Past 12 Months (Optional)

Substance Abuse prevention efforts continue to slowly increase within the county and universal substance abuse prevention education was provided in 16 out of 18 school districts in 2017/2018 school year;

The Orange County Department of Social Services (OCDSS) has received funding from the New State Office of Child and Family Services (OCFS) which they have in turn contracted with OCDMH to place an Addiction Case Manager (ACM) within Child Welfare. The ACM will help to identify parents and caregivers in need of SUD treatment, while also identifying children in need of selected and indicated prevention efforts.

OMH has provided funding for suicide prevention focused on older adults.

Orange County continues to partner with schools and communities to promote prevention through education and training of evidenced-based practices.

We continue to increase attendance at trainings by providing Continuing Education Units (CEU's) when appropriate to build competency throughout the provider system.

In partnership with Cornell Cooperative Extension Center, Orange County provided numerous screenings of the film Resilience followed by community conversations on Adverse Childhood Experience with the goal of Orange County preventing and mitigating the impact of ACEs in our community.

## 2g. Inpatient Treatment Services - Background Information

Orange County has capacity for multiple levels of care for SUD and MH treatment. There are two NYS licensed SUD 820 facilities, one of which just transitioned from a NYS Addiction Treatment Center 816 to an 820 license in December 2018; there are two NYS licensed OASAS providers that are transitioning to an 820 license one of which is a halfway house. There is one newly licensed OASAS program developing with an anticipated opening in the fall of 2019 that will hold an 816 and 818 license. There are 5 NYS Licensed 822 Outpatient providers including two providers with multiple sites within the county. One of the 822 providers is a newly licensed OASAS provider and one NYS licensed 816/818 Medically Supervised Detox/Rehab that treats individuals with co-occurring needs. There is a continued lack of adolescent specialty services in SUD including in-patient treatment, but one NYS OASAS 822 licensed out-patient provider does provide adolescent specialty programming. There are also two hospitals designated under OMH as 9.39 hospitals, but there are no inpatient mental health services for children and adolescents within the County.

Although there is a rich number of licensed providers within Orange County, there is a lack of consistent assessment, and admission criteria, as well as person-centered treatment and discharge planning amongst the SUD providers. Care Managers who serve the OMH and OASAS populations continue to be embedded in emergency departments to link and transition individuals to appropriate community-based care. However, we continue to see a significantly lower number of individuals with SUD needs being enrolled in Care Management even if they meet eligibility criteria.

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

Facilitate problem solving conversations on behalf of individuals/organizations who express concerns related to the consistency and quality of screening, diversion, treatment and discharge process at local 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, admission criteria, treatment and discharge planning, recommended by the Changing the Orange

County Addiction Treatment Ecosystem to increase positive outcomes and reduce recidivism.

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

Objective 2: Continue to facilitate collaboration between community-based agencies and hospitals through dedicated meetings including but not limited to the Joint Provider Meeting and the Changing the Orange County Addiction Treatment Ecosystem Meeting.

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, through initiatives such as the Crisis Call Center and expanded access to care.

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

Objective 4: Continue to encourage 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

Objective 5: Continue to offer specialized meetings deemed “Complexity Support Planning Meetings” based on a high risk protocol, where the LGU facilitates a planning discussion with the client and providers to address the client’s needs and produce better outcomes.

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

**Change Over Past 12 Months (Optional)**

The limitations of inpatient level services challenge the system to adequately care for those who present with complex needs. The Orange County Crisis Call Center will help to divert individuals from hospital level care when appropriate through providing telephonic, mobile and peer response to individuals experiencing a behavioral health crisis. Individuals who have a need for emergency or inpatient treatment will be able to access the call center to ensure a smooth transition back to community-based services and supports upon discharge.

We have two newly licensed OASAS providers. One provider is a long standing OMH and OPWDD licensed provider who was recently granted an OASAS license in response to being federally awarded a Certified Community Behavioral Health Center (CCBHC) grant to create two behavioral health urgent care sites in Orange County in 2019. These services became available May 1, 2019 and will provide behavioral health supports for urgent behavioral health needs that do not require emergency or inpatient level of care. The second new OASAS provider will open in the fall of 2019. There are also NYS OASAS providers, who are transitioning to an 820 license.

Another significant change in 2019 is the increase in access to Medication Assisted Treatment (MAT) in hospitals. One hospital has started buprenorphine induction in the emergency department and on the medical floors and two more local hospitals are planning to do so in the next year.

**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 who present with first episode psychosis. We currently have a NYS OMH operated Assertive Community Treatment (ACT) program. All serve people with co-occurring disorders.

ONWARD Recovery is a NYS OASAS funded and licensed Community and Outreach Recovery Center that serves multiple counties but is housed within Orange County. Orange County also hosts a local chapter of Friends of Recovery. There are also numerous grassroots level initiatives and support groups for those in 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

Participate in and support programs that promote recovery.

**Objective Statement**

Objective 1: Participate in and monitor implementation of newly funded behavioral health initiatives including but not limited to: CFTSS Services, Jail-based SUD Treatment and Transition Services, OCFS embedded SUD worker, NIDA CHASE Project, and School-based Satellite expansion.

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

**Change Over Past 12 Months (Optional)**

The NYS OMH operated Assertive Community Treatment (ACT) program increased its capacity to be able to serve 68 individuals in 2019.

Children and Family Treatment and Support Services (CFTSS) for Children’s Behavioral Health Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services became available in 2019 for children and youth under the age of 21. The six new services are and outgrowth of New York State’s Medicaid Redesign efforts and includes Other Licensed Practitioner, Crisis Intervention, Community Psychiatric Supports and Treatment, Psychosocial Rehabilitation Services, Family Peer Support Services and Youth Peer Advocacy and Training. These new services offer opportunities to better meet the behavioral health needs at earlier junctures in a child’s life, and to prevent the onset or progression of behavioral health conditions, while also preventing the need for more restrictive and higher intensity services.

Columbia University and Montefiore Researchers collaborated to submit a NIDA Grant to implement the CHASE model in 15 Counties in NYS, including Orange County, with the goal of reducing Opioid related deaths by 40%. The CHASE Model is a hub and spoke model based on the Vermont Blueprint for Health Model. Orange County was notified that the grant application was funded and Orange County will receive a portion of the funding which will include a program manager and epidemiologist for the project.

Orange County received NYS OASAS funding for jail-based SUD treatment and transition services in 2019.

Orange County received funding for Expanded Jail Diversion Programing sponsored by Assemblywoman Aileen Gunther to implement the

Orange County Mental Health Connections Project targeting the Town of Wallkill, and City of Newburgh with support to additional Courts throughout the County as available.

The Office for Children and Family Services (OCFS) provided new funding to create a position to work alongside child welfare to identify and support SUD identification and linkage to services for parents and caregivers of children being brought into care where SUD is an issue.

NYS OMH licensed outpatient clinics have opened satellites in two additional school districts.

## 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 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, Developmental Disabilities, and/or Mental Health Disorders. Provide and support the provision of education and training including but not limited to: Mental Health First Aid, ACEs, Crisis Intervention Team Training, Suicide Prevention, community forums, and WELCOME Orange Orientation. 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 and/or provide trainings such as Mental Health First Aid, CIT, ACEs, WELCOME Orange Orientation and suicide prevention education and trainings to decrease stigma and increase access to care.

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

### Change Over Past 12 Months (Optional)

Orange County has multiple out-patient providers. In an effort to reduce stigma, OCMDH is educating the provider system and the community about the necessity of Medication Assisted Treatment (MAT) for individuals challenged with substance use disorders. As part of the effort to combat stigma, three classes have successfully graduated from the police academy with CIT training that included increasing knowledge and of resources available. 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 two new school districts to address co-occurring needs.

The Changing the Orange County Addiction Treatment Ecosystem project also worked to reduce stigma through educating stakeholders and the community about Substance Use Disorders and treatment options.

## 2j. SUD Outpatient Services - Background Information

Orange County has five (5) NYS OASAS licensed 822 Outpatient SUD Treatment providers, one of which is a newly licensed provider. The newest provider is an OMH and OPWDD licensed provider that was granted an OASAS license following the receipt a federal SAMHSA grant allowing them to create a certified community behavioral health center. All of the providers serve the adult population and one serves both adults and children.

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 county's Changing the Orange County Addiction Treatment Ecosystem initiative, to provide best practice interventions, increase access to treatment, offer treatment on demand, and build capacity to provide medication assisted treatment.

### Objective Statement

Objective 1: The Changing the Orange County Addiction Treatment Ecosystem Medication Assisted Treatment workgroup will implement strategies and reduce barriers to access to SUD medication management.

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

Objective 2: The Changing the Orange County Addiction Treatment Ecosystem Assessment Tool workgroup will implement strategies and reduce barriers for providers to implement the agreed upon screening tools tool including the LOCATR and the workgroup will collect data regarding use.

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

Objective 3: Encourage Orange County behavioral health providers to utilized the universal HIPAA and 42CFR part 2 compliant release of information authorization form produced by the Changing the Orange County Addiction Treatment Ecosystem workgroup.

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

Objective 4: Providers will continue to participate in the Changing the Orange County Addiction Treatment Ecosystem Prevention and Education workgroup to promote standardized best practice prevention and education efforts.

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

Objective 5: Providers will participate in the newly formed Adolescent Workgroup under the Changing the Orange County Addiction Treatment Ecosystem to explore adolescent specific treatment needs and make recommendations.

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 assisted treatment is not consistently promoted or available at all SUD providers. Orange County continues to lose individuals to overdoses despite focused and intensive efforts.

In 2018 the number of people lost to fatal overdoses rose in Orange County while the number of people engaged in NYS OASAS licensed 822 outpatient facilities declined. In 2019 we are seeing an improvement in engagement in NYS OASAS licensed programs.

**2k. SUD Residential Treatment Services - Background Information**

Orange County has seen an increase in residential services for those with SUD needs, but is still faced with greater need than services available. There are no residential services for women or adolescents, and limited residential crisis stabilization services for women. Orange County relies on out of county providers and continues collaborative efforts aimed at nurturing relationships with those providers.

Lack of consistent access to residential services and appropriate assessment for residential level of care continues to provide additional challenges for individuals trying to access residential treatment.

Insurance reimbursement (and copays) continues to be a significant barrier to accessing the appropriate level of treatment.

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

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

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

**Objective Statement**

Objective 1: Providers will continue to participate in the Changing the Orange County Addiction Treatment Ecosystem workgroups to build capacity for MAT, promote consistent screening and assessment, encourage use of the standardized authorization form, and coordinate prevention and education efforts.

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

Objective 2: The LGU will continue to explore residential options for underserved populations including women, pregnant women and youth.

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

**Change Over Past 12 Months (Optional)**

OASAS Residential Providers continue to transition to the 820 license and regulations. As more individuals' social determinants are impacted by SUD, specifically Opioid Use Disorder, we see a growing need for residential services and for transitional services, as individuals step down from higher levels of care or from the criminal justice system.

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

Orange County, like the state and nation is experiencing a shortage of providers who are qualified and willing to provide MAT for opioid use disorder. There are not enough addiction experts who are willing to provider MAT and/or who have the clinical expertise and understanding of SUD; there is also a lack of clinical competency amongst direct care providers across disciplines.

Orange County has experienced community members and/or decision makers that are not supportive of additional SUD services in their community, and who lack an understanding of Medication Assisted Treatment as the gold standard of care. Despite this, one provider has gained approval to establish new SUD services within the medical corridor in one Orange County community.

**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 progress of the Changing the Orange County Addiction Treatment Ecosystem workgroups.

**Objective Statement**

Objective 1: Facilitate partnerships amongst behavioral health providers, DISRP PPS, and others to increase access to MAT, ensure standardized screening, assessment, prevention and education efforts, and promote the use of the standardized authorization form.

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

**Change Over Past 12 Months (Optional)**

There are frequent changes occurring in the SUD system on the national, state and local level. Orange County has two newly licensed OASAS providers who bring with them Addiction Certified Doctors. We have continued to maintain a very active MAT workgroup aimed at promoting MAT as the gold standard of treatment for OUD. Synthetic Drug compositions change frequently making it challenging to adequately treat individuals with OUD and reduce overdoses. The NYS Office of Court Administration (OCA) recently funded an Opioid Drug Court in the City of Newburgh. The Office of Children and Family Services (OCFS) funded a full time Substance Abuse Specialist position within Child Welfare to work with families whose children are being removed as a result of SUD. NYS OASAS provided funding to Orange County for jail based treatment services for clients incarcerated due to their SUD.

**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 County behavioral health system. It emphasizes providing a welcoming and hopeful environment and a warm hand-off, while embracing the expectation that individuals come to us with complex and co-occurring needs. The WELCOME Orange philosophy continues to expand to human service providers, primary care, criminal justice, education and DSRIP partners. The model WELCOME Orange was based on has expanded to neighboring counties. County has partnered with stakeholders from across multiple systems to implement the recommendations of the Changing the Orange County Addiction Treatment Ecosystem 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 Orange County Addiction Treatment Ecosystem initiative.

#### Objective Statement

Objective 1: Continue to provide education on WELCOME Orange including at least two formal orientation trainings per year and provide consultation to agencies on agency/program assessment and planning using the COMPASS-EZ.

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

Objective 2: Continue to hold steering committee meetings and workgroup meetings to monitor the implementation progress of the Changing the Orange County Addiction Treatment Ecosystem initiative.

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

Objective 3: Plan and coordinate cross system training to build professional development and expertise to address 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. Regional conferences and events were held by the Regional Planning Consortium (RPC) outlining the comprehensive continuous integrated system of care (CCISC) model that WELCOME Orange is based on. Surrounding counties have begun adopting the CCISC model.

Recommendations from the formal report of the Changing the Orange County Addiction Treatment Ecosystem are being implemented based on the week long value-based mapping event we convened with Dr. Robert Corey Waller in 2017. This event included over 200 stakeholders from behavioral health, criminal justice, judicial, hospital, education, prevention, primary care, local and state legislature and OASAS representatives.

#### 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 are two PROS programs for adults and one Intensive Day Treatment (IDT) program for children, which can only be accessed through school districts. One provider has a waiver to provide expanded Intensive Outpatient Services and one agency received a CCBHC grant 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 despite the county facilitating trainings over the years on this model. 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.

#### Objective Statement

Objective 1: Continue to actively recruit Psychiatrists and Psychiatric Nurse Practitioners in Orange County.

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

Objective 2: Orange County operated clinics will continue to expand access to community-based care through satellite offices.

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

Objective 3: Orange County will continue to facilitate training to support the care and treatment of individuals with complex needs who may have co-occurring mental health, substance use, and or developmental disability needs.

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

#### Change Over Past 12 Months (Optional)

Satellite clinic locations were developed in two additional school districts and planning has begun for others. Training has been provided to expand competency in the care and treatment of individuals with complex needs. The crisis services system redesign allows for increased access to care as does the CCBHC Behavioral Health Urgent Care. Orange County also expanded its Court Connections projects. This will provide an

intercept point for individuals involved in the criminal justice system to be directed to treatment instead of jail.

## 2p. Mental Health Care Coordination - Background Information

The transition to Health Home Care Management has improved 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. At this time, the Children's Health Home appears to have adequate resources to meet the need.

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

Through the Conference of Local Mental Hygiene Directors (CLMHD), participate in in discussions to improve and right-size care management services.

### Objective Statement

Objective 1: Through Orange County adult and children's SPOA, continue to provide case specific support and monitoring for individuals with complex needs and general information to the community about care management services.

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

Objective 2: Orange County adult and children's SPOA will continue to facilitate communication among the Care Management agencies and other community providers serving individuals in Orange County, to ensure appropriate connection to care management service for children, and care management and housing services for adults.

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

### Change Over Past 12 Months (Optional)

Though more individuals are being identified that qualify for care management services, Orange County suspects that there are additional populations that would benefit from care management services, such as individuals with substance use disorders. OMH, OASAS and some OPWDD providers/agencies now have access to PSYCKES which if utilized properly will increase identification of individuals who qualify for care management services.

Primary healthcare does not consistently reach out to the local behavioral health system. This leads to potential duplication of services in a time when maximizing funding resources is increasingly important.

## 2q. Developmental Disability Clinical Services - Background Information

In general, the level of clinical services available needs substantial improvement to support the complex needs of the people supported. The County has developed a "complexity wheel" to identify specific characteristics and areas that require more robust competency. 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 improved attendance would help expand use of 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

Build workforce capacity and expertise across all programs and supports to address complexities highlighted on the "complexity wheel"

### Objective Statement

Objective 1: Identify resources to provide training required to build competency for co-occurring disorders and other areas defined on the complexity wheel.

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

Objective 2: Continue to provide training for clinical staff, direct support professionals and care managers including but not limited to assessing trauma in the DD population, trauma informed support, Mental Health First Aid, 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 for residential, day programs and the development of the life plan.

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

### Change Over Past 12 Months (Optional)

The Director of Developmental Disabilities is now certified to train on Youth Mental Health First Aid.

## 2r. Developmental Disability Children Services - Background Information

With the exception of the Coordinated In-Home Supports Project, Individual Service Plans/Life Plans are often created without input from school assessments or the educational plan. This can result in valued outcomes that may never be achieved or that conflict with strategies and interventions implemented at school. While there are a number of services and supports available to children, there are few targeting youth ages 12-17 and especially for those with challenging problem behavior.

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 the number of quality individual and group supports for children.

**Objective Statement**

Objective 1: Promote the use of community habilitation to foster increase group social and recreational opportunities for youth ages 12 – 17 and access to those opportunities for those with challenging problem behaviors.

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

Objective 2: Increase staffing and training to support existing family support programs so children with challenging problem behaviors can participate through the HVDDRO Family Support Service Request for Proposal issued spring 2019.

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

Objective 3: Continue to promote the importance of coordinating life plans with educational programs and teaching strategies.

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

**Change Over Past 12 Months (Optional)**

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

Transition support and education has long been an area of focus. The Director of Developmental Disabilities services has provided countless parent information sessions on the transition to adult OPWDD services at BOCES and in many school districts. She has also provided training about the system and how to access services and offered to assist with the eligibility process however, with a few exceptions, schools are not assisting families to connect with the OPWDD system. Schools have the ability to identify students and families that would benefit from community supports at an early age when all required assessments are available. When those students are about to age out of school or perhaps have already aged out and finally connect with the OPWDD system, they may not have the documentation required.

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 facilitate communication between the OPWDD system, school districts, BOCES and other programs.

**Objective Statement**

Objective 1: The Director of Developmental Disabilities Services will continue to participate in the Transition Planning Council and Annual Transition Fair facilitated by OU BOCES, CSE Chair meetings, “Connecting the Dots” for school social workers. She will also continue to provide informational sessions to district parents and pupil personnel staff about services, eligibility and access with a standing offer to assist with the eligibility process.

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

**Change Over Past 12 Months (Optional)**

**2t. Developmental Disability Respite Services - Background Information**

The number of teens and young adults with mild or no intellectual disability presenting with mental illness and/or substance abuse seeking services and supports is increasing, but many do not want to be associated with people who have a developmental disability. Often they are coming from stressful household situations; they and their families need a break. They may not utilize existing programs because they generally support people with significant functional challenges. They need to socialize with a peer group. Some people have been successful accessing respite and social programs through the OMH system, however, OPWDD options for overnight respite and social/recreation programs that serve as respite need to be developed, especially for hospital diversion and step down. Through NY Start, a small respite home for adults is opening in Ulster County with regional access so it has little impact on the need. Crystal Run Village’s respite house has not been operational for several months since the campus was sold; the new facility is under construction and may offer greater flexibility and opportunities for differing populations.

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 the development of overnight and social/recreational respite options for those with mild or no intellectual disability and co-occurring mental illness and/or substance abuse to give both individuals and families the break they need with an appropriate peer group.

**Objective Statement**

Objective 1: Explore overnight and social/recreational options through CRVI’s respite facility that is currently under renovation.

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

**Change Over Past 12 Months (Optional)**

**2u. Developmental Disability Family Supports - Background Information**

Orange County has a number of family support funded services however, many of the social recreational programs are unable to support people with challenging problem behaviors. An RFP has been issued spring 2019 for new FSS programs and support.

**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 monitor status of family support services within the county and identify need.

**Objective Statement**

Objective 1: Participate in Family Support proposal review process along with other counties in the region.

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

**Change Over Past 12 Months (Optional)**

**2v. Developmental Disability Self-Directed Services - Background Information**

Developmental Disability Self Directed Services is an important area of focus, however the DDRO is taking the lead with monthly informational sessions; these are posted on the County website. Additionally, OPWDD has created several excellent resources for families available on their website and a link has been added to the County website. The rates for staffing approved for self-directed services with budget and employment authority, especially community habilitation and respite contributes significantly to the staffing crisis in other areas. New and seasoned staff, who providers have invested in, are migrating to self-direction for much higher rates of pay to work with people who may not have problem behaviors, co-occurring disorder or other complexities. The fee for service rate structure prohibits providers from matching those rates. An additional concern is the lack of training and supervision of new hires under self-direction with budget and employment authority. While 633 orientation and core competencies are required, they do not provide training to deliver quality community habilitation.

**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 support efforts to educate providers and families on self-directed services.

**Objective Statement**

Objective 1: Post the schedule of monthly information sessions to the calendar on the county website and provide links to OPWDD resources.

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

**Change Over Past 12 Months (Optional)**

**2w. Autism Services - Background Information**

Over the years, much effort and many resources have been devoted to bringing on new services and workforce training to build competence required to support children and adults with ASD and their families.

**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 oversee implementation of the Coordinated In-Home Supports Project and in-home behavior support consultation for children with ASD.

**Objective Statement**

Objective 1: Continue to provide in home behavior consultation for children with ASD enrolled in the Coordinated In-Home Supports Project and through the family support grant, children with ASD that are not enrolled.

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

Objective 2: Continue to offer core and ongoing training and consultations through CIHS.

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

Objective 3: Continue to facilitate continuous quality improvement meetings with providers.

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

**Change Over Past 12 Months (Optional)**

**2x. Developmental Disability Front Door - Background Information**

The Front Door is an important area of focus, a flow chart has been developed by the county to show how people move through the process to access services, the monthly schedule of orientation sessions is posted to the county website and the Director of Developmental Disabilities Services has had direct input to provide recommendations for change as a member of the OPWDD Commissioner's Advisory Council and as chair of the systems sub-committee.

**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 support and monitor the Front Door/EAA process.

**Objective Statement**

Objective 1: Post the monthly schedule of orientation sessions to the calendar on the county website.

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

Objective 2: Continue to advocate for improvement to the front door orientation.

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

**Change Over Past 12 Months (Optional)**

**2y. Developmental Disability Care Coordination - Background Information**

The transition from Medicaid Service Coordination (MSC) to care management through Care Coordination Organizations (Health Homes for people with developmental disabilities) effective July 1, 2018 has been challenging, confusing and frustrating for individuals, families and providers. Promises were made that people could keep the person that had been providing MSC but caseloads were changed, sometimes several times. Communication has been the most difficult aspect of the transition. The County has spent significant amounts of time fielding calls from families and trying to resolve their issues with DDRO and the CCOs.

**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 assist individuals and families to resolve concerns and advocate for change as needed.

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

Objective 2: Continue to educate families, schools and others about CCOS.

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

Objective 3: Provide information and links to OPWDD resources on the county website.

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

**Change Over Past 12 Months (Optional)**

This transition has been daunting and while there has been significant improvement, the system is still in a transitioning phase with the "I am" assessments and development of life plans. The electronic record system has had many issues that continue to impact the system.

**2ab. Problem Gambling (NEW) - Background Information**

Orange County has licensed prevention providers who are charged with providing education on gambling prevention. OCDMH will continue to promote and support public awareness on gambling prevention.

NYS Richard C. Ward Addiction Treatment Center recently transitioned to an 820 licensed facility and offers inpatient treatment for Gambling Addiction.

**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 awareness and provide education on prevention of problem gambling.

**Objective Statement**

Objective 1: Host at least two trainings addressing problem gambling.

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

Objective 2: Promote the marketing of gambling treatment resources to increase public awareness and access.

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

**Change Over Past 12 Months (Optional)**

**2ac. Adverse Childhood Experiences (ACEs) (NEW) - Background Information**

The Orange County Department of Mental Health is partnering with Cornell Cooperative Extension to work with community members and professionals who have attended over a dozen screenings of the film Resilience, each of which was followed by in-depth, participant-led, but

guided discussions. Participants have been from behavioral health, social services, primary care, education, and health systems while also including community members. The film documents the long-term effect of Adverse Childhood Experiences, i.e. the biology of stress, as well as the science of hope by consciously fostering the development of resilience in communities, families and children. The community conversations contributed to public education around the effects of toxic stress as well as allowing for brainstorming ways the community can better support families. Maternal Infant Community Health Collaborative Program (MICHC) is addressing ACE's through education of family members on home visits. The Orange County Training Institute and OUBOCES have also purchased the rights to the film Resilience. This allows for increased screenings of the film in multiple venues. Orange County has committed to a collaborative approach to addressing the impact of ACEs in our community. Reducing exposure and mitigating the impact of ACEs will improve physical and behavioral health 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

Increase awareness and understanding of Adverse Childhood Experiences and begin work to foster resilience in Orange County communities, families and children.

**Objective Statement**

Objective 1: Support awareness of ACEs through continued screenings of the film Resilience followed by community conversations to inform next steps.

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

Objective 2: Use the documentation from the in-depth, participant-led, but guided discussions after the film Resilience, and research on best practice to choose a strategy and begin implementation to build resilience in Orange County communities, families and children.

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

**Change Over Past 12 Months (Optional)**

**New York State Prevention Agenda Survey**  
Orange County Dept of Mental Health (70430)  
Certified: Lacey Trimble (6/20/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

**Background**

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

**Questions**

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

The Orange County LGU has submitted a Local Service Plan that aligns with the Statewide Prevention Agenda. The Community Services Board (CSB) and CSB subcommittees includes representation from other County departments, such as the Department of Health, as well as community providers of services, service recipients and their families. The CSB and its subcommittees are supportive and active in the planning process. Representation from the LGU participated in the Community Health Improvement Plan (CHIP) community forum to establish priority goals in alignment with statewide initiatives. Mental Health and Substance Use Disorders were identified as priority areas, however, it was not selected as the priority of the CHIP plan due to concerted efforts already in process led by the Orange County Department of Mental Health.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

**Focus Area 1: Promote Well-Being**

**Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan**

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

**Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages**

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

**Focus Area 2: Mental and Substance Use Disorders Prevention**

**Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults**

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services

- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration
- 2.1 e) Other

### **Goal 2.2 Prevent opioid overdose deaths**

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

### **Goal 2.3 Prevent and address adverse childhood experiences (ACEs)**

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

### **Goal 2.4 Reduce the prevalence of major depressive disorders**

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

### **Goal 2.5 Prevent suicides**

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

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

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

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

1.1d The Department of Mental Health participated in a Community Schools Grant in Newburgh, NY to establish satellite mental health clinics in four of the district school buildings to improve access to mental health treatment for the students. The clinics still exist today in two of the school buildings. 1.1e OCDMH enables resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety. This is done through training opportunities, community forums, and facilitating cross systems meetings. It is also accomplished through complexity planning meetings where the individual meets with all those involved in their care and their natural supports to identify the individual's strengths and needs and how the system can work together to best support the individual. 1.1f There are a number of home visiting programs in Orange County including but not limited to Department of Health programs, a Friendly Visitors program, a COMPEER program, and a Partnership Innovation for Older Adults demonstration grant program called the WELCOME Orange Geriatric Initiative (WOGI) which provides a combination of home and community-based services including COMPEER, Mental Health Therapy, Medication Adherence Counseling and connection to aging and SUD services for adults over the age of 55. The Department of Mental Health and the Department of Social Services have also partnered to provide CASAC services to individuals who have, or are at risk of having, their children removed from their care due to SUD. 1.2a The OCDMH coordinates a suicide prevention taskforce that has been in existence for over 10 years and promotes and monitors monthly suicide gatekeeper prevention trainings including, Mental Health 1st Aid, safe TALK, Question, Persuade, Refer (QPR) and ASIST. At least one gatekeeper training is offered monthly through the taskforce and Mental Health 1st Aid has been offered many times. There are three active trainers in the Mental Health 1st Aid Adult curriculum and four active trainers in the Youth curriculum. There are six to nine trainings in both curriculum modules each year. 1.2b The Department of Mental Health

provided leadership in the implementation of a Comprehensive, Continuous System of Care Initiative (CCISC) called WELCOME Orange. Today all programs and agencies contracted for services through the Department of Mental Health are expected to embed the mission, vision and principals into their programs and agency. There is a WELCOME Orange orientation that is provided to staff of all of these programs and agencies as well as a Steering Committee for Agency Leadership and a Change Agent Committee for all agency staff to strengthen the ability for all to become capable of addressing the complex needs of individuals seeking services in the Orange County community. Specialized training is provided to build capacity through the Orange County training institute. CCISC is both a framework for person-and family-driven system design and a process of getting there in partnership across the whole system. The overall vision is to design the system at every level to be about the needs, hopes, and dreams of the people and families that are needing help with all types of co-occurring complex issues, including health, mental health, trauma, substance use, and cognitive conditions, as well as housing, legal, vocational, social and parenting issues. The core of the vision is that ALL programs and ALL persons delivering care and support, become welcoming, person-centered, resiliency/recovery-oriented, hopeful, strength-based, trauma-informed, culturally fluent, and complexity-capable. In any community, all programs work in partnership to help achieve this vision, so people with complex needs receive more integrated care within any door. 1.2c One of the primary focuses of the WELCOME Orange initiative is on creating thoughtful messaging on mental illness, substance use, and developmental disabilities in order to reduce stigma and increase access to care. WELCOME Orange focuses on creating a welcoming, hopeful, and complexity capable system of care. The WELCOME Orange Orientation provides consistent messaging and the Steering Committee and Change Agent Committee help to ensure fidelity to agree upon messaging. Community coalitions are also helping to change the conversation around substance use disorders, treatment and access to care. 2.1a OCDMH encourages the implementation environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access through the Changing the Orange County Addiction Treatment Ecosystem and through participation in numerous community coalitions. 2.1b Community coalitions are very active in Orange County and have worked to implement/expand school-based prevention and school-based prevention services. Orange County is fully supportive of this effort and will continue to connect schools with community agencies and coalitions and partner with schools that are interested in implementing or expanding school-based prevention services. Orange County also has numerous OMH Satellite clinics in local school districts. These satellites provide access to mental health services within the youth's natural environment and at a young age with the hope of preventing the need for future services. 2.1d Orange County has long had a focus on integration of trauma-informed approaches. The Orange County Trauma Institute is available to all types of programs including prevention and is free unless the individual requires CEUs and the cost of the CEUs is minimal. Orange County also has a long history of cross-system collaboration which is evident in the work of the WELCOME Orange Steering Committee and Change Agent Committee and all Orange County agencies have access to an introduction to trauma informed approaches through the WELCOME Orange Orientations that are held twice a year. 2.2a The Orange County Changing the Addiction Treatment Ecosystem identified a need for increased availability of access and linkages to medication-assisted treatment (MAT) including Buprenorphine during the mapping process. A MAT Workgroup was established to identify current prescribers and increase the number of prescribers. One product of this workgroup was the publication of a list of current Buprenorphine prescribers who are currently accepting new patients. The list is updated as needed and available on the County Website. The MAT workgroup includes representation from local hospitals. One of the three largest hospitals have implemented Buprenorphine induction in the emergency department and the other two are planning to do the same. Another increase in access to MAT is the opening of a behavioral health urgent care that was funded through a grant to a community agency. The urgent care can provide the second dose of MAT for individuals who receive Buprenorphine induction in the hospital. 2.2b The Changing the Orange County Addiction Treatment Ecosystem project has brought together over 200 stakeholders to map the current addiction treatment system, envision a new system and is now implementing changes to improve the system. One of the many focuses has been on increasing availability of and access to overdose reversal (Naloxone) trainings. OCDMH has coordinated trainings for the County workforce and assisted in coordinating trainings throughout the County with our partners at the state as well as with community partners. Orange County has also made an effort to ensure providers and community members are aware of ways to access overdose reversal medication such as the pharmacy benefit. OCDMH is also supportive of the OMH OUD project which is increasing competency of Article 31 Clinics to provide OUD treatment including access to overdose reversal medications. 2.2c Orange County promotes and encourages prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations. Orange County posts links to pertinent information on the County website and provides email updates as appropriate to various groups of providers. 2.2e Though the Department of Mental Health is not responsible for the establishment of additional permanent safe disposal sites for prescription drugs and organized take-back days, the department fully supports this effort and helps to make community partners aware of the locations to increase use of disposal resources. 2.2f The WELCOME Orange initiative not only provides orientation which includes trauma informed approaches to care, but also encourages providers to complete a self-assessment called the COMPASS EZ. The COMPASS EZ helps agencies to identify their current complexity capability and where there is room for improvement. One area that is assessed through this tool is the policies and procedures of the agency with a focus on how to improve. 2.3a The Department of Mental Health has partnered with Cornell Cooperative Extension to educate the entire community about Adverse Childhood Experiences and to plan strategies to effectively decrease the prevalence of and mitigate the impact of ACES. In addition, through the efforts of the orange County Training and Trauma Institutes and the WELCOME Orange Initiative training on trauma informed care and trauma informed environment is provided several times a year to develop understanding and improved practice among human service providers, school staff and primary care providers. 2.3b In addition to what was mentioned in 2.3a, Orange County has participated with the Orange County Health Department and Newburgh City School District in the planning and promotion of Newburgh Basics. Newburgh Basics is a program that provides education about simple strategies that advance development for young children and is aimed at educating those who work with or care for young children ages 0-5. The Department of Mental Health also participates on the advisory board for Maternal Infant and Child Health Committee to advance supports and services for this population. 2.4a The Orange County system of care provides community education through various training, presentations and the Mental Health First Aid program for youth and adults to promote early intervention, to educate the community about resources available and to help reduce the stigma associated with mental illness as that is often the main barrier to seeking help for those with mental illness. Licensed clinics now offer same day access for a first appointment thus reducing wait time for those seeking behavioral health services. In addition, the County now has two Behavioral Health Urgent Care Centers, one in Newburgh and one in Middletown to provide immediate access to care and to help reduce need for emergent care. Orange County also has an improved and fortified crisis response hotline and mobile response team for those who need assistance with a crisis situation or need help in the form of information, referral or advocacy. In addition, Orange County has increased Peer Supports Services (individuals with lived experience who provide support, education, advocacy and linkage to services). They are available for parents, youth, young adults and adults. As mentioned in other section Orange County provides many opportunities for continuing education to advance skills for all providers in evidenced based practices such as Cognitive Behavioral Therapy to effectively treat and support those with Major Depression and other mental health diagnoses. 2.5 b and 2.5c Orange County has a Suicide Prevention Committee that provides at least 1 training per month to promote awareness of suicidality and to help all community members recognize and assist someone who is struggling with suicidal ideation, thoughts or actions. All attendees are provided with dialog and resources to assist with someone struggling. Including helping to increase protective factors such as helping an individual increase connectivity with supportive individuals and reducing risk factors such as removing access to means (removing weapons or accessibility to drugs or alcohol). In addition, several schools, including students on the high school level have been trained in suicide awareness and prevention strategies. Orange County has a Friends Help Friends campaign to encourage the concept of being a gatekeeper (one that recognizes that someone is struggling and is willing to help someone in need). The Committee also developed a campaign to recognize one of the high-risk populations, men in their middle years. The campaign includes an educational component as well as literature identifying specific signs and symptoms of this population along with effective intervention strategies and therapeutic resources. This year the Committee will develop a similar campaign specific to aging adults, another high-risk population. 2.5e Suicide screening is required and utilized in many treatment programs including Orange County Clinics, hospitals, and care management programs. If suicidality is identified treatment goals are developed to address suicidality. This may include psycho education for family members to recognize suicidal signs and to build protective factors including reducing means, increasing positive

communication, adding additional supports and treatments if needed, such as medication, etc. In addition, there is a County-wide effort to promote the understanding of the impact of trauma on individuals and to create trauma informed environments in all sectors. 2.6b The State Office of Mental Health has encouraged, through guidance, the integrated treatment of mental illness and nicotine addiction. This has also been supported by DSRIP PPS projects. Participating providers have updated their policies and procedures to encourage the treatment of mental illness and nicotine addiction at OMH licensed programs in Orange County.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

Orange County's Changing the Addiction Treatment Ecosystem Prevention Workgroup engaged partners across multiple systems, including the local health department, hospital systems, substance use disorder providers, prevention coalition, and educational systems to address prevention needs. The workgroup explored current prevention initiatives and made recommendations regarding best practice universal, selected and target prevention.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

No

Yes, please explain:

Orange County utilizes a results-based scorecard to monitor agencies who receive funding through the County. As needed, the Prevention Agenda's behavioral health intervention data may be collected and analyzed through the same results-based scorecard. The Prevention Workgroup also reports out to the Changing the Orange County Addiction Treatment Ecosystem.

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

No

Yes, please explain:

The LGU plans to explore statewide policies that assist or impede implementation of Prevention Agenda interventions in order to better advocate and plan for the County's prevention needs.

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

No

Yes, please explain:

The LGU is planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices including providing training on, and monitoring of, the use of the Daily Living Activities-20 (DLA-20) and the DLA-20 Alcohol and Drug version. The LGU also coordinates and/or provides Motivational Interviewing Training, Stages of Change Training, Trauma Informed Care Training, Training on CBT and DBT and others to ensure that the provider system has access to evidence-based practices. The LGU monitors data related to who is trained and what organizations they are from and collects data regarding use of certain tools in a Results-Based Scorecard system. Measures may be expanded to better track outcomes in the future.

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

No

Yes, please explain:

Yes, the Orange County Department of Health brought together stakeholders for a Health Summit to engage community members, providers and other county departments in the process of establishing the Community Health Improvement Plan. The outcome of the summit was the identification of priority health related goals. Two priority goals were identified including chronic illness reduction. The LGU actively participated in the Orange County Department of Health, Health Summit and will continue to participate in planning and implementation discussions in order to align with the Prevention Agenda's cross-cutting goals. The opioid epidemic was identified as an area of concern at the summit as well, however, it was determined that the most efficient use of resources would be for the Orange County Department of Health to continue to actively participate in the Orange County Department of Mental Health's ongoing efforts to address the opioid epidemic rather than duplicate efforts.

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

No

Yes, please explain:

The PPSs have provided support for specific projects such as providing funding for a facilitated mapping of the Orange County Substance Use Disorder System in 2017, which led to the implementation of the Orange County Changing the Addiction Treatment Ecosystem in 2018. The implementation continues and has been expanded in 2019 with the goal to "Stop all preventable addiction related deaths in Orange County, NY." There is a specific prevention workgroup that was formed as a result of this project that is co-chaired by a community prevention provider and an LGU representative. The PPSs have also made available training opportunities to the LGU and providers including, but not limited to, change management, motivational interviewing, what matters to you?, and HEDIS specific training. The PPSs provided funding to train senior officers in CIT and for an integrated care project in the county. They have also provided funding to local care management agencies to allow for hospital specific projects to encourage enrollment in health homes, increase care coordination services and reduce future need for hospital level care. For some of the trainings such as Mental Health First Aid, the County has certified trainers to ensure that the training is sustained. The LGU also is sustaining CIT training through training officers while at the academy prior to assignment in the community. Care Management agencies can sustain their hospital specific project through billable opportunities. The LGU will continue to strive to build upon and sustain prevention opportunities through collaboration with the provider system.

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

- |   |  |
|---|--|
| <input type="checkbox"/> Un/Underemployment and Job Insecurity                  | <input type="checkbox"/> Poor Education                            |
| <input type="checkbox"/> Food Insecurity  | <input type="checkbox"/> Poverty/Income Inequality                 |
| <input type="checkbox"/> Adverse Features of the Built Environment              | <input checked="" type="checkbox"/> Adverse Early Life Experiences |
| <input checked="" type="checkbox"/> Housing Instability or Poor Housing Quality | <input checked="" type="checkbox"/> Poor Access to Transportation  |
| <input checked="" type="checkbox"/> Discrimination/Social Exclusion             | <input type="checkbox"/> Other                                     |

Please describe your efforts in addressing the selections above:

Housing Instability or Poor Housing Quality: The LGU works with the local Department of Social Services the Housing Consortium, SPOA and other housing providers to increase housing stability for individuals with behavioral health needs. Discrimination/Social Exclusion: The LGU works to reduce stigma and discrimination through training and community forums and strives to increase social inclusion through structure opportunities provided through contract agencies. Adverse Early Life Experiences: Orange County has embarked on a collaborative project with Cornell Cooperative Extension to educate the community on the impact of Adverse Childhood Experiences (ACEs) and reduce the impact that ACEs have on long term physical and mental health and wellness. Poor Access to Transportation: The LGU and community partners are active participants in the development of the Department of Planning’s Coordinated Transportation plan to ensure the transportation needs of individuals with behavioral health diagnoses are considered in the planning process.

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

- a)  No  Yes  
 b) If yes, please list

Title of training(s):

The Orange County Department of Mental Health has a well-established trauma institute. The Orange County Trauma Institute provides numerous trainings throughout the year related to strengthening resilience, trauma-informed and trauma-sensitive approaches. 1,336 people attended Trauma Institute trainings in 2018. 2018 trainings included: 1. EMDR: A Primer. Treatment for Trauma, Anxiety and Depression with Debbie Hutchinson LCSW-R, CASAC, Certified Therapist in EMDR Feb. 2, 2018 (97 attended) 2. Children Born Opiate Addicted with Athena Drewes, March 16, 2018 (84 attended) 3. Understanding Behavior Through the Lens of Trauma Informed Care for Children and Adults with Developmental Disabilities, March 23, 2018 (41 attended) 4. Narcissism, Shame, and Intimacy Disorders: Effective Strategies for Dealing with the Sexually Self-Absorbed and Healing the Fractured Trust in Relationships. -Wendy Behary, LCSW, & Liz Lacy, LCSW, April 9, 2018 (108 attended) 5. The Impact of Social Isolation and Loneliness in Later Life. - Misty Boldt, LMSW, April 24, 2018 (44 attended) 6. ADHD: Non-medication Treatment and Skills for Children and Teens with Debra Burdock, May 10, 2018 (114 attended) 7. Collaboration with Rockland County: Children Born Opioid Addicted: Implications, Outcomes and Play Therapy Treatment Approaches with Athena Drewes (82 attended) 8. Working in the Vortex: Assessing and Engaging Families & Couples Impacted by Trauma with Liza Bove, LCSW, June 29, 2018 (98 attended) 9. Evolving Ethics in Practice with Thomas Freeman on July 24, 2018 (61 attended) 10. Vicarious Trauma: To Protect and Serve Those Who Protect with Sheriff Whitcomb, August 1, 2018 (65 attended) 11. Behavioral Health Services with Diverse Populations: A Model from Deaf Mental Health with Kathleen Friedman, LCSW (17 attended) 12. An Evidence Based Approach to Treating Sexual Abuse Through the Lifespan with Robin Gerry, LCSW-R, September 27, 2018, (104 attended) 13. Essential Client Skills for Common Problems in Therapy with Michele Galietta, Ph.D., October 19, 2018 (169 attended) 14. The Troubled Triangle: The Developmental Neurobiology of Addiction, Attachment & Trauma with Kurt White (76 attended) 15. The Annual Jeanne E. Jonas Professional Development Symposium: ACEs addressing Childhood Trauma to Improve Behavioral and Physical Health, November 14, 2018 (176 attended) OCDMH also partnered with Cornell Cooperative Extension who has worked with community members and professionals that have attended over a dozen screenings of the film Resilience, each of which was followed by in-depth, participant-led, but guided discussion. The film documents the long-term effect of Adverse Childhood Experiences (ACEs), i.e. the biology of stress, as well as the science of hope by consciously fostering the development of resilience in communities, families and in children. The community conversations contributed to public education around the effects of toxic stress as well as brainstorming ways the community can better support families. Numerous people attended these screenings and more screenings are planned.

How many hours:

approximately 75

Target audience for training:

Social Workers, Mental Health Counselors, Primary Care, Service Recipients and their families, SUD providers etc

Estimate number trained in one year:

1,500-2,000

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

No

Yes, please provide examples:

The LGU has long participated in coordinated planning for the health and well-being of residents. An example of this planning and coordination is that the LGU actively participates in the Geriatric Mental Wellness Alliance which provides two trainings per year for older adults and providers who serve older adults. Orange County is also the recipient of a Partnership Innovation for Older Adults Demonstration grant which funds the WELCOME Orange Geriatric Initiative. This initiative aims to address the mental health, SUD and aging needs of adults who are 55 or older. Orange County also contracts with peer run organizations that support the positive environmental, economic and social factors that influence the health and well-being of residents, including older adults.

**Office of Mental Health Agency Planning (VBP) Survey**  
Orange County Dept of Mental Health (70430)  
Certified: Lacey Trimble (6/11/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or [Melissa.Staats@omh.ny.gov](mailto:Melissa.Staats@omh.ny.gov)

**Background**

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

**DSRIP serves as a bridge to value-based payment in New York State.**

DOH website

**DSRIP Performing Provider Systems (PPS)**

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

**DSRIP Project Lists**

New York State Delivery System Reform Incentive Payment Program Project Toolkit  
DSRIP Performing Provider Systems (PPS Statewide)

**Value Based Payment (VBP) - Reduce Costs/Improve Quality**

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

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

**NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program**

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

**Questions**

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

- a)  Yes  No

b) Please provide more information:

The PPSs have provided support for specific projects such as providing funding for a facilitated mapping of the Orange County Substance Use Disorder System in 2017, which led to the implementation of the Orange County Changing the Addiction Treatment Ecosystem in 2018. The implementation continues and has been expanded in 2019 with the goal to "Stop all preventable addiction related deaths in Orange County, NY." The PPS have also made available training opportunities to the LGU and providers including, but not limited to, change management, motivational interviewing, what matters to you?, and HEDIS specific training. The PPSs provided funding to train senior officers in CIT and for an integrated care project in the county. They have also provided funding to local care management agencies to allow for hospital specific projects to encourage enrollment in health homes, increase care coordination services and reduce future need for hospital level care.

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

- a)  Yes  No

b) Please explain:

The LGU has planned for PPS project sustainability by using the funds for specific events such as the mapping event but funding the actual implementation through other funding sources. This allows for specific projects to continue beyond March 31, 2020. The PPSs have funded projects with agencies and providers in the county and region that impact services but not all in collaboration with the local government unit.

3. Are there any behavioral health providers in your county in VBP arrangements?

- a)  Yes  No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

Many providers in Orange County and the Hudson Valley Region have formed IPAs and those smaller IPAs have joined into large organizations for the purposes of VBP arrangements. CBHS Independent Practice Association (IPA), a Limited Liability Corporation, was formed to contract

for the provision of health services by providers licensed or certified to practice medicine and other health professions, as well as ancillary medical services pursuant to agreements with managed care organizations which operate under Article 44 of the Public Health Law of the State of New York. CBHS IPA serves as the organizing and contracting vehicle for the CBHS Behavioral Health Care Collaborative (BHCC). As a county, we are concerned about the impact of VBP on smaller providers and county providers of service. Some MCOs have stated that they will only be contracting with certain types of providers, for example, IPAs. Many county providers are unable to participate in IPAs due to their LGU role as contract holder and funder for the other agencies involved. There would be a significant impact to safety net providers who are unable to participate in IPAs if they are unable to contract with MCOs.

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a)  Yes  No

b) Please explain:

The LGU is aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services through continued collaboration with providers to ensure that the needs of the residents of Orange County are being met. Orange County takes an active role in ensuring that the Orange County provider system is aware of best practice models and monitors the implementation process, however, much of the BHCC planning for VBP is conducted outside of LGU training and planning process.

5. Is the LGU aware of the development of In-Lieu of proposals?

a)  Yes  No

b) Please explain:

In-Lieu of proposals are cost effective alternative services that are approved by the State to be offered by Medicaid Managed Care Organizations. Orange County is not aware of any in-lieu of proposals at this time.

6. Can your LGU support the BHCC planning process?

a)  Yes  No

b) Please explain:

The LGU role encompasses planning, development, and coordination of services and in that capacity the LGU feels that it is imperative that we are active participants in the BHCC planning process and will continue to encourage BHCCs to collaborate with the LGU.

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a)  Yes  No

b) Please explain:

The County has access to systems such as PSYCKES and HealtheConnections. The County also has a Results based score card system that is used for monitoring contract agency performance, but would benefit from increased access to data and IT system to support the VBP transition and outcome management.

**Community Service Board Roster**  
 Orange County Dept of Mental Health (70430)  
 Certified: Regina LaCatene (5/10/19)

**Note:**

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

<b>Name:</b> Susan Murray-Tetz	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> smurraytetz@yahoo.com
<b>Name:</b> Dawn Wilkin	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Catholic Charities Community Services of O.C.	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> Dawn.Wilkin@archny.org
<b>Name:</b> Tenise Wall	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	<b>Represents:</b> Community	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> occsb@orangecountygov.com
<b>Name:</b> Dhanu Sannesy	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> NAMI	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> OCCSB@orangecountygov.com
<b>Name:</b> Nolly Climes	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Rehabilitation Support Services, Inc.	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> nclimes@rehab.org
<b>Name:</b> Matthew Corrigan	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	<b>Represents:</b> Community	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> Matthew.Corrigan@shu.edu
<b>Name:</b> Julia R. Fraino	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> jfraino@nhcpas.com
<b>Name:</b> Patricia Quinn	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> patriciaquinn@frontiernet.net
<b>Name:</b> Erica Velez	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> evelez@orangecountygov.com
<b>Name:</b> Donna Geidel	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> School Dist./Community	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> dgeidel@pinebushschools.org
<b>Name:</b> Joseph Chavez Carey	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community/Family	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> jcarey1@ghvhs.org

<b>Name:</b> Michele Iannuzzi Sucich	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> OCCSB@orangecountygov.com
<b>Name:</b> Becky Johnson	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family	<b>Term Expires:</b> 12/2018	<b>Email Address:</b> BJohnson@orangecountygov.com
<b>Name:</b> Jose De Jesus	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> driversafetyinstitute@yahoo.com
<b>Name:</b> Carol Lamoreaux	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> Lamoreaux131@yahoo.com

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

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

**Alcoholism and Substance Abuse Subcommittee Roster**

Orange County Dept of Mental Health (70430)

Certified: Regina LaCatene (4/8/19)

**Note:**

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

<b>Name:</b> Dawn Wilken	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> Dawn.Wilkin@cccsos.org
<b>Name:</b> Jim Conklin	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Families/Community	<b>Email Address:</b> jconklin@adacinfo.com
<b>Name:</b> Chris Molinelli	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Community/Providers	<b>Email Address:</b> cmolinelli@honorehg.org
<b>Name:</b> Maureen Sailor	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> MSailor@orangecountygov.com
<b>Name:</b> Dr. Matthew Corrigan	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> matthew.corrigan@shu.edu
<b>Name:</b> Lori Hull	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Families	<b>Email Address:</b> Lori5056@gmail.com
<b>Name:</b> Daniel Maughan	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Hospitals	<b>Email Address:</b> dmaughan@slchospital.org
<b>Name:</b> Michelle Thomas	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> MThomas.pac@gmail.com
<b>Name:</b> Tenise Wall	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Community/Families	<b>Email Address:</b> tenisew@yahoo.com

**Mental Health Subcommittee Roster**  
 Orange County Dept of Mental Health (70430)  
 Certified: Regina LaCatene (5/10/19)

**Note:**

- The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

<b>Name:</b> Erica Velez	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Families/Community	<b>Email Address:</b> evelez@orangecountygov.com
<b>Name:</b> Linda Sager	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Families/Community	<b>Email Address:</b> lpsager@gmail.com
<b>Name:</b> Carolee Maurice	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Individuals/Community	<b>Email Address:</b> cmaurice@orangecountygov.com
<b>Name:</b> Angela Turk	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Families/Providers/Community	<b>Email Address:</b> aturk@orangecountygov.com
<b>Name:</b> Mandy Stewart	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> mstewart@orangecountygov.com
<b>Name:</b> Peggy Spagnola	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Families	<b>Email Address:</b> pspagnola@mhaorangenyc.com
<b>Name:</b> Dhanu Sannesy	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Families	<b>Email Address:</b> dhanu72@hotmail.com
<b>Name:</b> Susan Murray-Tetz	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> smurraytetz@yahoo.com
<b>Name:</b> Julia Fraino	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> jfraino@nhcpas.com
<b>Name:</b> Nolly Climes	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Families/Providers	<b>Email Address:</b> NClimes@rehab.org
<b>Name:</b> Mark Cerberville	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Providers	<b>Email Address:</b> mcerberville@asfl.org

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

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

**Developmental Disabilities Subcommittee Roster**  
 Orange County Dept of Mental Health (70430)  
 Certified: Regina LaCatene (4/8/19)

**Note:**

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

<b>Name:</b> Carol Lamoreaux	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Families	<b>Email Address:</b> lamoreaux131@yahoo.com
<b>Name:</b> Michael Bark	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> mbark@orangecountygov.com
<b>Name:</b> Jose De Jesus	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Families	<b>Email Address:</b> driversafetyinstitute@yahoo.com
<b>Name:</b> Heather Purcell	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Families	<b>Email Address:</b> heather.jene.purcell@gmail.com
<b>Name:</b> Lisa Currao	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Families	<b>Email Address:</b> lisacurrao@optonline.net
<b>Name:</b> Karen Graves-Scheffold	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community/Families	<b>Email Address:</b> karen.e.gravesscheffold@opwdd.ny.gov
<b>Name:</b> Rebecca Johnson	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community/Families	<b>Email Address:</b> rjohnson@asfl.org
<b>Name:</b> Patricia Quinn	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community/Families	<b>Email Address:</b> patriciahquinn@frontiernet.net
<b>Name:</b> Doris Wickiser	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community/Families	<b>Email Address:</b> djwickiser@gmail.com

**2020 Mental Hygiene Local Planning Assurance**  
Orange County Dept of Mental Health (70430)  
Certified: Regina LaCatene (4/8/19)

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2020 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2020 Local Services planning process.