



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2023 Goals and Plans Form

Rockland County Department of Mental Health

Goal 1: 1. Increase services (PHP, IOP, Intensive Crisis Stabilization) available to address the gap between outpatient and inpatient levels of care. For many people clinic or office-based outpatient treatment is insufficient, leading to an escalation of symptoms and eventual referral to the emergency department to be evaluated for inpatient. Most of these individuals do not meet admission criteria for inpatient and are discharged home without any increase in the intensity/frequency of services they are receiving.

Goal 2: 2. Simplify access to and navigation of the behavioral health system. Services exist, but the system is large and complicated, leaving families and individuals unclear as to which services are available and how to access them. The goal is to simplify access and navigation by having a single point of contact for behavioral health services.

Goal 3: 3. Improve utilization of data to inform decision making regarding service provision and community needs. This includes: a. mining existing data sources provided by the state to create county-specific reports that help identify trends over time b. increasing data collection from service providers within the county so that there is sufficient data to identify service provision by zip code, diagnosis, age, etc

Goal 4 (Optional): 4. Support agencies and their workforce by increasing access to relevant, high-quality trainings. This includes coordinating messaging regarding existing training platforms available to licensed agencies and providing departmental trainings on updates to regulations and services

Goal 5 (Optional): 5. Expand collaboration with the law enforcement, correctional and judicial system to increase understanding and facilitate more successful outcomes for individuals with behavioral health needs who interact with these systems. This will be implemented by increased involvement with CIT skills training for police recruits, in-services for police departments and collaborative meetings to identify unmet behavioral health needs of individuals involved in these systems.

Goal 6 (Optional): 6. Enhance services to individuals with SUD by addressing concerns about the lack of accessible, quality residential and housing programs for people being discharged from inpatient detox or rehabilitation programs.

Annual and intermediate plans for addiction services:

1. To expand and enhance the availability of SUD crisis services within the system of care through the implementation of the Rockland County based regional Intensive Crisis Stabilization Center.

2. To enhance and improve the follow up of all overdoses and intoxication reports within Rockland County. Follow ups can include a call or in person response by a peer to offer

recovery, treatment or support services and other harm reduction interventions including Narcan trainings or the supply of fentanyl test strips.

3. To improve access to peer support services for patients with Substance Use Disorders at both Emergency Departments in Rockland County through the implementation and enhancement of the Peer-RX application.

4. To improve, enhance and streamline the referral to outpatient treatment services for patients with Substance Use Disorders at both Emergency Departments in Rockland County through the implementation of the NY MATTERS platform.

5. To establish the Rockland County 311 Behavioral Health Helpline that will be a 24/7, single-point-of-contact phone number providing information, support, referral to services/supports, or connection to mobile response, 911 or 988-suicide hotline.

Annual and intermediate plans for developmental disability services:

- 1) Collaborate with local OPWDD office during the 507-Plan roll-out by ensuring continued communication between DMH and OPWDD. Invite representative to workgroup during first quarter of 2023.
- 2) Explore training opportunities to advance knowledge of IDD for PHP, IOP and crisis continuum programs.
- 3) Explore CLMHD Behavioral Health Portal for relevant OPWDD data.

Annual and intermediate plans for mental health services:

- Work with Astor Services for Children and Families on opening adolescent PHP by early 2023. Assist with publicity to appropriate System of Care providers through the Child/Adolescent Workgroup and other system of care collaboratives.
- Participate in MRSS nation-wide learning collaborative to enhance the MRSS program. Identify and collect data on interruption points and create care pathway for access. Through 2023, work with coach and local team to advance knowledge on responses for IDD population by participating in QLC administered trainings by MRSS and IDD experts.
- Create an online, behavioral health resource guide with PIE Analytics/Arounja to be launched by February, 2023.
- Create clinic data log to ensure collection each month of relevant data points.
- Increase range of MOT and/or Outreach and Advocacy services by March 2023 to include transitions after discharge from Nyack BHU.

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LGU Representative Title: DCS

Submitted for: Rockland County Department of Mental Health



2023 Needs Assessment Form

Rockland County Department of Mental Health

Crisis Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Description of need: There are mobile crisis services available for children and adults. Our teams would benefit from additional training to better address the needs of individuals with IDD. For all populations, mobile crisis can evaluate the person in the community but if the person cannot safely remain in the home, the only option is the emergency room. If transported to the ED, most of these individuals do not meet admission criteria for inpatient and are discharged home without any increase in the intensity/frequency of services they are receiving. Having a crisis program that does more than evaluate for inpatient admission is needed and will help build the crisis continuum. Having a single point of contact for crisis services will help to connect individuals with the most appropriate crisis service and ensure the needed response (telehealth or in-person) is provided.

Forensics Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): 1. Difficulty finding evaluators for the 7.30 exams. Once found to lack capacity, individuals receiving competency restoration have prolonged stays at state facilities with very little information available about their progress. As the payor, the County should have access to additional clinical information as well as be able to conference with the treatment team.

2. Family Court judges are ordering inpatient and outpatient evaluations under FCA 251. It is extremely difficult to find evaluators to meet this need as outpatient clinics do not have capacity and the children's PC in our county has been reluctant to assist.

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

Need description (Optional):

Access to certified or uncertified housing is a complex issue for individuals with intellectual and/or developmental disabilities. Individuals/families need the assistance of care coordinators to complete an application and the waiting period for an interview can take a very long time- months or years. Even individuals in crisis with a critical need for housing face a long, long wait. The process for placement is not transparent and so families/CCOs feel in the dark and unable to know what the actual wait time is.

Inpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Inpatient- SUD

Rockland County has identified the need for additional inpatient beds that includes both Part 816

Chemical Dependence Medically Supervised Inpatient Withdrawal Programs (inpatient detox).

Rockland has seen an increase in overdose deaths beginning in 2019 due to the opioid crisis and more recently non-opioid substances. To address the increase in overdose deaths, our system of care worked together to expand our service provision, increase interventions and provide additional supports. These changes cooperatively were made by OASAS providers, law enforcement, hospitals, schools, drug free community partners, peer agencies, County departments, prevention agencies and recovery service providers. Interventions that were implemented included, but are not limited to, the provision of fentanyl test strips, expanded distribution of Narcan, increased community outreach and education, drug take back days, new OASAS certified service provision, and expanded peer services.

Despite these targeted interventions, we are finding that there is a lack of inpatient detox beds which is affecting our ability to appropriately intervene with clients and provide the suitable level of care.

All clients in need of inpatient detox services are routed through the local Emergency Departments (ED) to be screened for current or impending withdrawal. Many times, clients arrive at the ED due to a recent overdose and is requesting to be 'detoxed' off of their current regimen, requiring around the clock medically managed detox services.

Clients who are willing to enter inpatient detox and are unable to obtain this level of care often use to stave off the agony of withdrawal. They can be at a higher risk for overdose and death, especially if they recently were given Narcan to reverse an earlier overdose. We additionally find that these moments of clarity can be fleeting when they are not provided the proper medication to address their withdrawal symptoms.

Inpatient:

With an increase in mental health needs across all age groups due to the Covid-19 pandemic and other factors, the current options for inpatient hospitalizations are insufficient. Over the past years, capacity throughout our catchment area has decreased, partially causing the current need. Both Rockland Psychiatric Center and Rockland Children's Psychiatric Center have the physical space for additional capacity which would increase accessibility if allowed to expand. Rockland County has been tirelessly working to utilize other resources for those who may rise to the level of an acute inpatient hospitalization however, there are still those adults and children who meet this level of need. Unfortunately, they are being held in the Emergency Department for multiple days or even weeks until an inpatient bed becomes available. This means that individuals do not have access to the important treatment that they require and/or may have been receiving prior to entering the ED, are disconnected from family and work for longer than necessary and may in fact decompensate more due to these factors.

These issues are increased when talking about those with co-occurring disorders, those with an intellectual/developmental disability and/or those with serious medical needs.

Rockland County is fortunate to be working with OMH to implement the Hudson Valley region's Intensive Crisis Stabilization Center which will divert some unnecessary ED visits along with the upcoming Crisis Residence and 3-1-1 call center which will also decrease the community to ED pathway. We are also hopeful that these additions will help keep some individuals out of inpatient hospitalizations if they receive the appropriate interventions in a timely manner. However, as mentioned above, for those individuals that truly need access to acute psychiatric inpatient services, these additions to our System of Care and crisis continuum may not suffice.

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Description of need: There have been several requests for Article 31 licenses but due to differences in reimbursement rates between Medicaid and commercial insurance

plans, most clinics prefer to serve individuals with Medicaid. This creates a significant gap in services for adults and children with commercial insurance. There is a for-profit practice that participates with many commercial insurances, is well established throughout the country, and now has a location in Rockland. We hope this will be helpful in meeting the needs of the commercially insured. Due to frequent clinic workforce turnover, it has been challenging to keep clinicians trained in the most needed evidence-based practices. There is an ongoing need to have a workforce trained in treating the effects of trauma. In the past, we have used grant funds to provide extensive training to the workforce only to find that many of them have left their agencies

Refugees and Immigrants Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): About 21% of Rockland County's total population is made up of foreign-born individuals. This is much higher than the 13.5% national average for this category. This number is made up of both immigrants and refugees who have made their home here in Rockland. In many cases refugees and many immigrants who have emigrated from their home country do so in order to escape persecution of some sort. This could be related to wars, gender-based or race-based violence or political motives. In any situation trauma is often a consequence of their experiences both in their home countries as well as during their journey to the United States. Once resettled in Rockland County they may continue to be victimized based on race and/or origin, lack a sense of belonging, which can increase the possibility of a variety of different mental health disorders. Many of these groups are hesitant when it comes to reaching out for support for themselves or loved ones. Mental health is often very stigmatized in certain communities making it more difficult for some to access the needed services. For those that do seek help it can often be overwhelming to know where to start and once they do, finding support that is appropriate for them is another hurdle. People often look for providers they can connect with on a linguistic and cultural level. Rockland is fortunate to have many Spanish speaking providers including care managers and clinicians however, not psychiatrists and/or NP's. Rockland also has a very large Hebrew and Yiddish speaking population and there are usually providers to match with those seeking these specific languages and the culture related to them. Both our adult and children's Systems of Care lean on our great immigrant/refugee advocacy groups to support these communities and are fortunate to have them within our county (ie: Proyecto Faro, Konbit Neg Lakay, Center for Safety and Change). The county however, is still in need of additional supports for these communities as well as others that are underserved. This should include more culturally and linguistically appropriate services and providers and training in cultural humility for all providers in order to increase their ability to confidently serve those from different cultures.

Residential Treatment Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): SUD Residential Treatment Services

OASAS-certified SUD Residential treatment programs provide 24/7 structured treatment/recovery services in residential settings. Currently, Rockland County has one community residential program (Part 819) which has struggled to provide adequate and appropriate services in accordance with OASAS guidelines. Due to these concerns, OASAS mandated independent monitors and has most recently contracted with a temporary operator to run the program.

The lack of available residential treatment in the County continues to be a significant barrier for people with Substance Use Disorders (SUD). There is a continuing need to develop residential opportunities that meet the needs of people with SUD, especially for those with co-occurring mental illness. There is a need to increase access to residential treatment services for hospital referrals after completion of inpatient rehab programs to enhance long term recovery. Due to the lack of appropriate residential treatment services within the County, many individuals have no other choice than to be placed in a residential program outside of the County or return to an unstable housing situation. These options deny the person

the ability to receive appropriate residential treatment within their community and interferes with the opportunity to form healthy connections during all phases of residential treatment. Additionally, there is only one OMH licensed residential facility in the County for individuals with a co-occurring mental illness and substance use disorder that serves 12 individuals at any given time. There is a constant need for additional beds to serve those suffering with co-occurring disorders.

Respite Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): There are no overnight respite services available for families in RC for individuals with IDD. Families must go across to Westchester if they need respite services. While there are some day respite services, most families would benefit from having access to overnight respite in RC.

Transition Age Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Transitional Age Services are usually provided through the schools. Most identified students with IDD diagnoses will have school staff work with their families in planning to transition them after high school is completed. There are some students/families who are non-English speakers who are unaware of the services available and need a greater level of support to follow-up with the school to get transitional age services. Unfortunately, residential and/or vocational opportunities are most limited to those who are low functioning or those who lack the resources to follow-up or request school's assistance.

There is a growing population of young adults that fall within the category of "transition age". This population is often unable to access appropriate mental health services and supports since they are not considered "children" yet not "adults" either. While many children's services now are available until age 21 many of these young adults are out of school and their daily lives better mirror that of an adult while their cognitive capacity may still be closer to adolescents. Services are often targeted for either adults or children making it difficult to adapt services for the transition aged brain.

Mental health services and supports specific to this age-group are necessary and would be extremely beneficial to the young adults and the community they live in. These supports should include funding for specific transition-age housing opportunities. Many young adults who seek housing through Adult SPOA are uncomfortable or not ready to live with adults more than twice their age. They also need more specialized independent living supports to help them be successful and reach their potential since many of them have never been out on their own before. Whether or not they live outside their family home or within a residence, daily living skills, socialization skills, certain evidenced-based treatments (including DBT) and certain vocational/educational options should all be available to this age group.

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Need description (Optional): Transportation services allow individuals living with a serious mental illness, substance use disorder and/or intellectual and other developmental disability to live more independently in the community as well as access different supports that increase autonomy. Affordable and reliable transportation continues to be a barrier in the county due to limited hours of operation and routes.

Oftentimes an individual can spend over 2 hours on a bus (or multiple buses) to arrive at a destination only 10 miles away. Due to this, there are many missed appointments or under-utilized services that may result in an increased use of the emergency departments. Medicaid transportation can be useful in some cases however oftentimes they encourage individuals to use bus tickets sent to them instead of taxis.

Taxis provided by Medicaid transportation can be unreliable as well making people wait on heavily trafficked roads for extended periods of time. Rockland has a para-transit system that works for many individuals that can't access public transportation but it is also very limited, requires an appointment and does not always provide door-to-door accommodations.

Rockland is also a very isolated county. Although we have large counties such as Westchester and Orange bordering, accessing services in these counties are a challenge. At this time Rockland does not have a Partial Hospitalization Program for children or adults (one for children coming soon) and individuals in need of this service must travel to one of the Westchester programs. There is no public bus routes to these programs and taxis or use of a personal car cost money due to tolls and gas. The county has been vocal in expressing the need for more of these similar services within Rockland County and are fortunate enough that Astor Services for Children and Families will be opening an adolescent PHP program within our borders.

We recognize that the addition of many tele-health and other virtual services has assisted greatly in decreasing the level of missed appointments for many individuals however, there are some individuals and some services that require in-person contacts. At a certain age, children are better engaged via in-person therapy and support services. CFTSS has helped somewhat with this as well, allowing services to enter the home but with low rates of reimbursement and a workforce shortage, not all those in need are able to access these services. For adults in need of certain skill building, vocational support and/or socialization skills, virtual contacts are not best practice.

We will continue to promote the need for more accessible transportation services within Rockland County to our partners at the Department of Transportation especially for those underserved as well as partner with other agencies to try and bring more programs to Rockland County.

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): . Workforce recruitment and retention continues to be a huge challenge for our agencies who service the IDD community. Many agencies continue to struggle to attract candidates that will complete the interview process. In instances when candidates accept the job, will often complete training (which is paid) and then not show up on their start date or quit soon after. Recruiting and retaining Direct Support Professionals has become a huge challenge since COVID. They don't want to be responsible to attending to individuals ADLS for a minimum wage when they can earn more at McDonald's

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