

2021 Mental Hygiene Executive Summary

Yates County Dept of Community Service

2020 has been a unique and unusual year for Behavioral Health Services. The Covid-19 pandemic changed almost everything. Suddenly, services that had been operating in certain ways stopped, converted to new ways to reach their populations, at least in a support manner. Unfortunately, the priority shifted for the community from living one's life, accepting services, attending programs and possibly seeking help to staying at home. Worrying about the pandemic became the focus for everyone staff, clients, families and community members. This resulted in referrals, service inquiries and follow up did not occur at the pre Covid 19 level. Current populations received services but a diminished level without direct physical contact. The community overall was faced with increased negative social determinants of health. We are seeing increases in illness, family disruption, spousal abuse, increase substance abuse and the deterioration of independent living skills. All of which portend increased need while we are faced with funding reductions due to the financial impact of covid-19 pandemic lockdown. That has reduced state, local and agency funding. We have yet to determine how deep those cuts will be. In any case preparing for increases in demand and severity of needs is the current planning focus for the county and the service community.

Office of Addiction Services and Supports

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2017 Annual Report

Department: Community Services

Department Head: George Roets, Director of Community Services (part time)

Number of Department Employees: 1 part-time County Director at 17.5 hours/week; 1 part time Children & Youth SPOA Coordinator at 17.5 hours/week and a per diem Fiscal Coordinator.

Goal/Mission of the Department: The Yates County Community Services Department and its duly appointed Community Services Board is a planning and policy making entity that monitors and oversees all services in the county in the disability areas of mental health, developmental disabilities and alcohol/substance abuse. According to Section 41 of the Mental Hygiene Law, this department is responsible for the development of a local government plan for each disability area. The development of these plans must, and does, include participation of local providers, consumers, families of consumers, law enforcement and members of the community at large.

Description of primary services/functions the department provides: The Community Services Department does not provide direct services to any of the disability groups identified above. The functions of the department include:

1. Monitor and oversee services for the three disability groups,
2. Manage the single point of access for children, youth and adults,
3. Manage and oversee the Assisted Outpatient Treatment (AOT) program including eligibility assessments. Diversion, court petition, evaluation, treatment planning, monitoring those under AOT order, follow up as needed with the court, individual and providers and the work with the court to determine continuance, modification or release from the AOT order
4. Facilitate community treatment planning for non AOT, where there is risk of continued treatment failure.
5. Facilitate and complete Safe Act reviews of dangerousness and complete the reporting requirements.
6. Convener for local groups or service agencies for problem solving,
7. Represent the County and the three disability groups in regional services planning,
8. Advocate for service needs of the three disability groups.
9. Work with the three school districts to plan for addressing the three population groups within each district, including treatment, prevention, training, assessment of need and coordination with providers.

10. Promotion of anti-stigma efforts related to the three population groups.
11. Monitor, oversee and assess effectiveness and value of services delivered under contracts for services.
12. Manage the state aid funds that come to Yates County for these services.
13. Manage and evaluate grant funding received.
14. Work with the Office of the Aging and community providers to address the unmet needs for the elderly from the three population groups.
15. Serve as liaison with other county departments and community agencies.
16. Monitor, assess and report to the Office of Mental Health regarding the Crisis Supportive Apartment Program.
17. Provide Program review as required by law in cases of new programs, expansions or site changes. These require local review and recommendations to the specific state Office that licenses said programs.
18. Coordinate with and assist New York State Corrections in the return to Yates County of any individuals from the three groups requiring clinical services, housing and support with transition including the provision of medications.
19. Manage and facilitate Mental Hygiene Law requirements related to ordering emergency evaluations, ordering transport to a Hospital facility for evaluation, ordering emergency admissions for evaluation and treatment and designating physicians and others to act for the Director for Community Services.
20. Coordinate, cooperate and maintain effective communication with the regional offices for Mental Health, Alcohol and Substance Abuse and Developmental Disabilities related to new regulations, Laws, inspections, certifications, budget and program issues.

Highlights from 2017

-during 2017, having access to support staff from the Public Health Department continues to be useful and helpful.

-Continued planning with the Public Health Director to centralize fiscal and administrative support services under the Public Health Department while retaining required department funding and service requirements.

-There were 10 requests from courts requesting a competency (also referred to as fitness to proceed) evaluation to determine an individual's capacity to participate in his/her own defense. For the department, this involves enlisting the psychiatrist and/or PhD psychologist to schedule and conduct these evaluations. There was also one request for a third opinion on competency due to differing opinions by the first two examiners.

-Recruitment of a new licensed Psychologist, due to retirement of previous Psychologist.

-The Safe act monitoring and follow up continued with 12 individuals over the year.

-Consideration and Utilization of the Mental Hygiene Law to order the transport of an individual for evaluation was utilized during the year (27x)

-Review and approval of Designee Status for Emergency Department Physicians continues as new physicians are added. This involves review of recommendation from Hospital Medical Director, prior licensing issues or privileging issues In-service on the Mental Hygiene Law was provided to Mental Health staff regarding mental hygiene law and the role of a designee.

-Consultation with Soldiers & Sailors Psychiatric Inpatient staff, Emergency Department Consultants and Outpatient Clinic staff regarding clinical issues related to individual patients care, referrals to other hospitals, discharge planning issues and other available resources (27 calls).

-There were zero conducted sexual offender evaluations on adolescents.

-Anger management services (men's group) were provided under contract, to community residents upon court request or specific agency request. The majority of the referrals continue to come from Yates County Probation and New York State Parole. The service is currently provided through an intermunicipal agreement with Schuyler County Mental Health Clinic. Local options are under exploration as Schuyler County has had some difficulty maintaining staff coverage.

-Adult sex offender evaluation, assessment and treatment were provided under contract, on a weekly basis with referrals from the courts. This remains an active service in Yates County. Referrals come from the courts, other agencies and upon release from correctional services.

-Contract management efforts led to two cancelled programs, one program moved to a different provider and a reallocation of funding to two different programs

-The Adult Single Point of Entry (SPOE), a contract service under the auspices of Lakeview Health Services lost the SPOA coordinator who was subsequently replaced. The oversight of the two crisis transitional apartments remains a cooperative arrangement between Lakeview Health and the SPOA coordinator. Utilization reporting is provided to the department by Lakeview Health monthly.

-The transitional case management position funded by Community Services with in-kind support from Lakeview Mental Health Services continues to provide effective support for individuals living in the community.

One component of this program is providing case management type services to the Yates County Jail. Every release from the jail is reviewed and discussed at the adult Single Point of Entry (SPOA) meeting. The value of this support continues to increase.

-The Health Home initiative continues to move forward in the behavioral health realm; for providers with contracts with Community Services, Health Home care managers are currently working through Soldiers & Sailors Kelly Behavioral Health and Finger Lakes Addiction Counseling and Referral Agency (FLACRA). Community feedback continues to be positive. Care managers are present at the Adult SPOA to insure residential and service needs.

-Hillside Child and Youth Outpatient Clinic announced during the first quarter that they were closing their operations in Yates County (and two clinics in Rochester). This was unexpected given a record census (110+) at the clinic, a recent visit by Hillside's Operation Director to discuss the clinic's success, and no expressed concerns regarding funding issues. The reason provided was fiscal and a continued growing annual loss. A proposed time frame of 6 -12 weeks was proposed to accomplish the closing.

-The Director met with the Hillside Administration to express concern and displeasure with the decision and the lack of warning or preparation. The WNY Field office of the Office of Mental Health also expressed concern. The Director called a community meeting and invited Hillside and all affected agencies, children's providers as well as the Director for Community Services of the surrounding Counties and called upon the assembled to work together to insure the availability of children and family outpatient services in Yates County. The established process led to a planned transition of closing, monitored transfers of care, initiation of two new outpatient children and family providers: Soldiers and Sailors John D Kelly Clinic and Schuyler County Outpatient Clinic. School satellite services in the Dundee CSD were assumed by the Schuyler County Clinic and Hillside decided to retain the Penn Yan CSD elementary school on site clinic. The community effort resulted in more options for children and families in Yates County than before the crisis. At years end there is no waiting list for outpatient services.

-Soldiers & Sailors, Kelly Behavioral Health Clinic (JDK) continued on the path set in 2016 to eliminate the waiting list for services, upgrade the clinic staffing and continue quality improvement efforts. When the Hillside crisis occurred JDK made the decision to use newly created capacity due to staff hiring to add specific children's slots in the clinic. This decision took advantage their license as an adult and children's provider and the skill sets of several of their new staff. Hillside and LDK worked closely together to transfer and refer 60+ children and accept new referrals as Hillside closed their clinic.

-Stephanie Achilles, MD. Psychiatrist joined the Soldiers & Sailors staff in the last quarter of 2017. She joins Dr. Marino, who will continue part time in Penn Yan. The inpatient psychiatric unit, with her addition, will be admitting increased numbers to inpatient care.

-ARC of Yates had another active year which included management team downsizing, work on the county wide transportation system, shift from sheltered workshop to work readiness and job skill development and enhancement, preparation for the shift to the care management approach, preparation for a shift related to the federal waiver approval and professional staff recruitment in support of the Article 16 Clinic.

-The NYS Office for People with Developmental Disabilities, continues with two initiatives started in 2013. One is the Front Door initiative which establishes consistency for individuals seeking OPWDD services and supports and targets those for whom OPWDD eligibility has not been established or those who are OPWDD eligible and requesting a change in services. The other initiative is START- Systematic, Therapeutic, Assessment, Respite and Treatment Program- is an initiative to address the need for available community based crisis intervention and prevention services to individuals with intellectual disabilities and those with co-occurring behavioral health needs. ARC of Yates is part of a group of ARC's from neighboring counties collaborating in this initiative.

-A START representative provided an overview and update to the OPWDD subcommittee of the Community Services Board and staff of the ARC.

-The New York State Office of Mental Health continued State Psychiatric Center bed reductions and a reinvestment program utilizing funding saved by closure. The final planning called for County and State Psychiatric Center collaboration, and the development of community resources to handle discharges and lack of future State Inpatient Care. Specific improvements include access to crisis beds, added transitional beds, increased community support staff, assistance with transportation for discharged individuals, and increased available of Peer workers in the community. Unfortunately, staffing availability and recruitment continues to lag far behind the availability of the funding.

-We utilized (100% occupancy) the two transitional supportive beds provided as part of the Reinvestment plan and the (70% occupancy) two transitional Crisis apartments in Penn Yan. We have utilized the available children's respite program at the Elmira Psychiatric Center and at the two State Operated Community Residences. Referrals were made to the mobile intervention team (MIT) but staffing vacancies delayed or resulted in nonresponse in many cases.

-The New York State Department of Health issued Delivery System Reform Incentive Payments, known as the Finger Lakes Performing Provider System completed a third year. Program implementation is under way in a number of areas related to the specific areas preselected by the PPS. This includes centralized and or regional behavioral health emergency services. In our area this has begun to evolve with the Comprehensive Psychiatric Emergency Department (C-PEP) at Clifton Springs Hospital. Approval just occurred for a major construction of an improved C-PEP at Clifton Springs. In addition, there is a current plan to provide a mobile crisis capacity 24/7, holding beds, comprehensive psychiatric evaluation and inpatient access at Clifton Springs Hospital. The mobile team would provide assessment and intervention in Yates County.

DEVELOPMENTAL DISABILITIES

Yates County, has three providers in this disability area: ARC of Yates, Catholic Charities of the Diocese of Rochester and the NYS Office of People with Developmental Disabilities (OPWDD).

Catholic Charities, OPWDD and ARC of Yates provide residential services to developmentally disabled individuals. Catholic Charities operates 3 Individual Residential Alternatives (IRA's) with a capacity of 20 beds. OPWDD has 4 IRA's in Yates County with a capacity of 42 beds and six Individual Residential Alternatives (IRA's) with 31 beds.

ARC of Yates provides a continuum of services to the developmentally disabled individuals. These include:

- ~supported employment
- ~day habilitation
- ~transportation: provided to consumers of all programs
- ~clinical (social work, nursing, psychology, psychiatry, rehabilitation)
- ~community support services (homecare, respite, residential habilitation, family support, service coordination, recreation)
- ~early intervention/preschool

ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

In Yates County has two providers in this disability area: the Finger Lakes Council on Addictions (referred to as Council) and Finger Lakes Addictions Counseling and Referral Agency (FLACRA).

The Council provides prevention and education programs in their community based services program and in their school based programs in the Dundee and Penn Yan school districts.

The Council partners with Big Brothers/Big Sisters of Rochester to provide a mentoring program for college students, as the bigs, and middle school students, as the littles. The year 2017 saw a substantial increase in direct prevention services, use of social media, radio and print media. Youth counseling services also increased significantly.

FLACRA provides addiction treatment services to Yates County residents as well as Care Management services. This includes services to clients in their Penn Yan clinic, to inmates at the Yates County jail, to Kelly Behavioral Health Center for dually diagnosed individuals, and to Yates residents in their Crisis Center, halfway house and supported apartment programs located in neighboring counties. FLACRA also participates in the Yates County Drug Court.

New service development includes approval and moving ahead with the development of 25 new beds at the Clifton Springs site. Those will become available in the next year. In addition, a family navigator capacity has also been approved and should be initiated in the first quarter. Finally, the Opioid State Targeted Response (STR)- Center of Treatment Innovation (COTI) adds additional peer counselors, a mobile van, telehealth, jail services, extensive outreach and clinical support from the Strong Memorial Hospital clinical staff.

MENTAL HEALTH

Services in this disability area are provided via contracts with a variety of agencies. Contracts are with Soldiers' and Sailors' Kelly Behavioral Health, Lakeview Mental Health Services, ARC of Yates, Hillside Children's Center, Catholic Charities-Steuben/Kinship Division, Finger Lakes Parent Network, Big Brothers/Big Sisters, Safe Harbors, Dundee Central School, Penn Yan Central School, Workforce Development, Sheriff's Department, Public Health and individual consultants.

MEDICAID MANAGED CARE IMPLEMENTATION

Medicaid Managed Care (Behavioral Health population) was implemented and included the availability of Care Management, expanded services and service options. In addition new rules to improve access, outreach and quality of care were also implemented.

Harp services (Health and Recovery Plan Services) were also implemented. Care coordination is provided and assistance in developing a personal plan for the individual. Some Individuals will also be eligible for additional services. These are called Adult Behavioral Health Home and Community Based Services (Adult BH HCBS).

They include life skills building, self-advocacy, relationship building, educational support, job skills training, respite services and community support services. Those services are in addition to health and behavioral health services an individual may need.

GRANTS

The Greater Rochester Health Foundation funded a grant proposal “Changing the Culture and Improving the Health Outcomes for the Mentally Ill and Substance abusers” That grant focused on community education utilizing two evidence based trainings, Youth Mental Health First Aid and Mental Health First Aid. Both programs education about behavioral health issues, treatment, early identification and support for those with behavioral health issues. The approach engages the community to be part of the solution while reducing the stigma surrounding behavioral health issues. The award included support for the trainings, material and support for trainers. One community member was supported to become a Youth Mental Health First Aid Trainer, one trainer was supported to become an (Adult) Mental Health First Aid Trainer and one added the Public Safety specialty. During the project, 367 individuals have been trained in YMHFA and 130 individuals have been trained in MHFA for a total of 497 individuals trained under the project. Preliminary survey of those trained found that those trained were better able to identify those having behavioral health issues, better prepared to deal with the issues and more willing to be involved. Further surveying will be undertaken on the full group of trained individuals.

The NYS Suicide Prevention Center awarded a Suicide Prevention Coalition grant to the department in support of the development of a local Coalition. Along with funding for the coalition development, consultation and online workshops were provided. The coalition was moving ahead and developing at the end of the year. Project teams were established to focus on the development of a postvention process for the county and to develop a specific program of education and awareness building within the community.

Community education and outreach efforts included providing information and engagement tables at various community fairs and functions. Suicide Prevention Week was highlighted with a poster distribution, an information table in the County Building lobby, news articles, hand outs and help prevent suicide wrist bands.

The Coalition also did a monthly display in the Penn Yan Library during November providing suicide prevention materials and give aways such as wristbands. In addition the Coalition started a survey directed at measuring suicide awareness, initially at the library but expanding to an online option.

Finger Lakes Regional Planning Consortium(FLRPC)

The director continues to serve as the Co-chair of the FLRPC Board of Directors. The FLRPC completed the first full year of operation. During 2017 the board met four times in the region while holding several other work group meetings as well as participating in two Co-Chair meetings in Albany with State Agency Leadership. The consortium board continued to identify issues and barriers to a successful implementation of Medicaid managed care. In addition solutions and recommendation for the removal of barriers were also developed. In those case where a local solution was possible and implementable members made it happen. Additional issues related to “Pay for Performance” consumer voice, PPS performance, HARP, Care Management were also discussed within board meetings and or through work group action.

In keeping with the pending start of the Children’s Medicare Managed care work is under way to establish a children’s committee to focus on that roll out designed to identify issues and barriers to success. As this progresses we will also identify solutions and recommendations and meet with State Agency Leadership to plot corrections and changes.

YATES COUNTY COMMUNITY SERVICES BOARD

The Yates County Community Services Board completed another year with the development of and submission of the priority populations and updating of goals and objectives for the three population groups represented by the Community Services Board. During the year each specific subcommittee reviewed and monitored the specific providers, services and support provided during the year. They also looked at the programs funded and the data provided by those funded programs. The Community Services Board reviewed the information developed by each subcommittee and the overall funding of programs in Yates County. That effort produced the required annual report to State Agencies.

SUMMARY

The Community Services Department had a very active year in community mobilization, advocacy, problem solving and support for quality care, access to treatment, representing Yates County with the FLRPC, FLPPS, Regional Planning and supporting the Yates County Community Services Board and sub committees. This was a challenge given the many changes and the revolution taking place in health care overall. At the same time, efforts to combat community stigma and recruit and train community members to be part of the needed community culture change required significant effort and fortitude to move forward. 2018 will continue these challenges.

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Department Head: George Roets, Director of Community Services

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1. Monitor and oversee services for the three disability groups,
2. Manage the single point of access for children, youth and adults,
3. Manages, promotes and supports the development and ongoing operation of a System of Care for children and Families in Yates County.
4. Manage and oversee the Assisted Outpatient Treatment (AOT) program including eligibility assessments. Diversion, court petition, evaluation, treatment planning, monitoring those under AOT order, follow up as needed with the court, individual and providers and the work with the court to determine continuance, modification or release from the AOT order.

5. Facilitate community treatment planning for non AOT, where there is risk of continued treatment failure.
6. Facilitate and complete Safe Act reviews of dangerousness and complete the reporting requirements.
7. Convener for local groups or service agencies for problem solving,

Represent the County and the three disability groups in regional services planning,
9. Advocate for service needs of the three disability groups.
10. Work with the three school districts to plan for addressing the three population groups within each district, including treatment, prevention, training, assessment of need and coordination with providers.
11. Promotion of anti-stigma efforts related to the three population groups.
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14. Manage and evaluate grant funding received.
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16. Serve as liaison with other county departments and community agencies.
17. Monitor, assess and report to the Office of Mental Health regarding the Crisis Supportive Apartment Program.

18. Provide Program review as required by law in cases of new programs, expansions or site changes. These require local review and recommendations to the specific state Office that licenses said programs.
19. Coordinate with and assist New York State Corrections in the return to Yates County of any individuals from the three groups requiring clinical services, housing and support with transition including the provision of medications.
20. Manage and facilitate Mental Hygiene Law requirements related to ordering emergency evaluations, ordering transport to a Hospital facility for evaluation, ordering emergency admissions for evaluation and treatment and designating physicians and others to act for the Director for Community Services.
21. Coordinate, cooperate and maintain effective communication with the regional offices for Mental Health, Alcohol and Substance Abuse and Developmental Disabilities related to new regulations, Laws, inspections, certifications, budgeting and program issues.
22. Implement and Direct the Crisis Intervention Team (CIT) training initiative in coordination with Law Enforcement agencies in Yates County. This involved pulling a community oversight team together for an intercept mapping exercise, participating in CIT implementation planning and training with the NYS Office of mental Health.
23. Managing and chairing with the Undersheriff a Yates County CIT oversight and implementation Committee, which included developing a response to the data and information collected from the intercept mapping exercise and a plan to implement and monitor local changes in Law enforcement and Crisis team response to the behavioral health populations in crisis.

Highlights from 2019

-during 2019, the planned fiscal, clerical and administrative support from the Public Health Department was delayed due to staff losses. This required the continued use of a consultant and a delay in implementing the plan.

There were 10 requests from courts requesting a competency (also referred to as fitness to proceed) evaluation to determine an individual's capacity to participate in his/her own defense. For the department, this involves enlisting the psychiatrist and/or PhD psychologist to schedule and conduct these evaluations. There was also one request for a third opinion on competency due to differing opinions by the first two examiners. There were three additional requests for other evaluations. The office reviews the requests, assigns the evaluator, monitors completion, reviews invoices and processes for payment.

Soldiers & Sailors Hospital remains unable to fulfill the need for a psychiatrist for 7:30 exams, which required locating and engaging an additional Licensed Psychologist to meet the need.

The Safe act monitoring and follow up continued with 18 individuals over the year, with 5 submitted for further action. This requires review of the report, research on the individual's treatment history, assessment of risk, availability of a fire arm, discussion with reporter and or family if available.

Consideration and Utilization of the Mental Hygiene Law to order the transport of an individual for evaluation was utilized during the year (21x)

Review and approval of Designee Status for Emergency Department Physicians continues as new physicians are added. This involves review of recommendation from Hospital Medical Director, prior licensing issues or privileging issues In-service on the Mental Hygiene Law was provided to Mental Health staff regarding mental hygiene law and the role of a designee.

Consultation with Soldiers & Sailors Psychiatric Inpatient staff, Emergency Department Consultants and Outpatient Clinic staff regarding clinical issues related to individual patients care, referrals to other hospitals, discharge planning issues and other available resources (20 calls/14 meetings).

Two meetings were held with Law Enforcement, Soldier & Sailors Administration and Emergency Department leadership to educate, inform and problem solve around several specific cases and with the intent of improving inter agency communication and services to the community

-There were zero conducted sexual offender evaluations on adolescents.

-Adult sex offender evaluation, assessment and treatment were provided under contract, on a weekly basis with referrals from the courts. This remains an active service in Yates County. Referrals come from the courts, other agencies and upon release from correctional services.

-The Adult Single Point of Entry (SPOE), a contract service under the auspices of Lakeview Health Services The oversight of the two crisis transitional apartments remains a cooperative arrangement between Lakeview Health and the SPOA coordinator. Utilization reporting is provided to the department by Lakeview Health Quarterly. The apartments are utilized 85% of the time or 621 days during 2018. This has proven to be a very helpful service for community members with behavioral health issues who need transitional housing.

The transitional case management position funded by Community Services with in-kind support from Lakeview Mental Health Services continues to provide effective support for individuals living in the community, leaving the county jail, local hospital or in danger of becoming homeless. Efforts are coordinated with the Single Point of Entry (SPOE). This position became vacant in December and recruitment is on going. Lakeview is providing coverage in the interim.

The Health Home initiative continues to move forward in the behavioral health realm; for providers with contracts with Community Services, Health Home care managers are currently working through Soldiers & Sailors Kelly Behavioral Health and Finger Lakes Addiction Counseling and Referral Agency (FLACRA) and lakeview Health. Community feedback continues to be positive. Care managers are present at the Adult SPOA to insure residential and service needs. Health Home Care Management + was provided by the ½ time Legacy care manager from the Elmira Psychiatric Center. At this time there are no other Care Manager + positions available.

Liberty Resources transitioned into operating the PennYan Central school on site-based clinic Unfortunately, they failed to follow up on joint planning for Yates based children's services. In addition, they failed to expand services at Penn Yan. Upon further out reach to Liberty they expressed little investment and appeared to be looking for a reason to exit Penn Yan.

School satellite services in the Dundee CSD were assumed by the Schuyler County Clinic in 2017. Feedback from the school district is positive and Schuyler has expanded the onsite services, but notified the District unwillingness to expand further in keeping with the demand. Schuyler eventually notified the District that it would apply to close the satellite in June 2020.

The Office of Mental Health provided Yates County with support to develop a System of Care for Yates county Children and Families. That planning effort and the commitment of more than 2 dozen Yates County services, organizations, schools, government agencies, family members and local programs moved the county on the path for an improved System of Care in Yates County. Following the supported planning sessions sponsored by OMH, the County Community services department was expected to lead and support the development of a local System of Care process. At the same time OMH changed the role of the Children's SPOA to support System of Care support, cross systems planning and care management support. There were no additional resources provided with these changes.

Dundee Central School raised questions with the Office of Mental Health state and Federal representatives regarding access to children's inpatient care, and limitations to outpatient and community treatment. The community agencies came together to focus on local improvements and OMH offered support for Systems of Care Planning. A public hearing was held to air access issues to inpatient services for children and concerns regarding the volume and type of services available on the outpatient level.

Finger Lakes Health (FLH), Soldiers & Sailors SS, Kelly Behavioral Health Clinic (JDK): FLH announced the closing of the inpatient unit the state, to staff and the community. This was a surprise; however, the hospital had not been receptive of out of county and some in county admissions. Referral sources had begun to look elsewhere and the average daily census during 2018-2019 decreased by 50% until closed in 2019. That closure did not have State approval. SS did work out arrangements with Clifton Springs Hospital and Comprehensive Psychiatric Emergency Program (CPEP) to be the go-to hospital inpatient access. They did continue to provide 24-hour evaluation services in the ED and on call psychiatrists. SS remains a 9:39 designee until official closure. JDK continues to provide adult and children outpatient clinic services. There has been promises from FLH, to support tele psychiatry, expanded out-patient services and community support.

The need for crisis services, outreach and follow up services were discussed with FLH given the state and county discussion of needs, especially children's services. In addition, the New York State Services Council and the Office of Mental Health provided FLH with a list of recommendations for enhancements and expansions in outpatient services. Discussions with FLH are ongoing. FLH has participated with the Crisis Intervention Training committee, System of Care Committee and the HEALing Communities Study. JDK did add some evening hours, and added some groups. JDK has maintained and active clinic service without a waiting list. They also hired a full-time psychiatrist. They resumed coverage for the jail but have not resumed providing psychiatric evaluations.

ARC of Yates contracted with Seneca-Cayuga ARC to share an Executive Director. Subsequent to that move, consideration of ways to collaborate, integrate and share resources, were undertaken. Initial benefits were apparent with the filling of clinical positions in the Article 16 clinic as well as in the planning and management within Yates ARC Continues improvements in the community transportation program, shift in vocational services and the Care Management System

-The NYS Office for People with Developmental Disabilities, continues with two initiatives started in 2013. One is the Front Door initiative which establishes consistency for individuals seeking OPWDD services and supports and targets those for whom OPWDD eligibility has not been established or those who are OPWDD eligible and requesting a change in services. The other initiative is START- Systematic, Therapeutic, Assessment, Respite and Treatment Program- is an initiative to address the need for available community-based crisis intervention and prevention services to individuals with intellectual disabilities and those with co-occurring behavioral health needs. ARC of Yates is part of a group of ARC's from neighboring counties collaborating in this initiative.

-The New York State Office of Mental Health continued State Psychiatric Center bed reductions and a reinvestment program utilizing funding saved by closure. The final planning called for County and State Psychiatric Center collaboration, and the development of community resources to handle discharges and lack of future State Inpatient Care. A new online referral and inpatient admission process was established involving the regional management and state review. The intent is to better insure access for adults and Children.

Crisis Intervention Training Program (CIT) was provided to Yates County By the NYS Criminal Justice Division including an Intercept Mapping Exercise with Law Enforcement, Criminal justice, Behavioral health Services, Crisis and Emergency Services, Social Services, Community Agencies and the Community at large. That exercise provided an opportunity to review the local experience the behavioral health population has with law Enforcement, Criminal Justice, Behavioral Health Services. It also provided information barriers, issues and problems with the current system. In addition, a five-day crisis intervention training for Law Enforcement, dispatch, corrections and emergency management was provided by a NYS training team with local family and consumer input. The training also provided for an opportunity to also instruct and add to the training. Subsequent to the Intercept mapping a CIT committee was established chaired by the Director for Community Services and the Undersheriff That committee, with membership from the Intercept work group is focused on developing recommendations and actions to overcome the barriers to care, reviewing issues and solving problems with the current system. Finally, the committee will monitor the changes implemented, collect data, follow up with specific individuals in the system and plan additional changes as necessary.

2019 saw increased access to the Adult & Children Mobile Crisis Team, additional Care Management Services for Adults, implementation of the Children's Medicaid Managed Care Program, Children's Health Home Care Management and an array of new home and community-based services

We have utilized the available children's respite program at the Elmira Psychiatric Center and at the two State Operated Community Residences. Referrals were made to the mobile intervention team (MIT) but staffing vacancies delayed or resulted in no response in many cases.

-The New York State Department of Health Delivery System Reform program will come to an end in 2020. A request for a continuance is under consideration. the DCS remains actively involved as a member of the Clinical Quality Committee.

The Finger Lakes Planning Consortium (FLPC) continues to work with the State Agencies to ensure that Managed Medicaid is appropriately implemented and work to ensure quality services are expanded in the Finger

lakes area. 2019 ended the Community Services Director's 3-year term as the co-chair, he will remain on the board. Behavioral health services will be one of the areas considered, if extended.

DEVELOPMENTAL DISABILITIES

Yates County, has three providers in this disability area: ARC of Yates, Catholic Charities of the Diocese of Rochester and the NYS Office of People with Developmental Disabilities (OPWDD).

Catholic Charities, OPWDD and ARC of Yates provide residential services to developmentally disabled individuals. Catholic Charities operates 3 Individual Residential Alternatives (IRA's) with a capacity of 20 beds. OPWDD has 4 IRA's in Yates County with a capacity of 42 beds and six Individual Residential Alternatives (IRA's) with 31 beds.

ARC of Yates provides a continuum of services to the developmentally disabled individuals. These include:

- ~supported employment
- ~day habilitation
- ~transportation: provided to consumers of all program
- ~clinical (social work, nursing, psychology, psychiatry),
- ~community support services (homecare, respite, residential habilitation, family support, service coordination, recreation)
- ~early intervention/preschool

The ARC of Yates went thru a leadership change and contracted with the ARC of Seneca Cayuga for Allen Connely to be the Executive Director.

ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

In Yates County has two providers in this disability area: Finger Lakes Council on Addictions (referred to as Council) and Finger Lakes Addictions Counseling and Referral Agency (FLACRA). The Council provides prevention and education programs in their community-based services program and in their school-based programs in the Dundee and Penn Yan school districts.

The Council partners with Big Brothers/Big Sisters of Rochester to provide a mentoring program for college students, as the bigs, and middle school students, as the littles. The year 2018 saw a continued increase in direct prevention services, use of social media, radio and print media. Youth counseling services also increased significantly.

FLACRA provides addiction treatment services to Yates County residents as well as Care Management services. This includes services to clients in their Penn Yan clinic, to inmates at the Yates County jail, to Kelly Behavioral Health Center for dually diagnosed individuals, and to Yates residents in their Crisis Center, halfway house and supported apartment programs located in neighboring counties. FLACRA also participates in the Yates County Drug Court.

In 2019, services continued to be more effective including family navigator capacity, an Opioid State Targeted Response (STR)- Center of Treatment Innovation (COTI) adds additional peer counselors, a mobile van, telehealth, and jail services.

MENTAL HEALTH

Services in this disability area are provided via contracts with a variety of agencies. Contracts are with Soldiers' and Sailors' Kelly Behavioral Health, Lakeview Mental Health Services, ARC of Yates, Hillside Children's Center, Catholic Charities-Steuben/Kinship Division, Finger Lakes Parent Network, Big Brothers/Big Sisters, Safe Harbors, Dundee Central School, Penn Yan Central School, Workforce Development, Sheriff's Department, Public Health and individual consultants.

MEDICAID MANAGED CARE IMPLEMENTATION

Medicaid Managed Care (Behavioral Health population) was implemented and included the availability of Care Management, expanded services and service options. In addition, new rules to improve access, outreach and quality of care were also implemented.

Harp services (Health and Recovery Plan Services) were also implemented. Care coordination is provided and assistance in developing a personal plan for the individual.

Some Individuals will also be eligible for additional services. These are called Adult Behavioral Health Home and Community Based Services (Adult BH HCBS).

They include life skills building, self-advocacy, relationship building, educational support, job skills training, respite services and community support services. Those services are in addition to health and behavioral health services an individual may need.

GRANTS

Delphi Rise, a prevention agency in Rochester received a regional grant in support of YMHFA trainings. Yates County has been included in this effort. This allows us to continue to offer YMHFA and continue to advance the “change the Culture and improve health outcomes for the Mentally ill and Substance abuse population in yates County” in yates County. This new support and support from the New York Center for Suicide Prevention allow us to offer both Youth mental health First Aid and Mental health First aid

Both programs provide education about behavioral health issues, treatment, early identification and support for those with behavioral health issues. The approach engages the community to be part of the solution while reducing the stigma surrounding behavioral health issues.

The Delphi Rise program supported the training of an additional YMHFA trainer and the cost of providing the training. award included support for the trainings, material and support for trainers. The program covers 9 counties and will be gathering data on the trainers and impact on the communities.

The Suicide prevention Coalition provided Community education and outreach efforts included providing information and engagement tables at various community fairs and functions. Suicide Prevention Month was highlighted with, an information table in the County Building lobby and the Penn Yan Public Library, news articles, handouts and help prevent suicide wrist bands.

The Coalition also did a monthly display in the Penn Yan Library during November providing suicide prevention materials and give aways such as wristbands.

The coalition with the American Foundation for Suicide Prevention (AFSP). Members delivered “Talk Saves Lives” a suicide prevention education program for community members. The Coalition also held the second “Out of Darkness Walk” here in Penn Yan with assistance from AFSP as part of a national effort. Finally, the second Survivor day program was also held with support from AFSP, again as part of a national effort.

Major work groups were operating under the RPC including a peer group, clinical group, children’s group. Other meetings and seminars were also supported. The RPC passed new bylaws, and is gearing up for year three with an evolved process of identifying issues and solutions in coordination with our community and the involved state agencies.

YATES COUNTY COMMUNITY SERVICES BOARD

The Yates County Community Services Board completed another year with the development of and submission priority populations and updating of goals and objectives for the three population groups represented by the Board. During the year each specific subcommittee reviewed and monitored the specific providers, services and support provided during the year. They also looked at the programs funded and the data provided by those funded programs. The Board reviewed the information developed by each subcommittee and the overall funding of programs in Yates County. That effort produced the required annual report to State Agencies.

SUMMARY

The Community Services Department had a very active year in community mobilization, advocacy, problem solving and support for quality care, access to treatment, representing Yates County with the FLRPC, FLPPS, Regional Planning and supporting the Yates County Community Services Board and sub committees. This was a challenge given the many changes and the revolution taking place in health care overall. At the same time, efforts to combat community stigma and recruit and train community members to be part of the needed community culture change showed progress with new community leadership and agency cooperation, as we move forward in 2019.

Major efforts were underway during 2019 regarding the HEALing Communities Study under Columbia University. That funded study aimed at reducing Opioid Deaths through a hub and spokes approach utilizing evidence practice. All of those who touch the life of those addicted to Opiates are involved in the four-year effort to save lives. Funded thru the National Institutes of Health, this grant will provide funding for a Coordinator and Information/Data Manager. In addition, funding to fill unmet needs and or gaps is provided during the grant. One of the grant requirements involves the establishment of a local advisory committee. That committee will serve as a respondent group for the research effort as well as a recommendation group for determining specific service priorities.

In December 2019, the Office of Mental Health along with a partnership with other State Agencies and statewide community groups decided to apply for a SAMSHA Systems of Care grant and focus on two rural counties: Essex and Yates. That four-year grant would provide the needed administrative and developmental support to develop an effective Systems of Care model in Yates County. The grant dead line for submission is February 3rd,2020 which has required significant investment of time and effort to support the grant submission.

COMPLETE

Monday, September 14, 2020 4:58:55 PM

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Q1

Contact Information

| | |
|-------|---------------------------------|
| Name | George Roets |
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Q2 Yates County Dept of Community Service

LGU:

Q3

a. Indicate how your local mental hygiene service system (i.e., mental health, substance use disorder and problem gambling, and developmental disability populations), overall, has been affected by the COVID-19 pandemic: Please specifically note, Any cross-system issues that affect more than one population; Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

the overall effect was one of increased fear and anxiety regarding what is next coupled with an abrupt disruption of services and support. However, services within the county rebounded utilizing available systems (phone, web tools). Some residential clients ended up with families, day program clients ended up at home with phone/on line support which at these levels of care left the individuals underserved. Overall the lockdown with closures began an isolation for many, loss of employment, loss of funding, food and housing insecurity and for others learning to live 24-7 with family/friends/roommates. There has been a build up of need across the board reflected in ED visits, C-Pep contacts and inpatient admissions, relapses , overdoses and suicide attempts.

Cross-system issues reflected above as well as continued sharing of information and collaborative efforts for individuals to insure stability and continuity of care. Again the use of the phone and internet services expanded to maintain cross-systems connections.

The adult services successfully shifted to different modes from face to face. More contacts but less therapeutic. For children and Youth contacts also shifted with more contacts with family and contact with children & Youth but with shorter duration. The phone and internet limitations affected all ages during the pandemic..

Q4

b. Indicate how your mental health service needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

MH population needs did change with all the stressors added to many who were unable to cope and overcome the many issues they were presented. There was an active shift to support those at home isolated with food insecurity financial risk, reduced care, boredom and concern about the virus. Cross systems efforts including providing food, other essentials, PPE and support thru contact. In a cross systems effort the library and local organizations used the internet to provide communications and activities.

Children & Youth Services included the same issues as well as the education component which suffered from the same internet and phone connectivity issues. An advantage the community had was the work going forward on the Systems of care, cross systems working together for families and children helped with the situation.

Overall need did increase across the board as the effect social determinates of health impacted the mentally ill. All of those determinants worsened due to the impositions employed. Efforts were employed to mediate the effects but were unable to offset the impact. The belief is that we will have sicker individuals, as well as a new population of mentally ill due to the shut down. This is proving true as face to face services open up and restrictions are reduced allowing for more social contact as well small group activities.

Q5

c. Indicate how your substance use disorder (SUD) and problem gambling needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

For adults the inability to provide direct support and outpatient services under the circumstances already mentioned need increased for those who had treatment disrupted or changed as well as those who developed substance use disorder due to the decrease in the determinants of health for the population. The peer system under COTI enable connections when crisis occurred and to maintain support.

Children and Youth lost active prevention services and the replacement was active using the internet but not the equal of the missed services. The concern is that we will see more misuse due rto the inability to help build rewsilience under the circumstances.

Q6

d. Indicate how the needs of the developmentally disabled population, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

Overall the population was negatively affected by the loss of direct support, day programs and residential care. Outreach to offset the determinants of health regarding food, PPS and social contact.

Q7

a. Mental Health providers

There was a significant amount of information provided by the local PH dept., regional Sources, Agencies including the local hospital, and state agencies. Training was also offered by state agencies and local agencies, and developed locally by individual programs . The only issue noted is the continued changes that occurred on a regular basis and required constant revisions and updates.

Q8

b. SUD and problem gambling service providers:

Lots of material and educational assistance provided by local, regional and state agencies. Local partnerships with FQHC and other agencies allowed for dissemination through the community. Agencies endeavored to create training and implement crisis or disaster plan as appropriate. Training of staff was continuous as things evolved.

Q9

c. Developmental disability service providers:

Education and training was continuous reflecting crisis and disaster plans with modifications as the information changed and evolved. Mutual support from state and regional sources promoted success in keeping all staff, clients family, community) informed and prepared.

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Q10

a. Since March 1, 2020, how would you describe DEMAND for mental health services in each of the following program categories?

| | |
|--|------------------|
| INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities) | Decreased |
| OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization) | Decreased |
| RESIDENTIAL (Support, Treatment, Unlicensed Housing) | No Change |
| EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs) | Decreased |
| SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational) | Increased |

Q11

If you would like to add any detail about your responses above, please do so in the space below:

Overall, individuals seemed to avoid the ED and hospital as well as outpatient services due to fear of exposure. The active outreach by phone and internet also had the effect of maintaining individuals isolated.

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan
Supplemental Survey

Q12

b. Since March 1, 2020, how would you describe ACCESS to mental health services in each of the following program categories?

| | |
|--|------------------|
| INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities) | No Change |
| OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization) | Decreased |
| RESIDENTIAL (Support, Treatment, Unlicensed Housing) | Decreased |
| EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs) | Increased |
| SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational) | No Change |

Q13

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

Q14

a. Since March 1, 2020, what number of mental health program sites in your county closed or limited operations due to COVID-19, apart from transition to telehealth?

3

Q15

If you would like to add any detail about your responses above, please do so in the space below:

Some available psychiatric beds were closed, ARC day services were shuttered, and a summer recreation program was cancelled.

Q16

b. What number of mental health program sites in your county remain closed or are offering limited services now, apart from transition to telehealth?

2

Q17

If you would like to add any detail about your responses above, please do so in the space below:

hospital beds down, ARC is slowly reopening day programs

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan
Supplemental Survey

Q18

N/A

c. If your county operates services, did you maintain any level of in-person mental health treatment

Q19

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

Q20

No

d. As a result of COVID-19, are any mental health programs in your county closing operations permanently? If yes, list program name(s) and type(s).

Q21

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

Q22

No

e. Did any mental health programs in your county close due to workforce issues (e.g. staff infections, recruitment/retention issues)?

Q23

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

Q24

Yes (please describe):

a. Apart from telehealth, during COVID-19, did your county or mental health providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

recognizing the impact on the social determinants of health providers shifted to mitigate many issues affecting families and individuals in the community.

Q25

Yes (please describe):

b. During COVID-19, did any mental health providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

FLACRA the substance abuse treatment provider collaborated with Finger lakes community Health on cross screening. for Covid.

Q26

a. During COVID-19, how many mental health providers within your county implemented existing continuity of operations plans?

5

Q27

If you would like to add any detail about your responses above, please do so in the space below:

Several programs utilized their existing disaster plan but each required adaptation due to the nature of this disaster and the extreme response to it.

Q28

b. During COVID-19, how many mental health providers within your county did not implement existing continuity of operations plans?

0

Q29

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

Q30

Both

c. During COVID-19, did your county LGU or Office of Emergency Management (OEM) assist any mental health providers in the development or revision of continuity of operations plans?

Q31

If you would like to add any detail about your responses above, please do so in the space below:

Local agencies were assisted as needed.

Q32

During COVID-19, what OMH guidance documents were beneficial to your disaster management process?

**Program-level Guidance,
Telemental Health Guidance,
Infection Control Guidance,
Fiscal and Contract Guidance,
FAQs,**

Please provide any feedback on OMH's guidance resources::

all was valuable

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Q33

1. Please indicate any needs for or issues with SUD and problem gambling prevention, treatment, and recovery providers acquiring Personal Protective Equipment (PPE), face masks, cleaning or disinfectant supplies, or similar materials related to the COVID-19 pandemic:

All PPE needs were met following an initial period of adjustment.

Q34

a. How has COVID-19 affected the delivery of and demand for SUD and problem gambling prevention services in your county?

We believe the need will increase as the ability to resume prevention training and on line prevention activities are introduced.

Q35

b. How has COVID-19 affected the delivery of and demand for SUD and problem gambling recovery services in your county?

We believe the need will increase as the ability to resume recovery training and on line recovery activities are introduced.

Q36

c. How has COVID-19 affected the delivery of and demand for problem gambling treatment services in your county?

same as above

Q37

d. Since March 1, 2020, how would you describe DEMAND for SUD Treatment services in each of the following program categories?

| | |
|-------------|-----------|
| INPATIENT | Decreased |
| OUTPATIENT | No Change |
| OTP | Decreased |
| RESIDENTIAL | Decreased |
| CRISIS | No Change |

Q38

If you would like to add any detail about your responses above, please do so in the space below:

individuals were hesitant to seek services.

Q39

e. Since March 1, 2020, how would you describe ACCESS to SUD Treatment services in each of the following program categories?

| | |
|-------------|-----------|
| INPATIENT | No Change |
| OUTPATIENT | No Change |
| OTP | No Change |
| RESIDENTIAL | No Change |
| CRISIS | No Change |

Q40

If you would like to add any detail about your responses above, please do so in the space below:

Access was not decreased.

Q41

a. Apart from telehealth, during COVID-19, did your county or SUD and problem gambling service providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

Yes (please describe):
collaborations with other services for medical screening and collaborative referrals between providers and FQHC.

Q42

b. During COVID-19, did SUD and problem gambling service providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

Yes (please describe):
as noted with the FQHC

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Q43

1. Has your county conducted analysis on the impact of COVID related to IDD services/OPWDD service system? If yes, please explain.

Yes (please explain):
regarding staff and services pre and post.

Q44

2. What are the greatest challenges your county will be facing over the next 12 months related to IDD services?

With the potential for funding reductions as well as an influx of new referrals we need to look at efficiencies and other means to meet needs.

Q45

3. Is there data that would be helpful for OPWDD to provide to better information the local planning process? Please list by order of priority/importance.

Availability of state data reflecting Yates county experience would be helpful.

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Q46

Please use the optional space below to describe anything else related to the effects of COVID-19 on Mental Hygiene service delivery that you were not able to address in the previous questions:

Covid 19 was a disruptive force and a creative one. The remarkable state government response undoing the decades long restrictive policy, procedure, rules, regulations that limited innovation and creativity. The hope is that regression to prior levels of control and restriction does not happen.
