



Goals and Objectives 2024 Rockland County Department of Mental Health

Susan Hoerter, DCS
(hoerters@co.rockland.ny.us)

Goal 1

Goal 1: Title Increase access to intermediate levels of care

Goal 1: Target Completion Date Jan 01, 2028

Goal 1: Description Increase options for intermediate levels of care so that referrals to emergency rooms and inpatient hospitalization can be prevented where possible. Programs that provide intermediate levels of care help bridge the gap between clinic and inpatient treatment. These programs can also help individuals transition back to their home and community after an inpatient stay or ED visit. 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. Once programs offering intermediate levels of care are established, ensure that the primary care and behavioral health provider communities, individuals, and families are aware of these options and how to access them.

Goal 1: OASAS? Yes Goal 1: OMH? Yes Goal 1: OPWDD? Yes

Goal 1: Need Addressed 1 Crisis Services

Goal 1: Need Addressed 2 Inpatient Treatment

Goal 1: Need Addressed 3 Outpatient treatment

Goal 1, Objective 1: Title Intensive Crisis Stabilization Center integration

Goal 1, Objective 1, Target Completion Date Jan 01, 2026

Goal 1, Objective 1, Description Facilitate integration of new regional Intensive Crisis Stabilization Center into adult and child systems of care via messaging on social media, at stakeholder and community meetings and on County website.

Goal 2

Goal 2: Title Improve messaging and marketing of behavioral health services and simplify access to and navigation of the behavioral health system.

Goal 2: Target Completion Date Jan 01, 2028

Goal 2: Description The OMH community feedback sessions revealed a need to improve messaging and marketing of behavioral health services in the region. Locally, there is a need to 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 and fully developing an online listing of behavioral health resources within the County.

Goal 2: OASAS? Yes Goal 2: OMH? Yes Goal 2: OPWDD? Yes

Goal 2: Need Addressed 1 Outpatient treatment

Goal 2: Need Addressed 2 Respite

Goal 2: Need Addressed 3 Crisis Services

Goal 2, Objective 1: Title Sustainability determination

Goal 2, Objective 1, Target Completion Date Jan 01, 2025

Goal 2, Objective 1, Description Investigate the sustainability of different options for a single point of contact for behavioral health services

Goal 2, Objective 2: Title Optimize online resource directory

Goal 2, Objective 2, Target Completion Date Jan 01, 2025

Goal 2, Objective 2, Description Utilize DMH staff to optimize behavioral health listings on Arounja so they are comprehensive and accurate. DMH staff will reach out to providers semi-annually to obtain updated information on programs and services and update Arounja accordingly.

Goal 3

Goal 3: Title Improve utilization of data to inform decision making regarding service provision and community needs.

Goal 3: Target Completion Date Jan 01, 2028

Goal 3: Description The Department will become more data-driven in its decision making. This will include:

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 OMH licensed clinics within the county so that there is sufficient data to identify service provision by zip code, diagnosis, age, etc.

Goal 3: OASAS? Yes Goal 3: OMH? Yes Goal 3: OPWDD? Yes

Goal 3: Need Addressed 1 Inpatient Treatment

Goal 3: Need Addressed 2 Outpatient treatment

Goal 3: Need Addressed 3 Crisis Services

Goal 3, Objective 1: Title Better utilize existing state data

Goal 3, Objective 1, Target Completion Date Jan 01, 2025

Goal 3, Objective 1, Description DMH Coordinators of services will review state provided data quarterly and work with support staff to provide a year-end review of trends in their service area

Goal 3, Objective 2: Title Gather and analyze clinic data

Goal 3, Objective 2, Target Completion Date Jan 01, 2025

Goal 3, Objective 2, Description Begin collecting quarterly data from clinic providers on census, diagnoses, zip codes and ages of individuals served

Goal 4

Goal 4: Title Support agencies and their workforce by increasing access to relevant, high-quality trainings.

Goal 4: Target Completion Date Jan 01, 2026

Goal 4: Description Develop a training program that offers CEUs to support a well-trained workforce at OMH, OPWDD and OASAS licensed programs. By doing so, these programs may experience improved staff retention due to an increase in professional satisfaction by staff. A better trained workforce will benefit all who receive services.

Goal 4: OASAS? Yes Goal 4: OMH? Yes Goal 4: OPWDD? Yes

Goal 4: Need Addressed 1 Workforce

Goal 4: Need Addressed 2 Other

Goal 4: Need Addressed 3

Goal 4, Objective 1: Title Submit CEU application

Goal 4, Objective 1, Target Completion Date Jul 01, 2024

Goal 4, Objective 1, Description Obtain approval from the state to provide CEUs for LMHCs and Social Workers

Goal 5

Goal 5: Title Improve availability of SUD residential and housing programs

Goal 5: Target Completion Date Jan 01, 2026

Goal 5: Description Expand and improve services to individuals with SUD by addressing concerns about the lack of accessible, quality residential and housing programs for people with a Substance Use Disorder (SUD).

Goal 5: OASAS? Yes Goal 5: OMH? No Goal 5: OPWDD? No

Goal 5: Need Addressed 1 Housing

Goal 5: Need Addressed 2

Goal 5: Need Addressed 3

Goal 5, Objective 1: Title Procure Oxford House services

Goal 5, Objective 1, Target Completion Date Jan 01, 2024

Goal 5, Objective 1, Description Issue sole-source and contract with Oxford House to provide recovery homes within Rockland County

Goal 5, Objective 2: Title Establish Oxford Houses

Goal 5, Objective 2, Target Completion Date Jan 01, 2025

Goal 5, Objective 2, Description Establish 3 Oxford House recovery homes within Rockland County

Goal 5, Objective 3: Title

Goal 5, Objective 3, Target Completion Date Jan 01, 2025

Goal 5, Objective 3, Description

Goal 6

Goal 6: Title Improve quality and quantity of clinic services.

Goal 6: Target Completion Date Jan 01, 2026

Goal 6: Description Increase the number of clinics that offer open access, are culturally and linguistically accessible, accept hospital discharges within the timeframe specified in the regulations, make continued attempts to re-engage difficult-to-engage individuals, participate with commercial insurance, serve the uninsured, and provide evidence-based practices. Improve the 7 and 30 day rates of follow-up with outpatient treatment after an ED visit or hospital discharge by increasing availability of clinic appointments and by implementing transitional care management to help connect individuals who are moving between levels of care to their next provider.

Goal 6: OASAS? No Goal 6: OMH? Yes Goal 6: OPWDD? No

Goal 6: Need Addressed 1 Inpatient Treatment

Goal 6: Need Addressed 2 Crisis Services
Goal 6: Need Addressed 3

Goal 6, Objective 1: Title Identify funding, begin procurement
Goal 6, Objective 1, Target Completion Date Jul 01, 2024
Goal 6, Objective 1, Description Identify funding source and amount and issue RFP for a "safety-net" clinic

Goal 6, Objective 2: Title Identify funding, begin procurement
Goal 6, Objective 2, Target Completion Date Jul 01, 2024
Goal 6, Objective 2, Description Identify funding source and amount and issue RFP for a transitional care management program



Office of Addiction
Services and Supports

Office of
Mental Health

Office for People With
Developmental Disabilities

2024 Needs Assessment Form Rockland County Department of Mental Health

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Cross System Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): Rockland has recently started focusing more on our children's System of Care which has started to bridge some gaps between systems however, there are still apparent disconnects which create obstacles when serving families. One way this is apparent is when a caregiver refuses to pick up their child from the ED or inpatient setting after they have been clinically cleared. While the mental health system can offer in-home services and PHP level of care (for example) to support the youth at home or during a transitional housing experience, the child welfare system does not have options that address the housing need.

The IDD population are usually unable to access appropriate mental health or substance use interventions when deemed appropriate. Those children/adolescents that are in the care of DSS are unable to utilize OPWDD services due to policy restrictions.

Adults in the criminal justice system oftentimes struggle with transitioning back into the community and being linked to outpatient services.

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional):

Access to affordable, appropriate housing in Rockland is scarce in general. Access for specific housing that caters to the IDD or adult SMI population is even scarcer. The application process, especially through OPWDD, is long and arduous and the wait just for an interview can take over a year sometimes and once approved there continues to be a wait for an available spot.

For those adults eligible for SPOA housing, there is always a wait and there are many policies that make opportunities less accessible for people. Specific housing for younger adults does not exist and they

must decide if they can live successfully with much older individuals or face homelessness. We are excited for the opportunity to add beds to the Hudson Valley for treatment apartments and hope that will alleviate some of the need as will Oxford Houses for individuals in recovery. Reimbursement rates are often not enough for those seeking supported housing.

In Rockland, we do not have a youth/young adult shelter. Many young people who are unhoused for different reasons have nowhere to go and may wind up in unsafe situations to avoid returning home.

Inpatient Treatment Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): The OMH and OPWDD issues re: inpatient are included in the Goals and Objectives. Rockland County has identified the need for OASAS inpatient treatment beds for youth under the age of 18 for Part 816 Medically Managed Withdrawal and Stabilization Services and 818 Inpatient Rehabilitation Services. Youth under the age of 18 do not have the option of receiving these services anywhere within the region despite there being an increasing need. Rockland continually faces the challenge of helping youth who are actively using substances that need a medical detoxification and/or inpatient rehabilitation without the services. Youth are often turned away from the Emergency Departments (ED) because there are no services available for referral. With no options, youth often continue to use to prevent withdrawal which puts them at a higher risk for overdose and death, especially if they recently were given Narcan to reverse an earlier overdose.

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? No

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): Rockland County has identified prevention as the third highest unmet need within the county. RC's population was 339,022 as of the 2022 census with 3 prevention providers delivering services. Although they provide a wide range of services throughout the community to individuals, families, and communities, they are unable to reach the majority of the population. Current statistics indicate that OASAS prevention providers are only in 28% of schools statewide, which leaves the majority of youth without any prevention services. This leaves most of our youth without any interventions to reduce risk factors and increase protective factors and our adults without the education necessary to make informed decisions regarding substance use.

Refugees and Immigrants Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

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. Many individuals are unable or unwilling to access mental health and/or SUD services if needed based on cultural stigma. It has also been difficult for providers across all systems to fill positions with bilingual staff (especially Spanish and Haitian/Creole). Providers especially struggle when hiring psychiatrists or NPs who speak one of these languages. Many individuals may be uninsured creating another barrier to accessing services. Those uninsured with IDD struggle even more to gain the support they need to be successful as there are extremely limited options for them. These individuals are also affected by the same barriers outlined in the other need categories.

Rockland does benefit from a large array of services and providers for the Yiddish and Hebrew speaking community.

Residential Treatment Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional):

OMH: The Hudson Valley, and thus Rockland, has no RTF's for children/adolescents anymore with the news of Astor's closure. While we understand the move to more community-based services there will always be some children in need of a higher level of care. For Rockland families, this now means sending their children to Albany or the NYC area, creating a barrier for visits and family work.

OPWDD: Similar to housing, Rockland has very little access to residential programs for both adults with mental health challenges and those with IDD.

OASAS: We need more beds for individuals with co-occurring disorders and for the highest level of Residential services licensed by OASAS including: Supportive Living, Stabilization, Rehabilitative and Reintegration residences.

Respite Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): There is a lack of overnight respite services for children and youth with IDD. Families must send their children to other counties (if there are even beds available) if they are in need of respite services. For children with mental health needs the lack of workforce along with the lack of non-Medicaid services has created a scarcity in respite services for this population as well. Respite is often one of the most sought after programs that can assist children and their caregivers maintain a healthy relationship.

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): Affordable and reliable transportation continues to be a barrier to receiving services within the county due to the limited hours of operation and routes of the bus system, expensive taxis and costly ridesharing establishments. Oftentimes an individual can spend over 2 hours on a bus (or multiple buses) to arrive at a destination only 10 miles away or spend over \$10 to get to an appointment that may take 15 minutes. Due to this, there are many missed appointments or under-utilized services

that may result in an increased use of the emergency departments. The lack of transportation within Rockland makes it challenging for local residents to engage in the treatment they need and want, despite their best efforts to do so.

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): The training goal does address workforce but we felt this area of need required additional narrative. Rockland County has faced Workforce challenges throughout the behavioral health system of care. Agencies have struggled to hire professional, paraprofessional and support staff in all levels of care including but not limited to outpatient, inpatient, residential, and care management. Agencies have employed many interventions to try to address these challenges including job fairs, taking additional undergraduate and graduate interns, reaching out to colleges and offering a better benefit package. Despite these efforts, the SOC continues to struggle in finding, hiring and maintaining adequately trained staff. This has contributed to the lack of services in all levels of care and put a strain on the existing providers. Clients are unable to obtain the care they need and may even have to be on a waiting list to obtain proper services.

LGU Representative: Susan Hoerter

Submitted for: Rockland County Department of Mental Health