



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Dutchess Co. Dept. of Beh & Com Health
July 16, 2018

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| Dutchess Co. Dept. of Beh & Com Health | 70180/70180 | (Provider) |
| Dutchess Co. Dept. of BCH OP | 70180/70180/51770 | (Treatment Program) |
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Mental Hygiene Goals and Objectives Form
 Dutchess Co. Dept. of Beh & Com Health (70180)
 Certified: William Eckert (6/6/18)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:
 CHILDREN:

- 368 youth hospitalized out of county in 2017, a 23% increase over previous year.
- Acquired two respite beds, but need more.
- Youth programs are at capacity.
- Program staff report increased acuity of symptoms in youth population.
- An expansion of prevention efforts is required.

CO-OCCURRING DISORDERS:

- Mental Health treatment providers report an increase in the rate of seriously mentally ill with significant substance abuse disorders.
- Frequently patients referred from inpatient psychiatric facilities reveal ongoing substance abuse once released to the community.

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

Please Explain:
 HEROIN/OPIOID DEPENDENCE:

- Dutchess County experienced a record 87 fatal drug overdoses in 2017.
- The overdoses show increased rates of Fentanyl in addition to heroin and prescription opioids.
- Data suggests an increase in opioid experimentation among the adolescent population.
- Community providers notice increased rates of cocaine abuse.
- It is vital that access to Medication Assisted Treatment (MAT) be available and expanded.
- The LCR Methadone increased patient census from 250 to 400 in 2017. Physical plant expansion required before intakes can be resumed in 2018.
- DBCH added a Recovery Coach to full-time staff. Additional coaches and other non-traditional methods should be expanded.

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

Please Explain:
 IDD:

- Funding for traditional IDD services has decreased.
- Community mental health and substance abuse treatment providers are seeing increasing numbers of IDD individuals presenting for services.
- IDD individuals involved in the criminal justice system will experience lengthy periods of incarceration due to the scarcity of available post release residential opportunities.
- Diversion strategies for IDD individuals need to be developed to prevent hospitalization or incarceration.

2. Goals Based On Local Needs

| Issue Category | Applicable State Agenc(ies) | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| | OASAS | OMH | OPWDD |
| a) Housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Crisis Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Workforce Recruitment and Retention (service system) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Employment/ Job Opportunities (clients) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Prevention | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g) Inpatient Treatment Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h) Recovery and Support Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| i) Reducing Stigma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) SUD Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) SUD Residential Treatment Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Heroin and Opioid Programs and Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Coordination/Integration with Other Systems for SUD clients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Mental Health Clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) Other Mental Health Outpatient Services (non-clinic) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p) Mental Health Care Coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) Developmental Disability Clinical Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r) Developmental Disability Children Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s) Developmental Disability Adult Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t) Developmental Disability Student/Transition Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u) Developmental Disability Respite Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v) Developmental Disability Family Supports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w) Developmental Disability Self-Directed Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x) Autism Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y) Developmental Disability Person Centered Planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| z) Developmental Disability Residential Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aa) Developmental Disability Front Door | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ab) Developmental Disability Service Coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ac) Other Need (Specify in Background Information) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2f. Prevention - Background Information

Continue to follow the SAMHSA Strategic Prevention Framework model to guide all prevention activities which utilizes research and data to inform our work plan. The Council on Addiction Prevention and Education (CAPE of DC., Inc.) will administered the Dutchess County Youth Survey in the fall of 2017. In 2017 ALL school districts in Dutchess County participated in the survey. This survey meets the NYS OASAS and the Federal Drug Free Communities Grant National Evaluation Standards.

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

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

Promote and enhance emotional and physical health, prevent or delay the onset of symptoms of mental illness and substance abuse and prevent suicide

Objective Statement

Change Over Past 12 Months (Optional)

Due to the ever growing urgency of the opioid problem the Dutchess County's Prevention Council, which provided oversight related to these efforts until 2017, was divided into two entities, the Resiliency Council and the Opioid Task Force. The creation of separate councils allows are greater span of community stakeholders to become involved in a more focused manner on the issues they find most salient. Logic models are developed for the Opioid Task Force more specifically related to substance abuse prevention While the Resiliency Council with the promotion of positive behavioral and physical health and suicide prevention. The Dutchess County Youth Survey collects behavioral data related to youth risk and protective factors. Participation in the survey is voluntary for the districts and the students. Students in grades 8, 10 and 12 self-report. The administration of the survey is completed online. The results are analyzed by the research team at the Benjamin Center and shared with the participating school districts and the county. Eleven out of thirteen school districts participated in the 2015-16 survey. In 2017 ALL school districts in Dutchess County participated in the survey. The results are being analyzed.

2g. Inpatient Treatment Services - Background Information

368 children and adolescents are psychiatrically hospitalized out of county in 2017.

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

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

Develop children/adolescent inpatient mental health services within Dutchess County. Dutchess County supports the Mid-Hudson Regional Hospital/Westchester Medical Center plan to add 10 adolescent/children inpatient beds to MHRH in Poughkeepsie.

Objective Statement

Change Over Past 12 Months (Optional)

The Westchester Medical Center plan to move ten adolescent beds to MHRH has not moved forward as anticipated. Dutchess County will advocate and encourage WCMC/MHRH to re-introduce this plan in 2018.

21. Heroin and Opioid Programs and Services - Background Information

The rate of fatal heroin overdose continues to increase in Dutchess County with 2017 seeing a record 87 fatal overdoses. The rate of hospital emergency department admission for heroin/overdose is continuing to increase. Data suggests that adolescents are increasing experimentation with opioid drugs.

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

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

Reduce the rate of fatal overdose in Dutchess County.
Reduce the rate of hospital emergency department admissions for heroin/opioid overdose.
Improve survey results regarding adolescent opioid experimentation trends.
Increase the number of individuals in recovery from opioid and other drug dependencies.

Objective Statement

Objective 1: Increase availability of outpatient chemical dependency treatment services for adolescents.

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

Change Over Past 12 Months (Optional)

The Lexington Ctr. for Recovery (LCR) offers the "Seven Challenges" group treatment curriculum in Page Park, Dover Plains, and Beacon clinic sites.

Approximately 650 units of treatment were provided in 2017 school age children.

3. Goals Based On State Initiatives

| State Initiative | Applicable State Agenc(ies) | | |
|---|-----------------------------|--------------------------|--------------------------|
| | OASAS | OMH | OPWDD |
| a) Medicaid Redesign | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Delivery System Reform Incentive Payment (DSRIP) Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Regional Planning Consortiums (RPCs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) NYS Department of Health Prevention Agenda | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

| Attachments |
|---|
| <ul style="list-style-type: none"> • Dutchess County Local Government Plan 2018.docx - Dutchess County Local Government Plan 2018 • 2019 Local Governmental Plan.pdf - 2019 Local Governmental Plan |

Office of Mental Health Agency Planning Survey
 Dutchess Co. Dept. of Beh & Com Health (70180)
 Certified: William Eckert (5/4/18)

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

| | Recruitment | Retention | Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issue. |
|---|--------------------|------------------|---|
| Psychiatrist | 5 | 5 | MD shortage, few candidates, salary demands difficult to meet. 70 % of current psych.staff Locom Tenems |
| Physician (non-psychiatrist) | | | n/a |
| Psychologist (PhD/PsyD) | | | n/a |
| Nurse Practitioner | 5 | 5 | Need additional credential to provide psych. care, salary demands difficult to meet. |
| RN/LPN (non-NP) | 4 | 4 | Hospital offers better pay. |
| Physician Assistant | | | n/a |
| LMSW | 2 | 3 | |
| LCSW | 3 | 4 | High turn over once "C" is obtained. |
| Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy) | 2 | 3 | Limited opportunities. |
| Peer specialist | | | n/a |
| Family peer advocate | | | n/a |

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

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

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

Community Service Board Roster
Dutchess Co. Dept. of Beh & Com Health (70180)
Certified: William Eckert (5/2/18)

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

Chairperson

Name Karen Lynch
Physician No
Psychologist No
Represents Provider
Term Expires 12/31/2018
eMail

Member

Name Ed Koziol
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2018
eMail

Member

Name Elizabeth Marie Cooke
Physician No
Psychologist No
Represents Provider
Term Expires 12/31/2017
eMail

Member

Name Mark Searle
Physician No
Psychologist Yes
Represents Provider
Term Expires 12/31/2018
eMail

Member

Name John R. Ashburn Jr, Ph.D.
Physician No
Psychologist Yes
Term Expires 12/31/2019
eMail

Member

Name Elizabeth Quinn, Ph.D.
Physician No
Psychologist Yes
Represents Provider
Term Expires 12/31/2019
eMail

Member

Name Ronald Lehrer, LMSW
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2017
eMail

Member

Name Susan Haight, RN
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2017
eMail

Member

Name Joan Cybulski, LMHC
Physician No
Psychologist No
Represents Provider
Term Expires 12/31/2019
eMail

Member

Name Maria Bernal-Robasco
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2019
eMail

Member

Name Rosemary Thomas
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2019
eMail

Member

Name Terry Schneider
Physician No
Psychologist No
Represents Consumer
Term Expires 12/31/2018
eMail

Member

Name Benjamin S. Hayden, Ph.D.
Physician No
Psychologist Yes
Represents Family
Term Expires 12/31/2018
eMail

Alcoholism and Substance Abuse Subcommittee Roster
 Dutchess Co. Dept. of Beh & Com Health (70180)
 Certified: William Eckert (5/2/18)

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

Chairperson

Name Elizabeth Marie Cooke
Represents Provider
eMail
Is CSB Member Yes

Member

Name David Brinkerhoff
Represents Community
eMail
Is CSB Member No

Member

Name Elizabeth Quinn, Ph.D.
Represents Provider
eMail
Is CSB Member Yes

Member

Name Jamie Cevetillo
Represents Provider
eMail
Is CSB Member No

Member

Name Raymond Rodriguez
Represents Provider
eMail
Is CSB Member No

Member

Name Rosemary Thomas
Represents Family
eMail
Is CSB Member Yes

Member

Name Shirley Adams
Represents Community
eMail
Is CSB Member No

Mental Health Subcommittee Roster
Dutchess Co. Dept. of Beh & Com Health (70180)
Certified: William Eckert (5/2/18)

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

| | | | |
|----------------------|----------------------|----------------------|-------------------|
| Chairperson | | Member | |
| Name | Kavouras, Anthony | Name | Dunn, Christopher |
| Represents | Family | Represents | Community |
| eMail | | eMail | |
| Is CSB Member | No | Is CSB Member | No |
| | | | |
| Member | | Member | |
| Name | Buckle, Gail | Name | Karas, Brian |
| Represents | Community | Represents | Community |
| eMail | | eMail | |
| Is CSB Member | No | Is CSB Member | No |
| | | | |
| Member | | Member | |
| Name | Maria Bernal-Rabasco | Name | Edward Koziol |
| Represents | Family | Represents | Family |
| eMail | | eMail | |
| Is CSB Member | Yes | Is CSB Member | Yes |
| | | | |
| Member | | Member | |
| Name | Joan Cybulski | Name | Jean Miller |
| Represents | Provider | Represents | Family |
| eMail | | eMail | |
| Is CSB Member | Yes | Is CSB Member | No |
| | | | |
| Member | | | |
| Name | Terry Schneider | | |
| Represents | Community | | |
| eMail | | | |
| Is CSB Member | Yes | | |

Developmental Disabilities Subcommittee Roster
 Dutchess Co. Dept. of Beh & Com Health (70180)
 Certified: William Eckert (5/2/18)

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

Chairperson

Name Benjamin S. Hayden, Ph.D., Chair
Represents Community
eMail
Is CSB Member Yes

Member

Name Al Marotta
Represents Community
eMail
Is CSB Member No

Member

Name Ronald Lehrer, LMSW
Represents Family
eMail
Is CSB Member Yes

Member

Name Susan Haight, RN
Represents Provider
eMail
Is CSB Member Yes

Member

Name Cindy Merritt
Represents Community
eMail
Is CSB Member No

Member

Name Mark Searle
Represents Provider
eMail
Is CSB Member Yes

Member

Name Patrick Muller
Represents Community
eMail
Is CSB Member No

Member

Name Heather Chadwell-Dennis
Represents Community
eMail
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Dutchess Co. Dept. of Beh & Com Health (70180)
Certified: William Eckert (5/3/18)

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2019 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2019 Local Services planning process.

Local Government Plan 2018

Priority Outcome 1

Prevention: Promote and enhance emotional and physical health, prevent or delay the onset of symptoms of mental illness and substance abuse and prevent suicide.

Priority Rank 1

Rationale: Dutchess County continues to believe that prevention is the most powerful tool to help us become the healthiest county in New York State.

Strategy 1.1 Continue to follow the SAMHSA Strategic Prevention Framework model to guide all prevention activities which utilizes research and data to inform our work plan. The Council on Addiction Prevention and Education (CAPE of DC., Inc.) will administer the Dutchess County Youth Survey in the fall of 2017. This survey meets the NYS OASAS and the Federal Drug Free Communities Grant National Evaluation Standards.

Progress: The Prevention Council, consisting of key stakeholders in the fields of behavioral and community health, prevention, Office for the Aging, Department of Community and Family Services, education, domestic violence and community services worked together to develop logic models specific to substance abuse prevention, promotion of behavioral and physical health and suicide prevention. The Dutchess County Youth Survey collects behavioral data related to youth risk and protective factors. Participation in the survey is voluntary for the districts and the students. Students in grades 8, 10 and 12 self-report. The administration of the survey is completed online. The results are analyzed by the research team at the Benjamin Center and shared with the participating school districts and the county. The 2015 results mirrored national statistics (Monitoring the Future) reflecting the continued positive outcomes of strategic prevention strategies. Eleven out of thirteen school districts participated in the 2015-16 survey.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.2 Continue to promote the implementation of evidence-based programs in the schools (Pre-K-12) that will address the risk and protective factors identified in the youth surveys. ■

Progress: CAPE's Students Assistance Counselors continue to use evidence-based programming in their school based locations. Project Success and Teen Intervene guides the service delivery model in the four contracted districts: Dover Union Free, Hyde Park Central, Red Hook and Wappingers. CAPE's Community Educator, trained in Too Good for Drugs and Too Good for Violence, provides those evidence-based curricula to public and private schools throughout Dutchess upon request. CAPE will be submitting its application for the Marathon Project to the National Registry for Evidence-based Programs and Practices (NREPP) in the fall of 2017.

Second Step, an evidence-based program that teaches youth good coping skills and problem solving skills and builds empathy and self-esteem, is being utilized in 18 schools in Dutchess County as well as in all Head Start programs. This is a classroom based intervention provided by the teachers. County prevention funds are utilized to purchase the Second Step kits.

All Astor therapists working in school districts, at the Adolescent Day Treatment program as well as the Alternative High School and at the Mental Health Clinics, were trained in Teen Intervene which is an evidence-based 3-5 session model to address risks factors for substance use. Prevention funding was used to purchase the curriculum for these therapists.

The entire Pine Plains School District was trained in Youth Mental Health First Aid, an evidence based program which helps school staff to identify youth who may be developing a mental health or substance use disorder, encourages them to seek treatment and how to intervene in a crisis. Other school districts, including Dover, Hyde Park, City of Poughkeepsie and Beacon have chosen to have trainings in Mental Health First Aid in smaller groups.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.3 Efforts continue to support broad-based community coalitions to rally substance abuse prevention countywide.

Progress: CAPE serves as the lead agency for the only Federal Drug-Free Communities Grant in Dutchess (The Southern Dutchess Community Coalition or SDCC). The SDCC has developed a robust media campaign using the NYS OASAS driven guide for implementation of environmental strategies. The SDCC launched the first annual Youth Health Rally in 2016. Planning is under way to continue this initiative, provided adequate funding can be secured. The Harlem Valley Community Coalition and Northern Dutchess Community Coalition (NDCC), mentored by CAPE and trained in the Strategic Prevention Framework (SPF), continue to develop community initiatives: Community Forums, Narcan trainings, Youth Mental Health First Aid.

The NDCC will be scheduling a Community Forum in the fall with a focus on “Alternatives to Prescription Pain Medication” for the treatment of chronic pain.

Applicable State Agencies:
Substance Abuse and Mental Health Services Administration
NYS office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.4 Continue to develop and implement strategies to decrease prescription opioid and heroin abuse.

Progress: The Dutchess County Substance Abuse Workgroup has continued its efforts to actualize its work plan to address opioid and heroin abuse, which includes increasing public awareness around the process of addiction, treatment resources and the hope for recovery through community forums and a preventing substance abuse website.

CAPE continues providing public education and forums tailored to the needs of the group/agency requesting these services. Multiple sectors have been reached through this intervention: K-12 schools, colleges, universities, churches, businesses, parents, local and regional CSEA and media. CAPE's counseling staff has been trained in Teen Intervene. At the request of local policy makers, CAPE has coordinated forums in Eastern, Central, Northern and Southern Dutchess and participated in Drug Take-Back Days. As mentioned in Strategy 1.2, the use of evidence based interventions in schools to address prevention of substance abuse is being implemented. It is planned that all Astor clinicians will receive this Teen Intervene training.

The Screening, Brief Intervention and Referral to Treatment (SBIRT) model was presented at the 2016 Pediatricians Forum and well received by those in attendance.

The prescription Drug Take Back events have been extraordinarily effective; efforts are underway with local pharmacies to install collection boxes in their establishments. Results – 2013: 426 lbs., 2014: 877.5 lbs., 2015: 1074 lbs., 2016: 2145 lbs.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.5 Continue to develop and implement suicide prevention strategies targeting the high risk groups of youth, veterans and older adults.

Progress: There were 394 individuals trained in 18 Mental Health First Aid (MHFA), Adult or Youth version, trainings which were offered in 2016. MHFA has a strong suicide prevention component. In 2017, MHFA trainings are being made available to police officers and correction officers. Talk or Text and the Suicide Prevention apps are promoted at every public event, forum, health fair, etc. On April 29, 2017, MHFA training was provided to 21 veterans and family members, the training was well received.

Police throughout Dutchess County are being trained to identify those at risk of suicide, as well as ways to intervene during the 40-hour Crisis Intervention Training course.

DBCH staff distributed HELPLINE information and materials at all senior picnic events in 2016. The DBCH Prevention Coordinator attended NY State Senator Sue Serino's Golden Gathering on 10/01/2016, where HELPLINE literature was presented and distributed.

The two day Applied Suicide Intervention Skills Training (ASIST) training, which is an evidence based intervention for suicidal individuals, will continue to be offered in 2017. Forty-two (42) individuals were trained in the two ASIST trainings that were offered in 2016. CAPE staff has been trained in ASIST and the Columbia Suicide Severity Rating Scale (C-SSRS).

Dutchess County received a \$3500 grant from the NYS Suicide Prevention Center. These funds were used to purchase the "Lifelines Trilogy: Suicide Prevention, Intervention, and Postvention" program, advertise the DC HELPLINE Suicide Prevention Mobile app, and train more staff as trainers in the brief bystander suicide prevention model. The funds were also used to send the Unit Administrator of HELPLINE and the Prevention Coordinator to the NYS Suicide Prevention Conference where the Prevention Coordinator provided a presentation on Prevention Initiatives in Dutchess County.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.6 Continue to promote texting and other social media modalities as a method of communication through HELPLINE.

Progress: Multiple modes “teen friendly” advertising were developed including colorful cards, water bottles and glow in the dark bracelets. To date 6000 bracelets have been distributed. Some of the funds received in the grant from the NYS Suicide Prevention Center were earmarked to buy additional promotional materials to advertise texting. Laminated Talk or Text cards have been obtained and are being placed in high school bathrooms around the Dutchess County.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.7 Continue to educate the community about the needs of individuals struggling with mental health and substance abuse issues to decrease the stigma and to increase help seeking behavior.

Continue to train in Mental Health First Aid (MHFA) and Crisis Intervention Training (CIT) for police. The goal is to train 25% of the police in the 40-hour CIT and the other 75% in the MHFA curriculum specific to Public Safety Officers.

Continue to support the SDCC Youth Health Rally Initiative as a means to connect Dutchess County 9th graders to information and services for adolescent and young adults and promote health and wellness messaging.

Progress: Over 1800 people were trained in Mental Health First Aid (Youth and Adult version) including many staff from the DCFS, Grace Smith House, Hudson River Housing (HRH), Probation, school personnel, library system and the community at large. To date 77 of the 168 officers identified to be trained in CIT have been trained, just over 45% and 46 of the 504 officers identified to be trained in the Brief CIT have been trained, just over 9%. These numbers are reflective of all local and county officers.

The First Youth Health Rally drew over 1000 9th grade students from four Dutchess County Public School Districts.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.8 Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to staff in the Mobile Crisis Intervention Team (MCIT), Stabilization Center, Hudson Valley Mental Health (HVMH), primary care providers and emergency department personnel. Train staff who work with adolescents in Teen Intervene.

Progress: SBIRT training was provided to licensed staff from various agencies. MCIT hospital based staff and the majority of Stabilization Center staff are now SBIRT trained.

Teen Intervene is being used extensively by Persons in Need of Supervision (PINS) diversion staff at Probation and by CAPE's Student Assistance Counselors in schools. In 2016, 111 clinicians were trained in Teen Intervene.

Applicable State Agency:

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.9 Continue to promote Narcan use by the general public, family members of addicted individuals, law enforcement, first responders, individuals leaving rehabilitation programs, participants in recovery groups and individuals leaving jail who have a history of opiate abuse.

Progress: Narcan training has been ongoing. School nurses are now legally permitted to administer Narcan and have been receiving the training. Over 1,300 individuals were trained in the administration of Narcan in 2016 including first responders, homeless shelter staff, chemical dependency (CD) treatment providers, patients in CD programs, law enforcement officers, and the community at large. CAPE hosted three public forums where Narcan training was offered to community members. DC Jail staff will be trained in Narcan during the coming year.

Applicable State Agency:

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.10 Promote continuing education of licensed prescribers especially primary care physicians (PCP) on the use of opioid medications, addiction as a brain disease and public health issues surrounding this disease.

Progress: At least two presentations were given in 2016; one to an audience of PCP, totaling 200 physicians and one to a regional consortium of physicians. The deputy Medical Examiner presented at a HealthQuest Pediatric Grand Rounds regarding Neonatal Abstinence Syndrome, opioid overdose and screening for adolescents on May 17, 2017. Additional forums are planned through 2017.

Applicable State Agency:

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.11 Population Health: Incorporate mental health, physical wellbeing, social determinants of health and prevention efforts into a comprehensive, global view of wellness and recovery. Providers will incorporate a pre-diabetes screen into the intake process for new patients.

Progress: a pre-diabetes screen has been developed. The use of this screening form will be promoted system-wide and will foster greater communication between primary care and behavioral health providers to improve overall health of patients served.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.12 Providers will encourage smoking cessation and provide access to Nicotine Replacement Therapy (NRT) and cessation support groups.

Progress: The providers are currently developing education about smoking for staff to encourage them to support smoking cessation. Once the training is developed and staff trained, providers will begin to develop nonsmoking policies and services. CAPE provides the evidence-based smoking cessation program developed through Seton Hall-The Butt Stops Here.

The newest version of Teen Intervene provides screening and brief intervention around smoking, vaping and chewing tobacco. This is offered with the Teen Intervene training.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Priority Outcome 2

Treatment: Ensure there is sufficient mental health, chemical dependency and services for the intellectually and developmentally disabled to meet the needs of individuals in Dutchess County. All programs should have sufficient access, be evidence based, and meet Quality of Care standards.

Priority Rank 2

Rationale: Healthcare delivery is moving towards an integrated system of care including primary healthcare and behavioral health. The Departments of Mental Hygiene and Health have merged to become the Department of Behavioral and Community Health to reflect these changes. Emphasis will be on strengthening access of care through all avenues to healthcare and ensuring comprehensive assessment and engagement in identified treatment needs.

Strategy 2.1: The Local Governmental Unit (LGU) and behavioral health treatment providers will work closely with Behavioral Health Organizations, Managed Care Organizations (MCO), Health Homes, Delivery System Reform Incentive Payments (DSRIP), Performing Provider System (PPS) and PCP's to ensure that the network of service providers is robust and meets the needs of the individuals seeking care in Dutchess County. Regular participation in planning and governance meetings with these entities will facilitate preparation for the Value Based Payment (VBP) initiative.

Progress: Community-based agencies are engaged with both PPSs and actively participating in Crisis Stabilization, Integration, and Tobacco projects. The Stabilization Center is a major focus of work with both of these PPS's. MCO will be engaged to potentially add this level of care as part of the benefit package and/or about Health and Recovery Plans (HARP) services. The LGU will provide necessary guidance, information and education to ensure stakeholders understand the transition to VBP.

Children's Health Homes were rolled out in December 2016. The LGU and Children's Single Point Of Access (SPOA) are monitoring this closely. Contact has been made with the two Health Homes and a meeting with the Health Homes Care Management Agency's & providers of children's services is scheduled to look at ways to collaborate and share resources to provide continuity of care for children and families.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.2 The Office for Office of People with Developmental Disabilities (OPWDD) system will be moving to managed care in 2018.

Progress: IDD agencies are preparing by working on becoming care coordination entities.

Applicable State Agency:
NYS Office for Office of People with Developmental Disabilities

Strategy 2.3 IDD providers with workshops will continue the transformation of workshops in accordance with OPWDD.

Progress: Agencies are involved in on going planning with individuals currently attending workshops to obtain appropriate options.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 2.4 Ensure that individuals have immediate access to care.

Progress: In February 2017 the Stabilization Center opened providing access "24/7" to individuals in all disability and age groups. Some community-based agencies (Astor) are providing open access intake scheduling. Mid-Hudson Addiction and Recovery Centers (MARC) and Cornerstone of Rhinebeck provide 24 hour access to care. Efforts will be made for additional treatment providers to expand access to seven days per week. Open access, collaborative documentation and Just-in-Time scheduling will also be explored, expanded and improved. Astor has expanded their open access hours and can accommodate walk-in crisis visits during the day.

Advocate with MCO's and insurance companies for authorization to treatments that meet the presenting needs of the individual and ensuring responsible practices by these companies.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for Office of People with Developmental Disabilities

Strategy 2.5 Diversion services have been enhanced and expanded to 24/7/365 serving adults and children; the Stabilization Center opened its doors February 2017. The anticipated impact of these programs is to decrease emergency department visits for MH/CD/IDD patients, reduce need for inpatient hospitalization, and reduce lengths of stay on psychiatric inpatient units.

Progress: MCIT services were enhanced to 24/7/365 in 2016. As of May 2017, the Stabilization Center served 554 guests. Initial feedback confirms that many consumers would have used local hospital

emergency departments were it not for the immediate access afforded by the Stabilization Center. The relatively small percentage of Stabilization Center guests who require later hospitalization validates the general efficacy of the Center's concept and approach. 2017 has seen a reduction in 9.45 pick-up orders, possibly related to the combined effects of the Diversion Services. Data will be gathered to determine impact of these services on MHRH ED high-utilizer patients (four or more ED visits per quarter).

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

NYS Office for People with Developmental Disabilities

Strategy 2.6 In collaboration with OPWDD and MHRH, develop a diversion strategy for IDD individuals to be diverted from hospitalization and/or incarceration with crisis supports in their residential opportunity. IDD providers will offer training to staff in MCIT, Stabilization Center and MHRH to increase understanding of the IDD population.

Progress: The Systemic, Therapeutic Assessment, Resources and Treatment (START) Team services and Anderson Center have provided training to the Stabilization Center and MCIT staff.

Applicable State Agency:

NYS Office for People with Developmental Disabilities

Strategy 2.7 A Special Needs Health Care partnership has been developed to improve the delivery of health care services through education and collaboration.

Progress: A committee has been formed with IDD Providers and hospital representatives and areas have been identified for improvement.

Applicable State Agency:

NYS Office for People with Developmental Disabilities

Strategy 2.8 START to develop a Resource Center to provide respite opportunities for individuals with IDD.

Progress: START has identified a site in Ulster County for the Regional Resource Center which will offer two crisis respite opportunities and two planned respite opportunities for the Taconic region. Date of opening to be determined.

Applicable State Agency:

NYS Office for People with Developmental Disabilities

Strategy 2.9 Increase availability of Opioid Treatment Program (Methadone) services.

Progress: OASAS has approved the Lexington Center for Recovery, Inc. (LCR) Methadone Treatment Program capacity increase. Renovations are underway to allow for expansion of services. Additional staff training is planned; group treatment will be offered to Methadone patients on-site starting sometime 2017.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.10 Develop ten adolescent inpatient opportunities in Dutchess County.

Progress: Westchester Medical Center is moving forward with a plan to move ten adolescent beds to MHRH. A detailed proposal will be submitted to OMH by the end of 2017.

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.11 Explore treatment resources for the Seriously and Persistently Mentally Ill (SPMI) individuals with eating disorders using Affordable Care Act (ACA).

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.12 Develop a second elementary Intensive Day Treatment (IDT) class to manage the increased number of referrals.

Progress: A second elementary IDT class was implemented by Rockland Children's Psychiatric Center (RCPC).

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.13 Explore need for a children's Partial Hospital Program for children age 12 and under.

Progress: More data needs to be collected on need for children's Partial Hospitalization Program.

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.14 Increase availability of outpatient chemical dependency treatment services for adolescents.

Progress: LCR, Inc. is offering the group treatment based "Seven Challenges" curriculum. The activity for 2016 in the various clinics is as follows:

- Page Park – 277 group sessions
- Dover Plains – 28 group sessions
- Beacon – 348 group sessions

In 2016, LCR, Inc. adolescent age breakdown is as follows:

- Age 13 - 2 Served
- Age 14 - 12 Served
- Age 15 - 19 Served
- Age 16 - 24 Served

- Age 17 - 34 Served
- Age 18 - 19 Served

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.15 CD/MH Providers will identify the two most prevalent chronic physical diseases in the behavioral health population to address in a comprehensive wellness treatment plan.

Progress: Completed. The two most prevalent chronic physical diseases in the Behavioral Health population in Dutchess County are diabetes and tobacco use. A screening form, specific to patients who are prescribed psychotropic medication, has been developed which identifies individuals at risk for diabetes.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services
NYS Office for People with Developmental Disabilities

Strategy 2.16 Ensure access to CD and MH services including Medication Assisted Treatment (MAT). Seek regulatory relief for Nurse Practitioners to be authorized to sign treatment plans and to increase the availability of licensed prescribers and to reduce requirements for a rapid re-admission to a treatment program.

Progress: The DBCH/ DC Jail Vivitrol pilot program was initiated in 2016 for incarcerated patients with a history of opioid addiction in 2016. Vivitrol treatment also became available for patients participating in the DBCH Intensive Treatment Alternative Program (ITAP). Twenty percent of the patients enrolled in ITAP were receiving Vivitrol as of May 2017. LCR expanded its menu of treatment options in 2017 by making both Suboxone and injectable Vivitrol available through their outpatient services. As mentioned previously, the LCR Methadone Treatment Program has expanded its license capacity to 300, thus increasing this modalities' availability. Additional providers may bring MAT services on-line in 2017-2018. The lack of prescriber availability continues to be an issue for CD, MH, and IDD providers in Dutchess County; increasing availability will continue as a goal for 2018. Nurse Practitioners can now sign treatment plans without co-sign of Medical Doctor.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.17 IDD providers will continue to expand services to youth and families and develop new services to meet community need. Marantha will expand the After School Programs. Abilities First will enhance/expand preschool services to meet increased need. New Horizons will create a playground and a walkway with a sensory trail at Briggs Farm. The ARC of Dutchess will explore providing respite services for children during school breaks beyond the summer. Taconic Innovations will develop site based weekend and holiday respite and develop recreational programs for children with Autism. Cardinal Hayes will expand in-home respite care to five families.

Progress: Waryas House has relocated the outpatient day rehab to the Town of LaGrange addressing both the mental health and chemical dependency needs of the IDD population. Admission criteria are

more inclusive than traditional IDD services; patients do not have to be DDSO eligible to be considered for admission.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Priority Outcome 3

Recovery: Increase the number of persons successfully managing their mental illness, addiction and intellectual developmental disability within a recovery-oriented system of care.

Priority Rank 3

Rationale: It is recognized that support services such as Peer Supports, housing, care management, vocational, day habilitation, transportation and physical healthcare, etc. are essential components of a complete treatment approach to care for individuals with behavioral health needs.

Strategy 3.1 Increase the availability of Recovery Coaches, Peer Advocates and Recovery Peer Advocates.

Progress: Peer Advocates (mental health) are now utilized on the MHRH inpatient mental health unit and on the second shift in the MHRH ED, which is the local 9.39 hospital. CAPE has secured funding to support 2 full time Peer Engagement Specialists covering Dutchess, Putnam and Rockland counties. Participating hospitals will be MHRH, Northern Dutchess, Putnam Hospital Center and Vassar Brothers Hospital. Through DBCH, there is a part-time Recovery Coach covering the Stabilization Center and the DC Jail.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.2 Advocate for a Recovery Center in Dutchess.

Progress: Dutchess did not receive funding for a center in this funding cycle.

Applicable State Agencies:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.3 Seek funding for short-term transitional living housing for individuals who are homeless, recently discharged from jail, prison, or inpatient settings.

Progress: No funding received.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.4 Seek funding for supported housing for persons, 16-24 years old, who are involved in the criminal justice system, youth who have dropped out of school, youth who have transitioned out of residential placement and homeless youth who are chemically dependent and/or mentally ill.

Progress: No funding received.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.5 Develop a community housing and treatment strategy for individuals who are seriously mentally ill and chemically dependent which is safe, affordable and supports long term recovery.

Progress: No funding received.

Applicable State Agency:
NYS Office of Mental Health

Strategy 3.6 Develop housing to meet the need for individuals with IDD.

Progress: New Horizons has established a housing alliance to look at innovative ways to partner with developers to create housing opportunities.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 3.7 Seek funding for service dollars to assist individuals in obtaining and maintaining necessary support services not otherwise funded by entitlements.

Progress: No funding received in 2016.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.8 Promote increased job opportunities by 10% for individuals with MH/CD.

Progress: The "Think Differently" initiative in Dutchess is covering "Think Differently for Jobs" roundtable event bringing employees together to learn about how to successfully employ a diversified workforce.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.9 Improve availability of resource directory for parents by developing a web-based parent resource directory/platform. This will assist parents in finding available resources, help them to understand eligibility and assist in building comprehensive supports and services for an individual.

Progress: The web-based platform has been designed and content is being imputed. The Deputy Commissioner for Special Needs is developing a website for the community that will provide guidance for obtaining services in the OPWDD system throughout the lifespan; to be completed by end of 2017.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

NYS Office for People with Developmental Disabilities

Strategy 3:10 Strengthen the support available to the programs under Diversion Services (HELPLINE, MCIT, and Stabilization Center) to assist individuals and their families who may need extra supports to remain out of inpatient care by increasing coordination between the Diversion Services and care management, increasing availability of respite services for both adults and youth, and transitional recovery housing.

Progress: Exemplary coordination evidenced between MCIT, Astor Clinic, and Stabilization Center; shared staffing pattern is producing interventions that are successful in maintaining children in the community and away from emergency departments. Data will become available end of 2017.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 3:11 Develop crisis respite beds for youth.

Progress: HRH has identified two respite beds for youth starting in 2017.

Applicable State Agency:

NYS Office of Mental Health

Local Governmental Plan 2019

Priority Outcome 1

Prevention: Promote and enhance emotional and physical health, prevent or delay the onset of symptoms of mental illness and substance abuse and prevent suicide.

Priority Rank 1

Rationale: Dutchess County continues to believe that prevention is the most powerful tool to help us become the healthiest county in New York State.

Strategy 1.1 Continue to follow the SAMHSA Strategic Prevention Framework model to guide all prevention activities which utilizes research and data to inform our work plan.

Progress: The Dutchess County Council on Addiction Prevention and Education, of Dutchess County, Inc. (CAPE) administers the Dutchess County Youth Risk and Protective Survey in the local school districts. This survey collects behavioral data related to youth risk and protective factors from the self-report of students in grades 8, 10 and 12. For the first time all 13 public school districts in Dutchess County participated in the 2017 survey. These results were made available in the first quarter of 2018; consistent with previous surveys the results mirror national statistics (Monitoring the Future) reflecting the continued positive outcomes of strategic prevention strategies.

The Prevention Council has been re-formed and renamed the Resiliency Council; it is being restructured with new group members consisting of key stakeholders in the fields of Behavioral and Community Health, prevention, Office for the Aging, Department of Community and Family Services, education, domestic violence, community services, people with lived experience, law enforcement, and contract agencies.

The Ninth Annual Building Bridges Conference was held on October 26, 2017 at Locust Grove. This conference brings together schools and agencies to network and learn about local resources, with an emphasis on mental health. A total of 165 individuals participated with representatives from 12 of the 13 school districts in the County, 1 private school and 26 agencies. The 2018 Conference is in the planning stage.

Fifteen Youth Mental Health First Aid and Adult Mental Health First Aid trainings were provided throughout the county to community agencies, schools, veteran's organizations, law enforcement personnel and treatment providers. More than 250 individuals were trained in 2017. By the end of the first quarter of 2018 an additional 4 MHFA and YMHFA trainings were provided to staff at local school districts, Marist College, and The Family Partnership.

Suicide Safety for Teachers (SST) was provided to two school districts; October 20, 2017, to 84 teachers at the Middle and High School in Millbrook; November 17, 2017, to 35 teachers in the Spackenkill High School; and February 6, 2018 to 31 Spackenkill Central School District staff.

A Mental Health Signs and Symptoms workshop was presented to 400 students and staff at the Spakenkill School Districts Todd Middle School in April 2018.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.2 Continue to promote the implementation of evidence-based programs in the schools Pre-K-12 grades that will address the risk and protective factors identified in the youth surveys.

Progress: CAPE's Students Assistance Counselors continue to use evidence-based programming in their school based locations. Project Success and Teen Intervene guides the service delivery model in the four contracted districts: Dover Union Free, Hyde Park Central, Red Hook and Wappingers. CAPE's Community Educator, trained in Too Good for Drugs and Too Good for Violence, provides those evidence-based curricula to public and private schools throughout Dutchess County upon request. CAPE has submitted its application for the Marathon Project to the National Registry for Evidence-based Programs and Practices (NREPP). It is now identified as a promising practice by SAMHSA as they await evidence based program status.

Second Step, an evidence-based program that teaches youth coping and problem solving skills, builds empathy and self-esteem, is being utilized in 18 schools in Dutchess County as well as in all Head Start programs. This is a classroom based intervention provided by the teachers. County prevention funds are utilized to purchase the Second Step kits.

Teen Intervene is an evidence-based 3-5 session model used to address risks factors for substance use. Prevention funding is available to purchase the curriculum for therapists receiving this training. The Department of Behavioral and Community Services (DBCH) is in the process of adding an additional trainer for this curriculum in 2018.

In the first quarter of 2018, several additional local school districts requested and received training in Mental Health First Aid.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.3 In Dutchess County, the three Community Coalitions remain actively involved in the actualization of regional prevention efforts.

Progress: The Northern Dutchess Community Coalition (NDCC) has been active in the community providing Narcan trainings as well as a community forum highlighting alternative pathways to recovery. The NDCC held a community forum in the fall of 2017 with a focus on "Alternatives to Prescription Pain Medication" for the treatment of chronic pain.

The Southern Dutchess Community Coalition (SDCC) launched the first annual Youth Health Rally in 2016. In 2017 this initiative was continued with all 13 school districts in Dutchess County participating.

This event was attended by 1,500 9th graders and proved to be an excellent venue where students can have fun and receive positive messages. The theme for the 2017 rally was Living Life Unwasted. The 2018 rally is in the planning stage.

The Harlem Valley Community Coalition and NDCC, mentored by CAPE and trained in the Strategic Prevention Framework (SPF), continues to develop community initiatives: Community Forums, Narcan trainings, and Youth Mental Health First Aid.

Applicable State Agencies:

Substance Abuse and Mental Health Services Administration

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.4 Continue to develop and implement strategies to decrease prescription opioid and heroin abuse.

Progress: The Dutchess County Substance Abuse Workgroup has been reorganized and renamed the Opioid Task Force. Efforts continue to actualize its work plan to address opioid and heroin abuse. In 2017, work focused on increasing public awareness of the process of addiction, availability of support and treatment resources, the reduction of stigma, and increasing hope for recovery. The January 2018 Opioid Task Force meeting generated a number of smaller workgroups tasked with specific aspects of the overall plan. Some of the topics include:

1. Criminal Justice Strategies
2. Court Diversion
3. Police Diversion (pre-arrest)
4. "All Coaches In One Room"- assessing the capacity of the recovery community in Dutchess County
5. Gap- filling the need for immediate contact with opioid dependent individuals returning to Dutchess County from institutional care.
6. Pharmacist Group- developing strategies to increase utilization of this often overlooked group of health care professionals
7. Harm Reduction Integration
8. Grassroots Connections- engagement of family, peer, and community partners
9. Hospital/Emergency Department (ED) Connections- community follow up with individuals brought to the ED after a Narcan reversal

The prescription Drug Take Back events have been extraordinarily effective; efforts are underway with local pharmacies to install collection boxes in their establishments. The quantities collected per year were as follows: 2013- 426 lbs., 2014- 877.5 lbs., 2015- 1,074 lbs., 2016- 2,145 lbs., 2018- 3,019 lbs.

One Screening, Brief Intervention, Referral & Treatment (SBIRT) training was done in 2017. Twenty people from nine different agencies attended. An additional SBIRT training was held in January of 2018 in collaboration with Montefiore Hospital. DBCH is working to identify an additional SBIRT trainer in an effort to bring the use of this instrument to additional settings.

CAPE received a peer engagement specialist grant, courtesy of NYS OASAS. That grant was operationalized in June of 2017, and provides two peer engagement specialists who are co-located in Northern Dutchess Hospital, Vassar Brothers Hospital, Mid-Hudson Regional Hospital (MHRH) and Putnam Hospital Center to guide recovery and to connect individuals with substance use disorders and their family to treatment and support.

DBCH is exploring the use of overdose data to craft real time responses to overdose clusters.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.5 Continue to develop and implement suicide prevention strategies targeting the high risk groups of youth, veterans and older adults.

Progress: Mental Health First Aid (MHFA) has a strong suicide prevention component. Fifteen Youth Mental Health First Aid and Adult Mental Health First Aid trainings were provided throughout the county to community agencies, schools, veteran's organizations, law enforcement personnel and treatment providers. More than 250 individuals were trained in 2017. By the end of the first quarter of 2018 an additional 4 MHFA and YMHFA trainings were provided to staff at local school districts, Marist College, and The Family Partnership.

In 2017, two Applied Suicide Intervention Skills Trainings (ASIST) were provided; 57 individuals from multiple agencies including law enforcement were trained. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. In January 2018, ASIST was provided to 29 individuals; an additional training will be provided during the year.

Question, Persuade & Refer (QPR), a suicide prevention program, was provided to two youth groups in Dutchess County for a total of 18 youth. QPR is intended to teach individuals how to recognize warning signs of suicide and provides guidelines on how to **Question** a person about potential suicidal thoughts, **Persuade** them to seek help, and **Refer** them to appropriate professional services.

Suicide Safety for Teachers (SST) was offered to two school districts; to 84 teachers at the Middle and High School in Millbrook on October 20, 2017, to 35 teachers in the Spackenkill High School November 17, 2017, and to 31 Spackenkill Central School District staff on February 6, 2018.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.6 Continue to promote texting and other social media modalities as a method of communication through HELPLINE.

Progress: Multiple modes of "teen friendly" advertising were developed in 2017 including colorful cards, water bottles and glow in the dark bracelets. To date 6,000 bracelets have been distributed. Some of the funds received in the grant from the NYS Suicide Prevention Center were earmarked to buy

additional promotional materials to advertise texting. Laminated Talk or Text cards have been obtained and are being placed in high school bathrooms around Dutchess County. Similar efforts will continue in 2018.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.7 Continue to educate the community about the needs of individuals struggling with mental health and substance abuse issues, decrease the stigma, and increase help seeking behavior. Dutchess County will continue to offer Mental Health First Aid (MHFA) to the community and Crisis Intervention Training (CIT) for police. The CIT goal is to train 25% of the police in the 40-hour curriculum and the other 75% in the MHFA curriculum for Public Safety Officers.

Progress: The 40-hour Crisis Intervention Team (CIT) training was offered as a part of the basic training to law enforcement officer cadets at the Dutchess County Academy. In 2017 there were several 40-hour CIT trainings offered throughout the year hosted by DBCH at 230 North Rd.; a combined number of 100 officers were trained. An additional 34 police officers were trained in the 40 hour CIT curriculum in January and April of 2018.

CAPE'S Second Annual Youth Rally was attended by 1500 9th graders from 13 school districts in 2017.

In 2017 fifteen Youth Mental Health First Aid and Adult Mental Health First Aid trainings were provided throughout the county to community agencies, schools, veteran's organizations, law enforcement personnel and treatment providers. More than 250 individuals were trained.

A school email list was created to provide schools with up to date resources throughout the year.

Binders containing information on Children's Services were compiled for the Stabilization Center and the Mobile Crisis Intervention Team (MCIT). These binders contain resources for youth and families and will be updated regularly.

Children's Care Coordination began in December 2016. In 2017, written materials were developed on Children's Health Homes and Care Management Organizations as part of outreach materials to educate the community.

Presentations on Children's Services were provided in 2017 to parents at NAMI's Basic Class: February 4, at the Northeast Community Center and on November 4, at Arlington High School.

A district wide presentation on mental health services was presented in 2017 to the Millbrook School District for 100 staff.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.8 Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to staff in the Mobile Crisis Intervention Team (MCIT), Stabilization Center, Hudson Valley Mental Health (HVMH), primary care providers and emergency department personnel. Train staff who work with adolescents in Teen Intervene.

Progress: DBCH is actively seeking to identify additional trainers for both the SBIRT and Teen Intervene curricula.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.9 Continue to promote Narcan use by the general public, family members of addicted individuals, law enforcement, first responders, individuals leaving rehabilitation programs, participants in recovery groups and individuals leaving jail who have a history of opiate abuse.

Progress: DBCH and its community partners trained over 2,400 people in the administration of Narcan in 2017.

DBCH and Re-Entry Stabilization Transition and Reintegration Track (RESTART) clinicians and case managers in the Dutchess County Jail received Narcan training in 2017. Jail based mental health staff can now provide Narcan trainings to opioid dependent DC Jail inmates. Inmates that have received this training are provided with Narcan kits upon release. In 2018 the goal will be for corrections staff to receive the Narcan training and for the kits to be available on each DC Jail unit.

All Stabilization Center staff is Narcan trained. Two Narcan overdose reversals were administered by Stabilization Center medical staff since its' opening in February 2017. The timely response of the Stabilization Center staff saved the lives of the two guests involved in these incidents.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.10 Promote continuing education of licensed prescribers especially primary care physicians (PCP) on the use of opioid medications, addiction as a brain disease and public health issues surrounding this disease.

Progress: A workgroup has been formed with DBCH and contract agency staff that will create a curriculum that can be provided to local physicians in varying scopes of practice.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.11 Population Health: incorporate mental health, physical wellbeing, social determinants of health and prevention efforts into a comprehensive, global view of wellness and recovery. Providers will incorporate a pre-diabetes screen into the intake process for new patients.

Progress: The DBCH recommended Pre-Diabetes Screening Form was presented at the May 8, 2017 and the April 9, 2018 Providers Meetings. At the 2018 Providers Meeting, Dr. Richard Miller, the DBCH

Medical Director, and Ozie Williams, DBCH Public Health Nutrition Educator, provided a power point explanation of the form and its relevance to the population receiving mental health services. All providers of direct patient care are now utilizing some version of a diabetes or pre-diabetes screening assessment.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 1.12 Providers will encourage smoking cessation and provide access to Nicotine Replacement Therapy (NRT) and cessation support groups.

Progress: CAPE provides the evidence-based smoking cessation program developed through Seton Hall-The Butt Stops Here. The newest version of Teen Intervene provides screening and brief intervention around smoking, vaping and chewing tobacco.

The OASAS sponsored, Addressing Tobacco Dependence in Addiction Services, was held January 12, 2018 with a follow up training on March 23, 2018.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Priority Outcome 2

Treatment: Ensure that all individuals living with mental illness, chemical dependency and intellectual and developmental disabilities (IDD) have sufficient access to evidence based services meeting all quality of care standards.

Priority Rank 2

Rationale: Healthcare delivery is moving toward an integrated system of care including primary healthcare and behavioral health. Since the Dutchess County Dept. of Mental Hygiene and the Dutchess County Dept. of Health merger in 2016, DBCH has emphasized strengthening healthcare access through all avenues to ensure the comprehensive assessment of identified behavioral and physical health needs.

Strategy 2.1: The Local Governmental Unit (LGU) and behavioral health treatment providers will work closely with behavioral health organizations, managed care organizations (MCO), Health Homes, Delivery System Reform Incentive Payments (DSRIP), Performing Provider System (PPS) and primary care providers (PCP) to ensure that the network of service providers is robust and meets the needs of the individuals seeking care in Dutchess County. Regular participation in planning and governance meetings with these entities will facilitate preparation for the Value Based Payment (VBP) initiative.

Progress: In early 2018, Children's Care Coordinators participated in the Children's Single Point of Access (CSPOA) committee meetings that review youth applications for high risk services. The Children's SPOA Coordinator will continue educational efforts in the community, specifically to schools, about Health Homes and the referral process to Care Coordination Organizations through the SPOA Committee.

In consultation with the City of Poughkeepsie School district, Astor will seek to establish a satellite clinic in the City of Poughkeepsie Middle School.

Mental Health America (MHA), a Coordinated Behavioral Health Services (CBHS) team partner, presented a detailed overview of Health and Recovery Plans (HARP) and Home and Community-Based Services (HCBS) services at the September 11, 2017 Providers Meeting.

DBCH will organize a meeting with the local Medicaid Managed Care Organizations (MCO) to discuss billable criteria for HARP and HCBS services in 2018.

The Hudson River Health Care (HRHC) Mobile Health Center provides services to individuals living with mental illness and chemical dependency twice per month at the 230 North Rd. mental health center.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

NYS Office for People with Developmental Disabilities

Strategy 2.2 The Office for People with Developmental Disabilities (OPWDD) system will be moving to managed care in 2018.

Progress: The Care Coordination Organizations have been identified and agencies are affiliating with them to provide Care Coordination. Families with Medicaid Service Coordinators (MSC) have been notified of the transition from MSC to Care Coordination. Agencies are working toward making this as smooth a transition as possible for families.

Applicable State Agency:

NYS Office for People with Developmental Disabilities

Strategy 2.3 IDD providers with workshops will continue the transformation of their workshops in accordance with the new OPWDD specifications.

Progress: In November 2017, Abilities First transitioned approximately 90 individuals in their workshop to other programs such as day habilitation with or without walls, community pre-vocational and supported employment. The Arc of Dutchess transitioned approximately 29 individuals into day habilitation. Currently there are 91 individuals still attending the Arc of Dutchess workshop. Plans continue to transition additional individuals to day habilitation and some individuals to community pre-vocational services. The Arc of Dutchess continues to explore an integrated business for the individuals that remain.

Applicable State Agency:

NYS Office for People with Developmental Disabilities

Strategy 2.4 Ensure that individuals have immediate access to care. Immediate access will include timely outpatient clinic intake appointments, the availability of MCIT and other crisis service interventions, continued 24 hour Stabilization Center access, and decreased wait time between the intake appointment and a meeting with a psychiatrist or other prescriber. The recruitment of

psychiatrists and other prescribers has been a persistent problem. This has created long wait times and an over use of the Emergency Department for prescription refills.

Progress: An ad hoc group will be formed to analyze issues and develop an action plan to address the scarcity of psychiatrists and other prescribers. Astor initiated the use of tele psychiatry in July 2017.

Transition of Care Team: formed in December of 2017 consisting of peer advocates and HVMH staff who actively manage release planning from MHRH mental health unit with the goal of decreasing the rate of un-kept outpatient intake appointments.

CORE Team: supported by a SAMHSA grant, Lexington Center for Recovery (LCR) staff are tasked with facilitating immediate access to medication assisted treatment for opioid dependent individuals.

The DBCH Stabilization Center: a grant has been applied for that would fund a full time prescriber.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

NYS Office for People with Developmental Disabilities

Strategy 2.5 DBCH Diversion services have been expanded to provide continuous year round, seven days a week, 24 hours a day availability serving adults, children of all ability groups. The anticipated impact of these programs is to decrease emergency department visits for individuals living with mental illness, chemical dependency, and IDD, reduce the need for inpatient hospitalization, and reduce the lengths of stay on psychiatric inpatient units.

Progress: Since its opening in February 2017, the DBCH Stabilization Center has provided 7,163 services to 2,028 guests. Initial feedback confirms that many consumers would have used local hospital emergency departments were it not for the immediate access afforded by the Stabilization Center. The relatively small percentage of Stabilization Center guests who require later hospitalization validates the general efficacy of the Center's concept and approach. Since its opening there has been a reduction in 9.45 pick-up orders, possibly related to the combined effects of the Diversion Services. Data will be gathered to determine impact of these services on MHRH ED high-utilizer patients (patients who have four or more ED visits per quarter).

In October 2017, the community-based MCIT began working with the City of Poughkeepsie Police on the Behavioral Evaluation Action Team (BEAT) Project, a pilot program to intervene in the lives of persons on the city streets of Poughkeepsie who have mental illness and/or substance abuse issues before they reach crisis levels. To date, the team has participated with police on 27 patrols and connected/intervened with 166 persons/ interventions. The BEAT patrol service will be expanded June 2018 when the Town of Poughkeepsie Police Department adds a patrol.

Having been disbanded in 2013 for lack of staff, the Transitions Treatment Alternative Program (T-TAP) program at the Dutchess County Intensive Treatment Alternative Program (ITAP) was re-instituted in March 2017. T-TAP serves individuals who are waiting for admission to facilities other than ITAP. T-TAP participants are able to meet with the ITAP prescriber for medication, thereby diverting individuals who

would otherwise go to the hospital ED for medication only. In addition those patients will be provided basic psycho-educational and motivational group treatment.

A Quality Improvement Group was convened to reduce emergency department visits and psychiatric hospitalizations. Over 100 pediatricians and private practitioners received a mailing to increase their awareness of 24 hour crisis services available, including HELPLINE, MCIT and the Stabilization Center.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

NYS Office for People with Developmental Disabilities

Strategy 2.6 In collaboration with OPWDD and MHRH, DBCH has developed a diversion strategy for IDD individuals to be diverted from hospitalization and/or incarceration with crisis supports in their residential opportunity. IDD providers will offer training to staff in MCIT, Stabilization Center and MHRH to increase understanding of the IDD population.

Progress: The Systemic, Therapeutic Assessment, Resources and Treatment (START) team services and Anderson Center have provided training to the Stabilization Center and MCIT staff. The Stabilization Center has serviced at least 82 guests from IDD residences. These guests successfully received immediate crisis services and avoided Emergency Department referrals. The START team is establishing an effective partnership with Stabilization Center staff.

Applicable State Agency:

NYS Office for People with Developmental Disabilities

Strategy 2.7 A Special Needs Health Care partnership has been developed to improve the delivery of health care services through education and collaboration.

Progress: The Special Needs Health Care Committee hosted the Medical Orders for Life Sustaining Treatment (MOLST) training which was provided to over 40 community partners in health care in May 2017. This will become an annual training and community collaboration for advocacy for people with special needs will continue.

Applicable State Agency:

NYS Office for People with Developmental Disabilities

Strategy 2.8 START to develop a Resource Center to provide respite opportunities for individuals with IDD.

Progress: START has identified a site in Ulster County for the Regional Resource Center which will offer two crisis respite opportunities and two planned respite opportunities for the Taconic region. The Resource Center for the Taconic Region, located in Kingston, will have the capacity to initiate NYSTART 24 hour in person response. It is anticipated that the Center will open in 2018.

Applicable State Agency:

NYS Office for People with Developmental Disabilities

Strategy 2.9 Increase availability of Methadone maintenance for opioid dependent individuals.

Progress: The NYS Office of Alcoholism & Substance Abuse Services (OASAS) cap on the LCR Methadone Program census had been lifted and LCR expanded its census to 400 patients in 2017- a 35% increase over the 2016 census. In December 2017 OASAS placed a cap on Methadone Clinic intakes until the physical plant occupied by the Clinic at 230 North Road can be renovated to include additional dosing stations, group therapy treatment space, a new medication safe, and staff offices. Work should conclude and intakes re-started by the end of June 2018.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.10 Develop ten adolescent inpatient opportunities in Dutchess County.

Progress: With changes in Westchester Medical Center (WMC)/MHRH management and administration in 2017, the WMC plan was not moved forward. DBCH will support and assist WMC to re-examine this issue in 2018 and develop planning around adolescent inpatient capacity.

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.11 Explore Medicaid reimbursable treatment resources for people living with mental illness and chemical dependency who have eating disorders.

Progress: An informal coalition of providers will seek to develop treatment protocols to meet the needs of this underserved population.

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.12 Develop a second elementary Intensive Day Treatment (IDT) class to manage the increased number of referrals.

Progress: A second elementary IDT class was implemented by Rockland Children's Psychiatric Center (RCPC). However, the need for intensive clinical services for young children exists. See strategy 2.13

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.13 Explore the need for a children's Partial Hospital Program for children ages 10-12.

Progress: Data has been collected and schools and mental health professionals have determined a children's Partial Hospital Program would be beneficial. Astor has expressed interest in developing a program for children ages 10-12.

Applicable State Agency:
NYS Office of Mental Health

Strategy 2.14 Ensure that adolescents living with chemical dependency issues have access to age appropriate interventions.

Progress: LCR is offering the group treatment based “Seven Challenges” curriculum. In 2017 LCR provided 211 group sessions utilizing this curriculum encompassing 1, 029 total services.

In the first quarter of 2018, referral sources for the LCR adolescent services has included:

- 14 from probation/court
- 8 self/family referred
- 6 referred by a group home
- 4 from an inpatient program (including psych hospitalization)
- 3 from the DC Department of Community and Family Services
- 1 from NYS Office Children and Family Services
- 1 from Nubian Directions
- 1 from a school
- 1 from Astor's PHP

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.15 Ensure access to chemical dependency and mental health services including Medication Assisted Treatment (MAT). Seek regulatory relief for Nurse Practitioners to be authorized to sign treatment plans and to increase the availability of licensed prescribers and to reduce requirements for a rapid re-admission to a treatment program.

Progress: In addition to the DBCH DC Jail Vivitrol pilot program that was initiated in 2016 and the availability of Vivitrol for DBCH ITAP patients, LCR expanded its menu of treatment options in 2017 by making both Suboxone and injectable Vivitrol available through their outpatient services. Nurse Practitioners can now sign treatment plans without co-sign of Medical Doctor.

The OASAS cap on the LCR Methadone Program census was lifted in 2017 and LCR expanded its census to 400 patients---a 33% increase over 2016. LCR Methadone intakes are on hold per OASAS direction pending completion of site renovations at 230 North Road which will include additional dosing stations, group therapy treatment space, a new medication safe, and staff offices. Work should conclude and intakes re-started by the end of June 2018.

LCR obtained a SAMHSA grant in 2017 which has provided funding for the CORE Team which is tasked with connecting opioid dependent individuals to treatment. The CORE Team has coordinated outreach efforts with the DBCH Mobile Crisis Intervention Team, Stabilization Center, DBCH Jail Based Services, and regional inpatient facilities and hospitals.

The Jail-Based RESTART Team provided intensive group services to 325 incarcerated individuals addressing substance use and criminogenic risk factors with intensive post-release case management

and post release treatment referral. RESTART is collaborating with the CORE team in an attempt to increase the rate of post release connections to treatment.

Arms Acres, located in Putnam County added a Methadone Maintenance clinic into their operations in 2018 thus increasing the regional availability of this treatment modality. Suboxone and Vivitrol are also offered through Arms Acres inpatient and outpatient services.

Hudson River Health Care (HRHC) a local healthcare provider, offers both Vivitrol and Suboxone as a component of their services.

The Forensic Team evaluated over 400 incarcerated pretrial defendants, emphasizing the availability of various MAT opportunities and other recovery options.

DBCH has hired a Public Health Education Coordinator (PHEC) who will be tasked with assisting with the management of the County's response to the opioid crisis.

Applicable State Agency:
NYS Office of Alcoholism and Substance Abuse Services

Strategy 2.16 IDD providers will continue to expand services to youth and families and develop new services to meet community need. Marantha will expand the After School Programs; Abilities First will enhance/expand preschool services to meet increased need; New Horizons will create a playground and a walkway with a sensory trail at Briggs Farm; The ARC of Dutchess will explore providing respite services for children during school breaks beyond the summer; Taconic Innovations will develop site based weekend and holiday respite and develop recreational programs for children with Autism; Cardinal Hayes will expand in-home respite care to five families.

Progress: Waryas House has relocated the outpatient day rehab to the Town of LaGrange addressing both the mental health and chemical dependency needs of the IDD population. Admission criteria are more inclusive than traditional IDD services; patients do not have to be DDSO eligible to be considered for admission. DBCH in concert with local providers will publicize and promote greater utilization of this new program with its expanded eligibility.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Priority Outcome 3

Recovery: Increase the number of persons successfully managing their mental illness, addiction and intellectual developmental disability within a recovery-oriented system of care.

Priority Rank 3

Rationale: It is recognized that services such as peer supports, housing, care management, vocational, day habilitation, transportation and physical healthcare, are essential components of a comprehensive approach to care for individuals with behavioral health needs.

Strategy 3.1 Increase the availability of Recovery Coaches, Peer Advocates and Recovery Peer Advocates.

Progress: CAPE received a Peer Engagement Specialist grant, courtesy of NYS OASAS. That grant was operationalized in June of 2017, and provides two peer engagement specialists who are co-located in Northern Dutchess Hospital, Vassar Brothers Hospital, MHRH and Putnam Hospital Center to guide recovery and connect people with substance use disorders and their families to treatment and support.

A Recovery Coach was integrated into DBCH programs at the DC Jail, Partial Hospitalization Program (PHP) and Stabilization Center in an effort to provide peer services to individuals identified with substance abuse disorders.

DBCH will contract with an additional Recovery Coach in 2018 to provide services in the DC Jail, ITAP, Stabilization Center, and PHP.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.2 Advocate for a Recovery Center in Dutchess.

Progress: A workgroup will be formed of community stakeholders to explore the possibilities of applying for grants to fund this project.

Applicable State Agencies:

NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.3 Seek funding for short-term transitional living housing for individuals who are homeless, recently discharged from jail, prison, or inpatient settings.

Progress: DCFS has submitted a proposal in 2018 to obtain funding for 8 residential opportunities dedicated to individuals released from state prison.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.4 Seek funding for supported housing for persons, 16-24 years old, who are involved in the criminal justice system, youth who have dropped out of school, youth who have transitioned out of residential placement and homeless youth who are chemically dependent and/or mentally ill.

Progress: No funding received.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.5 Develop a community housing and treatment strategy for individuals who are seriously mentally ill and chemically dependent which is safe, affordable and supports long term recovery.

Progress: The NYS OMH awarded Dutchess County 24 supported housing opportunities for individuals living with mental illness; these opportunities are distributed in scattered sites throughout the county. The RFP for these opportunities has been publically released and proposals are under consideration.

Applicable State Agency:
NYS Office of Mental Health

Strategy 3.6 Develop housing to meet the need for individuals with IDD.

Progress: New Horizons has established the Mid-Hudson Housing Alliance which brings together the New York State Association of Community Residential Agencies (NYSACRA) and other local providers of residential services to individuals served by OPWDD. DBCH hosted a local Housing Development for People with IDD on 7/28/17 to further explore and provide education for county government on the housing needs, funding sources, and ideas for future collaborations. Commissioners from DCFS, Development and Planning, DBCH, and other key county staff attended. Local community providers also attended along with Developmental Disabilities Regional Office (DDRO) staff.

Applicable State Agency:
NYS Office for People with Developmental Disabilities

Strategy 3.7 Seek funding for service dollars to assist individuals in obtaining and maintaining necessary support services not otherwise funded by entitlements.

Progress: The availability of discretionary funds and the distribution of these funds among community providers will be explored, as well as possible grant opportunities.

Applicable State Agencies:
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.8 Advocate for increased job opportunities for individuals living with mental illness and chemical dependency.

Progress: Dutchess County Executive Marcus Molinaro's THINK DIFFERENTLY initiative encompasses the THINK DIFFERENTLY FOR JOBS roundtable. This event brings employees together to learn to successfully employ a diversified workforce. The Dutchess County Executive hosted the first THINK DIFFERENTLY FOR JOBS roundtable at Franklin D. Roosevelt Wallace Center in June 2017. This event brought together area businesses, educators and the vocational training community to build partnerships through collaboration that will support efforts to prepare people of all abilities to join the job market.

The THINK DIFFERENTLY initiative has generated a successful collaboration with Dutchess Community College and other service providers to create and develop a curriculum for the first cohort of students for the THINK AHEAD non-matriculated job readiness training certificate program for individuals with

special needs. Efforts to expand the THINK AHEAD program will include a matriculated program to begin later in 2018.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 3.9 Improve availability of resource directory for parents by developing a web-based parent resource directory/platform. This will assist parents in finding available resources, help them to understand eligibility and assist in building comprehensive supports and services for an individual.

Progress: The web-based platform has been designed and content is being imputed. The Deputy Commissioner for Special Needs is developing a website for the community that will provide guidance for obtaining services in the OPWDD system throughout the lifespan.

Progress: The Think DIFFERENTLY website was created, and was launched in early 2018. This site provides individuals, families, and community service providers with a directory of services in Dutchess County and resources that are available to NYS residents.

The Dutchess County Collaboration of Services and Care Across the Lifespan for People with Special Needs was held in December 2017. This will become an annual conference for parents, family members, and providers.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

NYS Office for People with Developmental Disabilities

Strategy 3:10 Strengthen the support available to the programs under DBCH Diversion Services (HELPLINE, MCIT, and Stabilization Center) to assist individuals and their families who may need extra supports to remain out of inpatient care by increasing coordination between the DBCH Diversion Services and care management, increasing availability of respite services and transitional recovery housing for the adult, youth, and IDD populations.

Progress: The shared staffing pattern utilized by DBCH Diversion Services (PEOPLE, Inc., MHA, Astor Clinic, and MHRH) is producing interventions that are successful in maintaining children and adults in the community and away from emergency departments.

Data for 2017:

- The DBCH Stabilization Center (SC) served 1,547 guests since 2/13/2017. These 1,547 guests generated 2,249 visits to the SC.
- 48% of the SC visits involved guests with substance abuse issues.
- Local police departments have transported 259 individuals to the SC.
- 161 of the officers who have completed the above mentioned transports were CIT trained.
- At least 12 of the officers involved in the SC transports indicated that the guests would have been brought to the DC Jail were it not for the availability of the SC services.

- 65% of the guests who presented with substance abuse as a primary issue accepted follow up referral from the SC staff.
- 70% of the SC guests who accepted referral to the Mid-Hudson Addiction and Recovery Center (MARC) were subsequently referred to long term residential substance abuse treatment.

DBCH Mobile Crisis Intervention Team (MCIT) progress:

In collaboration with the DC Public Defenders Office, the DC Department of Probation and Community Corrections, and members of the local judiciary, MCIT began diverting opioid addicted individuals with ordinance level violations from the City of Poughkeepsie Court to the SC at the time of a court appearance.

In October 2017, the community-based MCIT began working with the City of Poughkeepsie Police on the Behavioral Evaluation Action Team (BEAT) Project, a pilot program to intervene in the lives of persons on the city streets of Poughkeepsie who have mental illness and/or substance abuse issues before they reach crisis levels. To date, the team has participated with police on 27 patrols and connected/intervened with 166 persons/ interventions. The BEAT patrol service will be expanded June 2018 when the Town of Poughkeepsie Police Department adds a patrol.

DBCH is working with Town and City of Poughkeepsie Police Departments to have MCIT follow up on individuals who have received Narcan reversals who then refuse further medical treatment.

A process is being developed with the MHRH emergency department (ED) to refer individuals to MCIT who are brought to the ED after a Narcan reversal who then refuse additional treatment.

Applicable State Agencies:

NYS Office of Mental Health

NYS Office of Alcoholism and Substance Abuse Services

Strategy 3:11 Develop crisis respite opportunities for youth.

Progress: NYS OMH funding for two youth respite opportunities was awarded to Hudson River Housing; implementation of the respite opportunities at River Haven began in July 2017.

Applicable State Agency:

NYS Office of Mental Health

June 6, 2018

Electronically submitted to NYS