2017
Local Services Plan
For Mental Hygiene Services

Seneca County Community Services Board
August 17, 2016

NEW YORK
STATE OF
OPPORTUNITY.

Office of
Mental Health | Office of Alcoholism and
Substance Abuse Services | Office for People With
Developmental Disabilities

Table of Contents

Consult the LSP Guidelines for additional guidance on completing this exercise.

Attachments

- Seneca County - 2017 MHP - Needs Assessment - Question 1.docx - Needs Assessment - Question 1
- Seneca county - 2017 MHP - Needs Assessment - Question 2.docx - Needs Assessment - Question 2

PART A: Local Needs Assessment

1. Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

See attached document: Seneca County - 2017 MHP - Needs Assessment Question 1

2. Analysis of Service Needs and Gaps - In this section, describe and quantify (where possible) the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

See attached document: Seneca County - 2017 MHP - Needs Assessment Question 2

3. Assessment of Local Needs - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
Substance Use Disorder Services:						
a) Prevention Services	○	◉	○	○	◉	○
b) Crisis Services	○	○	◉	○	◉	○
c) Inpatient Treatment Services	○	◉	○	○	◉	○
d) Opioid Treatment Services	○	◉	○	◉	○	○
e) Outpatient Treatment Services	○	◉	○	○	◉	○
f) Residential Treatment Services	○	◉	○	○	◉	○
g) Housing.	○	◉	○	◉	○	○
h) Transportation.	○	◉	○	◉	○	○
i) Other Recovery Support Services	○	◉	○	○	◉	○
j) Workforce Recruitment and Retention	○	◉	○	○	◉	○
k) Coordination/Integration with Other Systems	○	◉	○	○	◉	○
l) Other (specify):	○	○	○	○	○	○
Mental Health Services:						
m) Prevention	○	◉	○	○	◉	○
n) Crisis Services	○	◉	○	○	◉	○
o) Inpatient Treatment Services	○	◉	○	○	◉	○
p) Clinic Treatment Services	○	◉	○	○	◉	○
q) Other Outpatient Services	○	◉	○	○	◉	○
r) Care Coordination	○	◉	○	○	◉	○
s) HARP HCBS Services (Adult)				○	○	◉
t) HCBS Waiver Services (Children)	○	○	◉			
u) Other Recovery and Support Services	○	◉	○	○	◉	○
v) Housing	◉	○	○	◉	○	○

Service	1	2	3	4	5	6
w) Transportation	○	●	○	○	●	○
x) Workforce Recruitment and Retention	○	○	○	●	○	○
y) Coordination/Integration with Other Systems	○	●	○	○	●	○
z) Other (specify):	○	○	○	○	○	○
Developmental Disability Services:						
aa) Crisis Services	○	●	○	○	●	○
bb) Clinical Services	○	●	○	○	●	○
cc) Children Services	○	●	○			
dd) Adult Services				○	●	○
ee) Student/Transition Services	○	●	○	○	●	○
ff) Respite Services	○	●	○	○	●	○
gg) Family Supports	○	●	○	○	●	○
hh) Self-Directed Services	○	●	○	○	●	○
ii) Autism Services	●	○	○	●	○	○
jj) Person Centered Planning	○	●	○	○	●	○
kk) Residential Services	○	●	○	○	●	○
ll) Front Door	●	○	○	●	○	○
mm) Transportation	○	●	○	○	●	○
nn) Service Coordination	○	●	○	○	●	○
oo) Employment	●	○	○	●	○	○
pp) Workforce Recruitment and Retention.	○	●	○	○	●	○
qq) Coordination/Integration with Other Systems.	●	○	○	●	○	○
rr) Other (specify):	○	○	○	○	○	○

Follow-up Questions to "Opioid Treatment Services" (Question 3d)

3d1. Briefly describe the issue and why it is a high need for the populations selected.
In 2010, 25% of those admitted to our Seneca County Addictions Program (SCAP) had opiates as a primary, secondary or tertiary drug. In the first quarter of 2016, 50% are opiate involved. We have no ancillary detox, we have Suboxone providers at capacity who can accept no more.

Follow-up Questions to "Housing" (Question 3g)

3g1. Briefly describe the issue and why it is a high need for the populations selected.
A county of 35,250 people should have more than three supported living beds for those in recovery from an addiction. To be able to reside in your home community with the support of family is helpful for many, and to have virtually no options for this is a serious gap.

Follow-up Questions to "Transportation" (Question 3h)

3h1. Briefly describe the issue and why it is a high need for the populations selected.
Transportation to treatment in a rural area with poorly developed public transportation is a continued problem for those who have no drivers license or cannot afford the cost of an ignition interlock.

Follow-up Questions to "Housing" (Question 3v)

3v1. Briefly describe the issue and why it is a high need for the populations selected.
The Housing/Apartment stock in Seneca county makes movement of clients from supported to non-supported housing difficult, as section-8 approved apartments are difficult to obtain.

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3x)

3x1. Briefly describe the issue and why it is a high need for the populations selected.
Seneca County's mental health clinic has had 1-3 masters level clinician positions open for nearly a year. Our salaries are the lowest of any county-run facility in our region, and when combined with the lower retirement options afforded in the State Retirement system's Tier 6 and our remote location, we find it difficult to attract clinicians. When two contiguous counties that are closer to metropolitan areas offer salaries that are $7,000 and $9,000 more than ours, we cannot compete. Add on top of this changes made by the Federal Government in how "Hard-to-fill" regions are scored with no appeal allowed (even though it is clear Seneca County does not have 250 social workers and 17 psychiatrists practicing here) and we cannot even offer the HRSA Student Loan forgiveness Program that made our salaries tolerable to many mental health clinicians.

Follow-up Questions to "Autism Services" (Question 3ii)

3ii1. Briefly describe the issue and why it is a high need for the populations selected.
The County has no I/DD services specifically for those families dealing with Autism, and especially for those families that are not eligible for OPWDD services.

Follow-up Questions to "Front Door" (Question 3ll)

3ll1. Briefly describe the issue and why it is a high need for the populations selected.
Families and providers continue to report extensive waits from initial call to the first service being delivered. There is also concern amongst families that if they try to add a service to their current array, that the Front-Door process will in fact take away services they wanted to keep in the process.

Follow-up Questions to "Employment" (Question 3oo)

3oo1. Briefly describe the issue and why it is a high need for the populations selected.
With the closing of the Sheltered Workshop, employment options within Seneca County for those with I/DD have decreased dramatically. It is unlikely many (if any) will find employment in the Casino soon to open, so this population is in serious need of jobs in any setting they can find them. Having someplace to go every day, where you can feel productive, respected, counted-on, and earn a paycheck is incredibly helpful in maintaining an active life in the community. without it, we have had clients lose interest in the volunteer activities they have been offered instead of work.

Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3qq)

3qq1. Briefly describe the issue and why it is a high need for the populations selected.
OPWDD has a wealth of expertise on working with those who have I/DD, yet they use this only for those who qualify within their own system. They do not, for example, share this expertise in the form of training of staff in OMH and OASAS programs. Having better integration with these two systems would be extremely helpful.

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

4. How have the overall needs of the **mental health** population changed in the past year?

⦿ a) Overall needs have stayed about the same.

○ b) Overall needs have improved.

○ c) Overall needs have worsened.

○ d) Overall needs have been a mix of improvement and worsening.

○ e) Not sure.

4a. If you would like to elaborate on why you believe the overall needs of the mental health population have stayed about the same over the past year, briefly describe here

5. How have the overall needs of the **substance use disorder** population changed in the past year?

○ a) Overall needs have stayed about the same.

○ b) Overall needs have improved.

⦿ c) Overall needs have worsened.

○ d) Overall needs have been a mix of improvement and worsening.

○ e) Not sure.

5c. If you would like to elaborate on why you believe the overall needs of the substance use disorder population have worsened over the past year, briefly describe here

Rapid Increase in opiate involved clients with a system that cannot meet the Suboxone, detox, inpatient and housing needs of this rapidly expanding group.

6. How have the overall needs of the **developmentally disabled** population changed in the past year?

○ a) Overall needs have stayed about the same.

○ b) Overall needs have improved.

⦿ c) Overall needs have worsened.

○ d) Overall needs have been a mix of improvement and worsening.

○ e) Not sure.

6c. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have worsened over the past year, briefly describe here

Decreased access through a slow "Front Door", fewer employment opportunities due to sheltered workshop closures, and decreased access to healthcare services from trained providers due to a push for integration in a community that does not have the skills necessary to effectively provide needed services to this population.

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

7. In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?

⦿ a. Yes

○ b. No

7a. Briefly describe those planning activities with your Local Health Department.

the LGU's Local Services Plan becomes part of the Prevention Agenda plan and strategies as it is implemented.

8. In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?

◉ a. Yes
○ b. No

8a. Briefly describe those planning activities with other local government agencies and non-government organizations.

System of Care planning in collaboration with our Local DHS (CPS & Preventive). Sequential Intercept Planning in collaboration with our Criminal Justice Advisory Board. Early Recognition Screening Grant Planning with Tompkins county. Planning for YDS and Gambling Survey data collection that augments the work already being done by the Seneca County Substance Abuse Coalition as part of their DFC grant.

9. In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?

◉ a. Yes
○ b. No

9a. List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

Actively participated with Finger Lakes Region LGUs as part of the EPC and GBHC OMH Transformation Planning. Actively participate with other LGUs as part of DSRIP planning. Actively participate with other LGUs as part of the Regional Planning Consortiums.

9b. Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

◉ a. Yes
○ b. No

9c. Did the counties in your region reach a consensus on what the regional needs are?

◉ a. Yes
○ b. No

9d. Briefly describe the consensus needs identified by the counties in your region

They are contained within our regions OMH & GBHC Transformation Plan. We are also in agreement as to the need for some increased access to methadone maintenance, but also agree more study is required to determine appropriate levels of expansion, as older predictive models (as to what percentage of those with opiate addiction will go on to need methadone) were developed in an environment that did NOT also have Suboxone and Vivitrol.

Consult the LSP Guidelines for additional guidance on completing this form.
LGU: Seneca County Community Services Board (70330)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

○ Yes
◉ No

If yes, briefly describe the mechanism used to identify such persons:

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

◉ Yes
○ No

If yes, briefly describe the mechanism used in the planning process:

The LGU does not engage in the individual treatment-planning or care-coordination of those with multiple disabilities in Seneca County. The LGU utulizes the Community Services Board's Mental Health Committee, Alcohol & Substance Abuse Committee, and Developmental Disabilities committee in the population-level planning of services for those with multiple disabilities within Seneca County.

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

◉ Yes
○ No

If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

Case conferences, facilitated by the LGU, resolved on both formal and informal basis. Advocacy groups will be utilized to assist in the resolution of disputes that may arise. Additionally, the LGU has (and will continue to) participate in several cross-system efforts to resolve local or county-level disputes such as the Criminal Justice Advisory Board, STOP-DWI, Seneca County Child Abuse Response Team (SCCART), SPOA (both child and adult) and also has monthly meetings wherein our mental health clinic and substance abuse clinic staff have a "grand-rounds" to discuss shared cases (when appropriate releases allowing for this exchange are in place.

Consult the LSP Guidelines for additional guidance on completing this form.

2017 Priority Outcomes - Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.

Priority Outcome 1:

Monitor & Enhance Mental Health Service Delivery Systems

Progress Report: (optional) *new*

Priority Rank: *Unranked*

Applicable State Agency: OMH

Aligned State Initiative: *new*

☑ The Prevention Agenda 2013-2018
☑ Population Health Improvement Plan (PHIP)
☑ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
☑ OMH Transformation Plan

Is this priority also a Regional Priority? *new* Yes

Strategy 1.1

LGU will report to the CSB and BOS' Mental Health Committees on: • any provider agency wait-lists for services (Capacity & Access); • percentage of Seneca County Jail inmates who also have received treatment for a mental health disorder (Access, Quality, Outcome); • Self-initiated Provider Outcome Studies;
Applicable State Agency: OMH

Strategy 1.2

LGU and the CSB Mental Health Committee will monitor the RPC data dashboard data; BHO Data; Managed Care outcome metrics; and FLPPS metrics related to Mental Health & Physical Health outcomes. and report results during quarterly CSB Mental Health Committee Meetings.
Applicable State Agency: OMH

Strategy 1.3

As Seneca County is the primary provider of outpatient Mental Health Clinic services in Seneca County, and in light of staffing challenges related to salary disparities between Seneca County and other contiguous county-MH-providers, the LGU will work together with Seneca County Personnel Department, Seneca County Manager and the SC Board of Supervisors to advocate for a benchmarking study and to make formal recommendations to the SC Board of Supervisors on addressing the salary disparities for clinic staff positions within the SCCCC MH Clinic.
Applicable State Agency: OMH

Strategy 1.4

LGU will facilitate Implementation of the Sequential Intercept Model for Mental Health and Criminal justice, working with the Seneca County Criminal Justice Advisory Board.
Applicable State Agency: OMH

Strategy 1.5

LGU and CSB MH Committee will engage with alternative non-formal providers of mental health care (i.e. clergy; school nurses etc.) to provide them with additional support and education on the Seneca County Mental Health System of Care and provider-options (for MH & CD) available within the county
Applicable State Agency: OMH

Priority Outcome 2:

Continue to increase Housing Options for those with mental illness in Seneca County

Progress Report: (optional) *new*

Priority Rank: 2

Applicable State Agency: OMH

Aligned State Initiative: *new*

☑ Adult Medicaid Behavioral Health Managed Care Implementation
☑ OMH Transformation Plan

Is this priority also a Regional Priority? *new* Yes

Strategy 2.1

Work with RCE implementation to improve transitions of Elmira Psychiatric Center clients back into Seneca County by monitoring utilization of the increased number of Supported Housing Beds in Seneca County as reported in SPOA and in the CSB Mental Health Committee.
  Applicable State Agency: OMH

Strategy 2.2

LGU/Designee to regularly attend Seneca County Housing Coalition meetings.
  Applicable State Agency: OMH

Strategy 2.3

LGU to support and promote utilization of Regional Supported Housing bed increases (as part of regional grant application) by Seneca County residents and to monitor utilization and report to CSB Mental Health Committee on a quarterly basis.
  Applicable State Agency: OMH

Priority Outcome 3:

Improved Early Detection and Access to Children's Mental Health Services

Progress Report: (optional) *new*

Priority Rank: 3

  Applicable State Agency: OMH

  Aligned State Initiative: *new*

☑The Prevention Agenda 2013-2018
☑Population Health Improvement Plan (PHIP)

  Is this priority also a Regional Priority? *new* Yes

Strategy 3.1

Seneca County will continue to serve as the lead county (along with Tompkins County) for the OMH Early Recognition Grant, and will obtain the required number of screens (as per the work plan of the grant and) as implemented by the Franziska Racker Centers in Seneca County. Will increase the overall number of screeners and screen locations in Seneca County to foster sustainability of this effort after the grant ends.
  Applicable State Agency: OMH

Strategy 3.2

Monitor progress of the System of Care initiative in Seneca County to ensure county-wide adoption of the "CARES Team Map."
  Applicable State Agency: OMH

Strategy 3.3

LGU will work with Seneca County Public Health Department as they implement their Prevention Agenda Plan related to mental health and substance abuse in Seneca County.
  Applicable State Agency: OMH

Strategy 3.4

LGU will work with SCCCC Mental Health Clinic staff to promote training clinical staff in treatment for those with I/DD, and will have at least one provider at their Waterloo and Ovid location who are able to work with those clients with I/DD by the end of the current plan-year.
  Applicable State Agency: OMH

Priority Outcome 4:

Improved Employment Opportunities for Residents with Mental Health, Substance Abuse and Developmental Disabilities

Progress Report: (optional) *new*

Priority Rank: 4

  Applicable State Agencies: OASAS OMH OPWDD

  Aligned State Initiative: *new*

☑None of the Above

Is this priority also a Regional Priority? *new* No

Strategy 4.1

The LGU will ensure the efficacy of all contracted agencies (who are listed as a NYESS provider and) who provide vocational services for Seneca County residents with CD, I/DD and/or MH diagnoses, by examining provider data on the NYESS system for items such as (but not limited to: number of unique individuals served; number placed in employment; retention after placement; the number of employers utilizing available Federal/State incentive dollars for hiring employees with disabilities. This review will occur twice during the plan year: at 6-months and again at plan year-end.
  Applicable State Agencies: OASAS OMH OPWDD

Strategy 4.2

The CSB DD Committee will monitor OPWDD employment plans (i.e. CMS Integrated Work settings, elimination of sheltered workshops etc.)and how they are operationalized within Seneca County.
  Applicable State Agency: OPWDD

Strategy 4.3

LGU will report to CSB MH Committee on status of the peer employee program implementation, including but not limited to: the hiring of part-time Peer Specialist Positions (from the Civil Service Exam list), the implementation of a 1xper month job club, utilization of the Peer and Program Support Workers, and the hiring and utilization of the 1-2 Part time peer-specialist employees.
  Applicable State Agency: OMH

Priority Outcome 5:

Improved Health of County Residents who Receive MH and/or CD Services

Progress Report: (optional) *new*

Priority Rank: *Unranked*

  Applicable State Agencies: OASAS OMH

  Aligned State Initiative: *new*

☑The Prevention Agenda 2013-2018
☑Population Health Improvement Plan (PHIP)
☑Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
☑Adult Medicaid Behavioral Health Managed Care Implementation
☑Child Medicaid Behavioral Health Managed Care Implementation

  Is this priority also a Regional Priority? *new* Yes

Strategy 5.1

As the Health Home, DSRIP, Medicaid Managed Care and Prevention Agenda initiatives continue, the CSB MH & ASA Committees will monitor the following data points to track overall health of Behavioral Health Clients in Seneca County: A. RPC Data Dash Board; B. FLPPS (DSRIP) Regional Data; C. Most Recent County PQI Data; D. SC Public Health Prevention Agenda Data;
  Applicable State Agencies: OASAS OMH

Strategy 5.2

CSB MH & ASA Committees will receive quarterly presentations by local programs related to efforts in: A. DSRIP; B. Prevention Agenda; C. Medicaid Managed Care
  Applicable State Agencies: OASAS OMH

Strategy 5.3

SC Addictions Program will increase access to psychiatric services for those in their outpatient 822 Clinic treatment program.
  Applicable State Agency: OASAS

Strategy 5.4

SC Addictions Program will increase access and utilization of family services within their 822 Outpatient Clinic.
  Applicable State Agency: OASAS

Priority Outcome 6:

Impact of Medicaid Managed Care on I/DD population in Seneca County.

Progress Report: (optional) *new*

Priority Rank: *Unranked*

  Applicable State Agencies: OPWDD

  Aligned State Initiative: *new*

☑Fully Integrated Duals Advantage Program (FIDA)
☑OPWDD People First Transformation

  Is this priority also a Regional Priority? *new* No

Strategy 6.1

Working with the ARC of Seneca-Cayuga and other I/DD providers in Seneca County, the CSB DD Committee will develop a list of primary healthcare, dental and behavioral health providers with expertise in treating those with I/DD.
  Applicable State Agency: OPWDD

Strategy 6.2

CSB DD Committee will monitor OPWDD implementation of Medicaid Managed Care as it unfolds during the plan year. Will discuss with providers, any issues their clients are experiencing within their agencies and/or with other providers as it relates to access to care, quality of care and overall client satisfaction.
  Applicable State Agency: OPWDD

Strategy 6.3

Given changes in how and where services can be provided under new rules from CMS, will encourage providers to brainstorm for co-location opportunities to improve overall access to services for clients and families.
  Applicable State Agency: OPWDD

Strategy 6.4

Will review PQI data for preventable hospital admissions and ED presentations and compare to Seneca County Base-year data for 2009, to identify emerging trends.
  Applicable State Agency: OPWDD

Priority Outcome 7:

Effects of "Community Integration" on local I/DD population.

Progress Report: (optional) *new*

Priority Rank: *Unranked*

  Applicable State Agencies: OPWDD

  Aligned State Initiative: *new*

☑OPWDD People First Transformation

  Is this priority also a Regional Priority? *new* No

Strategy 7.1

Working with the I/DD provider Agencies in Seneca County, the CSB DD Committee will monitor I/DD service utilization data to review for impact (positive or negative) to the community services being provided to Seneca County residents with I/DD.
  Applicable State Agency: OPWDD

Strategy 7.2

Working with the I/DD provider Agencies in Seneca County, the CSB DD Committee will review housing information and options available to Seneca County residents with I/DD to ensure local supply is adequate to meet the demands of those with I/DD in a self-directed care environment.
  Applicable State Agency: OPWDD

Priority Outcome 8:

Supportive Living Apartment(s)

Progress Report: (optional) *new*

Priority Rank: *Unranked*

Applicable State Agencies: OASAS

Aligned State Initiative: *new*

☑Combat Heroin and Prescription Drug Abuse

Is this priority also a Regional Priority? *new* Yes

Strategy 8.1

LGU will monitor utilization of FLACRA's "new" Seneca County supported housing and affordable housing beds for SUD clients, with report-out from FLACRA at each CSB ASA Committee meeting. This report-out will include total number Seneca County SUD-resident who have used these new supported housing beds in Seneca County, and percentage of days beds were filled each quarter.
Applicable State Agency: OASAS

Strategy 8.2

FLACRA and the LGU/Designee will continue to attend (and advance the need for CD Supportive Living Apartment-Services and more permanent housing solutions within the Seneca county Housing Coalition Meetings).
Applicable State Agency: OASAS

Strategy 8.3

FLACRA will complete all tasks necessary and sufficient to obtain/retain capital funding from OASAS for the Seneca County OASAS Supported Housing Beds.
Applicable State Agency: OASAS

Priority Outcome 9:

Reduce Underage Drinking, Cannabis and Prescription and other drug abuse

Progress Report: (optional) *new*

Priority Rank: 5

Applicable State Agencies: OASAS

Aligned State Initiative: *new*

☑The Prevention Agenda 2013-2018
☑Combat Heroin and Prescription Drug Abuse
☑Talk2Prevent

Is this priority also a Regional Priority? *new* No

Strategy 9.1

Seneca County LGU will work with the Seneca County Substance Abuse Coalition (SCSAC) and Seneca County United Way as they implement the DFC Grant, and will have the SCSAC report to the CSB Alcohol and substance abuse Committee on their progress to date.
Applicable State Agency: OASAS

Strategy 9.2

Seneca County LGU will monitor Seneca County heroin/opiate abuse/dependency by: reporting quarterly to CSB ASA on the percentage of all admissions to SCAP that are opiate-involved"; attending criminal justice advisory board and reporting to CSB ASA quarterly on any increases in opiate-related arrests noted by law enforcement.
Applicable State Agency: OASAS

Strategy 9.3

The Seneca County Substance Abuse Coalition will implement a plan related to the Risk and Protective Factors identified in 2013 YDS (and 2016-17 YDS when results are available), and will present said plan to the Community Service Board's Alcohol and Substance Abuse Committee.
Applicable State Agency: OASAS

Strategy 9.4

The CSB ASA Committee will review the inventory of all ATOD prevention efforts within the county, to ensure access to (and utilization of) school and community-based ATOD prevention services consistent with OASAS Established Prevention Guidelines. LGU will review and report on "National Council's" Prevention Plan for Seneca county within the ASA Committee.
Applicable State Agency: OASAS

Strategy 9.5

The Seneca County Youth Counseling Program (of the SC Mental Health Department) will maintain all school-based counseling services AND use an appropriate evidenced-based program within all school districts in the county, and will track and report-out on utilization of these services at the CSB ASA Committee meetings.
   Applicable State Agency: OASAS

Strategy 9.6

The Seneca County Mental Health Department will continue to work with the Seneca County Substance Coalition, Seneca County United Way, and the Council on Alcoholism and Addictions of the Finger Lakes as they implement their respective substance abuse prevention efforts within the county, and will continue to have these agencies make regular progress reports the CSB ASA committee meetings throughout the year.
   Applicable State Agency: OASAS

Priority Outcome 10:

Reduce Heroin & Prescription Opitates Use/Abuse/Dependency

Progress Report: (optional) *new*

Priority Rank: *Unranked*

   Applicable State Agencies: OASAS

   Aligned State Initiative: *new*

☑The Prevention Agenda 2013-2018
☑Population Health Improvement Plan (PHIP)
☑Combat Heroin and Prescription Drug Abuse

   Is this priority also a Regional Priority? *new* Yes

Strategy 10.1

LGU will monitor Seneca County heroin/opiate abuse/dependency by: reporting quarterly to CSB ASA on the percentage of all admissions to SCAP that are "opiate-involved"; attending criminal justice advisory board and reporting at CSB ASA quarterly meetings on any increases in opiate-related arrests noted by law enforcement.
   Applicable State Agency: OASAS

Strategy 10.2

LGU and ASA will continue to advocate for increased access to Medication Assisted Therapies (i.e. Suboxone) and increased access to Ancillary Withdrawal Services in Seneca county, and to support the SCCCC Addictions Clinic's request for increased OASAS funding to expand MAT and Ancillary withdrawal services in Seneca county.
   Applicable State Agency: OASAS

Strategy 10.3

CSB ASA Committee will work with the SC Public Health Department, Dick Vandyke ATC, FLACRA and the SCCCC Addictions Program to increase the number of Naloxone trained Seneca County residents.
   Applicable State Agency: OASAS

Strategy 10.4

LGU will facilitate a Sequential Intercept Mapping workshop to identify opportunities for intercepting those with ASA/MH issues at intercepts 1 (initial Call, dispatch and Law Enforcement response) and 2 (initial court appearance), and to review possible changes to local Drug Court utilization.
   Applicable State Agency: OASAS

Strategy 10.5

LGU to report to CSB and Board of Supervisors Monthly on: A. Trends noted at SC Criminal Justice Advisory Board meetings; B. Drug Arrests, Number of Opiate-involved inmates at SC jail; C. Weight of drugs turned in at prescription drug drop boxes; D. Percentage of those admitted to SCAP with opiates as primary, secondary or tertiary diagnoses.
   Applicable State Agency: OASAS

Priority Outcome 11:

Reduce Incidence of Compulsive Gambling

Progress Report: (optional) *new*

Priority Rank: *Unranked*

   Applicable State Agencies: OASAS

Aligned State Initiative: *new*

☑ None of the Above

Is this priority also a Regional Priority? *new* No

Strategy 11.1

The LGU will continue to support the SCSAC in their administration of subsequent Youth Development surveys within Seneca County.
Applicable State Agency: OASAS

Strategy 11.2

County to hire one Full Time Gambling Prevention Specialist and one Full Time Gambling Treatment Clinician as per MOU with entity now operating as Del Lago Resort & Casino in Seneca County NY.
Applicable State Agency: OASAS

Strategy 11.3

The Seneca County Problem Gambling Prevention Specialist (funded under MOU by Del Lago Casino) will research options to capture Gambling data related to those Seneca County residents not currently assessed using the measures employed to date. In that the YDS targeted youth in 7th -12th grades and the senior survey conducted by the Council on Alcoholism and Other Addictions of the Finger Lakes captured those age 62 and older, the Problem Gambling Prevention Specialist will utilize prevalence data multiplied by population data to develop an estimate of those with potential gambling problems in Seneca County, and will report this estimate to the ASA Committee of the CSB.
Applicable State Agency: OASAS

Strategy 11.4

County to hire one Full Time Gambling Treatment Clinician and One Full time Gambling Prevention Specialist as per the MOU with Seneca County Casino Operator formerly known as White-Tail 414.
Applicable State Agency: OASAS

Strategy 11.5

LGU to participate in Regional "Responsible Play Partenrship" Forums with Casino Operators, Treatment Providers and others concerned about problem gambling.
Applicable State Agency: OASAS

Priority Outcome 12:

Increase the percentage of those in CD treatment as compared to CD prevalence estimates in Seneca County (Improve Treatment Penetration Rates).

Progress Report: (optional) *new*

Priority Rank: *Unranked*

Applicable State Agencies: OASAS

Aligned State Initiative: *new*

☑ The Prevention Agenda 2013-2018
☑ Population Health Improvement Plan (PHIP)
☑ Combat Heroin and Prescription Drug Abuse

Is this priority also a Regional Priority? *new* No

Strategy 12.1

Seneca County Community Counseling Center (SCCCC) will track utilization of newly approved "off-site" services under Medicaid Managed Care, and will report on utilization at CSB ASA Committee meetings.
Applicable State Agency: OASAS

Strategy 12.2

The will track the percentage of those in CD treatment when compared to CD prevalence data for Seneca County.
Applicable State Agency: OASAS

Strategy 12.3

SC Addictions Program will report to the SC CSB ASA Committee on the percentage of mandated legally-involved clients when compared to the total in treatment within their treatment program per quarter.
Applicable State Agency: OASAS

Priority Outcome 13:

Continue to monitor those Seneca County children transitioning from Children's I/DD services into Adult I/DD services

Progress Report: (optional) *new*

Priority Rank: *Unranked*

  Applicable State Agencies: OPWDD

  Aligned State Initiative: *new*

☑ OPWDD People First Transformation

  Is this priority also a Regional Priority? *new* No

Strategy 13.1

At each CSB DD Committee meeting the committee and The ARC of Seneca-Cayuga will review the number of transitioning children and any trends noted in children who are entering into the possibility of transitioning into Adult DD services
  Applicable State Agency: OPWDD

Strategy 13.2

If any trends are detected, the CSB DD committee will work with: the LGU; The ARC of Seneca-Cayuga; and any CSE Chairs from affected schools to identify any barriers or other factors negatively impacting successful transitions of children from the child to adult DD services "world".
  Applicable State Agency: OPWDD

Priority Outcome 14:

"Front Door" Monitoring

Progress Report: (optional) *new*

Priority Rank: *Unranked*

  Applicable State Agencies: OPWDD

  Aligned State Initiative: *new*

☑ OPWDD People First Transformation

  Is this priority also a Regional Priority? *new* No

Strategy 14.1

I/DD Providers in Seneca County will report as a regular CSB DD Committee agenda item, the average time between referral and the start of assessment for all referred to the "Front-Door" during each quarter.
  Applicable State Agency: OPWDD

Strategy 14.2

I/DD Providers in Seneca will report as a regular CSB DD Committee agenda item the average time between beginning and completing an assessment for all referred to the "Front-Door" during each quarter.
  Applicable State Agency: OPWDD

Strategy 14.3

I/DD Providers in Seneca County will report as a regular CSB DD Committee agenda item the average time between "Front-Door" approval of eligibility for services and the implementation of services during each quarter.
  Applicable State Agency: OPWDD

Priority Outcome 15:

START Program Monitoring

Progress Report: (optional) *new*

Priority Rank: *Unranked*

  Applicable State Agencies: OPWDD

  Aligned State Initiative: *new*

☑OPWDD People First Transformation

Is this priority also a Regional Priority? *new* Yes

Strategy 15.1

The ARC of Seneca-Cayuga, as a member of the START program selected by NYS for Seneca County, will report at each CSB DD Committee meeting on: the number of unique Seneca County individuals referred to START each quarter; the percentage of those Seneca County individuals referred who are approved for START each quarter, and the percentage of those Seneca County individuals approved who actually utilize the program.
Applicable State Agency: OPWDD

Priority Outcome 16:

Physical Health and Medical Conditions of Seneca County Residents with Intellectual and/or Developmental Disabilities

Progress Report: (optional) *new*

Priority Rank: *Unranked*

Applicable State Agencies: OPWDD

Aligned State Initiative: *new*

☑OPWDD People First Transformation

Is this priority also a Regional Priority? *new* No

Strategy 16.1

Using OPWDD and DOH data, as well as Data found on the RPC Data Dashboard, CSB DD committee will monitor for changes in needs (i.e. increased dental care etc.).
Applicable State Agency: OPWDD

Priority Outcome 17:

Continue to increase behavioral health housing options in Seneca County.

Progress Report: (optional) *new*

Priority Rank: 1

Applicable State Agencies: OASAS OMH

Aligned State Initiative: *new*

☑Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
☑OMH Transformation Plan

Is this priority also a Regional Priority? *new* Yes

Strategy 17.1

–LGU & Housing providers to report-out to CSB Mental Health and Alcohol & Substance Abuse Committees on utilization of OMH & OASAS Housing within Seneca County.
Applicable State Agencies: OASAS OMH

Strategy 17.2

LGU and/or Designee to regularly attend the Seneca County Housing Coalition meetings.
Applicable State Agencies: OASAS OMH

Strategy 17.3

LGU to support and promote utilization of regional housing efforts (i.e. OMH "EPC Transformation" supported housing beds; OASAS Supported Housing Beds).
Applicable State Agencies: OASAS OMH

Priority Outcome 18:

Improve Access to Autism Services in Seneca County

Progress Report: (optional) *new*

Priority Rank: *Unranked*

   Applicable State Agency: OPWDD

   Aligned State Initiative: *new*

☑OPWDD People First Transformation

   Is this priority also a Regional Priority? *new* No

Strategy 18.1

The ARC of Seneca Cayuga will present to the CSB DD Committee and/or the full Seneca County Board of Supervisors specifically on the topic of Autism.
Applicable State Agency: OPWDD

Strategy 18.2

Working with local school district CSEs and I/DD providers, the LGU will collect data and formulate prevalence estimates on Autism within Seneca county (including those who do and do not qualify for OPWDD services), to establish current and unmet need.
Applicable State Agency: OPWDD

Strategy 18.3

With established Autism prevalence estimates, LGU will collect data on current local I/DD service system utilization and capacity, to determine adequacy should service estimates indicate higher need than can accommodated by current capacity.
Applicable State Agency: OPWDD

Priority Outcome 19:

Improved access to I/DD services for those who do NOT qualify for OPWDD services.

Progress Report: (optional) *new*

Priority Rank: *Unranked*

   Applicable State Agency: OPWDD

   Aligned State Initiative: *new*

☑OPWDD People First Transformation

   Is this priority also a Regional Priority? *new* No

Strategy 19.1

LGU will collect data on all those who receive intake appointments at the SCCC MH & Addictions Clinics to screen and/or identify those with probable I/DD symptoms or diagnoses. Will review cases within each clinics' case-conferences and report out on aggregate data as to those who would possibly benefit from I/DD services in addition to or instead of the MH or addictions treatment there were actually referred for.
Applicable State Agency: OPWDD

Priority Outcome 20:

Suicide Prevention : Reduce Incidence of Suicide in Seneca County

Progress Report: (optional) *new*

Priority Rank: *Unranked*

   Applicable State Agency: OMH

   Aligned State Initiative: *new*

☑The Prevention Agenda 2013-2018

   Is this priority also a Regional Priority? *new* No

Strategy 20.1

Seneca county LGU will accept and apply grant-funding from NYS OMH to lead the effort to establish and implement a free-standing stakeholder-driven Suicide Prevention coalition in Seneca County.
Applicable State Agency: OMH

Strategy 20.2

Once established, the Seneca County Suicide Prevention Coalition will complete a community assessment and make specific recommendations regarding interventions to decrease the incidence of suicide in Seneca County.
   Applicable State Agency: OMH

Consult the LSP Guidelines for additional guidance on completing this form.

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 Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson		**Member**	
Name	Carol Faivre	**Name**	Todd Horton
Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	Public & Academia- NYS Chiropractic College	**Represents**	Public
Term Expires	12/10/2017	**Term Expires**	6/9/2019
eMail	cfaivre@rochester.rr.com	**eMail**	thorton1@rochester.rr.com

Member		**Member**	
Name	Ted Papperman, Ph.D.	**Name**	Tom Premo
Physician	No	**Physician**	No
Psychologist	Yes	**Psychologist**	No
Represents	Family & Provider - Yates County MH	**Represents**	Consumer & Provider - Seneca Connections Drop In Center
Term Expires	2/11/2018	**Term Expires**	3/8/2020
eMail	tjpapperman@gmail.com	**eMail**	tom_premo972@yahoo.com

Member		**Member**	
Name	Stanley Hatch	**Name**	Patricia Plyter
Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	Family	**Represents**	Family & Provider - Nurse, Geneva General Hospital
Term Expires	11/13/2016	**Term Expires**	2/9/2019
eMail	srhatch67@yahoo.com	**eMail**	patriciaplyter@yahoo.com

Member		**Member**	
Name	Dr. John Barnoski	**Name**	Dr. Veronica Mittak
Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	Consumer	**Represents**	NYS Chiropractic College
Term Expires	1/12/2020	**Term Expires**	9/10/2017
eMail	jbarnoski@rochester.rr.com	**eMail**	vmittak@nycc.edu

Member		**Member**	
Name	Susan Ganser	**Name**	Jennifer Mander
Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	Consumer & Provider - Elmira Psych Center Rehab Counselor/MIT	**Represents**	Consumer & Provider - Elmira Psych Center (MIT)
Term Expires	11/10/2019	**Term Expires**	12/10/2017
eMail	slganser15@gmail.com	**eMail**	jlmander24@yahoo.com

Member		**Member**	
Name	Peter Same	**Name**	Lisa Heitman
Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	Public	**Represents**	Public
Term Expires	2/11/2018	**Term Expires**	11/10/2019
eMail	psame@rochester.rr.com	**eMail**	lisajan1962@yahoo.com

Member		**Member**	

Name	Amy Elias		**Name**	Robert Hayssen
Physician	No		**Physician**	No
Psychologist	No		**Psychologist**	No
Represents	Family		**Represents**	Seneca County Board of Supervisors - MH Committee Chair
Term Expires	6/14/2020		**Term Expires**	1/10/2017
eMail	amye2000_2000@yahoo.com		**eMail**	rhayssen@rochester.rr.com

Consult the LSP Guidelines for additional guidance on completing this exercise.

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" $59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, $15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

◉ a) Yes

○ b) No

○ c) Don't know

If "Yes":
Please briefly describe any impacts the reinvestment resources have had since implementation, particularly as it relates to impacts in State or community inpatient utilization. If known, identify which types of services/programs have made such impacts.
Our county was part of a 9-county regional Transformation Plan Reinvestment Plan and as such indirectly received funding, in the form of increased respite, MIT and Peer support services. We have seen the number of Seneca County residents on the Elmira Psychiatric Center Roster,listed as having stays at EPC, decrease from an historical 10-12 using inpatient care during a reporting period to 7-10, and our one long-stay resident was successfully discharged.

2. Please provide any other comments regarding Transformation Plan investments and planning.
Would like to see the implementation of our regional plan's "ACT-like" services as these have yet to be implemented. Also, would like to see the use higher level staff (i.e. LMSW, LMHC) in the ":ACT-Like" services, as opposed to the primarily peer and MHTAs currently being utilized by MIT.

Consult the LSP Guidelines for additional guidance on completing this form.

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 2017 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 2017 Local Services planning process.

1. Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. Provide documentation, where available.

<u>Seneca County</u>

Seneca County is located between Seneca and Cayuga lakes (bordering on its west and east sides respectively), in the Finger Lakes region of Western NY. With its largest population-concentration located in the northern portion of the county, most of the county's 35,000 residents reside in (or in close proximity to) the towns of Waterloo and Seneca Falls. Socio-culturally, the county is divided into a north/south culture by history, and this is concretely manifested in the two telephone area codes which divide the county nearly in half: (315) in the north; and (607) in the south. It is largely an agricultural county, with many wineries and a large Amish population. Other important businesses of note are: the Seneca Meadows (Landfill with methane power generation); ITT Gould's Pumps (a manufacturer of pumps); Bonadent (a manufacturer of dentures & dental implants); the NY State Empire Farms Days event; and tourism to the area wineries and the Seneca Falls Women's Rights Museum and Women's Hall of Fame.

Of particular note over the past year was the ground-breaking and accelerated construction of the Del Lago Casino, which is scheduled to open and begin operations in the Town of Tyre (in Seneca County) in February 2017. This casino has brought much needed construction jobs to Seneca County, but is also not without significant concern as it nears its grand opening. In anticipation of the Casino's operation within the County, and as part of their initial application to the selection committee and Gaming Commission (for their license) the Seneca County Mental Health Department signed an MOU with the Casino Developers (as part of their "mitigation plan") that calls for the Casino to fund one full-time County-employee Gambling Prevention provider, and one full-time county-employee Gambling Treatment provider. It is anticipated that the full-time Gambling Prevention Provider will begin work in early 2017, and the treatment clinician in mid-2017.

The Casino is viewed as a positive by most within the county, given the significant number of jobs that have left the county over the past 25+ years. The county has experienced the closing of large US Army, Air Force and Naval installations during the late 1990's, with only minimal re-use of those facilities by: a Children's Residential Treatment Facility run by Hillside Children's Center; the construction of a new county jail facility; the construction and operation of the Five-Points NYS Correctional Facility, a Veterans'' Cemetery; and several small start-up businesses (i.e. a small hay-drying facility, a secure data storage facility and some rail and truck transportation companies). Recently, it was announced by the local development corporation, the Seneca County Industrial Development Agency (IDA), which owns the depot, had accepted an offer to purchase the entire 7,000 acres of property submitted by a local steel manufacturer, who will add an additional (projected) 50 jobs to the local economy and who has agreed to work with conservation groups to preserve the depot's white deer population.

The county also saw the downsizing and then closure of the NYS OMH operated Willard Psychiatric Center (in the late 1980's early 1990's), a portion of which was subsequently converted into a minimum security DCJS- OASAS licensed drug/alcohol treatment facility for state inmates. The Willard site also retains the OASAS licensed Dick Van Dyke ATC. The remainder of the buildings have been allowed to fall into disrepair, and with the exception of a recent "Ghost Tour", which generated an unprecedented number of visitors to the site for their annual facility tour event, the buildings remain empty and unutilized.

I. <u>Overall Needs Assessment Process</u>

For all three disability groups, the needs assessment process for this integrated plan utilized quantitative data from the following sources

- OASAS-provided EPI Profiles;
- Youth Development Survey results for Seneca County (2008, 2011, 2013);
- Center for Governmental Research's 2007 Profile of Seneca County;
- 2010 US Census Data;
- Kids Wellbeing Indicators Clearing House (KWIC) Data;
- 2013 & 2014 Prevalence Data for Mental Illness; Drug & Alcohol Abuse/Dependency (CLMHD Data Dashboard)
- Utilization Data from the County-Run Mental Health & Substance Abuse Clinics (the Primary and Only Providers in the County Respectively;
- Seneca County Jail Aggregate Mental Health Service-Data

Quantitative and Qualitative input was also obtained through the:
- CSB standing three committees for mental health, alcohol and substance abuse, and developmental disabilities;
- Criminal Justice Advisory Board;
- Seneca County Jail;
- STOP-DWI;
- MH, CD and DD providers;
- SPOA & SPOA Committees;
- Family Members and Clients;
- Seneca County Housing Coalition;
- Seneca County Substance Abuse Coalition; and
- Seneca County Public Health Department's Prevention Agenda Team.
- Seneca County Youth Bureau;
- Seneca County Partners for Children;
- Seneca County United Way;
- Seneca County Department Human Services.

As a result of this process, the following picture emerges for Seneca County….

II. Demographics

Seneca County is a rural county with a (2010) population of 35,250, which was up 5.7% from 2000, though the gain of about 2,000 people came largely from the construction of a state prison. Seneca grew faster than the state, which increased by 2.1% over the decade, but slower than the nation, which grew by 9.7% during that same time, but again, these gains were largely the result of the state prison. The population 85 and older grew 27% in Seneca, similar to increases in the state and nation. The two next oldest groups (ages 40-59 and 60-84) also had strong growth in the double digits, and there were generally losses in the under 20 and 20-39 groups. From 2000 to 2010, the Hispanic population grew 44% in Seneca and the African American population in Seneca nearly doubled. Yet Seneca's overall population was still 92% white. The state and nation generally experienced even larger increases in both minority groups, as well as significant population growth among Asians, which did not occur in Seneca (only a 4% increase).

III. Alcohol & Drug Abuse/Dependency & Gambling

Using the most current prevalence estimates (2013) from the CLMHD Data Dashboard, Seneca County has an estimated 2,115 people with active alcohol abuse/dependence, 2,115 of which are in need of but are NOT receiving treatment. This data indicates a 0% penetration of treatment into the potential group of all-those-with-alcohol use disorders in the county, and may indicate a shift from those who are just primarily alcohol-involved to those who are alcohol and other-drug involved.   Prevalence estimates for the same time period show 1058 with active drug abuse/dependencies (a 30% increase from 2012, and likely indicative of the emerging opiate problem given the age of the data), 705 of which are in need of, but are NOT receiving any treatment (which is a 4% improvement in treatment penetration from 2012). Seneca has average incidences of chemical dependence as compared to the rest of the state, with the exception of higher DWI arrests within the general population, and elevated levels of alcohol cannabis and gambling behaviors among youth in the county (2008 YDS). However, through the work of the Seneca county Substance Abuse Coalition, the County passed a Social Host Law in July of 2013 and the Seneca County Mental Health Department adopted new Evidence Based school-based Prevention programs which coincided with changes in several key areas (2013 YDS):
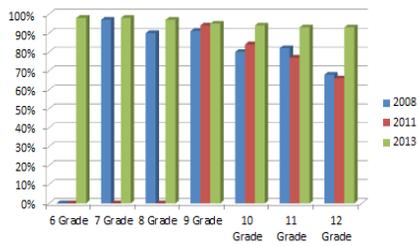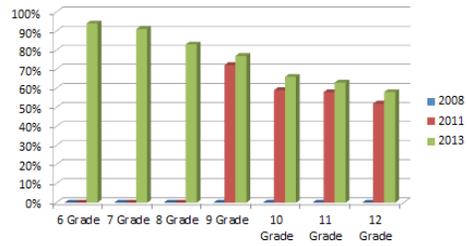
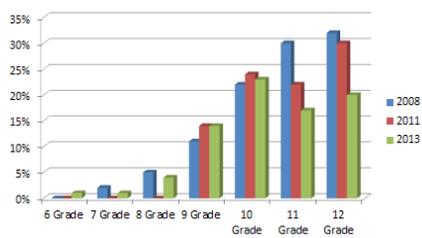## 30 Day Alcohol Use
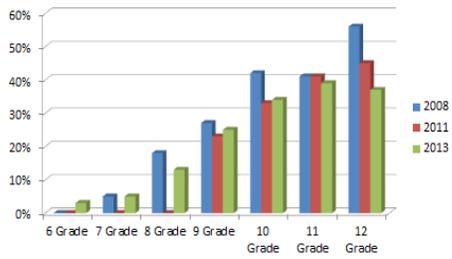
Perception of Alcohol Harm
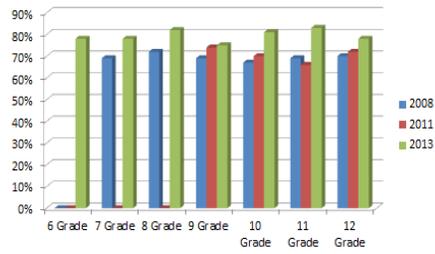
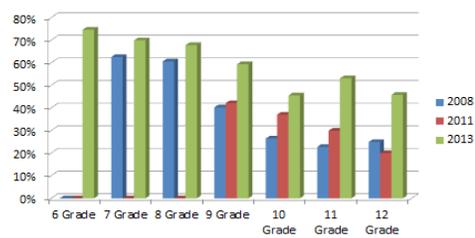## Perception of Parental Disapproval of Alcohol Use

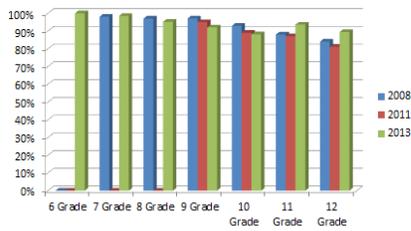## Perception of Peer Disapproval of Alcohol Use
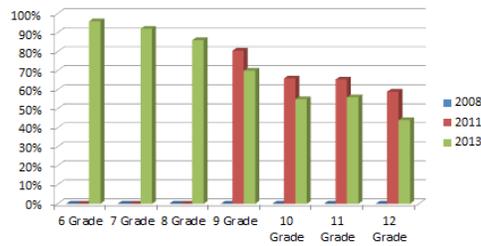

30 Day Marijuana Use

Perception of Marijuana Harm

Perception of Parental Disapproval of Marijuana Use

Perception of Peer Disapproval of Marijuana Use

The Seneca County Substance Abuse Coalition was unable to complete a Youth Development Survey in 2015, but is planning to complete this survey in the 2016-17 School-year for all districts within the county, so we should have more current data toward the end of the 2017 plan-year.

As concerns the aging population, a survey completed in 2009-2010 by the National Council on Alcoholism and other Addictions of the Finger Lakes indicated alcohol/drug use and Problem Gambling behaviors in the 62+ age group that are in line with estimates for the general population.

Systemically, trends noted in the 2015-16 plan year continued into this current plan year, with some noted differences.   The Seneca County Addictions Program (SCAP) began to notice modest increases in referrals for evaluations and saw some stabilization in the number of evaluations they completed that were not resulting in admission to outpatient treatment, due to increases in the number evaluations resulting in referrals for detox and inpatient treatment. Consulting with STOP-DWI showed no decrease in the number of DWIs in Seneca County. Consulting with our Seneca County Jail clinicians showed significant increases in the number of people being incarcerated for probation violations with drug/alcohol treatment needs. Additionally, at any given point in time anywhere from 50% - 75% of our county jail population had a known alcohol/drug use disorder and/or a mental health disorder. This resulted in our county jail adding one new full time Addictions Counselor to their staff to meet this increasing need.   Also, our Seneca County Addictions Program (SCAP) continues to report decreases in Drug Court referrals. When the LGU brought these issues to the Seneca County Criminal Justice Advisory Board (CJAB) for discussion, the following was ascertained:

- The Misdemeanor Drug Court, which had been temporarily moved to County Court to allow a newly elected judge to get up to speed before it was transferred back to him, had NEVER been transferred back. This court previously had upwards of 20 clients involved and since the transfer to the county the number had dropped to 2-3;
- Also, there were fewer overall referrals to both Felony and Misdemeanor Drug Courts, as the Public Defender pursued and achieved probation as a disposition without the added stipulation of drug court involvement, resulting in continuing increases in alcohol and drug involved clients being on probation; This resulted in having less than 10 total clients involved in the combined misdemeanor and felony Drug Courts despite substantial increase drug arrests due to the increasing opiate problem within the county;

- With probation's less rigorous reporting (compared to Drug Court), people relapsed and delayed treatment resulting in violations that increased our jail population;

These issues were reviewed at the CJAB and with Jail staff. As a result, the county applied for a SAMSHA Sequential Intercept Mapping grant, wherein we would use the grant money to fund a two-day workshop to map our local criminal justice system and specifically target Intercept 1 (Initial Call- 911, Dispatch – and Police response) and Intercept 2 (Initial Court Appearance). We did not secure this competitive grant funding but have elected to move forward with Sequential Intercept Mapping within the current plan year.

Managed Care for all Medicaid clients will remain a significant issue as the OASAS treatment system implements the use of the LOCADTR tool and then gradually moves to outcome value-based payments. Within Seneca County, the County-run clinic now utilizes LOCADTR through the DOH Health Commerce website. As this tool has already been in use within the county-clinic, it should not present significant difficulties, and shows promise when used in conjunction with OASAS's commitment to ensure no managed care plan has a lower-level-of-care "Fail-first" requirement and all plans must use the LOCADTR or another approved-by-OASAS tool. Furthermore, the insistence that providers may NOT be required to accept all of an MCO's products in order to be a Medicaid managed care provider for them will be critical to ensuring the Medicaid system does not artificially prop up any MCO's insufficient commercial product rates.

In terms of trends that pose significant concern, Heroin and prescription opiate abuse/dependency have significantly increased in Seneca County. While the overall numbers still remain somewhat low (compared to alcohol), the rate of increase is alarming and warrants intervention. From 2010 – 2015 the county has seen a 121% increase in the number of total (combined felony and misdemeanor) drug arrests. Since 2013 there have been 14 opiate overdose deaths. In September 2015 the Seneca County Department of Human Services reported for the prior 18 months that:
- 30 children needed out of home placement where drug use (primarily opiates) was a significant reason for the placement; and
- 22 of those children remained in placement 18 months later; and
- At a cost of $13,656 (12 months) $20, 484 (18-months) per child, 50% of which is county-cost.

In our county clinic, in 2010 those clients admitted with Heroin and/or prescription opiate involvement represented 25% of those admitted into the program. In 2015 that number increased significantly to 34% of admitted clients and in the first quarter of 2016 a full 50% of those admitted into the program were admitted with opiates as a primary secondary or tertiary substance. Furthermore, these clients frequently require detox and/or inpatient treatments followed by outpatient treatment and (increasingly) Medication Assisted Therapies (MATs) such as Suboxone and Vivitrol. With strict adherence to federal limits on MAT providers, access to these MATs is severely limited for Seneca County residents. Also, unlike other drug trends (i.e. bath salts; synthetic marijuana), heroin and prescription opiate use quickly progress to dependency. As a result, based upon need-estimate models for those with heroin/opiate dependencies who have historically gone-on to require methadone

maintenance, when this trend finally does subside, there will likely be larger numbers of people who will continue to need methadone treatment that will surpass the capacity of our current methadone programs, access to which is already extremely difficult for Seneca County residents (as the two closest programs are either in Syracuse or Rochester which are 45 minutes and 60 minutes away respectively). This is why the LGU and other LGUs within the Finger Lakes Region, supports the development of regional methadone programs that will be more readily accessible to those Seneca County residents who are in need of this service "down the road." While OASAS field office staff and a Rochester Methadone Provider have elected to provide increased access to methadone in the Batavia area, the Seneca County LGU will continue to support increased access to methadone for those within the Finger Lakes region.

Supported Housing for those battling addiction will continue to be a need as more individuals with opiate dependencies return to our communities. While OASAS approved Finger Lakes Addiction Counseling & Referral Agency's request to establish supported living beds within Seneca county, those beds are integrated with affordable housing beds, and will not become operational until the Fall of 2016. As there are many in need of these beds, some of whom have made very impassioned pleas to our county Board of Supervisors, the three additional beds will be quickly filled. Additional substance abuse supported living beds are needed in light of Seneca County's increasing opiate problem.

Finally, as concerns gambling, the county has a signed MOU with the Del Lago Casino Developers (as part of their mitigation plan) for Del Lago to fund one full time Gambling Prevention Specialist and one full time Gambling treatment clinician. As construction of the Casino is well underway, with an anticipated completion date of sometime in February 2017, the LGU will meet with representatives from Del Lago, NYS OASASs' Prevention Unit; and the NYS Council on Problem Gambling to fully execute the MOU in 2017. In it is anticipated that the county will hire the Gambling prevention specialist at the beginning of 2017 (prior to the casino opening), and their first task will be to develop a "Youth Gambling Baseline" by utilizing the 2008, 2011, 2013 YDS Gambling data and then facilitate completing a final targeted "gambling-only" survey in early 2017. This will provide important "Pre-Casino" data with which to compare subsequent years' data to detect any changes in gambling perceptions and behaviors among the youth of Seneca County.

IV. Mental Health

Using the most current prevalence estimates (2013) from the CLMHD Data Dashboard, Seneca County has an estimated 7,050 people with a current mental illness, of which 1,410 have serious mental illness. However, these estimates do NOT include children under the age of 18, as the NYSDOH does not collect this data for children under the age of 18. With 29.6/1,000 (or 219 total) children/youth in Seneca County being involved in Indicated Reports of Abuse/Maltreatment (KWIC) – the state rate is 16.5/1,000 – it can be extrapolated that there are significant numbers of children in need of mental health services in Seneca County as well. Medicaid (FFS & MC) data indicate there were 5,217 unique Seneca County residents receiving some form of behavioral health services in 2014, which is 74% of the total-with-mental-illness prevalence estimate within the county. As that service-receiving number does not

include clients with private insurance and self-pays (who receive services as well), it appears that the majority of Seneca county residents with mental illness are receiving some form of behavioral health service. However, given national prevalence percentages which show that approximately 20% of the population will have a diagnosed mental disorder at some point in their lifetime, there are likely a larger number of adults and children (1,000-2,000) who are affected by mental illness and are not receiving treatment at this time.

The year saw the county's first renewed AOT order in the entire history of the program in Seneca County, and referrals to this service have increased given the SAFE Act and other initiatives by the NYS Division of Criminal Justice Services and the NYS Office of Mental Health. While our number in AOT in the previous year remained at 1, that was primarily the result of clients (who were to be given an AOT designation) electing NOT to return to Seneca County from the NYS Prison system. Had those individuals opted to return to our county, the numbers in AOT here would be significantly higher.

Within the Adult Mental Health System, the coming year will mark the full implementation of Managed Care for all Medicaid clients. This will result in the need for adoption of the level of care tools currently being used by OMH, and program staff within the county will need to be trained in the use of these tools going forward. With an eventual move toward outcome focused value-based payments, managed care will remain a significant factor in the adult (and eventually child) mental health systems. As a result, it is anticipated that all programs within the county will need to implement the use of standardized outcome measurement tools (if they do not have one already). (The County Clinic will be moving ahead with training and utilization of the DLA-20). These outcome measures, along with those collected by managed care companies (i.e. HEDIS) will be reviewed in concert with client satisfaction surveys and the number of clients a program is able to see, to determine overall program "value" which will in turn drive reimbursement rates. Moving from a volume-based to a value-based system of care will require substantial changes in local programs to meet designated targets.

Full Medicaid Managed Care implementation will also require LGU-participation in the Finger Lakes Regional Planning Consortium (RPC). The Finger Lakes Region's RPC Board will review data related to access, capacity, utilization and outcomes to ensure programs are providing quality services and are reimbursed sufficiently to ensure clients have access to a full range of behavioral health services.

Similar to the increases noted in the Alcohol/Drug/Gambling section, there have been noted increases in the number of Seneca County Jail inmates in need of mental health treatment services (including medication), however, as more MH therapy services were provided within the Seneca County Jail, there has been a marked decrease in the number of constant watches and referrals for psychiatric assessments in the county jail population.   However, one area of increasing concern is the decreasing access to Psychiatrists within the community and an anecdotal increase in arrests of those with mental health diagnoses for "nuisance-crimes". In July of 2015 there were 10 inmates in our County Jail who had been on a waiting list to see the County Mental Health Clinic's Psychiatrist. While it is not clear that gaining access to the psychiatrist sooner would have prevented these incarcerations, the LGU will direct

the county-run clinic to address the backlog of clients waiting to be seen by the psychiatrist in the coming year.

Housing continues to remain a consistent issue for those in need of mental health supportive/supported housing. Our increased housing beds (made available as part of the EPC "Transformation") has seen roughly 75%-80% of the increased beds filled. We anticipate that with the loosening of restrictions for accessing these beds (beyond just those being discharged from the state hospital system) these additional beds will likely be filled at capacity during the next plan year.

In an attempt to identify those with mental illness at earlier ages, the County is in the fifth year of a five year OMH Early Recognition and Screening Grant (in partnership with Tompkins County). To date this grant has allowed for increased screening of children at natural locations where other types of screening occur (i.e. primary healthcare offices, kindergarten screenings etc.) and has resulted in dozens of Seneca County children being referred for services who might otherwise have gone unnoticed. These efforts will need to focus on becoming self-sustaining in the coming year as the grant heads toward completion.

Over the past planning year Seneca County has used additional "Enhanced-SPOA" funding from OMH to create a full time Director of SPOA and Children's Services for Mental Health within the county. This position will become the point-person for all things related to children's mental health services in Seneca County.

Lastly, no discussion of Behavioral Health Services within Seneca County would be complete without mentioning the Delivery System Reform Incentive Payment (DSRIP) program. Within Seneca County, the Finger Lakes PPS (FLPPS) through the Strong/Rochester Regional Health Partnership is our DSRIP lead. Working with FLPPS, The Seneca County Community Counseling Center project is to "push" Primary Health Care into the County's Behavioral Healthcare setting. The proposed project will utilize a new full time Nurse Practitioner to accomplish several things over the course of the 5-year DSRIP funding:

1. Will review all Mental Health Clinic Meds-only Clients with the goal of working with those clients' primary care physicians to transition those clients whose medications can be effectively managed by their PCPs back into the community, thereby freeing up the County Clinics' prescribers to see those clients whose medication needs cannot be met by their PCPs and to more readily see those clients being discharged from the hospital;
2. Will review all other Mental health Clinic Clients' PCPs to see if those doctors can appropriately prescribe for those clients (again, to free up clinic psychiatrists to prescribe those medications that PCPs cannot effectively manage);
3. Finally, both the County's Mental Health(OMH) and Substance Abuse (OASAS) Clinics will establish Satellite locations for their respective clinics within the Seneca County Health Department's Clinic Space (during times when it is not in use) such that the Nurse Practitioner will be able to work with clients from both programs and their PCPs to provide primary care services.

Finally, as Finger Lakes Health owns and has recently purchased additional Primary Care practices in Seneca County, their DSRIP project, to push in mental health services into Primary Care ,will become

part of our overall plan moving forward. Working in concert with the County's project to push primary care into behavioral health, we will be more likely to reach the goal of decreasing hospital admissions by 25% over the next 5 years.

V. <u>Developmental Disabilities</u>:

As most (but not all) individuals with Developmental Disabilities are identified and receiving care within the OPWDD system, OPWDD service utilization data is a very close estimate of overall prevalence. There are, however, some individuals who have developmental disabilities who have not been determined to be eligible for OPWDD services. While the exact number of those in the county who have developmental disabilities that are deemed ineligible for OPWDD services is not readily discernable, an estimate of this group can be inferred. Based upon 2014 Medicaid Data, it would appear that there are approximately 500 people in Seneca County who could be in need of Developmental Disability Services, yet there were only 278 who actually received developmental disability services that same year. Presumably, these 278 people are those within the OPWDD system, which would leave approximately 222 of the larger group not receiving any developmental disability services. It is therefore likely that the 271 unique individuals who would appear to need Developmental Disability services who instead received Behavioral health services are largely composed of these remaining 222 Medicaid individuals. Overall, the data seem to indicate there are many people who could likely benefit from Developmental Disability Services whose disabilities are not severe enough to warrant entry into the OPWDD system, and who therefore are receiving services from other behavioral health systems (i.e. OMH).

Several initiatives within the OPWDD system have been affecting Seneca County, including the "Front Door" which has caused significant delays in the time it takes for a person to be assessed, approved and starting actual services within the OPWDD system. The county has monitored these times and it has not been uncommon for families to take upwards of 1 year before completing the entire process (from assessment to the delivery of the first service). Furthermore, the LGU has received anecdotal reports of families of those already in the OPWDD system being reluctant to apply for new needed services out of fear the new Front Door review would open their loved one to potentially losing services or even being removed from the OPWDD system overall.   This will need to continue to be monitored in the coming year.

A new initiative that shows strong potential is OPWDD's START program for Crisis Care and Respite. While there have only been a few Seneca County residents who went through the START program, the LGU has only heard directly from one family that went through the START program, and that family's response was one of extreme gratitude for the program. While it did take a while to get their loved-one into the program (this was a family that had taken care of their child well into their senior years and "just couldn't do it anymore") the feedback from the family was overwhelmingly positive! We will continue to monitor this in the coming year.

Finally, in the coming year the implementation of managed care for the I/DD population will be watched with much anticipation.   Given the extremely slow implementation of Managed Care in the Mental Health and Substance Abuse systems, it is anticipated that Managed Care's implementation in the I/DD system will take significantly longer. If Managed Care becomes operational during the coming year, the LGU will monitor the impact of Managed Care on the DD population within Seneca County.

2. Analysis of Service Needs and Gaps - In this section, describe and quantify the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe and quantify the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Use this section to identify specific underserved populations or populations that require specialized services. Provide documentation, where available.

<center>I. <u>Service-Need & Gap Analysis Framework</u></center>

Prevalence and Current Utilization data (and in some instances needs and gaps) for all three disability groups were discussed in the previous section of this report. The following represents an analysis of:
1. where current needs are trending;
2. where there are clearly evidenced gaps in the current service array; and
3. Forecasting in an attempt to anticipate future trends.

This is being done in the hope that Seneca County can anticipate where current initiatives are trending, in the hopes of better preparing clients, families and providers for the changes ahead, and to realize the promise of each new change initiative.

<center>II. <u>Alcohol & Drug Abuse/Dependency & Gambling</u></center>

II – A. <u>Prevention</u>:

Currently the following Seneca County Programs/Providers are engaged in Alcohol/Drug Prevention work within Seneca County:

- **<u>Seneca County Mental Health Department</u>** – (1:1 and EBP Curriculum School-based Services);
- **<u>Council on Alcoholism and Addictions of the Finger Lakes</u>** (Some EBP School activities; Environmental Interventions);
- **<u>Seneca County Substance Abuse Coalition</u>** – DFC Grant.
- **<u>Seneca County Public Health Department's Prevention Agenda</u>** – which is taking a population -level look at reducing alcoholism and substance abuse in Seneca County.

II-A-1. <u>Current needs</u> are for the development of more Evidence Based Programs (EBPs) that can actually be delivered in schools. Our school-based prevention programs are competing with "No Child Left Behind" and increased testing efforts that are tied to pay and teacher evaluations.   The current stock of EBPs provided by OASAS are too intensive and impractical for utilization in schools today. As for Environmental Strategies, our Substance Abuse Coalition has secured DFC funding, however, there is a lack of depth related to social marketing experience. As much of the environmental work at the county-level involves changing beliefs/attitudes, having more than 1-2 people to go-to for this expertise would ensure more efforts come to fruition. Prevention Agenda efforts of the Local Health Department do augment the other prevention efforts nicely, but spreading the same people out into another work group dilutes their ability to produce. Finally, we

will also need to continue providing free Narcan training/Kits within the county (through the Public Health Department's program and OASAS's Dick Vandyke ATC program.)

IIA-2. <u>Current Gaps</u>: Current Prevention efforts Seneca County appear to have a sufficiently robust mix of 1:1, Environmental and Population level prevention efforts that are utilizing EBPs. Gaps that are currently present relate to Heroin/Prescription opiate prevention materials, and gambling prevention EBPs.

II-A-3. <u>Future Trends</u>: As mentioned elsewhere in this report, the county needs to hire a full time Gambling prevention specialist who will be charged with collecting and monitoring all gambling data within the county, as well as researching and implementing evidence-based Gambling Prevention programs within Seneca County. We will also need to evaluate and modify current curriculum to ensure heroin/prescription opiates are reviewed.

II – B. <u>Treatment</u>: Currently, the following Programs/Providers are engaged in Treatment efforts within Seneca County:
- Seneca County Addiction Program (822 Clinic, Suboxone, Vivitrol);
- Dick Vandyke ATC (Inpatient Treatment);
- Finger Lakes Addiction Counseling & Referral Agency – FLACRA - (SBIRT);
- Local PCP Group Practice owned by Finger Lakes Health (Suboxone)
- Seneca County Mental Health Department – Sequential Intercept Mapping (SIM) Workshop

II-B-1. <u>Current Trends</u>: As mentioned elsewhere in this report, referrals to outpatient treatment had been showing significant decline, however, it appears they are now beginning to rebound. There is still current 822 Clinic Capacity to meet the pent-up demand for treatment services that is now starting to come back into the clinic. Current needs are for increased access to inpatient treatment, increased access to detox (especially for opiates) and increased need for Suboxone providers. Finally, while clinical staff have been quick to embrace Vivitrol as an intervention, client response has been tepid at best. A program using Vivitrol for jail inmates prior to release was implemented and will be monitored for efficacy going forward. Additionally, FLACRA plans (as part of their DSRIP 3ai project) to integrate an SBIRT program within the FQHC in Ovid, Seneca County. This project will need DOH approval in order to operate and bill at the same time the FQHC is operational.

II-B-2. <u>Current Gaps</u>: As mentioned elsewhere in this report, there is a lack of Suboxone providers (current providers are at their maximum level) and ambulatory detox within Seneca County. There is also a lack of inpatient beds. Aside from the Dick Vandyke ATC, there are no other beds available <u>in </u>Seneca County. Clients must travel to Rochester, Syracuse and beyond for inpatient services. Additionally, the County does not provide any Intensive Outpatient Treatment ("IOP") services. This may need to be changed if the current population of clients (i.e. heroin/opiate dependent) demonstrates the need for more robust outpatient interventions. There is also an increase in the number of county residents with drug use disorders becoming involved in the criminal justice

system. SIM will be implemented to address the current gap in services for those at intercepts 1 & 2 (which are the initial call to 911, dispatch, police contact and initial court contact) in order to appropriately divert more individuals with mental health and substance use disorders away from the local criminal justice system.

II-B-3. <u>Future Trends</u>: As mentioned elsewhere, it is anticipated that there will be future-demand for Gambling Treatment Services once the Casino begins gaming operations. As this is not likely to occur until later in the current planning year, meeting this anticipated need should wait until the casino becomes operational (projected for February 2017). Finally, it is anticipated that as the number of heroin/prescription opiate addicted individuals continues to climb that there will be an emergent corresponding increase in the need for methadone programming for a certain percentage of that increasing population. As noted elsewhere, the county will continue to meet with other LGUs, OASAS Regional Office staff and providers to work on developing additional regional methadone program sites that will improve access for Seneca County residents once this need invariably arrives. While it is anticipated that a smaller percentage of the heroin/opiate addicted population will need methadone than in previous cohorts (largely due to access to Suboxone and Vivitrol), the increasing overall numbers will still likely result in demand for methadone services that will outstrip current capacity very shortly.

II – C. <u>Recovery Support</u>: This area is not fully developed within Seneca County, and the county would do well to increase the number of Recovery Support options (in addition to the usual 12-Step Self-Help groups within the county). Currently, the only Addictions Recovery Support Services within Seneca County are:

- Seneca County Addictions Program (SCAP) – which sponsored sending two recovery coaches to complete the Recovery Coach training offered by OASAS a few years ago.
- Finger Lakes Counseling & Referral Agency (FLACRA) was recently approved for (but has not yet opened) integrated Supportive housing apartments and affordable Housing apartments in Seneca County.

II-C-1. <u>Current Trends</u>: Outside of the two (2) Recovery Coaches that CAP has access to, there are no other (currently operational) recovery support options in Seneca County.

II-C-2. <u>Current Gaps</u>: Clearly there is a current need for more Addictions Recovery Support options within Seneca County, especially in terms of supported housing (which FLACRA intends to soon open in the Fall of 2016).

II-C-3. <u>Future Trends</u>: The trend towards increased utilization of Peers for recovery support should be explored, and should be reviewed for utilization in a variety of non-treatment related settings (i.e. Probation, CPS etc.).   We also anticipate there will be increased need for greater housing AND vocational/educational opportunities for those in recovery from an addiction.

III. Mental Health

III - A. Prevention: While the Mental Health field has not typically embraced the concept of "Prevention," the county has some Mental Illness Prevention programs:

- Seneca & Tompkins County Early Recognition & Screening Grant – (OMH grant for the provision of Mental Health Screenings to Children).
- Seneca County Public Health Prevention Agenda – "Promote Mental Health".
- Finger Lakes Health's DSRIP project (3ai) to integrate Mental Health and Primary Care.

III-A-1. Current Trends: Clearly the trend of earlier recognition/identification has been in full swing for several years in Seneca County with our ERS Screening Grant through NY OMH. We have also worked collaboratively with SCAP to have them universally utilize the Mini-Mental Health assessment screening tool for all admissions into their program. Additionally, the Public Health Prevention Agenda in Seneca County has adopted a "Promote Mental Health" item and is making it part of their plan to address this issue from a prevention framework. The county also screens for mental illness in those individuals who become incarcerated in the County Jail.

III-A-2. Current Gaps: Mental Health Screening is not currently being done with those in non-behavioral health settings (besides the ERS Schools and some PCP offices). Delivering MH screenings at places such as Probation, CPS and DHS would increase the likelihood of earlier detection and treatment.

III-A-3. Future Trends: The County is looking to adopt the sequential intercept model for interception of those individuals with mental illness and substance use disorders who are entering the criminal justice system, in order to divert them into treatment and away from settings that could likely exacerbate their symptoms and increase the likely need for higher levels of care to stabilize. Also, the DSRIP project of Finger Lakes Health (pushing MH services into PCP offices) should help to prevent (or at least lessen) the development of significant mental health disorders.

III-B. Treatment: The mental health treatment system within Seneca County is not particularly robust, and consists of:

- Seneca County Community Counseling Center (DBA Seneca County Community Services Board) - provides Outpatient MH Clinic Services to between 1,200 – 1,300 adults and children annually at our: main clinic location in Waterloo; or Ovid Clinic Satellite; and five other school based satellite clinics within 3 of the 4 Seneca County School Districts;
- Elmira Psychiatric Center's Outpatient Clinic in Seneca Falls provides outpatient treatment to a little over 100+ adult clients per year in Seneca County;
- Finger Lakes ACT – EPC (Geneva, Ontario County – Servicing *northern* portions of Seneca County);

- Mid-Lakes Act – EPC (Watkins Glen, Schuyler County – Servicing *southern* portions of Seneca County);
- Pathways Children's Waiver Program (6 slots);
- Hillside Children's Waiver Program (3 slots);
- Glove House – Respite, Children's SCM, HIFI.

Services utilized by Seneca County Residents that are Outside of the county are:
- Elmira Psychiatric Center provides intermediate care for Seneca County Adults and Children at their main location in Elmira, Chemung County. Currently the county does not have ANY long-stay clients at EPC.
- Clifton Springs Hospital, which provides: CPEP & Mobile Crisis (Adult & Child), and 939 inpatient care (adults) for Seneca County residents.
- Soldiers & Sailors hospital, Penn Yan, NY (939 inpatient- Adult);
- Cayuga Medical Center (939 inpatient for Adults & children);
- Newark-Wayne Community Hospital (939 Hospital – Adults)
- Strong Hospital (939, PHP, Day-treatment)

III-B-1.Current Trends: Current utilization trends within the county shows that demand for outpatient care has remained relatively consistent throughout the county, both for numbers of clients seeking care and for units of service delivered. In 2012 the County-run clinic expanded to handle the increased demand for services that was noted at that time, and since then, demand has remained at that level. However, decreasing salaries for Masters level clinicians has left the county with 1-3 clinician-vacancies for extended periods of time. As a result clients are seen less often and/or for short durations as staff adjust to "cover" for departed clinicians. This is compounded by the increasing demand for prescriber-time (Psychiatrist, Nurse Practitioner) which far exceeds supply, and frequently results in non-emergent clients waiting several weeks/months to see their clinic prescribers.

III-B-2. Current Gaps: Currently, county residents do **not** have genuine access to:
1. Partial Hospitalization Programs (PHP)
2. Day-treatment Programs (Clifton Springs Hospital closed their Day-treatment program in 2015);
3. IPRT;

Timely Access to prescribers (Psychiatrists, PNPs) is also a significant problem, and can take several weeks/months, especially for children.

III-B-3. <u>Future Trends</u>: Despite the fact that the county's population is aging, the trends point to continued increases in children entering into outpatient Mental health treatment. The Waterloo school district requested, and the county recently obtained, a satellite clinic license (for space within the joint hallway that connects their middle school and high school) to provide clinic service to both the middle school and high school populations. The Seneca Falls School district has also requested that we expand our current satellite-clinic hours of operation in one of their schools to accommodate increased work with families. We also anticipate increased access to treatment for those with less severe disorders through their PCP offices, largely driven by DSRIP projects in the county wherein mental health treatment is being pushed into PCP offices.

III-C. <u>Recovery Support</u>: There are several quality Mental Health Recovery Support services for adults and children within and close to Seneca County:
- Lakeview Health Services (HH Care Coordination; SC SPOA Coordinator; Lakeview Heights Supported Housing; contracted outreach);
- Elmira Psychiatric Center (8-Bed Children's Crisis Respite; Health Home Care Coordination – formerly ICM – Services for Adults; Children's ICM; Adult Community Residence (SOCR) in Seneca Falls; Peer Specialists, Mobile Integration Team & Regional Crisis Housing – part of EPC Transformation);
- Seneca Connections Drop In Center (County Owned – staffed by county employed peer & program support workers, administered by EPC – who provides on-site manager);
- Pathway's Lake breeze Child/Youth Community Residence (Geneva, Ontario County);
- Glove House (Children's SCM, Respite);
- Finger Lakes Parent Network (Parent Support, Hourly Respite);
- Franziska Racker Center (South Seneca School District – Family Navigator);
- Seneca County Partners for Children - System of Care - CARES Team Map initiative;
- The ARC of Seneca-Cayuga – Ongoing Integrated Supported Employment
- Unity House – Ongoing Integrated Supported Employment.

 III-C-1. <u>Current Trends</u>: For adults, utilization of Health Home Care Coordination for those with mental illness has been at rates similar to SCM/ICM. Utilization of peer supports for adults is still gearing up and is under-utilized in terms of overall numbers of clients, however, those clients who are using peer support are intensely using it, so the lower overall numbers are probably preventing service providers from being overwhelmed. Drop-in Center (DIC) utilization went up sharply after EPC closed their day treatment program in Seneca Falls several years ago, and DIC numbers show continued heavy utilization of the that program. Social needs are still a significant focus for most who visit the DIC, however, there are small cadres of DIC attendees who would be interested in more "Recovery Center" type activities, and there have been 1-2 voc./ed. groups that have been run to date. Adult respite has been underutilized, but has shown some increases.   For children/families, utilization of Peer support has remained consistent.   Child/Family respite utilization has remained

consistent, but there has been a significant decrease in utilization of Youth Community Residence time, most likely due to Pathways insistence that children go home on the weekends. Adult supported housing remains at capacity, however, increased beds which were historically made available ONLY for those who are coming from a State PC has resulted in only 50%-60% peak utilization. Currently, with changing requirements, these additional beds seem to run close to 80% filled.

III-C-2. <u>Current Gaps</u>: Housing remains a concern, and while the increased beds made available as part of the transformation plan have been appreciated, the previous strict adherence to "only for those coming from a State PC" have caused these beds to be seriously under-utilized. While the new "relaxed" restrictions have increased utilization of these beds, there is still increased bed-capacity at this time.   Seneca County has not had long-stay clients at EPC, nor do we have large numbers of clients in EPC at any given point in time (historically we had 10-12 and now we have 5-10). That being said, there are several former EPC inpatient clients for whom these beds could serve as a preventive measure to ensure they do not *return* to EPC, however, the current system does not allow us to use the beds for this type of client. Peer services (as noted above) are slow to get up and going, as their role and how best to utilize peers continue to evolve.

III-C-3. <u>Future Trends</u>: The increased focus on having clients with mental illness return to work is something the county sees as a priority item to move our related systems toward. Currently, all OISE slots are full, but finding work remains problematic, given the job market and transportation systems in Seneca County. We see the advent of increased Vocational, Educational and other job readiness services being offered via a recovery-center model at our Seneca Connections Drop-In-Center as a trend we anticipate moving towards.   Better and more widespread utilization of Peers will also continue to expand, and the county has had two part-time Peer Specialists as part of it's Mental Health Budget for a few years now, but have not hired staff for these two part time positions. We would look toward hiring these staff to work in concert with EPC Peer Specialists as soon as those EPC Peers are "up and running", to ensure there is no duplicative efforts.

IV. **Developmental Disabilities**

IV-A. <u>Prevention</u>:   We are unaware of any Developmental Disability "Prevention" efforts. However, we would recommend better screening for I/DD within OMH & OASAS programs to ensure those who might be eligible for OPWDD services could access them when appropriate.

IV-B. <u>Treatment</u>: The following agencies provide Developmental Disability Clinical Services to Seneca County residents and their families:
- The ARC of Seneca-Cayuga (Full continuum of DD services& supports for Children & Teens, Adults and their families);
- NYS OPWDD "Front-Door" (Assessment and Evaluation for eligibility determinations and services);

- START Program (Crisis services – including respite – for those with DD and their families)
- Seneca County Community Counseling Center – MH Clinic (DD Sex Offender Group Treatment).

IV-B-1. <u>Current Trends</u>: Utilization of DD clinical services has remained consistent over the years, with any fluctuations simply mirroring state trends. That being said, there have been some noted increases in medical care and hospitalization related to medical care over the past few years, and this trend should be examined. The move toward "unbundling" services and the push to provide more services in the community has increased the number of applications for Article 16 satellite clinics. This trend could be helpful, however it is unclear as to how this trend will work in a Managed Care environment. Of greatest importance and concern for our DD clients and their families is the "Front-Door" program for determining initial eligibility and approving service changes. We continue to experience significant delays between when a new-to-the-system client finally completes their intake process and when services finally begin, in some cases taking up to a year or more. Additionally, there have been reports of clients looking to add one small service to their current array who have lost multiple services they have used for years in the process, and the Front Door reviews ALL services a client is receiving, not just those the client/family/provider wish to add. This has seriously cut down on the number of clients asking for needed additional services, presumably out of fear they will lose some in the process. Also, transitions from the child to adult services continue to be monitored, due to some county school districts historically not being proactive in preparing their students and families for this change. To date, the County is unaware of any clients being discharged from Developmental Centers into the County, however, we continue to monitor for this possibility.

IV-B-2. <u>Current Gaps</u>:   At present, the County does not see any gaps in treatment services for children, adults and/or their families within Seneca County. The only "gap" in I/DD services that the county has noted is in the "Front Door", which should clearly be adding significantly more resources in order to speed up the process. Also, while the START program is a tremendous resource, it has only been utilized in only a few instances of which the Seneca County LGU is aware. Reporting START utilization data to the LGU would assist the LGU in determining if we need to do any marketing efforts for this valuable service within the county. One gap that was discussed at the CSB DD Committee relates to access to Primary Care and dental care for those with DD, largely as a result of there being too few doctors with I/DD expertise and too few Dental providers with I/DD expertise who take Medicaid within (or even close to) Seneca County. Clients frequently have to travel to the University of Rochester's Eastman Dental location in Rochester to receive their dental care. With the increased push for community based care, and increasing numbers of individuals opting for community (as opposed to institutional living), there is a profound lack of healthcare professionals who are trained to work with the I/DD population.

IV-B-3. <u>Future Trends</u>:   With the movement toward Medicaid managed care on the horizon, preparing DD providers for this transition will be of paramount importance. Also, increasing the housing opportunities for those with I/DD would be of critical importance.

IV-C. Recovery Support: The following agencies provide Developmental Disability Recovery and Support services in Seneca County:

- The ARC of Seneca-Cayuga (Employment Services – Including Sheltered Workshop, IRAs, Transportation, Family Support and more).
- NYS OPWDD (two homes in Seneca County).

IV-C-1. Current Trends: At present, services appear to be utilized at appropriate levels. While OPWDD did request that both their homes in Seneca County reduce one bed each (and retain the higher-bed staffing) this was due to having two sex offenders begin residing in their homes. The decreased bed (and resultant increased staffing) was to take into account these two individuals' need for increased supervision and more private living accommodations. Additionally, the state requested the elimination of a respite bed at another one of the State-operated IRAs (as this bed had rarely been used in the past 8 years). Finally, changes in funding for the ARC's Sheltered workshop due to CMS rulings on "integrated-settings" resulted in its closure. Their Knitting Industry Textile Division seems to be working well. The ARC of Seneca – Cayuga should explore integration ratio-options (percentage disabled to non-disabled employees) with OPWDD once guidance is issued to ascertain if they could possibly resurrect one of their facilities & contracts using one of the newer ratio-models.

IV-C-2. Current Gaps: At present there do not appear to be any gaps in DD Recovery Services in Seneca County.   Employment, as in the general population of Seneca County, continues to be an issue. Also, primary healthcare and dental services for those with I/DD are not readily available outside of Article 16 clinic satellites.

IV-C-3. Future Trends: Re-positioning the ARC of Seneca-Cayuga's Sheltered Workshop and increasing employment services and options for those with Developmental disabilities are key Recovery Supports to focus on going forward.