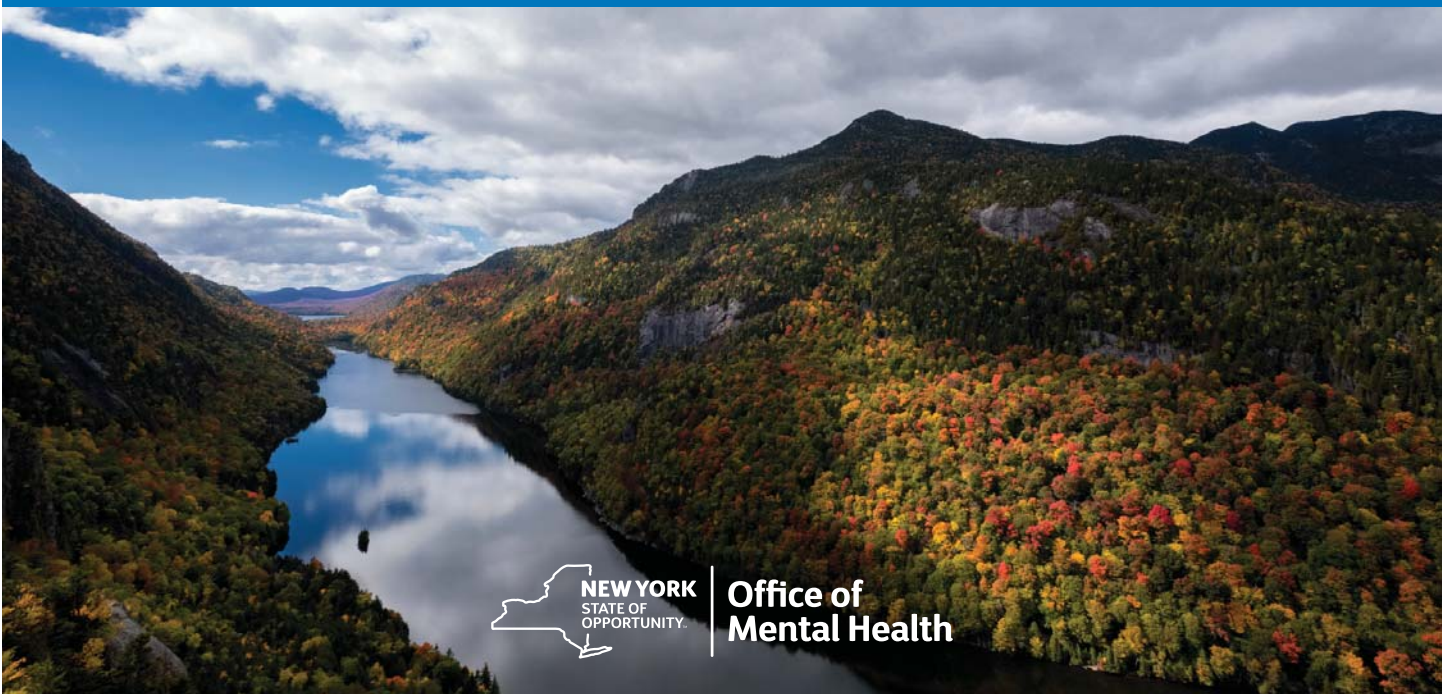


Statewide Comprehensive Plan 2016-2020 Appendix F



NEW YORK
STATE OF
OPPORTUNITY

Office of
Mental Health

Appendix F:

2016 Local Services Plans: LGU Mental Health Needs and Priorities

The following 2-page needs and priorities documents include:

Needs Assessment Data

OMH includes only areas identified as “high need” for the “mental health population” in the 2016 LSP submissions, with some exceptions:

- When a county did not identify any high local needs, but they did identify moderate local needs, then moderate local needs were listed.
- When a county did not identify any high regional needs, but they did identify moderate regional needs, then moderate regional needs were listed.

The bullets below the text box of needs assessments are a summary of explanations behind the needs identified in the county needs assessment.

Priority Outcomes Data

OMH include all top five rank-ordered priority outcomes, regardless of whether the item was specifically identified as an OMH-related priority (most had some relation). Some county plans had fewer than five priority outcomes, and therefore fewer than five are included in such cases. When more than five priority outcomes were included in a plan, OMH summarized the other priorities to the extent possible.

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LGU: Albany County

RPC Region: Capital Region

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention and other services, SH, HCBS, and workforce recruitment/retention.
Adult	Access to treatment and other services, SH, transportation, HCBS, and workforce recruitment/retention.
Local vs. Regional	<p>The same high local needs for youth were identified as regional needs, with the exception of access to prevention services. In addition, access to treatment services, transportation and coordination with other systems were included as high regional needs for youth.</p> <p>All local high needs for adults were identified as regional needs, in addition to access to prevention services and coordination/integration with other systems.</p>

- Limited number of prevention and case management services.
- Capacity issues for treatment services for specialized populations (e.g. those with Medicare and the non-English/refugee/immigrant individuals).
- Anticipated treatment service capacity issues resulting from expanded eligibility criteria under managed care changes and the implementation of Health Homes.
- Unavailable transportation for non-Medicaid recipients and shortage in Medicab service.
- Lack of preparedness/awareness about the impact of pending changes to existing HCBS programs
- Shortage in psychiatrists, nurse practitioners, therapists and paraprofessional staff due to high work demand and low salary.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Prepare behavioral healthcare providers and the community for systemic change of health care reform, Medicaid Redesign and DSRIP.

- Assist local providers with readiness to change to a managed care environment.
- Encourage providers to seek collaborative opportunities to reduce fixed costs and maximize resources.
- Engage in dialogue with providers, health homes, MCOs, DISCO’s and state agencies to participate in planning and implementation of managed care.
- County will participate in the development of local PPS networks.

Priority (Rank #2): Maximize and/or develop safe and affordable housing opportunities across the age continuum.

- Explore the development of a single site, residential program for youth in transition to include wrap around mental health services when relevant.
- Fully implement a mental health community residence/SRO facility.
- Advocate for more forensic beds for individuals being released from prison with mental health diagnoses.
- Explore funding options for additional independent housing generic supported beds for those without financial supports.

Priority (Rank #3): Enhance crisis services.

- Train up to 50 local law enforcement offices in Emotionally Disturbed Persons Response Team (EDPRT).
- Develop an innovative/alternative peer recovery support model that compliments existing crisis services.
- Encourage the development of crisis residential opportunities for individuals of all ages.
- Improve coordination between ERs/EDs and CDPC Crisis Unit.

Priority (Rank #4): Maintain current services and enhance/increase treatment access and capacity where gaps have been identified.

- Increase mental health outpatient clinic treatment capacity across the age continuum.
- Continue to build upon existing peer support services that address needs of individuals who may not benefit from PROS and/or who need additional supports in the community.
- Develop services in rural parts of Albany County to address emerging needs.

Priority (Rank #5): Develop community-wide interventions that include education, prevention and treatment efforts to address emerging behavioral health conditions.

- Collaborate with Albany County Department of Health, OMH and mental health providers to explore and implement evidence based interventions to reduce tobacco use.
- Collaborate with OMH and the Suicide Prevention Center to advance local actions to reduce suicide attempts/ suicide and promote the recovery of persons affected by suicide.

Other unranked priorities include:

- Enhance the quality of screening, treatment and care (integrated care, trauma-informed care, health homes, jail mental health, Sequential Intercept Mapping).
- Peer services, advocacy councils and recovery coaches will be more fully integrated.
- Develop and/or enhance access to treatment services for special populations.

LGU: Allegany County

RPC Region: Western New York

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention services.
Adult	Access to prevention services and transportation.
Local vs. Regional	The LGU did not identify any regional high or moderate needs.

- High need for preventative and crisis services due to poverty in the area and the county’s rural geography.
- Limited access to and great distances between communities where services are offered.
- Small public transportation system within the county.
- Care managers are not able to assist individuals as often with transportation due to increased case loads.
- The new Medicaid Transportation System is very unreliable and difficult to access.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Expand and increase the use of available mental health services to individuals in Allegany County.

- Counseling Center staff to utilize State initiatives available to them for increased training to improve the availability of evidenced based treatment.
- Expand new programs that are currently offered.
- Ensure successful implementation of new programs such as intensive intervention services, home and community based interventions (HBCI) and children’s HH.

Priority (Rank #2): Enhance services for those with co-occurring disorders.

- Increase the number of providers who have been trained in an evidence based method of treating individuals with co-occurring disorders.

Priority (Rank #3): Increase the identification and coordinated treatment of mental health disorders among individuals with developmental disabilities.

- Increase the number of people with intellectual and other developmental disabilities who are participating in well-coordinated integrated treatment for mental health disorders such as, behavior support staff involved in life planning meetings, direct communication between line staff and medication prescribers, and a referral process that reduces duplication of, and fills gaps in, services.

Priority (Rank #4): Allegany County Suicide Prevention Coalition to reduce the incidences of fatal and non-fatal suicide behaviors by providing leadership and networking support to address /identify needs and gaps in services through program development/expansion and service coordination.

- Implement training for recognition of at-risk behaviors and appropriate responses to a variety of audiences.
- Increase partnerships dedicated to implementation and sustaining the Allegany County Suicide Prevention Coalition.
- A part-time Project Coordinator was hired and is leading these efforts.

Priority (Rank #5): Increase access to services.

- Implement/integrate the Individual Placement & Support (IPS) model to be monitored and assessed for fidelity adherence monthly by ARA PROS and Allegany ARC through monthly case conference meetings. The fidelity rating methods included in the IPS model will be observed.

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LGU: Broome County

RPC Region: Southern Tier

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Coordination/integration with other systems.
Adult	Access to transportation.
Local vs. Regional	Access to crisis and treatment services were identified as regional high needs for both populations.

- Bus routes have been cut due to funding issues and bus ticket costs have risen to unaffordable amounts.
- Some routes are long and tedious for access to needed services (e.g. routes from Endicott to Binghamton take over an hour).
- Medicaid transportation system has been delegated to the State and consumers are finding it a difficult process.
- Limiting State regulations and lack of additional funding has increased the need for coordination/integration with other systems.
- Funding has been pulled back and converted to Medicaid dollars, and the regulations then often preclude people receiving the services they need.
- With the MRT, clients must have high Medicaid costs to access supportive services such as Health Home. If clients do not have a certain threshold of monetary expenses, they don't qualify for certain services.

Priority Outcomes: The following were identified as the LGU's top five rank-ordered priority outcomes.

Priority (Rank #1): Coordination with law enforcement, the community/schools and medical professionals to address the heroin/opioid epidemic.

- Involvement in the Community Coalition.
- Broome Opioid Abuse Council to coordinate efforts with law enforcement, community/school, educating medical professional, monitor treatment, prevention and harm reduction programs.
- Increase resources, access to treatment, prevention, and harm reduction.
- Enhance existing services.

Priority (Rank #2): Increase service options and improve coordination between OMH, OASAS and OPWDD services for adults and children in the areas of co-occurring disorders, forensic, geriatric and veteran services.

- Retain/recruit psychiatrists and psychiatric nurse practitioners to provide necessary services.
- Identify barriers and gaps in services to reduce wait times for various treatments and support services for children and adults with mental health, substance abuse and developmental disabilities and co-occurring disorders.
- Provide specific supports such as more timely access to children's SPOA services.
- OMH licensed outpatient clinics will provide five day priority access to referrals from inpatient psychiatric units, CPEP and corrections.
- Expand community partnerships including utilizing peer services, advocacy councils and recovery coaches while looking for other funding opportunities to enhance services.
- Develop community resources for individuals leaving State institutional settings that are downsizing and closing.
- Improve coordination of services for individuals who require both OPWDD and OMH services.

Priority (Rank #3): Identify the various types of safe and affordable housing.

- The county service board subcommittees, agency provider workgroups and other stakeholders will explore housing options being used in other communities.

Priority (Rank #4): Support community efforts of planning and integration of primary care and behavioral health.

- Participate in the planning and development of the regional DSRIP.

Priority (Rank #5): Increase opportunities for community education and advocacy efforts that promote recovery, productivity and social connectedness.

- Increase awareness of networking opportunities and resources.

Other unranked priorities include:

- Training and education resources provided to the community in their role as providers of care.

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LGU: Cattaraugus County

RPC Region: Western New York

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis services, supported housing, transportation, HCBS, workforce recruitment/retention and coordination/integration with other systems.
Adult	Access to crisis services, supported housing, transportation, HCBS, workforce recruitment/retention and coordination/integration with other systems.
Local vs. Regional	Regional high needs identified by the LGU were access to crisis services, supported housing, transportation and HCBS for both populations, which were all identified as local high needs.

- Lack of county based crisis services. All crisis services for youth are provided through WNYCPC. Mobile Intervention Team is based out of northern Erie County and is too far away to provide immediate crisis intervention to youth.
- No crisis respite for youth or adults, and no HCBS respite for children.
- Lack of supported housing for youth/children.
- Limited specialized housing options and many individuals are being placed in housing levels that do not adequately meet their needs.
- Increasing number of homeless transition age youth (18-21) with limited daily living skills.
- Waitlists tend to be long despite the increase in the number of OMH supported housing slots.
- Limited transportation/taxi services even in areas where the population is more condensed (near Olean and Salamanca).
- Limited or no public transportation available for the outlying villages and towns.
- Locally based HCBS units are capped and have long waitlists. MIT HCBS services are distant and are not always available when the immediate crisis is happening.
- Service recipients need more education about using available “self-supports” that are not traditionally accessed.
- Lack of education around the benefits employment has on recovery.
- Lack of coordination has led to limited referral resources for transitional services such as transition age youth services, incarceration/rehab to the community transition, and inpatient to outpatient transition.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Identify, engage, and successfully treat individuals addicted to opioids and heroin through a multisystem approach.

- Ensure access to Narcan Kits.
- Train friends and family to administer Narcan Kits in nasal format.
- Institute policies that will attempt to engage individuals into treatment following the use of Narcan.
- Continue to meet with multiple service systems to strategize ways to achieve the goals or ongoing actions.
- Work with other counties in the Western and Finger Lakes regions to develop inpatient opioid treatment resources.

Priority (Rank #2): Provide person-centered/recovery-oriented services for consumers with mental health, addiction, and/or developmental disability challenges.

- Develop an Integrated Recovery Center with funding from OMH, OASAS and OPWDD. Funding is already secured from OMH.
- Continue to have regular Recovery Task Force Meetings to work on implementation of action plan, established to enhance recovery oriented services, such as WHEET (Wellness, Housing, Employment, Empowerment, and Transportation).
- Increase employability through programs such as PROS, The Rehab Center, Probation, and the Recovery Center.
- Increase employability through programs in Directions in Independent Living and Suburban Adult Services, Inc.

- Provide training for individuals, families and peers to develop the skills needed to advocate, self-direct and receive supports in the community in such programs as Southern Tier Recovery Activities Without Walls and Directions in Independent Living, and Council on Addiction Recovery Services.
- Creatively support individuals with developmental disabilities to move to less restrictive settings.
- Provide community education and media campaigns to increase awareness of treatment options for mental health issues.
- Enhance the county's crisis services by developing alternatives to the Emergency Department.
- Create a "Day-Hab Without Walls" for the developmental disabilities population that is similar to the Recovery Center model.

Priority (Rank #3): Improve integration of behavioral health and physical health.

- Develop mental health satellite clinics in primary care health offices.
- Independent Living is to offer more wellness self-management groups.

Priority (Rank #4): To offset the closing of hospital beds and fewer options for residential or inpatient treatment, ensure services are available in the community.

- Merge the Cattaraugus County PROS and the Rehabilitation Center CDT program.
- Develop emergency respite services for youth in crisis.
- As this option becomes available, transition children's targeted case management program to a Health Home model for children.

LGU: Cayuga County

RPC Region: Central

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to supported housing, transportation and workforce recruitment/retention.
Adult	Access to supported housing, transportation and workforce recruitment/retention.
Local vs. Regional	All local high needs were also identified as regional high needs.

- Lack of safe, affordable housing has led to increased homelessness within the MH and CD population (48 currently people living in hotels).
- Limited public transportation in the city due to rural geographic layout.
- Current workforce is unprepared to work in an integrated, managed care, outcome driven system due to lack of integrated training in previous years.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Build and/or increase community competencies by using elements of a public health model.

- Continue training law enforcement on effective strategies for responding to individuals in psychiatric and/or substance abuse crisis or who have a developmental disability.
- Collaborate with Cayuga County Health Department and alcoholism/substance abuse service providers to deliver education and prevention around opiate addiction.
- Formalize the work done in the Youth Suicide Prevention Steering Committee, institutionalizing ED diversion and tracking and the use of the Columbia Suicide Severity Rating Scale (CSSRS).
- Continue to deploy Mental Health First Aid Training.
- Administration of child early identification screening measures in schools and pediatric offices.
- Maintain a Prevention Coalition.

Priority (Rank #2): Improve access to safe and affordable housing.

- Unity House continues to develop mixed use housing.
- Analyze consumers LOS in all disabilities housing to explore stepping down to other housing.
- Increase/market formal and information respite opportunities.
- Advocate for a “Housing First” model.

Priority (Rank #3): Promote and support the development of an integrated recovery based service delivery system.

- Solicit greater consumer/peer participation in the planning process as well as in service delivery
- Integration of the Columbia Suicide Severity Rating Scale (CSSRS).
- Training and technical assistance to develop comm. competencies in person centered planning.
- Use data develop a targeted intervention strategy for persons using the most care and getting the worse outcomes.
- Evaluate current services and identify program or system changes as well as identify training opportunities to increase competencies in recovery oriented practices.
- Operationalize System of Care principles and create ‘single door’ entry for services for children and adults by braiding funding streams and including youth and family into planning.
- Begin integration of behavioral health and physical health services through co-location in clinics and primary care.
- Promote speedy access to OASAS clinics.

Priority (Rank #4): Help position the mental hygiene treatment community to manage the program and fiscal shift required by managed care.

- Continue to promote the CLMHD white paper on the Local Governmental Unit Role.
- Continue participation with the 5 County Mental Hygiene Services Planning Group.

- Encourage providers to seek collaboration/integration opportunities.
- Develop and implement a Regional Planning Consortium.

Priority (Rank #5): Continue supporting and developing a sustainable quality, comprehensive system of care that meets the complex needs of all consumers

- Continually identify and use appropriate data sources to inform decisions and planning.
- Develop/integrate peer support in care management and other rehabilitative services.
- Expand peer services, transform both SPOA processes to involve more cross-systems representation.
- Continue to expand the identification of health home eligible individuals and work with health homes to increase capacity in the Community Mental Health Center offers same day services.
- Develop non-traditional respite opportunities.
- Continue to deliver geriatric services and to provide support to nursing homes, adult homes, senior citizen housing and seniors living at home.
- Redeploy OMH grant resources into primary care settings.
- Establish a satellite office in a primary care setting to serve seniors.
- Improve inpatient transition to ambulatory care through better coordination.
- Warm handoffs and responsive service delivery.
- Continue to encourage collaboration between service providers and the criminal justice and family court systems.
- Evaluate the current availability of transportation services.
- Increase evening and weekend activities for individuals with developmental disabilities.

LGU: Chautauqua County

RPC Region: Western New York

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention and treatment services, supported housing, transportation, HCBS and workforce recruitment/retention.
Adult	Access to supported housing, transportation and workforce recruitment/retention.
Local vs. Regional	The LGU did not identify any regional high or moderate needs.

- Lack of behavioral health, HCBS and child psychiatry for children with mental health difficulties.
- Insufficient supply of safe and affordable housing, especially for inmates leaving the County Jail and transition age youth.
- The majority of the county is rural, and the lack of transportation is an ongoing barrier to service access.
- OMH housing providers do not receive levels of reimbursement currently to offer salary and benefit packages to staff that entice and retain employees.
- Availability of that staff is another barrier because it is difficult to draw professionals to live in rural areas.
- Shortage of psychiatrists, primary care physicians, nurse practitioners and physician assistants, licensed social workers and counselors and registered nurses.
- Urban areas offer salary packages and bonuses that the county cannot match.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Create a seamless, coordinated, integrated outcome based system of care for children.

- Expand the use of high fidelity wrap around as the care coordination model of choice.
- Enhance alternatives in crisis response.
- Enhance collaboration with pediatricians and primary care practices.
- Develop respite alternatives for children and their families.
- Expand the number of community based partners participating in the realist evaluation of services.
- Imbed family support partners in emergency departments and inpatient units of local hospitals.

Priority (Rank #2): Create a seamless, coordinated, integrated outcome based system of care for adults.

- Implement a health home model that is accessible to qualifying residents regardless of where they live in the community.
- Enhance the crisis response system to reduce the number of hospital emergency department evaluations.
- Implement a peer run respite house.
- Expand and enhance the roles of peers throughout the system of care.
- Expand the availability of safe and affordable housing.
- Secure additional prescribers including psychiatrists.

Priority (Rank #3): Reduce deaths and number of residents addicted to opiates and other substances.

- Continue the work of the Steering Committee to develop a comprehensive strategy.
- Create local detox options that include both an inpatient and outpatient program.
- Develop and implement a plan to meet the housing needs of those seeking and in recovery.
- Continue to make Narcan available to first responders, families and consumers.
- Develop a program to address the needs of incarcerated inmates with addiction both during incarceration and during their transition back into the community.
- Continue to engage prescribers and the public in an ongoing dialogue of the dangers of prescription pain killers.
- Explore the feasibility of establishing a 90 day residential rehab program.

Priority (Rank #4): Strengthen preventative services for children and families.

- Expand the number of schools using the Michigan Model curriculum.
- Continue to expand annually the number of children screened by the early recognition and early identification programs.

- Expand the number of schools that are implementing positive behavior interventions and supports.
- Expand the first county wide suicide prevention campaign targeted to both youth and adults.
- Continue Chautauqua Alcoholism and Substance Abuse Council's community education and media campaign.

Priority (Rank #5): Prepare service delivery system for successful transition to and participation in the transforming environment.

- Educate partners about delivery system changes coming over the next three years.
- Assist partners with readiness so that they can thrive through these changes.

LGU: Chemung County

RPC Region: Finger Lakes

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	The LGU did not identify any high needs.
Adult	Workforce recruitment and retention.
Local vs. Regional	The only regional high need identified was workforce recruitment/retention for the youth population.

- Lack of available psychiatry services, prescribers, and child psychiatrists, countywide and regionally.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Address the significant housing shortage for individuals with disabilities.

- Develop new housing options that are not licensed or funded by any of the three state agencies.
- Evaluate needs of individuals currently in licensed housing programs across the disabilities.
- Assist with all necessary components of moving individuals identified as ready for transition into less restrictive environments.
- Develop strategy for understanding and addressing hoarding.

Priority (Rank #2): Prepare the community to be informed and proactive in the approach to systemic changes.

- Continue to use the Medicaid Redesign Council to address issues related to the statewide MRT.
- Continue work that was started under Systems of Care regarding system wide changes to children services that also support DSRIP efforts.

Priority (Rank #3): Utilize all resources to maximize available capacities in the system that addresses unmet service needs.

- All behavioral staff at St. Joseph’s Hospital will complete FIT training.
- Arnot Ogden Medical Services and Southern Tier Pediatrics in partnership with behavioral health providers will provide mental health and substance abuse assessment within 5 business day to at least 80% of individuals referred to the practice.
- Evaluate opportunities in the community for enhanced coordination and collaboration to decrease hospital presentations and admissions by 25% and to increase access and utilization of services by at least 25%.
- Address avoidable hospitalizations through implementation of the Southern Tier Transformation Plan.
- Explore expansion of school based clinics.

Priority (Rank #4): Address unmet needs of youth across all disabilities in a comprehensive, integrated manner.

- Decrease length of stay in respite programs by 5% for youth with mental illness.
- The developmental disability committee will make formal recommendation for any modifications to the respite program.
- Identify and address unmet needs for individuals with autism or on the autism spectrum.

Priority (Rank #5): Universally focus on expanded prevention efforts.

- The community substance abuse agency, Trinity of Chemung will present training to agencies, schools and the community with a focus on the drug of choice for the majority of users, and on drugs that are dramatically rising in use.
- Work with various stakeholders to develop comprehensive prevention and treatment efforts in addressing the opioid epidemic.
- Work collaboratively with all county departments to initiate a ‘county plan’ that doesn’t exist in silos defined by the licensing/funding state organizations.

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LGU: Chenango County

RPC Region: Southern Tier

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to treatment services and coordination/integration with other systems.
Adult	Access to treatment services, workforce recruitment/retention and coordination/integration with other systems.
Local vs. Regional	The local high needs identified above are identical to the regional high needs identified by the LGU

- Shortage of psychiatric resources pose a challenge, both locally and regionally.
- Meaningful employment remains a challenge for individuals with a mental disability who are living in the community. Beginning to explore options across county lines.
- Multiple changes are occurring across various systems that serve people with disabilities, and it is necessary to work across these systems to meet the needs of individuals with mental disabilities.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Improve access to efficient and effective outpatient behavioral health services.

- Offer same day or next day appointment.
- Improve screening process to assure appropriate access.
- Implement strategies to identify individuals who are considered ‘high risk’ or ‘high need’ and prioritize.
- Address transportation barriers.
- As part of the move into a managed care environment, ensure timely access despite delays from pre-authorization from the payer.

Priority (Rank #2): Increase residential opportunities in the community.

- Explore housing needs and opportunities through working with OMH and OASAS Field Offices, Broome Central NY DDSO and DDRO.
- Develop a clean and sober option for those coming out of inpatient rehab or the local county jail.
- Actively participate in the monthly Homeless Coalition meetings.
- It is important for community providers to collaborate with Bassett Health Home.

Priority (Rank #3): Improve crisis services and supports for individuals who are experiencing a behavioral health crisis and who are dually diagnosed or triply diagnosed.

- Provide cross-system training.
- Improve communication and coordination across systems.
- Planning for the needs of individuals who are dually or triply diagnosed at the monthly collaborative meeting involving the OMH Field Office, Broome DDSO, County Directors, UHS and Bassett Hospital.
- Develop strategies to better meet the needs of individuals and family members who are dealing with opioid addiction.

Priority (Rank #4): Improve scope of prevention program.

- Restore school-based prevention worker positions.
- Expand capacity to provide prevention services employing evidenced based environmental strategies.
- Explore the development of a prevention coalition to address substance abuse.
- Increase referrals of adolescents and young adults to for outpatient chemical abuse or addiction.
- Provide school-based prevention strategies for chemical abuse.
- Develop environmental prevention strategies for chemical abuse.

Priority (Rank #5): Coordinate care with mental health, developmental disabilities and chemical dependency providers in order to achieve overall physical health outcomes.

- Complete health screenings and monitor health throughout the course of treatment in outpatient mental health and chemical dependency outpatient clinics.
- Obtain and share information from medical providers.
- Transition from OMH Medicaid case management to care management through health homes.
- Review PSYCKES data and conduct case conferences for those identified as 'high users'.
- Early Recognition Screener will forge collaborative relationships with primary care providers.
- Consideration of behavioral health treatment in medical settings and of medical treatment in behavioral health settings.
- Promote wellness through efforts such as Wellness Self-Management, smoking cessation, exercise, weight control and health living habits.

Other unranked priorities include:

- Continue to improve the quality, efficiency and effectiveness of services.
- Improve system infrastructure and physical environments.
- Improve services and supports for individuals who have a mental disability, who are aging and living in the community.
- Improve cross-systems care for the mentally disabled.
- Improve ability to meet the needs of individuals who have court involvement.
- Improve employment opportunities in the community.

LGU: Clinton County

RPC Region: Adirondacks

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis services and transportation; workforce recruitment and retention.
Adult	Access to crisis services, supported housing, and transportation; workforce recruitment and retention; coordination/integration with other systems.
Local vs. Regional	All local needs identified above match with the regional needs identified by the LGU, with the exception of supported housing.

- High ER utilization for psychiatric evaluations that could be curbed by diversion programs.
- Lack of transportation due to centralized Medicaid transportation services and reduced number of public transportation routes.
- An aging core of psychiatrists and a significant problem attracting MSW candidates.
- Lack of coordination between inpatient and outpatient behavioral health services and lack of coordination between primary care and BH services.
- Lack of quality housing.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): In partnership with the Adirondack Health Institute Preferred Provider System (AHI PPS), integration of behavioral health and health on a regional basis

- Utilize DSRIP funding to integrate primary care into BHSN’s Center for Well Being.
- Utilize DSRIP funding to integrate behavioral health into seven primary care practices.
- Explore collaborative arrangement for psychiatrists consulting in primary care practices.
- Integrated primary care and behavioral health are sensitive to senior citizens.

Priority (Rank #2): In partnership with AHI PPS, ambulatory detoxification services are integrated on a regional basis

- Utilize DSRIP funding to establish ambulatory detox and respite services.
- Support the integration of recovery coaches into outreach, engagement, treatment and support services.

Priority (Rank #3): In partnership with AHI PPS, integration of crisis stabilization services on a regional basis

- Utilize DSRIP funding to establish mental health crisis stabilization services co-located with ambulatory detoxification program within the county.

Priority (Rank #4): An interdisciplinary action plan is developed to reduce the impact of heroin/opiate use

- Provide local training on SBIRT.
- Training on Narcan.
- Orient schools, families and professionals to the needle exchange program.
- Glamorize recovery through a public awareness campaign.

Priority (Rank #5): Fortification of a transportation system that supports service recipients in following through with outpatient physical and behavioral health

- Public education to Clinton County Public Transit.
- Explore funding opportunities.

Other unranked priorities include:

- A Zero-Suicide system-wide approach to suicide prevention is adopted by the community.
- Developmental disability services will work collaboratively with mental health and addiction providers.
- Affordable, quality housing and the continuum of housing opportunities is enhanced through collaboration with the Clinton County Housing Coalition.
- Current technology is utilized to enhance knowledge of behavioral health service.
- Behavioral health workforce is boosted.

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LGU: Columbia County

RPC Region: Capital Region

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to transportation, prevention and treatment services, and coordination/integration with other systems.
Adult	Access to prevention, supported housing, transportation, and HCBS, and coordination/integration with other systems.
Local vs. Regional	Access to crisis services, workforce recruitment, and coordination/integration were identified as high regional needs for both populations. Regional needs mostly deviated from the local needs, with the exception of coordination/integration with other systems—which was listed as a high local and regional need for both populations.

- Very limited, if any, access to public transportation.
- A barrier to crisis service development is that State Aid funding permits only 2 FTEs to cover a 1,300 mile area for 12,000 residents, 7 days a week, 8 hours per day.
- Lack of non-Medicaid medical/nonmedical, and Medicaid non-medical transportation services are barriers to recovery and self-improvement (peers services, work education & socialization).
- Shortage in supportive/subsidized housing due to increased fair market rates, unavailable stock and stigma against mentally ill populations.
- High co-pays/deductibles for commercial plans pose unaffordable costs to clients and providers.
- Potential HCBS waiver providers (e.g. peer services) lack preparedness to bill Medicaid and comply with regulations.
- Lack of integration due to few financially affordable plans for providers, lack of incentive, and integration not being deemed as a “medically necessary” service.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Use a public health approach and strategies to discuss mental illness and addiction as chronic illnesses.

- Utilize PSYCKEs in the development and dissemination of county specific data to demonstrate the connection between mental health and addiction treatment and physical healthcare costs.
- The Mental Hygiene Network will identify and partner with the medical field to usher in the use of evidence based screenings such as SBIRT, suicide prevention and/or depression scales in emergency departments, primary care, schools, etc.
- Mental health and substance abuse service providers will partner with physical healthcare providers to improve outcomes with such as DSRIP PPS.

Priority (Rank #2): Pursue the development of residential opportunities with flexible, person centered services to support and encourage independence and community inclusion.

- Examine the various permanent housing models which are available.
- Incorporate local need for hospital diversion and sub-acute care into housing plans.

Priority (Rank #3): Environmental prevention strategies will raise awareness, educate and support the community in addressing identified risk and protective factors and local concerns.

- Expand efforts of the Controlled Substance Awareness Task Force Prevention workgroup to inform the community of issues such as prescription drug abuse, adverse childhood experiences (ACEs), and fetal alcohol syndrome.

Priority (Rank #4): Form a task force to develop a solution focused plan designed to alleviate transportation barriers.

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LGU: Cortland County

RPC Region: Central

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis services and workforce recruitment/retention.
Adult	Access to crisis services, supported housing, transportation and workforce recruitment/retention.
Local vs. Regional	All local high needs were also identified as regional high needs.

- Lack of access to community based crisis intervention services.
- Lack of safe and affordable housing options despite increased number of referrals and higher needs individuals moving into the community.
- Lack of emergency housing options and homeless shelters.
- Unreliable Medicaid transportation causing late arrival and no-show rates to increase.
- Reduction in transportation routes and services have made access to services difficult, especially for residents in outlying areas of the county.
- Resources must be expanded so that anticipated growing need for services can be met.
- Limited prescriber access, particularly for children.
- Inability to recruit and retain staff due to increased caseloads, level of acuity of those being served, and expectations related to productivity have all risen at a significantly faster pace than reimbursement for services.
- Lack of training in such evidence based practices as CBT and Trauma Informed Care.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Ensure that safe, affordable housing is available to all.

- Participate in monthly community homeless and housing task force meetings.
- Develop enhanced capacity to respond to emergency housing needs with systems partners.
- Engage, educate and support community providers and resources to encourage them to become information portals to community services.
- Support Catholic Charities of Cortland Co. with planning/development of the River Street Project.

Priority (Rank #2): Develop capacity to respond more immediately with BH assessment and supports.

- Expand and support the Emotionally Disturbed Person Response Team
- Enhance coordination between community providers and Cortland Regional Medical Center emergency department and psychiatric unit regarding “high needs” youth and adults.
- Standardize community use of the Columbia Suicide Severity Rating Scale to support effective communication, coordination and planning for services recipient needs.
- Develop and expand community based crisis response services in collaboration with the Care Compass Network PPS.
- Support the ongoing development of the Community Trauma Response Team.

Priority (Rank #3): Ensure access to care that is timely and effective through the LGU role in the oversight, management, and implementation of BH plans and services to residents across all three BH systems.

- Advocate with OMH, OASAS, OPWDD to obtain meaningful and timely data and statistics on the regional and local level that helps identify service utilization, access issues and other information necessary to achieve stated priority.
- Create a “No Wrong Door” that is capable of outreach to vulnerable populations, utilizes standardized assessment to determine eligibility for services, connects to appropriate services and monitors engagement with and outcomes to care
- Provide local leadership and participation in regional planning, DSRIP, managed care implementation and health homes
- Increase capacity for early identification of BH needs, connectivity and linkage to community based BH services.

- Fully operationalize protocols for transitions for youth and adults.
- Continue to work with community partners to assess and document the impact of funding changes related to public transportation.
- Reconfigure SPOA process for adults and for children to identify and ensure outreach “high needs” populations to promote referral and engagement.

Priority (Rank #4): Support the coordination and development of vocational services and supports that allow for individuals to participate in meaningful activities in the most integrated setting.

- Work with business community and BH providers to expand pre/employment services and integrated competitive employment opportunities.
- Promote cross systems coordination to efficiently link/utilize existing vocational supports.
- Identify/engage “high risk” and underserved populations to connect them to vocational services with the appropriate supports to encourage success.

Priority (Rank #5): Plan a comprehensive strategy to address the issues of opioid and other drug use, through prevention, treatment, and crisis intervention.

- Partner with the Cortland Area Communities that Care to implement the NY Strategic Prevention Framework State Incentive Grant Partnership with Success.
- Promote/support community chemical abuse prevention efforts and education.
- Promote/support the implementation of community chemical abuse harm reduction strategies.
- Encourage, develop and/or enhance community treatment resources to more immediately respond to treatment needs with the appropriate level of care.
- Promote/develop supports to manage emergent crisis needs through the provision of Narcan training, access to detoxification opportunities.
- Timely access to inpatient treatment, and advocacy for insurance companies to pay for clinically necessary treatment.

LGU: Delaware County**RPC Region: Southern Tier**

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention and crisis services, transportation and workforce recruitment/retention.
Adult	Access to prevention services, transportation, workforce recruitment/retention and coordination/integration with other systems.
Local vs. Regional	Regional high needs identified by the LGU were workforce recruitment and retention for both populations.

- Minimal resources available for community education around wellness and healthy living choices.
- Lack of crisis respite beds for children under 12 years old, and only one regional community residence with a crisis respite bed component for adolescents over 12 years old.
- No public transportation system, and travel from one end of county to the other is close to 2 hours on secondary and tertiary roads during the winter months.
- Not enough qualified staff across all disability areas of care.
- The percentage of the geriatric residents living in the county exceeds the NYS average. This population does not engage with treatment providers due to a variety of barriers including transportation, isolation, and stigma.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): The response to the opiate epidemic will involve a multi-level approach to prevention, treatment and recovery.

- The county heroin and opiate task force will support a variety of community education initiatives and encourage community coalition development.
- Implementation of evidenced based practices in substance abuse treatment programs.
- Develop county wide strategies to encourage increased access for addiction medicine as well as comprehensive community access to Narcan.

Priority (Rank #2): The Mental Health Department will have patient centered and integrated operations.

- Community Services will partner with DSRIP PPS to explore opportunities for integrative models of care with local hospitals and primary care in the community.
- Community stakeholders will be involved in a transparent process to determine relocation site for Mental Health Department.

Priority (Rank #3): A county wide cross system approach to suicide prevention.

- The county wide suicide prevention coalition will continue to strengthen/develop interventions and initiatives that are data driven and will include primary care, schools, veterans and other community stakeholders.
- Community Services will partner with public health, office of aging, law enforcement, schools and other community advocates to develop outreach mechanisms and early identification.
- Stakeholders will explore grant opportunities to increase professional and community wide trainings as well as explore harm reduction opportunities.

Priority (Rank #4): County will have a well-trained health professional workforce.

- Community Services will partner with Binghamton University, Decker School of Nursing and SUNY Delhi nursing program as well as other nursing institutions to promote nursing as a career and increase visibility of nurse practitioner program.
- Regional initiatives as well as local partnerships will be explored regarding developed telehealth and telepsychiatry programs.
- Advocate for opportunities to recruit and retain health professionals and paraprofessional.
- Explore partnerships with Binghamton and Albany Universities and other professional schools.
- All disability agencies will partner to develop marketing strategies in attracting and maintaining a sustainable workforce.

Priority (Rank #5): Improve population health efforts by supporting strong prevention and engagement networks.

- The substance abuse prevention agency, Stop DWI, Youth Bureau, and other prevention advocates will partner with schools, youth leadership groups, and other community stakeholders to support and implement evidence based practices and interventions around critical community issues such as suicide, violence and other issues affecting youth.
- Community stakeholders, including public health and mental health/substance abuse professionals, will develop an action plan for implementing the CHIP plan.
- Active involvement with the southern Tier PHIP

Other unranked priorities include:

- Collaboration across primary care, behavioral health, and developmental disability systems.
- Increase accessibility and availability of addiction recovery support services.
- Adequate and appropriate community supports, including housing respite, and transportation.
- Access to peer support mental health services.

LGU: Dutchess County

RPC Region: Mid-Hudson

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention, crisis and other support, transportation, supported housing and HCBS.
Adult	Access to prevention, supported housing, transportation and HCBS.
Local vs. Regional	The LGU identified that the local high needs listed above were also recognized as regional high needs.

- Increased demand, but lack of funding, for youth outpatient services and housing due to decreased inpatient capacity.
- Lack of transportation to inpatient youth programs for families interested in participating in recovery programs, and for outpatient after school programs.
- Lack of peer support, family support and mentoring programs.
- Lack of other support services such as recreational opportunities w/transport, pro-social activities and work readiness education.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Promote/build emotional wellness and prevent the onset of MH/SA symptoms.

- Implement SAMSHA Strategic Prevention Framework model.
- Promote use of evidence based programs in schools that address risk and protective factors.
- Explore community readiness for coalition development (Central Dutchess), train in the Strategic Prevention Framework (Eastern).
- Complete community assessment, create a strategic action plan and identify at least two environmental strategies for implementation (Northern).
- Develop/implement strategy to decrease prescription opiate drug misuse by 5%.
- Develop/implement suicide prevention strategy targeting youth and veterans.
- Use “Texting for Teens” and “chatting” methods of communication in HELPLINE.
- Initiate Mental Health First Aid Training and offer Crisis Intervention Training.
- Train all ED staff at Mid-Hudson Regional and Vassar Brothers Hospitals in SBIRT.
- Continued promotion of Narcan use to community members, families, youth, law enforcement and first responders.
- SBIRT and Teen Intervene training in primary care settings.

Priority (Rank #2): All MH, CD and ID/DD services should be sufficiently accessible, evidence based and meet quality of care standards.

- The LGU and BH providers will ensure that services meet the needs of the population throughout the systemic changes such as managed care, health homes and DSRIP.
- Explore funding availability for HCBS Waiver to enhance the network of community services.
- Collaborate with OPWDD and Mid-Hudson Regional Hospital to develop a crisis supports strategy to divert DD individuals from hospitalization and/or incarceration.
- Create a Crisis Stabilization and Wellness Center that provides 24 hour urgent care BH services.
- Enhance/expand diversion services for youth and adults to reduce IP hospitalization and length of stay.
- Develop inpatient psychiatric beds for adolescents.
- Use of integrated and trauma informed assessments in BH settings.
- BH providers will identify the two most prevalent chronic physical diseases within this population and develop comprehensive wellness treatment plans.
- Training opportunities to improve skills in a variety of recognized practice areas.
- Meet the identified need of school referrals for elementary age youth who need behavioral support (Rockland PC will add an additional elementary school class).

Priority (Rank #3): Increase the number of persons successfully managing their mental illness, addiction and intellectual/developmental disability within a recovery oriented system of care.

- Add 20 supportive apartment beds for individuals in recovery from mental illness and/or CD.
- Seek funding for short term transitional housing for persons who are homeless (youth and adults), recently discharged from jail/prison, recently dropped out of school, and transition age youth.
- Seek funding for increased crisis respite opportunities
- Develop a community housing and treatment strategy that is safe, affordable and supports long term recovery for individuals who are mentally ill and chemically dependent.
- Seek funding for service dollars for necessary support services that are not otherwise funded.
- Encourage agencies serving individuals with ID/DD to develop integrated housing opportunities in communities.
- Implement peer services in the Mid-Hudson Regional Hospital Emergency Department.
- 10% increase in job opportunities for individuals with mental illness or chemical dependence.
- Increase Olmstead compliant job opportunities for individuals with ID/DDs.
- Develop a web-based parent resource directory to assist parents with finding available resources, understanding eligibility criteria, and building individual comprehensive supports/services.

LGU: Erie County

RPC Region: Western New York

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to treatment services, supported housing, and coordination/integration with other systems.
Adult	Access to supported housing and coordination with other systems.
Local vs. Regional	Regional high needs include, access to supported housing for the adult population and coordination/integration with other systems for both populations. Additionally, the LGU specified the unique high need of development/access/analyzing data for both populations.

- A need for community based, targeted and integrated treatment services for youth in the juvenile justice system who have serious emotional disturbance and/or substance use disorders.
- Lack of funding for treatment services for youth in the juvenile justice system. The barriers to this are abundant, with the top ones being regulations and funding resources.
- Lack of access to supportive housing for transition-aged youth.
- A need for stable, safe and appropriate community based housing for individuals with emotional and BH needs.
- Waitlists are long despite the additional OMH supported housing slots given to the county.
- Access to additional emergency homeless shelters are needed.
- Housing accessibility challenges are due to increasing rental costs in Buffalo and long length of stays preventing new individuals from accessing housing.
- Funding barriers, communication among providers and other systems, and access to services have prevented coordination and integration between systems.
- A need to integrate BH and physical health services in order to improve mental health, increase adherence to treatment, improve quality of life, and maximize resources.
- A need for universal MH screening during pediatric appointments to increase parent, youth, and primary care provider willingness to discuss MH, and to support patient and family engagement.
- Difficulty of coordinating care for those in health homes when working with individuals who may not be aware or may be poor historians.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Continue to prepare for conversion of Medicaid Fee for Service to Medicaid Managed Care for adult and children services.

- Engage in dialogue with providers, health homes, managed care organizations, and other county departments involved in the children’s system of care and local/state NYS Mental Hygiene Offices regarding: identification of shared expectations, procedures and policies to best serve individuals; identification of collaborative opportunities to better integrate care and enhance access to services; improve behavioral health and physical health integration; provision of policies and procedures which best serve individuals, youth and families; prepare children’s SPOA to support community service standards, coordination of services, and efficacy of practice.
- Use all available data sources (Salient, PSYCKES, and other) to identify individuals, and use the integrated SPOA to facilitate access to services for high risk individuals.
- Collaborate with providers to identify and take advantage of DSRIP opportunities, and use evidenced based practices to promote engagement and appropriate quality services. (e.g. developing OMH service models targeted to individuals at their first psychotic break and emerging peer fidelity practices).
- Actively participate in RPC which addresses transformation challenges.

Priority (Rank #2): Expand access to housing, including housing which is non-licensed.

- The County has implemented a successful pilot initiative that seeks to have a normative length of stay in supported and/or supportive housing of six months while transitioning to successful independent housing with sustainable community tenure. The addition and full utilization of thirty-six supported housing beds targets inpatient residents from BPC and those discharged from Article 31 and 28 hospitals.
- Utilize/integrate critical time intervention models to increase access to housing.

- Solicit proposals through an RFP for existing supported housing services targeted to chronically homeless individuals.

Priority (Rank #3): Coordination/integration of other systems to better link high risk/high need children and youth to community based services.

- Identify risk behaviors at referral and addressing them in a timely and target fashion.
- Enhance the collaborative partnership between the child welfare system and providers of behavioral health service.
- Increase the number of satellite outpatient MH clinic treatment services in public schools through collaboration with county departments, the Buffalo public schools, SAY Yes, the Community Foundation, and providers, with the support of OMH and the County Dept. of Mental Health.
- Collaborate with local juvenile justice, MH partner and other system providers, and state level entities to support informed decisions regarding services provisions and service planning.
- The Department of Mental Health will keep abreast of new and trending information to optimize coordination/integration in order to aid youth and families.
- Collaboration between Erie County Children's SPOA, health homes and the provider community to ensure appropriate access to services for identified youth.

Priority (Rank #4): Expand chemical dependency system treatment capacity and accessibility.

Other unranked priorities include:

- Risk mitigation and harm reduction for at risk and underserved populations.
- Better integrate BH and psychical health.
- Facilitate OPWDD, community providers, and Erie County workforce department collaboration to coordinate employment opportunities for direct support professionals and individuals with developmental disabilities.
- Focus on the OPWDD Transformation Agenda.

LGU: Essex County

RPC Region: Adirondacks

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention services and access to transportation.
Adult	Access to prevention services and access to transportation.
Local vs. Regional	Access to transportation and workforce recruitment were identified as high regional needs for both populations.

- Very few county level public health initiatives to address mental health prevention.
- Low income population in a rural county with sparse population, public transportation is minimal (if at all available), and Medicaid transportation program is poorly managed.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Enhance integration of care.

- Integrate behavioral health and primary care to promote coordination of services.
- Promote expanded use of mental health and wellness screenings in primary care, other healthcare settings and schools.
- Increase the number of substance abuse and mental health clinicians trained to provide integrated care for co-occurring disorders.
- Increase the representation of medical health care and prevention on CSB and subcommittees.
- Identify and inventory barriers to providing services to dually diagnosed individuals.

Priority (Rank #2): Provide appropriate level of services and providers of behavioral health services that are readily accessible.

- Establish a plan to provide crisis stabilization services to include mobile crisis teams, ER diversion protocols and observation/stabilization units.
- Increase availability of respite services for children and families.

Priority (Rank #3): Increase availability of supportive/therapeutic housing for County residents.

- Secure sustainable funding to reestablish MHA’s Intensive Supported Housing Pilot Project.
- Monitor initiatives to identify opportunities for development of sustainable housing programs.

Priority (Rank #4): Develop a plan to reduce the impact of the use of heroin/opiates.

- Participate in the Essex County Heroin/Opiate Coalition and the VT-NY Border County Workgroup.
- Establish a CSB workgroup to develop an action plan by the end of the first quarter of 2016.

Priority (Rank #5): Decrease the suicide rate.

- Collaborate with the NYS Suicide Prevention Initiative (NYSSPI) to provide training and technical support for local school districts.
- Collaborate with NYSSPI to provide gatekeeper and community training/education to stakeholders, service providers and community members.

Other unranked priorities include:

- Increase the understanding among consumers of the risks of regular marijuana use
- Increase consumer involvement in the local service system

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LGU: Franklin County

RPC Region: Adirondacks

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to transportation and workforce recruitment and retention.
Adult	Workforce recruitment and retention.
Local vs. Regional	Access to crisis and transportation services, and workforce recruitment/retention were identified as high regional need for both adult and youth populations.

- Limited routes and hours of operation of public transportation, and ongoing challenges related to the Medicaid transportation.
- Shortage of psychiatrists, psychiatric nurse practitioners and licensed clinical social workers and has impacted access to services and wait time at local clinics.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Organize and strengthen collaborative partnerships between service systems.

- Franklin County will strengthen the continuum of care through the Youth and Adult SPOAs, Franklin County System of Care Advisory Council, Franklin County DSS and Berkshire Farms, Franklin County CPS, Citizen’s Advocates, Community Connection, Adirondack Health Institute, Franklin County LSU, CSB and St. Lawrence Psychiatric Center and OMH Central Field Office, and SLPC Mobile Integration Team and the Franklin County CSB.

Priority (Rank #2): Develop a county wide cross systems approach to suicide prevention, intervention and postvention.

- The Franklin County Suicide Prevention Coalition will develop a comprehensive suicide prevention plan to serve communities and school districts through support of the American Foundation for Suicide Prevention Out of the Darkness Walks, Mental Health First Aid Training, Tri-County Regional Suicide Prevention Conference, a media strategy of education, the Franklin County Suicide Prevention Coalition, partnering with youth service organizations, and education for community agencies.

Priority (Rank #3): Insure transportation is available for consumers.

- Franklin County Community Services and Social Services will convene a group to clearly define areas of concern and create a strategy for resolution.

Priority (Rank #4): Create opportunities in the local communities for those in need of safe and affordable housing to include efficient transitional services upon discharge from regional hospitals.

- The creation of a continuum of housing services through the Franklin and Essex County Housing Coalition and Franklin County Homeless and High Risk Population Task Force, OMH Community Investment Supported Housing quarterly regional meetings, Community Connections, Lakeside House, St. Regis Mohawk Tribe and the Adirondack ARC.

Priority (Rank #5): Create and strengthen existing prevention and engagement strategies to promote overall wellness, recovery, and healthy communities.

- Continue countywide partnerships to advance prevention strategies through Franklin County Prevention Task Force, regional prevention providers’ partnership on DSRIP Strengthen Mental Health and Substance Abuse Infrastructure Across Systems, and the Community Health Improvement Plan.

Other unranked priorities include:

- Franklin County providers will insure vocational training opportunities are available to those seeking supported employment.
- Individuals with developmental and/or psychiatric disabilities will learn how to effectively advocate for themselves.

- Franklin County residents will have timely and clinically appropriate access to care.
- The Franklin County CSB, subcommittees and providers will strategize and respond to system transformation as a result of Health Care Reform and Medicaid Redesign.
- Local providers recognize the need to collaborate and pool resources to insure ongoing education, training and professional development of staff.

LGU: Fulton County

RPC Region: Mohawk Valley

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention, crisis, treatment and other support services, supported housing, transportation, workforce recruitment/retention and coordination/integration with other systems.
Adult	Access to prevention, crisis, and other support services, supported housing, transportation, HCBS, workforce recruitment/retention and coordination/integration with other systems.
Local vs. Regional	The LGU did not identify any regional needs.

- Prevention services are needed to educate the population given its rural, poor nature and its poorly educated population.
- Crisis services only exist through the County Correctional Facility due to the small population and the loss of state operated services for children and adults.
- Changes in reimbursement from FFS to managed care has reduced treatment services.
- The changes in supported housing guidelines has resulted in fewer supported housing opportunities, and now there are waiting lists for slots that were usually available.
- Lack of multi-county bus system and the local transportation systems is not available evenings or weekends. 45% of the population live outside of any public transportation.
- There are waiting lists for all home and community based services, and minimal existence of support and peer services.
- Lack of sufficient professionals in both primary and behavioral health services to serve the population.
- Barriers continue to exist between the State agencies that do not exist at the local level.
- Coordination/integration occurs between provider agencies from different systems, but services that are needed do not exist in rural areas.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): LGU will work with the two DSRIP proposals in the county.

- Obtain Fulton County specific data from the regional BHO and the SMH Health home in order to focus on the high need/high cost individuals.

Priority (Rank #2): Implementation of a joint Director of Community Services for Fulton and Montgomery Counties.

- Proposal for joint DCS with budget to be presented to both Fulton and Montgomery Counties.

Priority (Rank #3): To develop a single room occupancy for individuals with a mental health diagnosis.

- Use any new supported housing slots to create a serviced enriched SRO.

Priority (Rank #4): The LGU will work to develop a local managed care system with the local ARC for individuals with developmental disabilities.

Priority (Rank #5): To identify what support services are needs for individuals with developmental disabilities to remain with their family of origin.

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LGU: Genesee County

RPC Region: Western New York

Needs Assessment: The following areas were identified as “Moderate Need” for the local MH population.

Youth	Access to prevention and treatment services, supported housing, transportation, HCBS workforce recruitment/retention, and coordination/integration with other systems.
Adult	Access to prevention and treatment services, supported housing, transportation, HCBS workforce recruitment/retention, and coordination/integration with other systems.
Local vs. Regional	Regional moderate needs are identical to the local moderate needs identified above.

- Lack of funding and access to all services.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Provide ongoing updates and advice on strategies for assisting local providers in readiness for the change to managed care.

- Implement ongoing in-services and meetings specifically targeted towards managed care monitoring.

Priority (Rank #2): Implement integrated behavioral health and physical health.

- Genesee County Mental Health Services will devote an entire wing of its facility to integrated mental health, physical health and substance abuse services and will include a physical health practitioner within the service delivery team.

Priority (Rank #3): Enhanced service provision through peer support services.

- Collaborate with local providers and assist in directing patients to peer supports through the County Clinic, Day Opportunity Center and care management programs.

Priority (Rank #4): Genesee County Mental Health Services will provide referral to the START, which provides emergency treatment and respite strategies for individuals with intellectual disabilities.

- Provide referral to the START program.
- Track linkages for families/persons with intellectual disabilities to determine future trends.
- Due to limited availability of START, Genesee County Mental Health will also advocate for broader services for families.

Priority (Rank #5): Coordinated Care Services Inc. staff will work with the Dual Recovery Coordinator assigned to Genesee, Orleans and Wyoming Counties to coordinate trainings with the Clinical Director of Genesee County Mental Health Services.

- The goal is to train mental health and substance abuse clinicians over the next two years in trauma informed care.

Other unranked priorities include:

- Cross training for the dual diagnosed intellectual/mental health population.
- Establish supportive housing for substance abuse.
- Review use related to prescription substance abuse in Genesee County.

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LGU: Greene County

RPC Region: Capital Region

Needs Assessment: The following areas were identified as “High Need” for the local MH population, unless otherwise indicated.

Youth	Access to crisis services.
Adult	Access to crisis services.
Local vs. Regional	The LGU did not list any regional high needs, but identified regional moderate needs. These include, access to treatment services and supported housing for both populations.

- A barrier to crisis service development is that State Aid funding permits only 2 FTEs to cover a 1,300 mile area for 12,000 residents, 7 days a week, 8 hours per day.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Safe, stable and affordable housing.

- Work with agencies who can apply for mixed housing grants to build or repurpose buildings. The mixed housing grant application to OMH was not successful.
- Raise awareness of housing needs in Greene County and seek blended funding opportunities and create housing plans that incorporate the need for hospital diversion and sub-acute care.

Priority (Rank #2): Improve transportation availability.

- The ARC of Ulster/Greene will use BIP to advance transportation system within the county.

Priority (Rank #3): Identify MH and addiction as chronic diseases using a public health lens.

- Use of the strengths and difficulties questionnaire (screen used as part of the Early Recognition and Screening grant) in all schools and other child serving entities.
- Coordination with Albany Medical Center DSRIP PPS to advance an integrated delivery system that focuses on the relationship between mental health and addiction treatment, and their connection to physical health and overall healthcare costs.
- Advocate for the use of SBIRT in Columbia Memorial Hospital ER and engage in a pilot program at 1 PCP office.

Priority (Rank #4): Advance the system of care approach to improve service outcomes for children, youth and families.

- Secure training for three parents to serve as peer partners using NY Success Innovations Grant.
- Use SPOA Tier I & II quarterly meetings as a vehicle to promote/build systems of care.
- Greene County MH will spearhead the effort to build a viable support group for parents of children with disabilities.
- Greene County MH will build a Youth Support Group that will provide opportunities for socialization, creativity, support and advocacy.
- Use Dr. Kazi’s data analysis through the Children’s System of Care to identify success interventions and outcomes.

Priority (Rank #5): Community education that highlights addiction as a chronic illness that can respond to treatment

- Expand efforts of the Columbia/Greene Controlled Substance Awareness Task Force which includes both a Prevention and Practice Guidelines Workgroup to inform the community, provide public education through community forums and involve treatment providers/prescribers in decision makers.
- Expand Greene County PAS It On, a new rapidly growing community based location organization created to reach Greene County residents and professionals. The mission is to raise awareness of serious issues surrounding substance use, promote prevention and provide solutions for those in need.
- Advocate with the six school districts to facilitate the completion of the PRIDE survey.

Other unranked priorities include:

- Enhance the coordination and integration of local OPWDD services within Greene County

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LGU: Hamilton County

RPC Region: Adirondacks

Needs Assessment: The following areas were identified as “Moderate Need” for the local MH population, unless otherwise indicated.

Youth	Access to crisis services, treatment services, transportation and other support services, and workforce recruitment and retention.
Adult	Access to prevention, crisis and treatment services, access to SH, transportation and other support services, and workforce recruitment and retention
Local vs. Regional	The LGU did not identify local high needs, but they identified regional high needs. These include access to crisis services, transportation and workforce recruitment/retention for both populations, and coordination/integration with other systems for the adults.

- Sparsely populated rural environment does not allow opportunities for community-based supports such as peer support groups and similar natural supports which impedes access to crisis and other support services.
- Lack of public transportation and unreliable Medicaid transportation services given isolated locations impact access to treatment.
- Lack of housing stock and grant stipulations for supported housing development require levels of housing that cannot be successfully supported in a rural area.
- Professional (and other) positions go unfilled for up to a year, and current programs that provide funds to support staff recruitment have too high a threshold with respect area need.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Develop financially viable program models for services in highly rural areas in coordination with OASAS, OMH, OPWDD and other relevant entities.

- Explore the impact of Medicaid Reform and develop strategies to maintain in-county behavioral health care providers. Specifically, recommendations for enhanced rates for highly rural areas and necessary waivers will be developed.

Priority (Rank #2): Improve access to services.

- Expansion of satellite sites, development of regulations for off-site billing, and support/funding for telepsychiatry. Recommendations for enhanced rates for highly rural areas and necessary waivers will be developed.

Priority (Rank #3): Facilitate cross-system collaboration between human services providers towards the creation of comprehensive service models.

- Utilize existing county initiatives that promote collaboration as examples of success, expansion of successful collaboration, and exploration of opportunities for comprehensive service approaches through collaboration.

Priority (Rank #4): Develop initiative to address staff recruitment and retention.

- County to identify and implement strategies, in conjunction with other county service providers, to promote staff recruitment and retention.

Priority (Rank #5): Implement evidence-based models of prevention, treatment and recovery among county service providers.

- Expectations, as set through county planning, and monitoring through programs reviews conducted by the Community Services CQI Committee.

Other unranked priorities include:

- Develop Suicide Prevention/Postvention Coalition.
- Develop peer support groups.
- Develop an array of services to meet the needs of the aging population.
- Development of an array of in-county programs to support children and adolescents at risk of out of home placement.
- Increase community awareness of consumer's needs and resources available to consumers and providers.
- Improve countywide awareness of disaster mental health services through the county's mental health program.
- Develop a coordinated mental health/developmental disabilities respite program.

LGU: Herkimer County

RPC Region: Mohawk Valley

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to treatment services, transportation, HCBS, workforce retention/recruitment and coordination/integration with other systems.
Adult	Access to treatment services, transportation, HCBS, workforce retention/recruitment and coordination/integration with other systems.
Local vs. Regional	The LGU did not identify any regional needs.

- Few treatment providers in the area.
- This rural county lacks sufficient public transportation systems beyond the limited options available along the Valley Corridor.
- More home and community based services will make treatment more accessible to those who do not have transportation.
- The county has been designated as a Health Professional Shortage Area (HPSA), and recruitment/retention of qualified staff has been an ongoing issue.
- Financial constraints and dwindling resources make coordination/integration essential at a county level and across service delivery systems to identify, prioritize and address needs while maximizing resources.
- Cross systems needs have increasingly been identified that require a multi-service system response (i.e. mental health and juvenile justice systems).

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Implement new services and supports that will enhance the capacity for integrated care, improve accountability, increase communication among service providers and provide a greater focus on recovery-oriented services.

- Services and supports will be implemented and/or improved by the Herkimer Area Resource Center, Upstate Cerebral Palsy, a Suicide Prevention Community, the Herkimer County Prevention Council, the Herkimer County Community Services Board, IMPACT (a program of the Center for Family Life and Recovery), The Neighborhood Center’s intensive case management program, the Leatherstocking Collaborative Health Partners Group, and the Beacon Centers.

Priority (Rank #2): Increase access and availability of services.

- Increase access and availability through the efforts of the Herkimer County Prevention Council, the Community Partnership Coalition of Herkimer County, the Individualized Support Services Program, the Herkimer Image Center, the UCP Medication Grant Program, Upstate Cerebral Palsy, and the Herkimer Area Resource Center.

Priority (Rank #3): Provide individualized services and person centered supports.

- Increase services and supports through the Eastern Region of Central New York DDSO Family Support Advisory Council, the Nichol’s House Supportive Living residence, the Beacon Center, the Herkimer Image Center, the United Cerebral Palsy OMH supported housing program, the Herkimer County Mental Health Service, the Neighborhood Center, the Herkimer Area Resource Center, and the Center for Family Life and Recovery.

Priority (Rank #4): Develop housing alternatives for persons with disabilities and their families.

- These housing alternatives will be developed by Upstate Cerebral Palsy and the Herkimer Area Resource Center.

Priority (Rank #5): Develop, expand and enhance employment opportunities.

- These opportunities will be developed, expanded and enhanced by the Upstate Cerebral Palsy and the Herkimer Area Resource Center.

Other unranked priorities include:

- Provide support for families.
- Promote and protect health, safety and wellness.
- Develop and support quality staffing and operating procedures.

LGU: Jefferson County

RPC Region: Tug Hill Seaway

Needs Assessment: The following areas were identified as “High Need” for the local MH population, unless otherwise indicated.

Youth	Access to crisis services.
Adult	Access to crisis services.
Local vs. Regional	The LGU did not list any regional high needs, but identified regional moderate needs. These include, access to crisis and treatment services, transportation, and workforce recruitment/retention for both populations.

- Need for a transitional or respite care center that would provide an alternative to ER hospitalization or incarceration for consumers in crisis situations.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Develop a short term residence for adolescents.

Priority (Rank #2): Address capacity for outpatient mental health services.

- Develop additional provider options and create satellite options to increase capacity.

Priority (Rank #3): Improve coordination of discharges from inpatient facilities to local providers

- Protocols will be established to provide for advance communication prior to discharge.

Priority (Rank #4): Provide services in collaboration with medical community.

- Work with medical community to provide care coordination with mental hygiene services by attending regular meeting with medical clinic providers group.
- Develop a care coordination certificate program in collaboration with the Fort Drum Regional Health Planning Organization and Jefferson Community College.

Priority (Rank #5): Improve housing options for both transitioning and permanent opportunities for all disability areas.

- Work with housing authorities, landlords, and others to collaborate on finding and maintaining needed housing for the disabled.
- Seek grant funds to support housing efforts and improvements.

Other unranked priorities include:

- Develop an Emergency Response Plan for the community to be available when mental health related incidents occur.
- Enhance recruitment and efforts for all disability efforts for staffing in all disability areas.
- Improve and enhance peer support services.
- Improve available crisis response services.
- Develop direct service providers training program.
- Work with legal system to avoid incarceration.

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LGU: Lewis County

RPC Region: Tug Hill Seaway

Needs Assessment: The following areas were identified as “High Need” for the local MH population, unless otherwise indicated.

Youth	The LGU did not identify any local high needs for youth.
Adult	Access to treatment services.
Local vs. Regional	The LGU did not list any regional high needs.

- Lack of mental health professionals and a growing wait list in outpatient mental health clinic.
- Instability of services and staff retention challenges in the outpatient settings.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Ensure the continuity of care and increase access to residents.

- Provide education and outreach to local magistrates, county clergy, school districts, physicians and other service providers.
- Offer therapy in primary care offices throughout the county.
- Develop, distribute and maintain list of all behavioral health providers.
- Research access to detox facilities.
- Monitor changes in outpatient caseloads for the both and substance abuse services and mental health services.
- Improve care transitions for residents re-entering the community after inpatient stays.
- Identify barriers to access to care (financial, geographic, psychological, etc.).
- Improve access to ancillary services in the community, such as high school equivalency program, continuing education programs and heating assistance.
- Identify supports for families of developmental disability recipients.
- Provide peer support in jail and enhance transitions out of jail by increasing the number of referral to MICA and transition management programs.

Priority (Rank #2): Individuals will have timely and clinically appropriate access to behavioral health services.

- The LGU will work closely with the Northern Regional Center for Independent living, Transitional Living Services and the Behavioral Health and Wellness Center to assure that performance measures are being adequately met and consumers’ needs are being addressed through provision of services.

Priority (Rank #3): Advance the understanding of DSRIP

- Seek out opportunities to further understand Health Homes.
- Seek opportunities for further understanding of the Medicaid restructuring and future of the clinic model.

Priority (Rank #4): Improve awareness of suicide risk in the community.

- Increase participation of suicide prevention coalition.
- Provide education opportunities for community on suicide prevention.

Priority (Rank #5): Increase awareness of individuals who have a dual diagnosis and the need to function collaboratively to better serve the needs of individuals.

- Train/educate clinical and other professional staff about substance abuse, behavioral health, developmental disabilities and elder care fields.
- Organize/ strengthen collaborative partnerships between county departments, school districts, community-based organizations and service providers in order to serve dual diagnosis individuals
- Develop a co-facilitated group for individuals with co-occurring diagnoses.

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LGU: Livingston County

RPC Region: Finger Lakes

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	The LGU did not identify any high needs.
Adult	Access to supported housing and transportation.
Local vs. Regional	Access to supported housing, transportation, other support services and coordination/integration with other systems were identified as regional high needs for both populations.

- Lack of stable housing causes other services to be less effective.
- Despite availability of quality services, the lack of transportation makes services inaccessible for clients who are in need of services.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Increased access to transportation resources and services.

- New county plan for public transportation system is currently under development.

Priority (Rank #2): Increase availability of an appropriate range of residential services and income-based housing options.

- Assess, identify and address needs of mental health, chemically dependent and developmental disability populations.
- Actively support development of housing resources via participation in Livingston County Housing Task Force and regional planning process.

Priority (Rank #3): Enhance the range of outpatient, acute and community support resources in local mental health/chemical dependent/developmental disability services system.

- Collaborate with providers and county departments to increase availability of mental health respite services (achieved).
- Collaborate on regional opportunities to secure more affordable housing options.

Priority (Rank #4): Promote mental health and substance abuse prevention activities for adults and children/youth.

- Support the Health Communities that Care program.
- Collaborate with other county departments and participate in County Health Improvement Plan Subcommittee on Social and Emotional Wellness to help develop a county-wide plan to discourage prescription drug misuse.

Priority (Rank #5): Implement suicide prevention and awareness activities.

- Investigate resources and methods for increasing public awareness of suicide warning signs and prevention methods.
- Collaborate with other county departments and community stakeholders via participation in County Health Improvement Plan’s subcommittee for Social and Emotional Wellness.

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LGU: Madison County

RPC Region: Central

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis and treatment services.
Adult	Access to supported housing.
Local vs. Regional	Regional high needs for the youth population were consistent with local high needs identified for this population. Regional high needs for the adult population were access to crisis and treatment services, and were inconsistent with the identified local high needs.

- Lack of psychiatric beds.
- CPEP is an unfavorable option because parents are concerned that if their child requires hospitalization, the bed will be located some distance from the community.
- Lack of psychiatry services, especially for children and adolescents. Only one clinic in the region offers child psychiatry.
- Housing is needed for all populations.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Improve access to quality behavioral health services.

- Prepare a comprehensive multi-year plan for the development of integrated housing.
- Active LGU participation in county-wide transportation meeting.
- Promote the development of services accessible to people living in southern Madison County.
- Increase the availability of responsibly delivered medication assisted services.
- Establish standards and reporting metrics to monitor accessibility for existing services.
- Increase the availability of crisis services.

Priority (Rank #2): Increase the efficiency of services.

- Indices and target values for the measuring of the service efficiency.
- Incentivize improvement in service efficiency in subsequent planning years.

Priority (Rank #3): Health service delivery providers will work to assure integrated physical health services.

- DCS participates on Board of Directors for the CNY Care Collaborative (DSRIP) as well as County Project Advisory Committee.
- Treatment plans for individuals and families participating in behavioral health services will include specific and measurable goals and objectives related to improving health status.

Priority (Rank #4): Increase consumer and family member participation in the delivery of integrated behavioral health services.

- The LGU will encourage inclusion of direct service recipients and family members as Board Members and/or participating with direct input to Board of Directors of organization.
- The LGU will identify an instrument(s) for meaningfully measuring consumer satisfaction and encourage provider response to such information.

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LGU: Monroe County**RPC Region: Finger Lakes****Needs Assessment: The following areas were identified as “High Need” for the local MH population.**

Youth	Access to crisis services, supported housing and coordination/integration with other systems.
Adult	Access to crisis services, supported housing and coordination/integration with other systems.
Local vs. Regional	The LGU did not identify any regional needs.

- Crisis respite programming has not been available for youth (both the waiver and non-waiver).
- Lack of access to non-traditional crisis services that can best meet the needs of individuals in crisis outside of ED or hospital based programming is essential.
- Lack of safe, affordable housing. Despite MRT funding and NYS OMH preinvestment funding, additional supported housing is needed in Monroe County.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.**Priority (Rank #1): Ensuring individuals with highest need are appropriately identified, prioritized and linked with services responsive to their identified needs.**

- Identify individuals and barriers for those who are high need, and ineffectively engaged.
- Identify reinvestment plans from hospital beds.
- Identify children and youth for diversion from State operated psychiatric inpatient.
- Identify individuals with SUD and/or MH disorders in need of emergency or transitional housing, and provide linkage to appropriate services.
- Link individuals in jail with BH services.
- Support employment opportunities for individuals being discharged from inpatient.
- Assist individuals in non-licensed housing options.
- Work with OMH targeted case management and other deficit-funded care management programs to transition their services to health home care management services.
- Provide high need, non-Medicaid eligible individuals with access to care coordination services.
- Ensure high risk, high need children and youth are planned for.

Priority (Rank #2): Provide better access to coordinated/integrated services and supports for people whose needs cross systems for the following populations

- Individuals with co-occurring mental illness and developmental disabilities, and youth and adults with co-occurring mental illness and SUD.
- Older adults with mental hygiene disabilities, and veterans.
- Individuals with physical health and developmental disabilities.
- Individuals with co-occurring MH/SUD and a history of intimate partner violence.
- Individuals with mental illness, substance use or developmental disabilities who come into contact with the criminal justice system (arrest and/or incarceration).
- Persons with mental illness and/or co-occurring disorders, highest risk, highest need youth, youth linked with the juvenile justice system, and individuals with cross-system needs.

Priority (Rank #3): Ensure a robust provider network.

- Utilize existing databases to collect and analyze utilization data.
- MCO’s and BH providers share content expertise regarding BH services and community needs and to understand the service arrays offered by each MCO.
- Educate BH provider community regarding opportunities that exist within NYS initiatives, and regarding HARP changes and opportunities.
- Maximize alternative funding resources for individuals with mental hygiene disabilities.

- Partner with children/youth providers to transition to health homes and Medicaid managed care.
- Regional Planning Consortia provide a vehicle for understanding the impact of the transition to Medicaid Managed Care.

Priority (Rank #4): Ensure that BH service delivery models are driven by a set of core MCOMH supported values such as trauma-informed, person-centered, strengths-based and recovery oriented, incorporating peer, family and recovery support services.

- Conduct a qualitative research project with Univ. of Rochester to assess/understand impact of NYS initiatives.
- Collaborate with Rochester Psychiatric Center to ensure state-operating services are locally-driven and reflect core principals.
- Partner with local programs serving youth at risk of entering the juvenile justice system.
- Provide linkage to appropriate vocational/employment services and supports, work with others to offer education to consumers and agency staff regarding work and its impact on benefits.
- Work with the FLDDSO, work with PROS providers, continue linkage for individuals to PROS for PROS and employment services, incorporate peer, family and youth voice into systems decision making process.
- Continue activities of the SWAT Youth Council, utilize SOC, make available a System of Care Resource Team.
- Communicate core themes across initiatives, increase capacity through the peer services task group, and meet the MH needs of individuals who are incarcerated.

Priority (Rank #5): Incorporate prevention/education, awareness, early identification and intervention approaches.

- Promote education and awareness of developmental disabilities
- Identify areas of unmet needs for chemical dependence prevention services, and pilot of SBIRT services within school-based health center programs.
- Develop wellness/health promotion activities and undertake MH promotion efforts.
- Collaborate with Monroe County Department of Health to discuss 2015 YRBS survey questions.
- Partner with Nurse Family partnership.
- Identified MCOMH staff will be trained in Youth Mental Health First Aid, and MCOMH to make youth clubhouse model available.

LGU: Montgomery County

RPC Region: Mohawk Valley

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	The LGU did not identify any local needs for youth.
Adult	The LGU did not identify any local needs for adults.
Local vs. Regional	The LGU did not identify any regional needs.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Track healthcare reform.

- Clear up confusion regarding BHO and Health Home.

Priority (Rank #2): Communicate the danger of suicide and the means to address the danger.

- Implement project through the Fulton-Montgomery Suicide Prevention Task Force.
- Implement a local advertising campaign through community forums, outreach activities at schools and the Montgomery County Fair.

Priority (Rank #3): Substance abuse treatment for adolescents.

- Keep the “Adventure” program alive.

Priority (Rank #4): Promote alcoholism and substance abuse prevention to the whole community.

- Reconstituted the Montgomery County Allies in Prevention.

Priority (Rank #5): Monitor needs of people with cognitive limitations not eligible for OPWDD

- Use of the Adult and Children’s SPOA

Other unranked priorities include:

- Family care for the Latino population.

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LGU: Nassau County

RPC Region: Long Island

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention, treatment and other support services, transportation, supported housing, workforce recruitment/retention and coordination/integration with other systems.
Adult	Access to crisis services, treatment and other support services, transportation, supported housing, workforce recruitment/retention and coordination/integration with other systems.
Local vs. Regional	The LGU did not identify any regional needs.

- School-based prevention has limited funding, no targeted prevention strategies for mentally ill population ages 18-25, and lack early identification of emotional distress in children living in homes with mental illness.
- Lack of local crisis services for youth and transition age youth; difficulty accessing these services out of county and out of state.
- There is very limited walk-in capacity for individuals seeking immediate treatment.
- Decreased number of MH clinics and increased waitlists to see a psychiatrist due to funding changes.
- 500 SMI individuals on the SPOA waitlist for housing.
- Difficulty meeting BIP/CMS requirement of a conflict-free structure for the development of HCBS waiver services.
- Aging workforce and staff turnover are increasing the demand for experienced staff who can handle various client needs.
- Coordinated/integrated care for clients with co-occurring disorders (OMH/OASAS providers), but not for clients with dual diagnoses (OMH/OPWDD providers).
- Increasing need for coordinated and integrated care between behavioral and physical health systems.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Provide increased and rapid access to behavioral health services.

- Implement and expand walk-in services.
- Expand the availability of Respiradol Consta, Inveiga and Abilify injectable medications.
- Make available toxicology testing.
- Development of a PROS Readiness Track.
- All outpatient behavioral health agencies with two licenses will apply for the integrated licensure.
- Increased provision of primary medical services in clinics after the availability of integrated licenses.
- Support the development of a peer-run, three bed diversion house.
- Support the delivery of non-Medicaid case management and outreach services for individuals with substance use disorder.

Priority (Rank #2): Provide ancillary withdrawal management programs.

- Investigate and promote the possibility of such programs.
- Provide a stable housing environment through Mary Center Haven of Hope.

Priority (Rank #3): Expand the scope and services of the Assessment and Referral Center.

- Continue the partnership with the lead health homes.
- ARC will be seeking a mental health clinic license to provide short-term, interim clinical services as needed.

Priority (Rank #4): Continue to expand role of SPOA to all clients in need of care coordination, those with a serious mental illness and individuals with two or more chronic medical conditions.

- SPOA will continue to assess, review, and assign clients to the appropriate health home.

Priority (Rank #5): Support the development of safe, stable housing.

- Continue to work toward the implementation of the SPA.
- Develop a mobile residential support team.

Other unranked priorities include:

- Improve access to a more comprehensive transportation system.
- Expand care coordination services in the Mental Health Court.
- Continuation and expansion of the Behavioral Awareness Campaign.
- The LGU will collaborate with the START Services Implementation.
- Begin to enroll children/ youth in the health home.
- Improve discharge planning in the Nassau County Correctional Facility.
- Expand mobile crisis services.

LGU: New York City

RPC Region: New York City

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	The LGU did not identify any high or moderate needs for youth.
Adult	Access to supported housing, prevention and crisis services.
Local vs. Regional	The LGU and RPC region are coterminous.

- Fragmentation in the mental health treatment system results in patients lost to care in transitions from hospitalization, and information exchange is unsupported by technology infrastructure or practice.
- Insufficient outreach and follow-up by treatment providers to link patients to community supports.
- Stigma, denial, fear, lack of support, confusion related to benefits and insurance create individual and family challenges that negatively impact trajectory.
- A need for more early intervention services for psychosis to help people in the earlier stages of their illness.
- About 40% of homeless adults suffer from SMI, indicating a need for more supported housing.
- Testimonies gathered at public forums indicate a need for more affordable housing options for people with SMI.
- Parachute NYC program created to address the need for improved and enhanced crisis services including home-like crisis respite centers as an alternative to hospitalizations which is now being funded through State Aid and Medicaid reimbursement.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Reduce fragmentation and improve consumer access to better care in behavioral health service system by implementing Medicaid Redesign initiatives.

- Collaborate into transition into Medicaid managed care, collaborate to provide assistance in implementing DSRIP.
- Collaborate on health homes to increase access to care coordination.

Priority (Rank #2): Promote the mental health and social-emotional development of young children.

- Promote the use of a validated instrument to conduct social emotional development screening
- Provide communication materials and guidance to promote developmental and behavioral screenings among pediatricians.
- Offer parent coaching in high need communities, expand access of family support services by adding a full time bilingual Family Peer Advocate.

Priority (Rank #3): Reduce the number of opioid-related overdose fatalities in NYC

- Promote the establishment of opioid overdose prevention programs.
- Increase the number of naloxone kits distributed.
- Saturate the 6 top overdose neighborhoods with naloxone.
- Promote guideline-concordant opioid prescribing, develop0 prescribing guidelines for particular specialties

Priority (Rank #4): Increase stable housing.

- Increase the number of supportive housing units for people with mental health and substance use disorders.

Priority (Rank #5): Reduce the number of people with SMI involved in the criminal justice system/jail.

- Develop data-driven strategies to reduce the use of arrest, prosecution and incarceration.

Other unranked priorities include:

- Improve utilization and outcomes of mobile crisis services and improve outcomes regarding early onset schizophrenia and other psychoses.
- Train in Mental Health First Aid.
- Expand access to and uptake of medication assisted treatment.

- Increase morbidity and mortality associated with alcohol consumption, and increase the number of adolescents receiving appropriate recovery-oriented services for substance use.
- Develop workforce capacity in specialty care and primary care system in response to opportunities associated with Medicaid Redesign, and increase competitive employment.
- Maintain a stable, well-trained and competent workforce.
- Establish additional housing/residential capacity that offers 24/7 coverage for the developmentally disabled, and enhance support/access to services to sustain families who care for this population.
- Increase employment opportunities, expand transportation options and enhance access to and availability of all services to meet the medical needs of people with developmental disabilities.
- Increase support for dually diagnosed individuals.
- Ensure transition supports for developmentally disabled individuals, and increased information regarding available services for the developmentally disabled.
- Enhance access to timely and appropriate mental health treatment and support for children and youth.
- Shape and transition the NYC's children's behavioral health system in preparation for the implementation of health homes and full managed behavioral healthcare.
- Strengthen the family voice in DOHMH's planning, evaluation and program development.
- Conduct public education on mental health issues and promote positive mental health.

LGU: Niagara County

RPC Region: Western New York

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to transportation.
Adult	Access to transportation.
Local vs. Regional	Regional high needs identified were access to crisis services and transportation for both populations and access to supported housing for the adult population. Only one of these regional high needs was identified as a local high need.

- There is a county need for additional transportation services. Niagara County is configured with both urban and rural areas with the majority being urban.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): The LGU and provider agencies will respond to the system transformation that is occurring across the three disabilities.

- Provide leadership for the NYS success System of Care for Children and Families.
- Participate in the Millennium Performing Provider System.
- Keep abreast of Health Home issues.
- Monitor activities of Value Base Payments and the Balancing Incentive Program.
- Pursue being a provider of Home and Community Based Services.
- Explore services for the prevention of out of home placements.
- Pursue managed care readiness.
- Support appropriate provider mergers, acquisitions and partnerships between agencies.
- Explore the expansion of First Step program of the Northpointe Council.
- Agencies will explore agencies’ shared resources.

Priority (Rank #2): The LGU will support the evolution of outpatient clinic services to meet the changing service environment.

- Outpatient mental health and substance abuse participation in staff training on integration of multiple chronic diagnoses.
- LGU clinic services efforts regarding integrated care.
- Develop new provider clinic initiatives.
- Advocate with OASAS regarding payments.
- Encourage providers to adapt technology to reach youth, and advocate with OMH and OASAS to develop regulations for the use of technology such as telepsychiatric outside the clinic.
- Support a collaboration of services toward fully integrated care in the North Tonawanda catchment area.
- Explore the addition of new children’s clinics in Niagara County.

Priority (Rank #3): Increased implementation, exploration, and development of public and other transportation opportunities.

- Provider agency will explore increased transportation opportunities.
- Develop partnerships and contract development with forms of transportation.
- Assist individuals with developmental disabilities to learn how to drive.

Priority (Rank #4): Expand access to supportive, affordable, integrated and permanent housing options.

- Support providers in increasing supportive, single room occupancy options.
- Keep informed of developments in the housing arena.
- Develop transportation to allow access to housing and other needed services.
- Partnerships with state agencies to enhance funding to programs across the disabilities.

Priority (Rank #5): The LGU will keep abreast of transformational activities in the OPWDD system

- Request information from OPWDD as it meets its Transformational Targets with the Center for Medicare and Medicaid Service.
- Information from OPWDD regarding Rate Rationalization Process.
- Assess integration of OPWDD with DSRIP.
- Monitor the implementation of the OPWDD START program, and the integration of the OPWDD Front Door initiative.
- Request reports on the implementation of a grant to the Niagara Falls Memorial Medical Center.
- Advocate that OPWDD develop a definition of competitive work.
- Advocate with OPWDD and local provider agencies to assist developmentally disabled population, including persons on the autism spectrum.

Other unranked priorities include:

- Resources for those who do not qualify for or elect not to receive health home, Medicaid, or Medicare services.
- Support the development of peer-run services.
- Maintain/expand partnership across agency departments that serve the Mental Hygiene population.

LGU: Oneida County

RPC Region: Central

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis services and transportation.
Adult	Access to prevention and crisis services, supported housing, transportation and coordination/integration with other systems.
Local vs. Regional	The only regional high need identified supported housing for the adult population, which is consistent with one of the local high needs identified above.

- Due to rural geography, there are issues with knowing/obtaining/receiving prevention services, and lack of available services.
- Individuals are unaware of what is within their geographic location.
- Access to supported housing is a high need.
- Adults are unable to afford personal transportation due to budget rigidity, and there is lack of public transportation in most rural areas.
- Adults with DD and other diagnosis related to mental health and substance abuse have barriers to benefitting from treatment due to their intellectual ability.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Expand the continuum of housing options and supports.

- Support the joint collaboration between Mohawk Valley Psychiatric Center and Catholic Charities for the long stay supported housing beds.
- Support the efforts of the various coalitions and providers in an effort to reduce incidents of homelessness.
- Work with providers to seek out ways to avoid future homelessness through early engagement, enhance housing opportunities for individuals with developmental disabilities.
- Increase supports to people who desire to live independently, enhance supports to families to enable family members to remain at home in the community.
- Work collaboratively with the DSS to identify and resolve current barriers within the county system that perpetuate homelessness.

Priority (Rank #2): Improve cross system collaboration.

- Continue to promote integration and cross collaboration between OMH and OASAS providers, promote the efforts of the Professional Training Coalition in meeting the identified need of increase access to dual recovery trainings.
- Continue to support the successful inter and intra-agency collaboration through the EPSS 9.41/UR Committee.
- Encourage FIT trainings as a core competency.
- Develop supports to better serve individuals with multiple disabilities.
- All three Directors are convening regular, ad hoc case conferencing at the request of any County provider or law enforcement regarding highest risk individuals and developing collaborative responses.
- Participate in DSRIP workgroup initiatives.
- Continue to provide assessment, monitoring and evaluation related to the provision of mental health services with forensic populations.

Priority (Rank #3): Maintain or improve the availability and access to the continuum of services

- ASPOA/A process will monitor referral distribution and timeframes for openings to better examine barriers to engagement and gaps within the service delivery system.
- Actively monitor the delivery system for examples of barriers to individuals’ access to services.
- Continue to monitor waiting lists at all outpatient OMH licensed clinics to ensure compliance with the requirement for 5 day appointments for the highest priority populations while still meeting the needs of lower need clients.

- Work with SUD providers to navigate the changes to Medicaid.
- Meet individually with all contract providers to discuss each contract, programs, fiscal accountability and performance measures.
- Continue to discuss and review data related to admissions, emergency room visits, length of stay and capacity at the 9.39 hospitals.

Priority (Rank #4): Promote and support meaningful employment

- Increase the number of employment opportunities for individuals with developmental disabilities.
- Expand education and employment opportunities for SUD population.
- Increase pre-employment skills development for the developmental disabilities population.
- Expand availability of community inclusion activities.

Priority (Rank #5): Expand services for SUD to include access MAT, OTP and stabilization services.

- Work with local providers and drug representatives to explore the best ways to move forward to meet the needs of the community, continue to chair the Opiate Task Force, promote education and prevention regarding heroin addiction, providers and county will work to implement new residential regulations Part 820, work with providers and OASAS to promote opioid treatment services being available.

LGU: Onondaga County

RPC Region: Central

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention and crisis services, and coordination/integration with other systems.
Adult	Access to prevention, crisis and treatment services, supported housing, transportation, and coordination/integration with other systems.
Local vs. Regional	Regional high needs were identified as access to crisis services for youth and access to HCBS, crisis and treatment services for adults. These needs are consistent with some of the local high needs identified above.

- Move toward managed care models creates an opportunity to align incentives/to integrate prevention and treatment.
- A need to develop alternative services (e.g. mobile, respite, outpatient, peer) that can reduce the number of crisis presentations.
- High demand for prescribers and clinic access.
- Lack of quality, affordable housing.
- Disability related poverty, and poor public transportation combine to inhibit social and work opportunities for those seeking recovery.
- A need to expand/develop home based supports to engage those who do not access traditional service models.
- Current emphasis on integrated care requires cross system coordination at all levels.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Improve access to treatment services for adult mental health.

- Clinic expansion, length of stay analysis and quality improvement project, explore medication-only services for children and adults.

Priority (Rank #2): Improve access to crisis mental health services for adults.

- Partner with DSRIP, PPS Central New York Care Collaborative.
- Facilitate dialogue regarding inpatient access with local hospitals.
- Enhance mobile crisis capacity, and reduce unnecessary CPEP and IP admissions.
- Develop a structure for the notifications of outpatient and residential providers regarding inpatient admissions and discharges.
- Develop a web based resource to ensure that CPEP makes appropriate outpatient referrals.

Priority (Rank #3): Improve access to crisis mental health services for children.

- Regional dialogue and analysis.
- Promote family readiness services to support child’s successful return home.

Priority (Rank #4): Enhance the quality and availability of residential supports/supported housing.

- Partner with the Residential Coordinator and residential SPOA regarding fidelity to new OMH Supported Housing Guidelines and also for the maintenance of residential service access.
- Ensure adequate recovery supports for individuals with addictions.
- Enhance residential supports through community wide training of residential staff.
- Expand residential SPOA services.

Priority (Rank #5): Improve access to transportation services for adult mental health.

- Engage in a fact finding and planning effort with the community (include developmental disabilities and substance abuse disorders transport needs).

Other unranked priorities include:

- Improve access to developmental disability residential service, promote alignment of community services with systems change initiatives.
- Promote integrated care.
- Reduce isolation among vulnerable populations.
- Improve advocacy for people with developmental disabilities.
- Define/address the mental health needs of seniors.
- Develop plans to address the social determinants of health for those needing behavioral health services.
- Improve health and safety for at risk individuals with behavioral health conditions.
- Enhance school based behavioral health supports.
- Engage in community wide evidence based efforts to prevent substance use.
- Improve level of care transitions.
- Explore the potential for a transition age initiative that brings together child and adult service systems regarding the needs of individuals between the ages of 16 to 25.
- Ensure the adequacy of mental health and substance use services for veterans.
- Enhance community supports to address opiate use.

LGU: Ontario County

RPC Region: Finger Lakes

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis services was the only high need. Access to prevention and treatment services, transportation and coordination with other systems were moderate needs.
Adult	Access to crisis services was the only high need. Access to treatment services, supported housing and coordination/integration with other systems were moderate needs.
Local vs. Regional	The LGU did not identify any regional needs.

- Mobile intervention is associated with the County’s rural CPEP program, and there is limited capability for immediate response.
- No availability of mental health prevention services.
- Limited access to child psychiatry.
- Youth and adult treatment services have lengthy waiting periods, and services are not provided in a timely manner.
- No access to a bus-system, Medicaid/medical transport or cab services.
- Limited supported housing slots and large demand.
- Difficulty coordinating care due to time availability.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Integrated services for individuals with mental health disabilities or SUDs will have access to integrated treatment; integrated physical health care for individuals with developmental disabilities.

- Complete health monitoring on all clients within Ontario County Mental Health Center.
- Advocate and monitor impact of DSRIP programs to integrate care with the County.

Priority (Rank #2): Children and youth timely access to community supports via the SPOA process.

- Promote an increase in HCBS Waiver, Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) slots.

Priority (Rank #3): Improve transitional services for individuals with developmental disabilities.

- Continue to communicate with ARC as well as OPWDD to understand transitions and advocate for best practices.

Priority (Rank #4): Access to safe and affordable housing.

- OMH/OASAS/DOH continue to work on proposals to develop regionally based housing alternatives.

Priority (Rank #5): Complete a needs assessment to determine mental health needs of the community.

- CCSI completed a needs assessment in 2014. The final recommendations of the report indicated that OCMHC should continue to provide direct services with a plan to make several improvements.

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LGU: Orange County

RPC Region: Mid-Hudson

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis and other support services, supported housing, transportation, and HCBS
Adult	Access to crisis and other support services, supported housing, transportation, HCBS; workforce recruitment/retention and coordination/integration with other systems.
Local vs. Regional	The LGU did not identify any regional needs. It was noted that regional meetings have transpired, but a formal regional needs assessment had not been conducted.

- Difficulty addressing crisis needs of high risk, high needs, co-occurring complex care for youth and adults, despite Mobile MH Team presence.
- Long housing wait list for transition aged youth ages 18-21, and adults.
- Strong need for home and community based services for high need, complex care individuals.
- A need for other support services such as psycho-ed, family and peer support, self-help groups and advocacy.
- Substantial difficulty connecting service recipients to ACCESS VR and other workforce trainings.
- Difficulty recruiting, training and supervising staff for non-certified settings that are generally evening and weekend part-time shifts.
- Continual strides being made to improve integration/coordination especially for complex care and complex need individuals.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Achieve quality improvement, cost containment, and cost savings.

- View and analyze the data provided by department implemented performance based contracting, and use Scorecard to assess overarching goals.
- Collaborate with Joint Membership Mental Health Committee Association and designated Health Home providers to support successful ongoing care coordination.
- Plan for the full implementation of the ACA.
- Monitor/participate in the implementation of Medicaid Redesign Team recommendations.
- Collaborate with OPWDD and providers to shape, support, and monitor implementation of systems transformation.
- Develop ways to identify and monitor individuals with frequent involvement with high touch services and connect them with services.
- Collaborate with the Sheriff and Emergency Services departments to bring Project Lifesaver for ‘at risk’ individuals with developmental disabilities who are prone to life threatening behavior or wandering.

Priority (Rank #2): Promote BH prevention, early intervention, education and access to appropriate services through a Comprehensive Continuous Integrated System of Care (CCISC) using our WELCOME Orange initiative to work toward population health.

- Promote BH and primary care co-locations.
- Develop a prevention agenda with the local Department of Health.
- Provide public education and awareness of substance abuse via the Orange County Opiate Task Force.
- Support local chemical dependency providers in targeted education on synthetic drugs while also promoting cross system planning with the Orange County System of Care inclusive of the Department of Health.
- Plan for the implementation of the 2016-17 youth risk survey on a countywide level.
- Seek/support certification of more providers in MH First Aid for both adult and youth tracks.
- Collaborate with the Orange County DSS to re-establish cross system case review.
- Train individuals, families, and staff on evidence based practices.
- Work with schools regarding individuals with developmental disabilities.
- Develop capacity through CCISC (a service system that welcomes and expects to address complex needs including co-occurring needs).

- Promote Justice and Mental Health Collaboration Project (JMHCP).
- Develop a specialized clinical course of care to treat individuals experiencing their first psychotic break with the formation of a Community Clinic Learning Collaborative to identify best practices.

Priority (Rank #3): Work collaboratively with federal, state, and local partners to increase stable housing in compliance with Olmstead

- Collaborate with DSS and the Orange County Housing Consortium to explore new community housing options.
- Work jointly with the State to manage housing options as recommended by the MRT, through the Housing Consortium.
- Effectively manage housing working collaboratively with agencies awarded HUD housing.
- Enhance existing housing and supports for transition age youth.
- Support the roll out of the new SPOA process.

LGU: Orleans County

RPC Region: Western New York

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to transportation and HCBS.
Adult	Access to transportation and HCBS.
Local vs. Regional	Regional high needs identified were access to transportation for both populations and access to HCBS for the youth population.

- Transportation resources are a critical need in rural counties.
- A need for more home and community based service providers and a wider array of services for youth.
- More social-recreational opportunities needed for both populations.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Help reduce the incidence of suicide.

- Foster the work of the Orleans County Suicide Prevention Coalition which presents trainings on Safetalk and other evidence based practices.
- The Suicide Prevention Coalition will continue to increase awareness and knowledge by developing presentations.

Priority (Rank #2): Develop community based services by establishing satellite mental health clinics in alternative settings.

- Establish two school based satellite clinics in the eastern part of the county.
- Evaluate the operational effectiveness of new satellites.
- Formulate a plan to open two additional school-based clinics in the western part of the county.

Priority (Rank #3): Increase the availability of evidenced-based medication assisted therapy (MAT).

Priority (Rank #4): Desire to offer respite services for families of OPWDD population.

- Reach out to potential providers.

Priority (Rank #5): Meet the mental health treatment needs in partnership with community agencies

- The Mental Health Association will provide a drop-in center for those who choose not to participate in structured settings.
- Orleans LifeLine, a division of Goodwill of the Finger Lakes, will provide telephone suicide and crisis prevention/intervention.
- Develop and implement a 24 hour mobile crisis.

Other unranked priorities include:

- Address the unmet need for short-term residential care through DePaul Mental Health provision of crisis respite beds.
- Increase the proficiency of clinicians working with co-occurring disorders using the FIT model.
- Educate the community about available mental health resources.
- The ARC of Orleans County will provide employment support to individuals with mental health issues.
- Provide effective chemical dependency education and treatment linkages at the jail.
- Increase awareness and utilization of Gambling Treatment Services.
- Provide continued services at the Alcohol & Substance Abuse Clinic.
- GCASA will increase access for substance abuse services to the Spanish speaking population.
- Reduce the prevalence of nicotine addiction among substance abuse patients.
- Provide vocational services to developmental disability population.
- Desire to meet housing needs of developmental disability population.
- Prepare individuals and family members of developmental disability population for managed care.

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LGU: Oswego County

RPC Region: Central

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to transportation and prevention, crisis and treatment services.
Adult	Access to crisis and treatment services, supported housing, transportation and HCBS.
Local vs. Regional	Regional high needs were identified as access to crisis services and transportation, and access to transportation, crisis and treatment services for adults. These needs are consistent with some of the local high needs identified above.

- Lack of mental health clinic services and lengthy waitlists, thus allowing conditions to worsen over time until the most acute level of care is needed.
- No available crisis intervention services in the region is causing the overutilization of ERs.
- A need for more person-centered approaches to reduce clients being excessively labeled as non-compliant, and then being discharged.
- Lack of intensive treatment services for individuals coming out of jail/prison.
- Housing barriers include lengthy waitlists, few available housing slots, and ineligibility of convicted felons to be housed through HUD subsidies.
- Difficulty accessing/unreliable Medicaid transportation, and lack of public transportation.
- A need to increase HCBS services in order to offset the lack/decrease of supervised living opportunities.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Improve access and engagement with behavioral health treatment and supports.

- Increase capacity of outpatient mental health clinic services for children and adults.
- Collaborate on a regional level, to develop and share resources to meet the needs of adults and families with children experiencing behavioral and mental health crises.
- Increase treatment and support services available for criminal justice system involved individuals with behavioral health issues.

Priority (Rank #2): Align housing options and independent living supports with consumer needs and preferences.

- Partner with stakeholders to identify needs and resources, develop ‘shovel ready’ projects.
- Advocate for home nursing, home health, and consumer directed care services.

Priority (Rank #3): Co-location of behavioral and physical healthcare to meet the needs of individuals with co-morbid conditions.

- Partner with Rural Health Network to promote and support the implementation of initiatives for integrated care.

Priority (Rank #4): Strengthen prevention strategies to reduce substance abuse, suicide, hospitalization and out of home placements for youth.

- Further develop local Coalition to Combat Adolescent Substance Abuse.
- Provide over the counter medication and opiate addiction education in schools.
- Develop local Suicide Prevention Coalition.
- Provide local training opportunities to increase skills within the community to identify and respond to suicidal ideation.
- Apply for Drug Free Communities Grant.
- Implement Collaborative Problem Solving model.

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LGU: Otsego County

RPC Region: Mohawk Valley

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention services, HCBS and workforce recruitment/retention. Two unique high needs specific to the LGU were access to peer support and psychiatry/addiction medicine.
Adult	Access to transportation, other support services and workforce recruitment/retention. Two unique high needs specific to the LGU were access to peer support and psychiatry/addiction medicine.
Local vs. Regional	Regional high needs identified were access to treatment services and transportation for both populations. This is consistent with two of the local high needs identified above.

- Prevention services such as, early identification of at risk youth and early intervention with pro-social behaviors and experiences, are needed to moderate the effects of multi-generational struggles.
- For high needs/at risk families, intensive in home clinical and support services are needed to create change. With an increasing elderly population in the community the ability to provide in home assessments and services is needed.
- Limited public transportation, and Medicaid transportation requires a three day notice which prevents immediate access to services.
- Accessible housing for the homeless, jail, and sex offender populations is needed.
- Continue/expand loan forgiveness programs for MSW, RN, NPP, DO and MDs.
- Lack of funding/reimbursement for peer support services that are typically delivered in non-traditional settings.
- Lack of psychiatrists or addiction medicine specialists.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Successful reform of health care delivery system.

- Participate in DSRIP planning activities.
- Support operational adult health home to include HARP and health homes plus transition to managed care.
- Identify key services.

Priority (Rank #2): Access to appropriate services.

- Promote the use of health homes and SPOA to serve high needs individuals.
- Expand Mobile Crisis Assessment Team early intervention.
- Enhance outpatient services to accept increased demand, and to improve treatment engagement.
- Work with Basset Medical Center to bring rural psychiatry residential program into the region.
- Work with provider systems to enhance clinical experience.
- Work with Basset Medical Center to develop regional addiction medicine services.
- Promote training/internship opportunities across all workforce specialties.
- Build and maintain relationships with educational institutions.
- Maintain Health Professional Shortage Area designation.

Priority (Rank #3): Increase housing opportunities.

- Identify housing options for substance abuse population.
- Work with recovery community to develop sober living options.
- Support expansion of housing via health homes.
- Increase capacity for individuals with co-occurring disorders in mental health housing.
- Identify transportation and employment resources.
- Promote Housing First approach.
- Increase supported housing and linkage to health homes.
- Increase use of in-home stabilization services.
- Increase behavioral management skill building.

- Increase use of warm-line, MCAT and Recovery Coaching.

Priority (Rank #4): Promote recovery support services.

- Provide a variety of peer support opportunities such as expansion of warm line, promote Recovery Oriented Employment Services, integration of peer engagement specialist, engagement of peers in the support and development of community supports, develop peer linkage/coaching, and develop recovery and peer services for youth.
- Educate current provider systems to the engagement and activities of peer/recovery services.

Priority (Rank #5): Promote integrated prevention, treatment and recovery/support services.

- Reduce regulatory and fiscal barrier to person centered integrated care.
- Bring together agencies and services focused on the development and wellbeing of children and families.
- Engage stakeholders in utilizing ACES.
- Implement intervention for youths ages 12-18 who are starting to make poor choices with drugs/alcohol.
- Support and empower teens and parents to direct services.
- Identify and support programs that provide integrated prevention.
- Develop small community network to provide pro-social activities for youth and families.

Other unranked priorities include:

- Reduce premature deaths.

LGU: Putnam County

RPC Region: Mid-Hudson

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention and treatment services.
Adult	Access to prevention, crisis and other support services, and coordination/integration with other systems.
Local vs. Regional	The LGU did not identify any regional needs.

- Need for youth Mental Health First Aid prevention services.
- Insufficient service/residential options for transition/return into the community post- inpatient discharge which is increasing length of stay despite client stabilization.
- Limited availability of youth treatment services due to inadequate number of child psychiatrists.
- Need for coordination/integration between MH and DD treatment providers to help treat dual diagnosis individuals post IP discharge.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Increase suicide prevention and awareness.

- Present SafeTalk (a Means Matters training) PTSD training to mental health and law enforcement personnel, and Mental Health First Aid.
- Obtain information regarding suicides completed in Putnam County through county officials.

Priority (Rank #2): Address unintentional opiate overdose.

- Narcan trainings will be provided to the community.
- Provide a public awareness campaign of the dangers of addiction and resources available.

Priority (Rank #3): Increase supported housing.

- Build supported housing beds by 2 in 2015.

Priority (Rank #4): Facilitate access to services across service systems via interagency collaboration.

- Work with OPWDD to transition individuals with developmental disabilities to crisis or appropriate alternative to psychiatric facilities.

Priority (Rank #5): Ensure mental health training for first responders.

- Offer CIT training.
- Develop training for developmental disability population.

Other unranked priorities include:

- Address mental health issues of veterans, senior citizens, and other special populations.

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LGU: Rensselaer County

RPC Region: Capital Region

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to transportation, HCBS and other support services.
Adult	Access to prevention, crisis and other support service, supported housing, transportation and HCBS. Other unique needs specified were access to crisis beds and VNA like supports.
Local vs. Regional	All local high needs for both populations were identified as regional needs. Additionally, access to prevention services (youth) and coordination with other systems (both populations) were identified as a regional high needs.

- Adult mobile crisis team that is in development will have limited hours of operation.
- Lack of mental health provider/services in the NW and SE zones of the county.
- Overall SH shortage, very limited SH for adults with children, and admission barriers through the SPOA referral process due to treatment/medication compliance monitoring.
- Medicaid transportation does not cover same day access to care or siblings traveling with mentally ill youth. This service also tends to pick up clients late.
- HCBSs are not broadly available (e.g. only available for OMH Waiver for SED youth).
- Limited public transportation available in rural areas, therefore rural residents are unable to access urban (Troy) services that serve low income individuals.
- Difficulty recruiting/retaining psychiatrists, lack of Spanish speaking therapists/psychiatry staff, and limited psychiatric nurse practitioner availability.
- Fragmented treatment for individuals with co-occurring and dual diagnoses has resulted in the need for more integration between OMH, OASAS and OPWDD licensed providers.
- Lack of crisis beds.
- Medication/treatment compliance supports needed for State PC discharges with high medical need.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Explore housing options.

- Housing redesign through expanded OMH funded SH beds, increased housing through MRT SH beds, advocacy for enhanced SH, redeployed state aid funding to Unity House, proposal of expanded housing for persons with disabilities, addition of MRT beds and/or SH beds for high end users, affordable rentals for those coming out of supportive or transitional housing, continue to work with FACT team to resettle homeless families, exploration of partnerships with other affordable housing stakeholders and increase OPWDD housing alternatives to congregate care.
- Develop transitional housing program for people ages 16-24 years old with mental health and substance use issues and create a young adult task force.
- Resettle Fawn Ridge Adult Home residents to their county of origin.

Priority (Rank #2): Embrace all initiatives through Medicaid Redesign, DSRIP and Managed Care HCBS waiver.

- Develop integrated care partnerships and cross systems collaborations (e.g. criminal/juvenile justice and BH).
- Plan/implement EHR that meets all current standards including linkage to the RHIO.
- Provide training for county and MH workforces, youth serving and developmental disability workforces, pediatric resources and care coordinators.
- Use of telepsych and primary care integrated satellite clinics to serve rural counties.
- Develop a community based continuum of care for adults, children and families offering comprehensive resources to support living in the least restrictive setting.
- Continue partnership with existing veterans services to promote community awareness and reduce treatment barriers.
- Continue to offer PROS and a Supported Education Program.
- Continue participation in County Health Department Wellness Committee’s initiatives.

Priority (Rank #3): Establish an accessible continuum of care for addiction.

- Collaborate with Chemical Dependence/MICA subcommittee, to develop a best practice plan and increase treatment options and access for persons who are opiate addicted.

Priority (Rank #4): Improve population health.

- Reduce suicide and associated stigma.
- Strategic planning/implementation as a result of the biannual Bach Harrison Prevention Needs Survey administered to school children.
- Increase evidence based programming in schools and the community.
- Continue teen pregnancy, STDs, obesity and tobacco use prevention.
- Develop an emergency preparedness plan.

Priority (Rank #5): Develop a regional plan to minimize the harmful effects associated with the introduction of casino gambling in the region.

- Develop/promote a best practices plan to reduce the risk of problem gambling.
- Improving access to intervention and treatment services that are responsive to individual and family needs.

LGU: Rockland County

RPC Region: Mid-Hudson

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to treatment services.
Adult	Access to supported housing, HCBS, workforce recruitment/retention, increase funding for supported housing providers, coordination/integration with other systems, and create opportunities for persons currently in the community.
Local vs. Regional	The LGU did not identify any regional needs.

- Families covered by commercial insurance have difficulty accessing youth MH services through in-network providers due to clinic trends toward serving the Medicaid population and high co-pays at private practices.
- Housing barriers include long waiting list (35 individuals), no new bed allocations in the past year and Section 8 being closed for a year.
- A need for habilitation and restorative services that are offered in settings outside of licensed housing for young adults living at home with parents.
- Demand for additional community based skill building/supports for mentally ill individuals in the community which cannot be solely fulfilled by residential providers and care coordination.
- Workforce challenges include high staff turnover in IP unit, lack of men in social work and care coordination positions, and insufficiently trained residential line staff to meet the needs of SMI populations.
- Lack of integrated care coordination and resources between MH and DD.
- Separate funding and licensing silos at the State level for MH, CD, and DD.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Expand the availability/accessibility of safe, adequate and affordable housing in the least restrictive environment through the ARISE Crisis Respite Bed program, St. Dominic’s Home, Loch House, Mental Health Association, Rockland Hospital Guild, Bikur Cholim, Open Arms, Blaisdell ATC, ARC, Hamaspik and Camp Venture.

- Develop housing and emergency housing for single homeless adults with SMI.
- Expand crisis respite bed capacity.
- Implement OASAS Residential Redesign.
- Develop/expand housing and renovate existing residence for individuals with substance abuse.
- Increase access to CD housing for individuals with co-occurring illness, and for individuals that have a history of prior non-violent crimes.
- Use Homeless Housing funding to provide integration housing to the DD population.

Priority (Rank #2): Increase vocational/employment and educational opportunities for persons across the MH service system through St. Dominic, MHA, Lexington Center, Open Arms, Haverstraw Center, RILC, the Recovery Task Force, Camp Venture, RCALD, ARC of Rockland, and Jawonio.

- Increase employment and education opportunities SMI, CD or co-occurring populations.
- Increase opportunities for the DD population which decrease enrollment in sheltered workshop programs.
- Provide increased community-based integrated pre-vocational opportunities and job placement for individuals with ID/DD.

Priority (Rank #3): Expand access to culturally and linguistically competent services and supports.

- Increase cultural and linguistic competency at RILC, CANDLE, Bikur Cholim, Lexington Center, Daytop, Mental Health Association, Blaisdell ATC, and Open Arms.

Priority (Rank #4): Promote recovery awareness in the community and create long-term recovery supports (e.g. peer supports for persons with mental illness and chemical dependence) through Jawonio, MHA, RILC, RCADD, Good Samaritan Hospital, St. Dominics, Daytop, Haverstraw Center, and NAMI Rockland.

- “Peer Summit” to identify ways that peers assist in recovery in a managed care environment.
- Collaborate with CD programs to train MH residential staff to provide support in person’s with co-occurring mental illness and chemical dependence.
- Promote recovery awareness, create new support groups, and increase self-help options.
- Add an AA meeting and offer volunteer opportunities to persons in recovery from CD.
- Launch family peer advocacy services, establish outreach linkages in schools, and provide an opportunity to create a peer support network for individuals on the autism spectrum.

Priority (Rank #5): Expand access to community habilitation, family support, respite and recreation for persons across the MH service system.

- Bikur Cholim to offer community education to parents of children around MH.
- Lexington Center to begin a family participation phase in system in an adult non-intensive clinic.
- CANDLE to assess needs and barriers for middle school students potentially interested in attending an LGBTQ+ support group.
- Jawonio, Hamaspik, Camp Venture and ARC to offer more community based services for individuals with ID/DD.

Other unranked priorities include:

- Increase availability/accessibility of affordable, recovery oriented, person centered, age appropriate and evidence base treatment, care coordination and habilitative services to all persons, including those with co-occurring disorders.
- Provide prevention, education, and outreach across the MH system and educate community leadership about related BH issues and services.
- Collaborate with the criminal justice system to provide services and offer alternatives to incarceration for persons that are involved in the criminal justice system.
- Prepare the MH system of care in Rockland County for Medicaid Redesign and managed care through coordination and management of all service components.

LGU: Saratoga County

RPC Region: Capital Region

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis and treatment services, supported housing, HCBS, work force recruitment/retention and coordination/integration with other systems.
Adult	Access to crisis services, supported housing and workforce recruitment/retention.
Local vs. Regional	Two areas were identified as regional high need: workforce recruitment/retention (youth) and access to supported housing (adult). These two areas align with the local high needs.

- Need for trained behavioral health professionals to respond to crisis situations as opposed to emergency responders and law enforcement.
- Limited supply of qualified prescribers and MH professionals with specialized training for care of youth and children.
- Lack of residential services for transition-aged youth.
- Lack of home and community based, specialized wrap-around services to support children and youth with multiple disabilities.
- Lack of/need for more psychiatrists and child psychiatrists.
- More collaboration is needed to better treat persons with multiple disabilities given the significant overlap in clinical care, social support and overall treatment.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Improve overall quality of care for the Medicaid, Medicare and uninsured population through participation in DSRIP.

- County mental hygiene providers will join a regional PPS.

Priority (Rank #2): Enhance the composition and functioning of the CSB to comply with the standards set for by the NYS Inter-Office Coordinating Council (IOCC).

- Develop the CSB to meet the requirements of the IOCC.

Priority (Rank #3): Continue to develop and sustain local coalitions.

- The Prevention Council will continue to work with local coalition partners in the South Glens Falls, Saratoga Springs and Shenendehowa school districts in addressing substance abuse, bullying and suicide prevention and expand into Galway and Mechanicville school districts.
- Enhance relationships with public stakeholders including Public Health, DSS, the justice system and others.

Priority (Rank #4): Maintain an effective, efficient, accessible continuum of residential and housing services.

- Explore introduction of additional providers of these services to the County.

Priority (Rank #5): Identify and address service needs of young adults transitioning into adult roles in the community.

- Reflections PROS program will develop programs to meet the needs of this population.
- Increased collaboration and integration between the Mental Health Center’s mental health and substance abuse services in meeting the needs of this population.

Other unranked priorities include:

- Effectively implement and integrate health homes.

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LGU: Schenectady County

RPC Region: Capital Region

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to supported housing.
Adult	Access to crisis and treatment services, supported housing, transportation and workforce recruitment/retention.
Local vs. Regional	Two areas were identified as regional high need: workforce recruitment/retention (youth) and access to supported housing (adult). These two areas align with the local high needs.

- High need for crisis services for individuals with co-occurring disorders and individuals with high acuity behavioral and functional care limits who refuse services from MH system and remain just below the clinical threshold for involuntary service.
- Limited crisis service options for adults with co-occurring disorders.
- Limited treatment services due to medical providers, increasingly higher caseloads for children’s service providers, and low staff retention in some agencies.
- Treatment access is difficult for individuals with co-occurring disorders, significant mental health impairments, and behaviors identified as personality based.
- Need for more supported housing to reduce current waitlist, to support transition-age youth, and to support individuals who face chronic homelessness due to eviction.
- Transportation issues for individuals who rely on Medicaid transportation that are having trouble following guidelines for usage.
- Lack of adult and child psychiatrists, and difficulty retaining clinical staff.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Ensure access to required care and service needs for individuals with significant clinical care needs or functional impairments that cause reliance on specialized health care services and/or social supports.

- Cross system forums and training events, ad hoc special conferences and scheduled task force and subcommittee meetings.
- Continue work with state and local partners to seek out opportunities for additional housing and case management resources through grants, state funding, and redesign activities.
- Improve outcomes for justice involved youth via implementation of effective behavioral health interventions.

Priority (Rank #2): Promote person centered recovery oriented system of care through knowledge sharing and monitoring of innovative programming.

- Training focused on trauma informed care.
- Trainings and forums geared toward understanding of eligibility, criteria, and service structures with the Mental Hygiene systems to support linkages and successful transitions within OMH, OASAS and OPWDD service systems.
- Monitor/evaluate pilot programs utilizing peer expertise to support enhanced outcomes.
- Increase SBIRT awareness.

Priority (Rank #3): Sustain system readiness and expand networked crisis response capacity to maintain effective critical incident management.

- Provide training and networking/information sharing forums to ensure ongoing communication for effective critical incident management.
- Continue efforts to prevent violence, including suicide prevention, through information sharing and improved monitoring capacity.
- Maintain current capacity to ameliorate crisis situations with least restrictive and re-triggering response.
- Provide linkages to community and community supports.

Priority (Rank #4): Enhance community of care infrastructure to promote wellness and reduce risks associated with addiction.

- Partner with stakeholders to plan and implement action steps around response to current opiate use trends and impact of addiction related barriers to health and wellness.
- Utilize established committee meetings and network relationships to provide cross systems planning and evaluation of trends impacting care needs in public mental health services

LGU: Schoharie County**RPC Region: Mohawk Valley**

Needs Assessment: The following areas were identified as “Moderate Need” for the local MH population.

Youth	Access to treatment services, supported housing, transportation and workforce recruitment/retention.
Adult	Access to treatment services, supported housing, transportation and workforce recruitment/retention.
Local vs. Regional	The regional moderate needs identified are identical to the local moderate needs above, for both populations.

- Lack of specialized training for staff regarding special populations.
- Concerns that stigma may be discouraging residents from accessing treatment.
- Very limited housing in the county, especially for youth.
- The county covers a large rural area, and public transportation access is difficult for individuals living in outlying areas.
- Difficulty coordinating transportation for parent/guardians and children under 21.
- Children under 18 cannot ride the public bus without a guardian.
- Recruitment is difficult in a rural area; few responses to job posting for both professional and para-professional positions.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Provide better access to services and improve response to the behavioral health community.

- Further develop awareness and visibility of services across all disabilities by increasing internet presence, a local school monthly informational bulletin board, radio public service announcements, participation in local health fairs, conferences and providing community forums and presentations.
- Plan for implementation of meaningful use standards in the electronic medical record.
- Monitor and evaluate programs through the collection of data from service reports, utilization reviews, incident reviews, corporate compliance, staff meetings, surveys and meetings with senior-supervisory staff members.
- Apply for the integrated license to merge the mental health and chemical dependency clinics.
- The Mobile Crisis Assessment Team worker and the peer specialist are embedded in the county clinic.
- Enhance family support services by connecting individuals and families with mental health challenges to supports.
- Train staff on all new initiatives and provide cross training.
- The clinics will create open access hours.
- The START program will provide crisis response and prevention with developmental disabilities.

Priority (Rank #2): Primary care and behavioral health will form a collaborative relationship with regular communication and coordination of treatment plans.

- OCS will join the Mohawk Valley DSRIP as a Leatherstocking PPS.
- Care managers will oversee and provide access to appropriate and needed services.
- ARC, RSS and the county clinics will integrate wellness into the programs treatment.
- Schoharie County will be involved in monitoring the quality of the Bassett Health Home Care Management program.
- The clinics will join HIXNY, which is an online access to a patient’s community health record.
- The clinics will employ a nurse who will interview, engage, and screen patients and coordinate and create linkages to providers.

Priority (Rank #3): Enhance services to youth.

- Provide a group for youth at the clinic addressing the topics of addiction, family dynamics, conflict resolution, bullying and healthy coping skills.
- Refer identified adolescents to the clinic for a CD/MH screening and/or Teen Intervene.

- Improve the referral process for the chemical dependency clinic.
- Provide some on-site behavioral health services to students in the Jefferson School District.
- Assign a social worker who will serve as a liaison between OCS and local DSS and provide direct consultation with CPS caseworkers regarding families who might benefit from services along with education and training.
- Participate in the children's health home initiative.

Priority (Rank #4): Reduce the number of attempted and completed suicides in the community.

- Increase public awareness, improve internet presence.
- Embed a MCAT worker in the county clinic.
- Offer a "Live for Today" support group in the county.
- Reduce stigma and offer trainings.

Priority (Rank #5): Increase affordable, safe housing.

- Develop a supported housing program for transitional youth, enhance client support services that provide stabilization.
- Collaborate with surrounding rural counties to develop housing initiatives for the substance abuse population.
- Continue the work of SPOA.

Other unranked priorities include:

- Improve and expand peer recovery supports.
- Increase awareness of opioid misuse/abuse and enhance treatment options for opioid abusing clients.

LGU: Schuyler County

RPC Region: Finger Lakes

Needs Assessment: The following areas were identified as “Moderate Need” for the local MH population.

Youth	Access to treatment services and transportation.
Adult	Access to supported housing and transportation.
Local vs. Regional	The LGU did not identify any regional needs.

- Limited child and adolescent psychiatric hours in clinical settings.
- Limited/minimal housing options.
- Difficulty accessing designated supported housing beds due to the housing provider’s reluctance to serve the more chronic population that is in need of housing.
- Lack of transportation resources due to rural geographic location.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Increase psychiatric hours for the community.

- Recruit a doctor or nurse practitioner for the clinic.

Priority (Rank #2): Reduce and prevent suicide among community leaders.

- Increase community partnerships to increase the work of the Schuyler County Suicide Prevention Coalition.
- The Suicide Awareness for Everyone Coalition will host two events.

Priority (Rank #3): Increase system collaboration between professionals.

- Meet with each local primary care physician to establish a relationship and discuss collaborative efforts.

Priority (Rank #4): Create integrated, sustainable, and self-funded housing for identified priority groups.

- Establish a cross system committee to assess the current housing situation and determine level of need to drive housing.
- Complete valuation of existing traditional and non-traditional housing opportunities, develop a project plan based on the 2014 community assessment, and construct new housing.

Priority (Rank #5): Increase employment opportunities for OMH, OASAS and OPWDD recipients

- The ARC will reinstate a work program.
- Pursue the peer specialist opportunities that is target through the local social club.

Other unranked priorities include:

- Educate the community about the wide reaching system changes.

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LGU: Seneca County

RPC Region: Finger Lakes

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to treatment services, supported housing, workforce recruitment/retention and coordination/integration with other systems.
Adult	Access to treatment services, supported housing, workforce recruitment/retention and coordination/integration with other systems.
Local vs. Regional	The regional high needs were consistent with the local high needs identified above. In addition, access to transportation also identified as a regional high need for both populations.

- Lack of access to prescribers is a huge need, especially for children.
- Strict criteria for newly developed supported housing beds that exclusively serve State PC discharges has led to under-utilization of these slots. Widen the criteria to include those who have a history of multiple State PC admissions
- Difficulty recruiting/retaining prescribers for both children and adult populations is causing clinics to rely on distant prescribers for several months.
- A need for more licensed prescribers to be able to sign treatment plans.
- Increase incentivizes for doctors to work in mental health clinics.
- Better coordination/integration of treatment with the school districts
- A need to reduce the number of jail inmates with mental illness.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Continue to increase behavioral health housing options.

- LGU and housing providers to report out to CSB Mental Health and Alcohol and Substance Abuse Committee on utilization.
- LGU to regularly attend the Seneca County Housing Coalition meetings.
- LGU will support utilization of regional housing efforts (i.e. “EPC Transformation” supported housing beds).

Priority (Rank #2): Continue to increase housing options for those with mental illness.

- Transformation transitions from Elmira PC to supported housing bed is reported to SPOA and CSB Mental Health Committee.
- LGU to regularly attend Seneca County Housing Coalition meetings.
- Support and promote utilization of regional supported housing bed increases as part of regional grant application.

Priority (Rank #3): Improved early detection and access to children’s mental health services.

- Continue to serve as one of the county leads for the OMH Early Recognition Grant and continue the work after the grant ends.
- Monitor progress of the System of Care initiative to ensure adoption of the “Cares Team Map”.
- Implementation of the Prevention Agenda.

Priority (Rank #4): Improved employment opportunities for Mental Hygiene population.

- Require that agencies who provide vocational services through the NYESS system report data.
- Report to CSB MH Committee on status of the peer employee program implementation.
- The LGU will monitor provider agency trends on the NYESS system to establish baseline numbers for each agency.

Priority (Rank #5): Reduce underage drinking, cannabis and prescription and other drug abuse.

- Work with others to implement the Drug Free Communities Grant.
- Monitor heroin/opiate abuse/dependency.
- Implement a plan related to the risk and protective factors.

- Review all substance abuse prevention programs to increase evidence based practices.
- Ensure access to school and community based ATOD prevention services.
- The Seneca County Youth Counseling Program will maintain all school-based counseling services and use an evidence based program.
- The County will continue to work with agencies as they implement their respective substance abuse prevention efforts.

Other unranked priorities include:

- Increase access to services.
- Improved health of residents who receive mental health and chemical dependency services.
- Increase and promote respite services.
- Promote service coordination in a health home environment.
- Implement People First Waiver.
- Develop housing options for developmental disability population.
- Promote housing options for chemically dependent population.
- Reduce heroin and prescription opiates use.
- Reduce incidence of compulsive gambling.
- Increase percentage of non-mandated clients.
- Continue to monitor transitioning developmental disability population, “Front door” eligibility assessment and access to approved services.
- Reporting of START at each CSB developmental disability committee meeting.
- Monitor physical health of developmental disabilities population.

LGU: St. Lawrence County

RPC Region: Tug Hill Seaway

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis services and treatment services.
Adult	Access to crisis services, treatment services, supported housing, transportation and HCBS; coordination/integration with other systems.
Local vs. Regional	All high local needs listed above were also identified as high regional needs, with the exception coordination/integration for adults.

- Lack of adequate after hours community based crisis response/mobile crisis services resulting in high ER utilization and unnecessary hospitalization.
- Lack of community based programs possess waiting lists.
- Lack of housing programming/services, and despite funding the county lacks adequate supervised/supportive housing units/premise/community residence/apartments and community based alternatives/supports.
- Rural nature of the county causes issues with access to and from services.
- Shortage of primary care doctors acceptance of Medicaid in the region causing MH consumers to remain untreated, under treated or to over utilize ER services.
- Several clients in the health care system are not being linked to BH services when necessary.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Identify and increase various types of safe and affordable housing in all areas of the housing continuum.

- Address a housing shortage by having the CSB and its subcommittee’s workgroups work in collaboration with the Points North Housing Coalition to explore innovative housing options.
- The LGU will continue to work with OMH, OASAS and local housing provider groups to discuss housing redesign projects.

Priority (Rank #2): Enhance exist program options and develop and increase program options among OMH, OASAS and OPWDD

- The County will continue to identify service gaps across all disability groups while encouraging collaborative efforts and program enhancement/development necessary to allow clients access to a full continuum of treatment/recovery/support services such as forensics and diversion programs.
- Develop a service continuum protocol via SPOA.

Priority (Rank #3): Continue to develop/support employment/vocational opportunities/ alternatives to sheltered workshops for the mental health and developmental disability populations.

- Increase community-wide awareness of networking opportunities and resources designed to promote restoration, remediation, and rehabilitation and thereby increase linkage with appropriate programs/alternatives.
- Continue efforts to initiate potential PROS and/or other alternatives.

Priority (Rank #4): Continue to enhance and increase access to transportation.

- Continue to identify, pursue and align alternative public transportation opportunities.

Priority (Rank #5): Integration of behavioral health and primary care.

- The County will establish together “under one roof” primary care services within behavioral health agencies and/or behavioral health services within primary care facilities with the support/ implementation of DSRIP capital projects.

Other unranked priorities include:

- Continued efforts to guide the design and implementation of managed Medicaid behavioral health services.
- Continue efforts to expand and retain qualified behavioral health care professionals.
- Continued efforts to enhance county-wide cross systems approach to embedding suicide prevention into providers.

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LGU: Steuben County

RPC Region: Finger Lakes

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis services.
Adult	Access to crisis services.
Local vs. Regional	The LGU identified coordination/integration with other systems for the adult population as the only regional high need area.

- Recent inpatient closure of St. James Mercy Hospital have caused both adolescent and adult residents to travel significant distances to receive acute inpatient care.
- People with more “chronic” and/or serious conditions are not engaging in outpatient behavioral health services, and continue to have preventable ER use and hospitalization.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Prevent suicide among youth and adults.

- Reinvestment funding will continue to be utilized to support community based crisis response, support for families and bridger care management services.
- Increase partnerships dedicated to the Steuben County Suicide Prevention Coalition.
- Implement training for professionals and non-professionals specific to the recognition of risk behavior and appropriate response to suicide.
- The Community Mental Health Center and the ARC will identify crisis service needs.
- LGU will be lead in regional collaboration in developing a Home Based Crisis Intervention program for children and young adults.
- The Community Mental Health Center Mobile Crisis Team will provide community crisis stabilization services as part of DSRIP.

Priority (Rank #2): Strengthen cross-system collaboration.

- Establish a referral and data tracking system with the regional health home by the end of 2016.
- Health home comprehensive care management services to be provided by previous ICM/SCM.
- Promote health and wellness by ensuring recipients have identified a primary care physician who can provide ongoing physical health care.
- All care management staff will attend local and OMH sponsored trainings focused on person centered treatment.
- Community Mental Health Center care managers will provide transition care to patients for a period of 30 days after hospitalizations for chronic ambulatory care sensitive conditions.
- Integration of behavioral health with primary care services.
- Improve coordination of care between substance abuse and mental health programs.

Priority (Rank #3): Improve coordination and communication between substance abuse agencies and mental health agencies to better provide integrated treatment for individuals with co-occurring disorders.

- Steuben County Alcoholism and Substance Abuse Services will continue with integrated treatment service.
- Implement in-service trainings focused on treatment services offered by mental health and substance abuse programs.
- Counselors will work toward increased communication regarding shared cases of co-occurring treatment.
- CASAC position to be established as part of forensic team in county jail.

Priority (Rank #4): Medically assisted treatment will be available.

- Continue current MOU with an area physician to evaluate, prescribe and monitor medications used in the treatment of addiction.
- Chemical dependency counselors will increase their knowledge of best practice to use when working with individuals receiving medication assisted treatment.
- Increase information available to regional health home service providers, physicians and local businesses to provide education pertaining to addiction and treatment services available.

Priority (Rank #5): Improve the quality of services available to individuals with developmental disabilities.

- The ARC will increase the number of individuals receiving self-directed care plan of service.

Other unranked priorities include:

- County will increase awareness and availability of adolescent chemical dependency services.
- Increase retained employment.
- Provide meaningful activity and education opportunities for individuals with developmental disabilities.

LGU: Suffolk County**RPC Region: Long Island**

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis and treatment services, supported housing, HCBS, workforce recruitment/retention and coordination/integration with other systems.
Adult	Access to crisis and treatment services, supported housing, workforce recruitment/retention and coordination/integration with other systems.
Local vs. Regional	The regional high needs identified were identical to the local high needs identified for their respective populations.

- Lack of accessible crisis alternatives that are not the highest level of care (e.g. inpatient/ERs).
- Increased demand for treatment services due to long wait lists and long delays before seeing a psychiatrist.
- Supportive housing for all populations is insufficient to meet the growing demand as more people are being discharged from inpatient settings due to bed reductions/closures.
- Lacking home and community based supports for the adult population.
- Limited workforce resources and large number of poor, working poor and undocumented population.
- More collaboration and integration is needed between counties.
- Continuation of collaboration and integration across system.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Modify and develop single point of access.

- Implement additional data fields to tracking databases.
- Increase “front door” staffing for intellectual disabilities and developmental disabilities system.
- Monitor the number and utilization of “legacy slots” to address the needs of clients who will not be receiving their supports through health home care management.
- Utilize system of care meetings to enhance the system of care for youth with behavioral, emotional, and social challenges.

Priority (Rank #2): Attention to housing.

- Address the waitlist for residential developmental disabilities services.
- Increase the number of housing opportunities in the mental hygiene system.
- Increase the number of residential/supportive beds for persons with all levels of disabilities.
- Encourage applications for any available HUD Section 8 housing.
- Increase placement service options for hard to place youth with multi-system and/or cross-system needs.

Priority (Rank #3): Address lengthy wait lists for individuals referred to services.

- Increase efficiency of existing clinical systems.
- Improve overall competence across the chemical dependency treatment system.
- Utilize DSRIP by collaborating with partners in developing and implementing new OTP services in substance abuse system.

Priority (Rank #4): Development of acute care psychiatric beds for dually-diagnosed individuals.

- Convene meeting of all governmental stakeholders to increase capacity at publically operated hospitals in the region.
- Cooperate with OPWDD in establishing the NYS START initiative.
- Specialized training as to the needs and complexities of the dually diagnosed.

Priority (Rank #5): Improved access to evidence based/integrated treatment for individuals with co-occurring disorders.

- Train in Focus on Integrated Treatment (FIT) program.

Other unranked priorities include:

- Restore development of traditional site based day habilitation services in developmental disabilities system.
- Increase access to community-based supports for persons with complex, multiple needs who are in recovery.
- Reduce the wait-lists for children's care management services.
- Promote and build emotional health for all disabilities.
- Improve access to a more comprehensive transportation system.
- Develop a seamless transition for individuals aging out of the children's and youth's systems.
- Explore ways to facilitate and support the increased integration of peers into the mental health workforce.
- Develop family support services for the developmental disabilities population through the RFP process.

LGU: Sullivan County

RPC Region: Mid-Hudson

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis services and transportation.
Adult	Access to transportation.
Local vs. Regional	All local high needs were also identified as regional high needs.

- Issues accessing needed services for individuals with co-occurring issues who are taking benzodiazepines and misusing opiates/heroin.
- Difficulty placing transition age youth into crisis services due to age restrictions, parental insurance, or lack of insurance.
- Lack of adequate and cost effective public transportation given rural layout.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Maintain and enhance prevention and outreach programs.

- Provide suicide prevention information at all educational venues and committee meetings.
- Inform community institutions of ability to provide drug and alcohol education at all community venues.
- Utilize Recovery Center model through a proposal to expand peer support assistance to more of a focus on supported education and employment.

Priority (Rank #2): Establish more safe and sober housing.

- Develop and maintain additional transitional, supportive and permanent housing for mental health and substance abuse populations.

Priority (Rank #3): Enhance services to individuals involved in the criminal justice system.

- Enhance needed space and decrease time limitations in current inmate facility.
- Provide information on the Sequential Intercept Model at all community meetings.

Priority (Rank #4): Provide additional treatment services.

- Begin discussion and development of peer advocates, liaisons, coaches and bridgers.
- Enhance integrated treatment approach (i.e. Health Grant).
- Provide education regarding the wellness approach at all community activities and meetings.
- Engage and participate in the monitoring of referrals and discharges under the BHO.
- Develop an ambulatory detox.

Priority (Rank #5): Enhancement of services for emerging adults aging out of residential care.

- Promote policies and practices that address family relationships and permanency.
- Engage youth to work with their case managers in formulating goals to achieve by age 25.
- Ensure that the services available to youth are developmentally appropriate.
- Use federal funding to create programs for older youth and track their outcomes.
- Develop policies and practices that support prevention and development of the specific skills and competencies necessary for adult success.
- Engage with the community to create broad support systems for transitioning youth.

Other unranked priorities include:

- Be actively involved in the governance of health homes, MRT and DSRIP.
- Increase respite beds for children and adults.
- Increase access to children’s psychiatric services/assessment through the use of telepsychiatry.

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LGU: Tioga County

RPC Region: Southern Tier

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to transportation.
Adult	Access to transportation.
Local vs. Regional	Access to transportation.

- Tioga County no longer has a public transportation system due to changes in funding.

Priorities: The following priorities were identified as related to the OMH service system.

Priority (Rank #1): The county and collaborative partners will assure access to a full continuum of care.

- The CSB and its subcommittees will work to ensure that the community understands the importance of maintaining a comprehensive continuum of care.
- Providers will continue to explore ways of developing increased peer support.
- Partner with the County Health Department to share common goal of increasing visibility of services available.
- Pursue any objectives that relate to mental health or substance abuse as outlined in the Community Health Improvement Plan.
- Explore possibility of transitioning a Social Club to a Recovery Center.

Priority (Rank #2): To oversee the development and implementation of goals and objectives of the Suicide Prevention Coalition.

- Work with OMH to train community school districts, various agencies and clergy in suicide screening.
- Continue to educate the community regarding the risks, warning signs and interventions.

Priority (Rank #3): OPWDD will successfully oversee the development of additional housing opportunities, employment and various needs for developmental disabilities population.

- Work with Broome DDSO and/or voluntary agencies to develop housing opportunities for both the Autism Spectrum Disorder home as well as the home(s) for the medically frail individuals.
- The community will continue to support individuals with the OPWDD system to develop the ability to live independently with supports.
- The OPWDD sub-committee will monitor and identify solutions to the fact that the aging developmental disability population is aging and need housing.
- Will provide input regarding the needs of county residents pertaining to BDC closing.

Priority (Rank #4): Increase awareness of the issue of synthetic and opioid drug use.

- The county prevention program, Probation, the Sherriff’s Department and Alcohol and Drug Services form a coalition to research, plan for and provide education to the community.
- Participate in all coalition development and events.
- Will train all staff on the use of Narcan.

Priority (Rank #5): Develop additional employment opportunities for individuals with mental illness or developmental disabilities.

- Bring community providers together to identify barriers to integrated employment.
- Expand existing employment opportunities with campaign of successful consumer stories.
- Provide cultural sensitivity training to the community.

Other unranked priorities include:

- Continued participation in ongoing county disaster planning and emergency preparedness.
- Increase integration of physical health and behavioral health services.
- Support the efforts of TCCASA to seek funding to provide evidence based gambling prevention.
- Create an Open Access program.
- Educate community to changes in behavioral healthcare.

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LGU: Tompkins County

RPC Region: Southern Tier

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention services and supported housing.
Adult	Access to prevention services and supported housing.
Local vs. Regional	Regional high needs identified by the LGU were workforce recruitment and retention for both populations.

- There are very few prevention services available, and most resources are targeted at treatment.
- Housing stock is limited and often cost prohibitive due to higher education demands on housing.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Enhance the existing continuum of care to ensure that necessary community based services are available for all Mental Hygiene populations.

- The Mental Health Sub-Committee will plan for supportive housing and the sub-committees will determine other methods that will assist in gathering information from individuals/families who need mental hygiene services.
- Identify services that will provide necessary community based services for individuals who are being discharged from the Local Intensive Treatment Unit at Broome Developmental Center (BDC) and the long stay individuals discharged from the PCs.
- Support and strengthen the role of peers in individuals’ person centered plans.
- Identify and work with OASAS providers to establish community detoxification and stabilization services.
- Increase the Mid-Lake ACT Team reach.
- Suicide prevention will maintain adequate funding.
- Increase collaborative efforts between all community agencies.

Priority (Rank #2): The Southern Tier and the Finger Lakes region will continue to have an adequate number of medium to long stay psychiatric beds available.

- OMH PC’s will have adequate beds.

Priority (Rank #3): Increase safe, affordable housing throughout the Mental Hygiene system.

- Individuals discharged from BDC Local Intensive Treatment Unit will be successfully housed.
- The provider agencies will work to establish a Halfway House/Community Residence.
- Develop a plan for housing opportunities with appropriate treatment interventions for individuals who experience co-occurring disorders of mental health/chemical dependency.
- OPWDD and the community will develop additional housing opportunities.
- Integrate homeless individuals who have mental illness/chemical dependency into the community.

Priority (Rank #4): Promote the integration of physical and behavioral healthcare.

- County Mental Health will provide health monitoring services for significant health indicators for individuals taking psychotropic medication.
- Continue smoking cessation programs.
- Children, adolescents and adults will be diverted from the emergency department when appropriate. There is community collaboration through DSRIP.
- Address issues regarding access to mental health that was identified in the results of the Community Health Assessment.
- Promote co-location of physical health and mental hygiene services.

Priority (Rank #5): The transitioning mental health and developmental disabilities populations will have supports in place.

- The TCMH will update available resources with 211 including frequently asked questions from parents and providers.

Other unranked priorities include:

- Providers within the Mental Hygiene provider network will provide person-centered care.
- Improve integration of services for individuals with co-occurring disorders.
- Provide adequate respite services.
- Individuals with autism spectrum disorders will receive evidence based treatment.
- Youth will have access to mental health interventions.
- Implement a PROS.
- Increase employment opportunities/meaningful activities.
- Implement trauma informed care.

LGU: Ulster County

RPC Region: Mid-Hudson

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis and treatment services, transportation, HCBS and workforce recruitment/retention.
Adult	Access to crisis and treatment services, supported housing, transportation, HCBS and workforce recruitment/retention.
Local vs. Regional	Regional high needs identified were access to crisis services, transportation, workforce recruitment/retention and coordination with other systems for both populations. Access to treatment services for youth and access to supported housing for adults were also identified as high regional needs.

- More crisis services with expanded hours are need to increase access and reduce ED utilization.
- Lack of psychiatric inpatient child bed availability, and lengthy wait time for children in the ED.
- Long wait time for therapy (3-4 weeks) and psychiatric (8-10 weeks) appointments due to high productivity standards and heavy scheduling.
- Housing availability for the mental health population is limited to non-existent.
- Limited transportation has led to difficulty accessing treatment, employment and other services, and limits/prohibits social skill building for adults, children and families.
- Inaccessible treatment increases risk factors for a range of behavioral health issues.
- Health home development has not been a suitable alternative to intensive case management for adults due to less intensive services for SPMI population and increasing caseloads. Concern that this will also be the case for youth and their families when health homes rollout for this population.
- Lack of guidance/guarantee whether State aid will continue to support non-Medicaid individuals.
- Lack of licensed, qualified, and experienced staff which is causing competition between agencies to staff their expanding programs and services.
- Staff retention difficulties due to private agencies’ inability to pay competitive salaries.
- Adults and children in treatment are re-assigned multiple times which hinders treatment.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Work with behavioral health providers associated with DSRIP to ensure service access.

- Collaborate with behavioral health providers to facilitate the transition to Medicaid managed care.
- Identify gaps in child and adolescent emergency services and increase access to inpatient psychiatric hospitals.
- Work with RPC to monitor all county residents at that facility.
- Monitor article 31 clinics and PROS to ensure access and quality of service.
- Collaborate with OPWDD providers to identify unmet needs, access and barrier issues.
- Support the establishment of evidence based and promising practices that promote client engagement in treatment and improved measurable outcomes.
- Coordinate adult case management, care coordination and health home resources.
- Develop cross-system education and case review collaboration in the adult services system.
- Work to secure outpatient clinic services in sub area 5, Western Ulster County.
- Expand methadone clinic services.
- Work with OPWDD to identify aging parents in an effort to provide referral and assistance with eligibility prior to urgent need.
- Work with OPWDD licensed residential providers and local hospital EDs to develop a system of information provision on potentially high medical need individuals.
- Receive referral tracking information from OPWDD regarding individuals who have applied for OPWDD eligibility.
- Work closely with child SPOA provides to meet readiness for system transitions.

Priority (Rank #2): Work with Department of Health to implement the Prevention Agenda and the County Health Improvement Plan

- Advocate for sufficient care coordination, other safety net and wrap around resources to reduce utilization of EDs and hospitalization.
- Ulster County SPEAK will sponsor Mental Health First Aid, Youth Mental Health First Aid, Safe Talk and assist trainings.
- Work with county organizations to facilitate county wide mental health and substance abuse prevention initiatives.
- Expansion of Mobile Mental Health Team services.
- Provide trainings in Narcan.
- Coordinate the development of an outpatient restoration/receiving center in an effort to offer immediate psychiatric and medical intervention and follow up treatment as part of DSRIP.

Priority (Rank #3): Improve consumer access to housing.

- Increase alternative housing that offers more support/oversight with behavioral and medical health.
- Support RSS/MCCDC in the development of a licensed community residence for females.
- LGU oversight of unlicensed congregate settings.

Priority (Rank #4): Collaborate with provider agencies and the criminal justice system to identify and fill gaps for individuals involved in the justice system

- Work with the criminal justice system to maintain open and transparent communication, identify training needs and identify service gaps
- Help coordinate a crisis intervention training for law enforcement and correction officers
- Provide Mental Health First Aid training to the police department
- Collaborate with new mobile mental health team, and work with police departments to reduce unnecessary arrests or EDs.
- Develop a project to work with individuals incarcerated in jail to engage these individuals.
- Work to divert individual who have been arrest on a misdemeanor charge and been found incompetent to the HealthAlliance of the Hudson Valley (HAHV).

LGU: Warren/Washington Counties

RPC Region: Adirondacks

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis services, treatment services and transportation, workforce recruitment and retention, and coordination/integration with other systems.
Adult	Access to crisis services, treatment services, SH and transportation, workforce recruitment and retention, and coordination/integration with other systems.
Local vs. Regional	Access to transportation and workforce recruitment and retention were the only two high regional needs identified by the LGU.

- A need for alternative community-based crisis services; current over-reliance on ER.
- Limited access to OP mental health services for both adults and youth has caused an issue for individuals seeking services and providers looking to make referrals.
- Waitlist up to a year for individuals in need of SH.
- Lack of public transportation in rural area and higher than statewide average poverty rates contribute to significant transportation needs for residents.
- Lack of access to peer delivered mental health support, respite, transition age services, and day and vocational services.
- Psychiatry, child psychiatry, nurse practitioners, and clinicians are all in demand.
- A need for systems to work closely together to ensure continuity and quality of care now that there is an emphasis integration of primary care and BH services.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Service options for individuals in crisis will be developed/expanded.

- Regional mobile crisis teams for both children and adults will be developed and implemented.
- Meetings with providers to enhance utilization and integration of START team services.
- DSRIP Crisis Stabilization Project, or components thereof, will be developed and implemented.
- Family and peer support personnel will be incorporated into the Glens Falls Hospital Emergency Care Center behavioral health evaluation process.
- Crisis respite services will be developed for youth under the age of 15 years old.
- A Crisis Services Coordination Committee will be established.

Priority (Rank #2): Individuals will have timely access to appropriate supports and services.

- Providers will explore development of appropriate “transition age” services.
- The Office of Community Services (OCS) and the CSB and OPWDD Developmental Disabilities Regional Office will examine the community-wide capacity for eligibility determinations and will make recommendations regarding need and potential solutions.
- Providers in the community will work with OPWDD to develop expanded day habilitation opportunities.
- CSB subcommittee will review the continuum of vocational services within the developmental disabilities community.
- The OCS behavioral health subcommittee will explore expansion of OP clinic services to underserved areas.
- OCS and providers will explore development of OP mental health clinic services within school settings.
- Local OP clinic providers will explore development of “open access” models and improved clinic operational processes to improve access to OP clinic services.
- Convene a Clinic Access Workgroup to explore various clinic operating procedures.

Priority (Rank #3): Integrated models of care will be developed and implemented.

- Explore/promote additional opportunities for integration of BH services in primary care settings.
- DSRIP Integration of Primary Care and BH project, or components thereof, will be implemented including bi-directional integration among several community providers.
- OCS will engage with the local health departments to examine ways to support achievement of positive behavioral healthcare outcomes and improvement in overall population health.

Priority (Rank #4): Individuals will have timely access to appropriate housing options.

- Housing providers will pursue development of residential opportunities as financing is made available and proved by the subcommittees of the CSB.
- Supportive housing for individuals with chemical dependence will be developed in Washington County.
- Establish a process to review quarterly the status of individuals with developmental disabilities requesting an out-of-home residence.
- Reduce the number of community residence beds and increase the number of community apartments with supports.
- Work with OMH Field Office to develop new supported housing resources.

Priority (Rank #5): Optimize provider and system adaption to the changing healthcare environment.

- OCS and the CSB will assist providers with advocating to maintain current critical sources of funding, understand shifting sources of funding, and explore alternative ways to provide and/or fund critical services.
- Promote dialogue within the local service system to discuss feasibility of collaboration among contract agencies and other local providers and strategies to ensure service delivery to the highest need, highest risk populations.
- Develop a dashboard monitoring system to track impact of system changes on local needs and the capacity of local services.

Other unranked priorities include:

- Substance abuse and mental health prevention and education services will be expanded.

LGU: Wayne County**RPC Region: Finger Lakes****Needs Assessment: The following areas were identified as “High Need” for the local MH population.**

Youth	The LGU did not identify any local needs for youth.
Adult	The LGU did not identify any local needs for adults.
Local vs. Regional	The LGU did not identify any regional needs.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.**Priority (Rank #1): Continue efforts to develop, improve and increase access in services for all behavioral health groups and in particular those dually diagnosed.**

- Work with county providers to plan for role in the changing health care environment.
- Further develop the on-going communication forum with local hospital emergency department and psychiatric inpatient units.
- Enhance coordination of primary care providers and other health care partner organizations.
- Work in collaboration with Mobile Integration Teams.
- Develop immediate access services and brief intervention strategies through the OMH VAP initiative.

Priority (Rank #2): Develop safe and affordable housing.

- Partner with a town or village that is willing to accept a Lakeview Health Services housing project.
- Recent launch of a crisis apartment service.
- Continue to increase crisis respite services.

Priority (Rank #3): Continue to expand community support services for teens.

- Create licensed mental health clinics in schools and advocate for the creation of OASAS licensed clinics in school.
- Continue Home and Community Based Services (HCBS) Waiver.
- Expand crisis respite services.
- Add satellite clinics in schools.
- Add a Mobile Integration Team for youth and families.
- Participate with DCJS on the Finger Lakes Youth Justice Team.
- Continue to participate in youth arrest diversion team.
- Develop peer and family training program.
- Continue to provide Youth Mental Health First Aid.

Priority (Rank #4): Collaborate with community partner to increase and education regarding working together with mental health/chemical dependency/developmental disability populations.

- Engage with law enforcement related organizations.
- Increase activities aimed at addressing the rise in heroin use.
- Participate in holding a summit on heroin use.
- Expand Narcan training.
- Advocate to restore and increase funding related to behavioral health services in jails.
- Mental Health First Aid for youths and adults will continue.
- Will partner with schools on Project AWARE.
- Continue with ongoing youth justice services.
- Equip local police with Narcan.

Priority (Rank #5): Assess needs and plan for the geriatric population.

- Evaluate needs and begin to construct models of support, strategies and services.
- Form new relationships with agencies that specialize in providing service to the elderly to gain increased understanding.
- Continue to work with county nursing home.
- Follow nurse family partnership initiative.

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LGU: Westchester County

RPC Region: Mid-Hudson

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis and treatment services.
Adult	Access to crisis services and supported housing.
Local vs. Regional	Regional high needs identified were access to crisis services for both populations, and access to treatment services for the youth population.

- Limited number of crisis response and crisis stabilization services, however they are not available 24/7.
- While agencies have engaged in best practice models and open access initiatives,
- Despite best practice models, there are still significant waiting list for outpatient treatment and a significant gap in services for individuals with private, commercial insurance.
- Significant waiting list for housing services for adults with SMI.
- There is a need for alternative levels of care for individuals that are not successful in lower levels of care such as supportive housing.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): DCMH will help to guide transition to managed care/health home approach.

- Retrieve data from PSYKES to track access to services.
- DCMH/CCSI have created a new portal system to track outcomes and monitor services.
- OPWDD’s Front Door process provides a process for intake, identification of needs and creation of immediate access.
- Promote self-directed services.
- Utilize the SPOA process for community and legacy referrals.
- Review performance measures to monitor outcomes for those affected by substance abuse.

Priority (Rank #2): Expand access to safe, affordable and appropriate housing.

- Work with OASAS, community providers and Westchester County HUD continuum of care.
- Work closely with the respective health home to overcome barriers to moving individuals into different levels of housing care provided by the MRT beds.
- Regular meetings between the LGU and OPWDD staff to explore if the LGU can maintain its monitoring role with onset of the OPWDD Certified Residential Opportunities Protocol.
- Work with OMH to ensure that new housing is targeted to those most in need.
- DCMH will participate in the OPWDD NYSACRA Housing initiative.

Priority (Rank #3): Create diversion for the Mental Hygiene population from involvement in the criminal justice system.

- Provide outreach to the various systems that serve developmentally disabled individuals who are at risk or involved in the criminal justice system.
- CIT and mental hygiene training for officers and new recruits.
- DCMH has implemented two crisis intervention teams.
- Work with partners to improve processes associated with individuals on a 730 status.
- Treatment Alternative to a Safer Community will provide alternative to incarceration case management services for the substance abuse population.
- DCMH will work with the Reentry Taskforce and Lexington Center for Recovery to implement Thinking for a Change for the substance abuse population.

Priority (Rank #4): Improve outcomes and access for individuals with co-occurring disabilities

- The state agencies and DCMH will help individuals with co-occurring disabilities to get treatment when other options have failed because of policies and practices
- Work with providers to obtain integrated licensure

Priority (Rank #5): Increase access and capacity for appropriate mental health and substance use services for children and their families

- DCMH will work with mental health agencies and schools to increase mental health service capacity.
- Adolescent substance treatment services to be established in Southern Westchester.

Other unranked priorities include:

- Increase the number of providers offering evidence based treatments.
- Implement strategies to promote fiscal viability, positive outcomes and provide more culturally, racially and linguistically competent and person centered care.
- Provide trauma informed care.
- Increase use of person-centered planning and wraparound care for individuals with complex, multiple needs.
- Improve outcomes for individuals transitioning to adult services.
- Increase the number of programs obtaining a 3 year license.
- Participate in the County Emergency Management Initiative.

LGU: Wyoming County

RPC Region: Western New York

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to prevention and crisis services, supported housing, transportation and workforce recruitment/retention.
Adult	Access to prevention and crisis services, supported housing, transportation and workforce recruitment/retention.
Local vs. Regional	Access to treatment services for youth was the only identified regional high need.

- There are two prevention programs that are operated in school districts, but not every district agrees to have the programs in their schools.
- Prevention is needed to reduce high rates of suicide rates within this population, but there are no specific prevention programs for adults embedded in clinics.
- No mobile crisis teams are available or housed in the county.
- Wait lists exist for community-based housing such as OMH supported housing programs, treatment apartments and crisis transitional housing.
- Limited transportation opportunities.
- Psychiatric providers and other professionals do not consider living and/or working in Wyoming County a “first choice.”

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Promote integrated, person-centered and community based care for recipients of behavioral health, developmental disability and physical health services.

- Adult and children’s SPOA will facilitate increased communication strategies from system transformation initiatives.
- Information sharing through the children’s Tier II Committee, CSB, leadership meetings, Wyoming County Interagency meeting in order to discuss system transformation initiatives and to foster increased coordination of service to recipients of behavioral health, developmental disabilities and physical health.
- Strengthen adult health home and initiate children’s health home.

Priority (Rank #2): The county suicide rate will not exceed the average of all rural counties in Western NY DOH region by the end of 2018.

- Provide suicide education through many venues.
- Professional training scheduled.
- The Dual Recovery Coordinator and/or other Mental Health Department staff will support screenings for mental health and substance abuse disorders in medical settings.
- The Dual Recovery Coordinator and/or other mental Health Department staff will identify school’s protocol for response to student’s mental health crisis and suicidality.

Priority (Rank #3): Provide expanded housing options.

- Consult with housing providers to apply for additional supported housing units.
- Consult with OPWDD providers to assure that these individuals have access to adequate housing, particularly those coming out of hospital, jail, or higher levels of care.

Priority (Rank #4): Expanded supports for persons in recovery from substance abuse.

- Develop more intensive support services for people in recovery.
- Consider the need for expanded medication management services in outpatient setting.

Priority (Rank #5): Strengthen families, schools and communities and promote an integrated system of care to support children, youth, and young adults.

- Reduce youth use of substances through prevention, coalition, media and environmental strategies.
- Active membership in Tier II Committee will increase by 10%, promote Tier I child/youth referral and provide common sense parenting modules. The Assistant Director of Child/Families will identify areas of most need.

Other unranked priorities include:

- Increase persons with disabilities working in a wider range of work settings.
- Identify specific impediments to adequate transportation.

LGU: Yates County

RPC Region: Finger Lakes

Needs Assessment: The following areas were identified as “High Need” for the local MH population.

Youth	Access to crisis and treatment services, supported housing, transportation and workforce recruitment/retention.
Adult	Access to treatment and other support services, supported housing, transportation, workforce recruitment/retention, and coordination/integration with other systems.
Local vs. Regional	Access to crisis and treatment services, supported housing, transportation, workforce recruitment/retention, coordination/integration with other systems and sex offender treatment for both populations, and access to other support services for the adult population. These needs correlated with mostly all of the local high needs identified above.

- Crisis services are distant and have time response limitations. The alternative to crisis services provided by individual agencies are services provided in the hospital ED.
- Difficulty recruiting and retaining staff which is reducing access to treatment and resulting in long waiting times for service occur for all populations and age groups.
- Shortage of housing overall.
- Tourist driven market makes supportive housing options within the county sparse, and efforts to identify/develop supportive beds outside of the county are hindered by transportation issues.
- Lack of public transportation and little commercial transportation.
- Limited support resources such as drop in centers, prevention and treatment services due to the county's poor rural nature.
- Child psychiatrists, psychiatrists, addictions physicians, and qualified mental health professionals are in very short supply and are quite mobile.
- Salary rates are uncompetitive which is reducing workforce recruitment and retention.
- Lack of coordination/integration between primary care and behavioral health has led to duplication of effort, poly pharmacy, treatment plan changes and requirements for those in treatment to navigate multiple systems.

Priority Outcomes: The following were identified as the LGU’s top five rank-ordered priority outcomes.

Priority (Rank #1): Increase public transportation options.

- Continue as a participant in the ARC small scale public transportation system.

Priority (Rank #2): Housing for individuals with mental illness, in recovery from substance abuse and developmental delays residing with aging parents/other family

- Development of emergency housing option, temporary housing option, transitional beds for individuals with mental health issues exiting inpatients care, adult and children youth crisis beds and adult transition beds, substance abuse supportive beds and crisis beds and residential options under the OPWDD bed reduction planning.
- Increase support staff and transportation to better utilize existing bed resources.
- Advocacy to approve Schedule C for purchase of a structure to run a substance abuse supported housing program and Cadence Square Housing program for veterans in recovery from substance abuse.
- Partnering in the RFP for a mental health SOSCR.
- Partner in the START initiative and the development of unlicensed housing options for individuals for developmental disabilities.

Priority (Rank #3): Enhance collaboration regarding services for individuals with co-occurring disorders.

- Providers of Mental Hygiene will work with each other and primary care providers.

Priority (Rank #4): Improved vocational opportunities for individuals with mental health, substance abuse, and developmental disabilities.

- Monitoring of participant participation in vocational programs and increased dialog between and amongst providers.
- Continue ongoing education of businesses regarding hiring a person with a disability and services that are available post-hiring.

Priority (Rank #5): Continuation of adequate funding for prevention.

- LGU will continue to advocate with OASAS and encourage local legislators to advocate to maintain all prevention funding.

