Developmental Disabilities Sub-Committee
June 17, 2020

Present: Brian Hart, Pamela Overdurf, David Andreine, AJ Kircher, Carey Peters, Leisa Alger, Colleen Inthanongsak, Carey Peters, Danielle Adriance-Wensel

Excused: Sean Eagen

Minutes:

Approved without changes.

Director of Community Services Report – Brian Hart

- **COVID-19 Updates**: Brian asked everyone if they are having any problems with staff returning, and if they are up to full capacity.

  Able 2 – We have not seen any face to face. Day Programs have not heard anything as to when they may begin. Preventative part of dental will be starting in August. As for visitation in group homes, there is still no guidelines, they said they would get those in place later this week. We keep telling families that we need to have the green light from OPWDD, because we need to have procedures in place. As for PPE supplies, ordering gloves has become an issue. They put in an order, the company takes the order and doesn’t say there is a back order, then they wait 8 to 12 weeks, and then their payment is returned. Their suppliers are telling them they have a month supply left. At this moment they are good with supplies, but they are trying to forecast out 6 to 8 months.

  Capabilities – Everyone is back in the office and they are seeing visitors face to face by appointment only. Etch is back open with revised hours. Wanted everyone to know that they have some good work space in their building (enough for about 10 to 12 people) for social distancing if any other providers are in need of space.

  CIDS – They never closed. People are not willing to do in-person visits yet. The biggest issue they are having is the babies being born and the parent needing more emotional support due to COVID-19. There is a Board meeting coming up and we are not sure when we will have all staff return to the office, as there has been no direction from the State. We have been allowed to continue virtual visits, and bill for this through July 6, 2020. As for home-visiting, there has been an effort to suspend them until January 1, 2021, which seems excessive. We are down 5 people due to funding that has ended. It is next to impossible to plan anything with the frequency of the changes that come in. Our role is developmental screenings, that are done mostly through the schools and pre-k’s. The Principal’s of the schools have not been given any guidelines and the Superintendents plans are changing every 3 to 4 days. This is a very difficult time, as July is the month that we set up evaluations for the incoming class, and we have no guidance on what to do and there will be a backlog.

  ARC of Chemung/Schuyler - We have seen a couple of individuals face to face, because they were unable to zoom. They informed Brian of a billing issue with tela-
med services. ARC received a decreased rate for telephone services. Brian said they are not giving a reduced rate for Mental Health and Substance Abuse, just OPWDD. Not sure if it is a statewide issue, or a local modifier issue. Brian will take the issue up with the State.

**Prime Care** – The OPWDD staff are working from home. We are in need of a couple of Care Managers. They are looking at around September 5, 2020 to start seeing people face to face. They are taking it day by day, as they need to get approval to do anything in-person. There has been no formal guidance; hopefully there are enough providers out there that have the space available to provide services once they can start seeing people face to face. Just received an email from their boss in Binghamton on visitation. The IRA’s can have visitation but it will only be family members and it has to be in an outdoor setting and they have to wear masks.

- **New Local Form for Hospitalizations:** Brian stated that this form is filled out by whomever is sending the individual to the hospital. The hospital does not fill out the form. This is so Brian is aware of the person being sent to the hospital and to make sure all that need to be involved are involved. If anyone is having an issue with receiving information from the hospital on the individual, they can contact Brian and he can speak with the hospital administration. Brian also said to feel free and contact him for help even if the individual is from another County, as he can connect them with the people that they need to be working with for the individual. Brian will push the form out and make sure all agencies/hospitals/state has the form.

- **Specialized I/DD Plan-Provider Led:** The 77 page document is the new version on Managed Care. It sounds like they are trying to transition Care Coordination into Managed Care. The feedback on this is due next week. There are many questions on this, and they are wondering about the funding. Is this an attempt to have outcome based funding? There will be some care coordinators that have a conflict of interest.

- **Local Plan:** Brian sent everyone the draft to look over before the meeting. (Attachment A) The deadline for the plan was delayed because of COVID-19. He stated that he had not written an executive summary, but will do so before he submits the plan. Brian said that in his summary he will address the need for tela-med, specially the need to do it by telephone. Brian asked if there was anything that they felt needed to be added or changed before submitting the plan. A committee member stated that we need to link CSS Workforce NY with agencies in a more formal way to say “in conjunction with workforce development”. It is a priority that we need labor in this field. Another committee member asked about the Breath Program – is there anyone trained in it. Brian explained that the Breath program in the Local Plan is for temporary housing for those who are in crisis, it is not for “Breath, Body, Mind". Brian stated that in Breath, Body, Mind, they have trained over 300 people in 7 years. The last training was a virtual training due to COVID-19. They are now going to form a Corporation and will make all the trainings virtual. No other trainings have been scheduled for the rest of the year. Another committee member stated that the plan looked good and even though we have the housing need for certified group homes, they seem to be under attack and want to reduce beds. A committee member wants to make sure they understand the need for services for children who are transitioning from EI to CPSE in Brian’s executive summary. This need is mentioned on page 7
Brian asked the committee members if they wanted him to present the entire local plan to the Community Services Board. Pam Overdurf motioned to accept the local plan and present it to the Community Services Board. AJ Kircher seconded the motion. All the committee members agreed to move the Local Plan on to the Community Services Board and no one objected.

**Sharing by Community Members**

- **Tele-Medicine** - The telephonic waiver expired on June 6, 2020, and then on June 7, 2020 the Governor extended the waiver until July 6, 2020. There has been a lot of discussion on this about requesting this waiver to become permanent. We will have to wait and see what happens on July 6, 2020 because our COVID-19 numbers are down and NYC is behind in the phases. The Governor just might extend it for another month or so. Family Services stated that the lack of notice is a problem. They literally have no time to prepare and it is very frustrating. OASAS thought the waiver expired in September and didn’t realize it was actually June 6, 2020. He wanted you all to know that he appreciates what you and your staff are doing during this time. He stated that this is a huge challenge due to being an essential service to the community. He would like you to convey this to all of your staff.

- **Southern Tier Connect** – The 21% rate cut is a killer for the CCO’s. There is a PR campaign that all seven CCO’s are doing. It is a letter to go directly to the Governor. We do not need any more decreases. Carey Peters will send Brian the link to forward on to everyone for the campaign. Another committee member stated that they have been a good resource for individuals during COVID-19.

*The next meeting is scheduled for August 19, 2020.*

**PLEASE SEE ATTACHMENT A BELOW**
ATTACHMENT A

New York State Office of Alcoholism and Substance Abuse Services
2021 Local Services Plan - Chemung County Mental Health (70/90)

Mental Hygiene Goals and Objectives Form
Chemung County Mental Health (70/90)

1. Overall Needs Assessment by Population (Required)
Please explain why or how the overall needs have changed and the results from those changes
The question below asks for an overall assessment of unmet needs. However, certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

a) Indicate how the level of unmet mental health service needs, overall, has changed over the past year. ☐ Improved ☐ Stayed the Same ☐ Worsened

Please describe any unmet mental health service needs that have improved:

Clearly the COVID-19 pandemic is changing how services are being provided and increasing the demand for services across many areas including, but not limited to, housing, employment, access to food...resulting in increased demand for counseling and psychiatric services in general. This has also pushed the state and community-based organizations to learn to use technology wherever possible. However, the regulatory infrastructure is evolving slowly into a Chemung County solution. Lastly, for those individuals and staff alike who have broadband and/or hardware, telehealth therapeutic services has proven to be invaluable, as no-show rates have decreased dramatically, but unfortunately time limited as only approved currently at a waived service.

Please describe any unmet mental health service needs that have stayed the same:

The Brief Respite in your own Environment and Temporary Help with live stressors (BREATHE) program is designed to address individuals who are in crisis, but don’t meet the need for psychiatric admission, and still have some unmet needs. In these cases, where a few hours of additional support in their home could benefit them if a peer specialist spent time with them, or they could utilize an adult respite location for up to 7 days assuming they have a place to return to, then they can be referred to. It has been significantly underutilized, and so we have started to open it up beyond calls from the local ERs and allowing the Crisis Program to also identify the need regardless of someone going to the ER or not. Hopefully this will increase utilization, or we will need to repurpose these funds.

Our community, like many others struggle to successfully attract a sufficient workforce. As a result, community-based agencies are continually competing with one another for the scarce numbers of qualified staff from the easy level all the way through prescribers. In addition, in the past year our community has experienced administrative changes at multiple key organizations within months of one another, creating systemic challenges related to agency culture changes, lack of collegial relationships, and staff turnover.

Challenges continue to offer spend days at a time as an ER patient, and far too often end up being discharged after the symptoms have dissipated over time. Clearly NOT ideal mental health treatment, as they truly don’t receive treatment during their stay in a non-CPEP licensed ER.

Movement in our adult housing remains slow, and therefore, admissions into the apartment programs has been somewhat limited over time. This is further complicated by the denials associated with COVID-19.

Please describe any unmet mental health service needs that have worsened:

The availability of professional staff remains at an all-time worst to the point that some agencies have considered closing down programs and/or have been out of compliance with expectations.

Access to state intermediate care has become extremely difficult, as it is now required to have a Treatment over Objection (TOO) order for all cases and they want them "stabilized" prior to transfer, and the latter of which seems to defy the logic of the need for transfer. The TOO requirement is also placing an increased financial burden on the 9.39 hospital system.

The significant loss of revenue during COVID-19 has resulted in lay offs, and or hiring freezes followed by some staff not returning at a time when demand dramatically increased.

b) Indicate how the level of unmet substance use disorder (SUD) needs, overall, has changed over the past year. ☒ Improved ☐ Stayed the Same ☐ Worsened

Please describe any unmet SUD service needs that have improved:

Trinity’s youth clubhouse has daily attendance of 20-25 members who make up their advisory council. Youth are reporting tremendous benefit from having this option in their life, and have embraced periodic joint events with family members as well as with mutual members. The number of youth using the program at least once a month in 2019 has averaged 63, clearly challenging the staffing model of the club.

In response to the Heroin/Opioid epidemic, we created a regional coalition referred to as the Substance Abuse Regional Alliance (SARA). Participation has been tremendous and it focuses on treatment access, social determinants as barriers to success, and public messaging as well as the development of a phone application. The commercials have been completed and are being shared with other communities as well as being prepared for local airing.

The FREE phone application (sara.partners) is now available for i-Phones and Androids alike.
Tribity's prevention coalition was able to complete a youth needs survey in ALL of the school districts for the first time.

Please describe any unmet SUD service needs that have stayed the same:

Please describe any unmet SUD service needs that have worsened:

The Elmira City School district prior to the COVID-19 pandemic had put a hold on substance abuse preventive services, due to pressure to maintain academics.

Approximately 170 fewer individuals received clinical services in the 1st quarter of Tribity in Chemung than in 2019.

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

Please describe any unmet developmental disability service needs that have improved:

The housing objectives are to continue with mixed housing options despite some being developed and to have agencies/individuals purchase properties and become landlords to assist with the need in our community. We also need to ask for more supervised housing opportunities.

Please describe any unmet developmental disability service needs that have stayed the same:

Continue with mixed housing options and to have agencies/individuals purchase properties and become landlords to assist with the need in our community. We also need to ask for more supervised housing opportunities.

Workforce, the objectives are to advocate for the front line staff who have not had a cost of living increase since 2010, and salaries need to increase. As for Direct Support Professionals, there are not a lot of good work force out there. We need to increase employment recruitment for attracting specialist (CT, FT, and Speech).

Please describe any unmet developmental disability service needs that have worsened:

Technology has been a significant issue for some who do not have it. We need to look at the technology infrastructure for consumers. Recommend evaluating agency technology for potential upgrades due to its age and not being compatible with new software. Will the current waiver for telemedicine go away once COVID-19 is over? Consider need to seek assistance to build our infrastructure for the technology. We need to see the needs of the community post the pandemic.

The second section of the form includes: goals based on local needs, goals based on state initiatives and goals based in other areas. The form allows counties to identify forward-looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused, and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

2. Goals Based On Local Needs

<table>
<thead>
<tr>
<th>Issue Category</th>
<th>Applicable State Agency(ies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Housing</td>
<td>OASAS OMH OPWDB</td>
</tr>
<tr>
<td>b) Transportation</td>
<td></td>
</tr>
<tr>
<td>c) Crisis Services</td>
<td></td>
</tr>
<tr>
<td>d) Workforce Recruitment and Retention (service system)</td>
<td></td>
</tr>
<tr>
<td>e) Employment Job Opportunities (clients)</td>
<td></td>
</tr>
<tr>
<td>f) Prevention</td>
<td></td>
</tr>
<tr>
<td>g) Integrated Treatment Services</td>
<td></td>
</tr>
<tr>
<td>h) Recovery and Support Services</td>
<td></td>
</tr>
<tr>
<td>i) Reducing Stigma</td>
<td></td>
</tr>
<tr>
<td>j) SUD Outpatient Services</td>
<td></td>
</tr>
<tr>
<td>k) SUD Residential Treatment Services</td>
<td></td>
</tr>
<tr>
<td>l) Heroin and Opioid Programs and Services</td>
<td></td>
</tr>
<tr>
<td>m) Coordination/Integration with Other Systems for SUD clients</td>
<td></td>
</tr>
<tr>
<td>n) Mental Health Clinic</td>
<td></td>
</tr>
<tr>
<td>o) Other Mental Health Outpatient Services (non-clinic)</td>
<td></td>
</tr>
<tr>
<td>p) Mental Health Care Coordination</td>
<td></td>
</tr>
</tbody>
</table>
Developmental Disability Clinical Services
Developmental Disability Children Services
Developmental Disability Student Transition Services
Developmental Disability Respite Services
Developmental Disability Family Supports
Developmental Disability Self-Directed Services
Autism Services
Developmental Disability Front Door
Developmental Disability Care Coordination
Other Need 1 (Specify in Background Information)
Other Need 2 (Specify in Background Information)
Problem Gambling
Adverse Childhood Experiences (ACEs)

After a need issue category is selected, related follow-up questions will display below the tables.

2a. Housing - Background Information
Supply vs demand continues to be a huge barrier to structured housing options when considering licensed housing across all three disability populations. While we appreciate efforts by all three state agencies in the past couple of years to increase community housing options, major gaps remain.

We are extremely excited about the models of mixed housing options including those who have pursued and/or been approved for operational expenses through ES/III funds pending capital funds, but remain concerned that the state hadn't required applicants to connect with county Departments of Social Services and/or Local Governing Units for their feedback and support as defined in Title 14.

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

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

Develop new housing options that are either licensed by one of the three state agencies, or utilize an unlicensed approach for individuals with mental health, substance abuse and/or developmental disability diagnosis including but not limited to mixed use options.

Objective Statement:
Objective 1: Assist with any and all necessary components required to move individuals who meet the criteria and/or self-identify as being prepared for transitioning to a less restrictive environment.
Applicable State Agency: (check all that apply) ☑ GASAS ☑ OMH ☑ OPWDD

Objective 2: Develop more congregate care housing as well as community based affordable housing options.
Applicable State Agency: (check all that apply) ☑ GASAS ☑ OMH ☑ OPWDD

Objective 3: Expand upon existing options.
Applicable State Agency: (check all that apply) ☑ GASAS ☑ OMH ☑ OPWDD

Objective 4: Develop supported housing including but not limited to mixed use options.
Applicable State Agency: (check all that apply) ☑ GASAS ☑ OMH ☑ OPWDD

Objective 5: Need more support from the state to address the need of additional supervised housing options.
Applicable State Agency: (check all that apply) ☑ GASAS ☑ OMH ☑ OPWDD

Change Over Past 12 Months (Optional):
Objective #1: These discussions continue, but as noted above there is mixed guidance from OMH. The discussion should be revisited from a recovery focus with an emphasis on identifying financial supports to enable the consumer to stay in their apartment, but remove the staffing supports.

Objective #2: This needs to be revisited with current leadership of the halfway house. Salvation Army is pursuing capital funding to match an ESSHI grant that will allow for supported housing for homeless including those with substance abuse needs co-located with a new Domestic Violence Shelter.

Objective #3: The BREATHE program for adults with mental illness finally started, but continues to not be utilized. Therefore, we are expanding the referral base beyond ER's, to allow the Crisis Program to refer individuals in need as well. We need a respite/sorbing up station option for individuals with substance abuse issues.

Objective #4: Funding has been approved for a facility within the county for several projects, but more are needed in the next few years.
Objective #5: Intent is to consider a Family Care case model, and to revisit a concept from previous local plans of encouraging service providers to become landlords with paired in multi-agency case management services to an unlicensed apartment building. At least one of these locations needs to take into consideration the need for ADL skill development for those moving an apartment for the first time.

2a. Transportation - Background Information

Changes in the public transportation system have made it difficult for many counties to make appointments in a timely manner, and for those individuals who have a disability, but have a work schedule in the evenings and/or weekends, transportation is now impossible or non-existent.

With the impact of COVID-19, the plans to close St. Joe's ER were accelerated to June 1st. This brings with it potential transportation challenges as all 911 presentations will go to Arnot ER, but the psychiatric unit remains at St. Joe’s approximately 13 miles away and there is no formal method for transport other than internal hospital transport yet to be established.

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

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

Transportation to medical appointments require additional time in between the call and the appointment to make arrangements, and there is no viable option for arranging transportation to an urgent appointment.

Objective Statement

Objective 1: Explore options for transporting individuals to urgent appointments.

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

Objective 2: Develop strategy to address the issues surrounding medical appointments.

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

Change Over Past 12 Months (Optional)

It has become virtually impossible to find and maintain licensed staff as they either don’t exist in the region and/or we are all competing for the same limited staff resources. To that end, some disciplines, like nurses, can’t be hired if competing with hospitals and/or the state system.

In response to COVID-19, we are receiving more requests for staff to remain working from for both safety as well as ensuring that they can meet the needs of their family when needed.

2b. Workforce Recruitment and Retention (service system) - Background Information

Workforce continues to be a significant issue in all three disability areas for virtually all agencies. The Finger Lakes PPS has made this a priority in their next year, but it will take some effort to coordinate with them as they were focused on the Monroe County region.

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

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

Pursue options for proactive linkage to post secondary educational institutions, including the field of healthcare.

Develop approaches for enticing new staff and retaining existing employees.

Pursue technological approaches to a more efficient and remote workforce.

Objective Statement

Objective 1: Develop programs with use of staff from multiple agencies to promote healthcare field and report vacancies to NYS Dept. of Labor.

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

Objective 2: Promote the healthcare field through career day events, engaging local high schools and colleges, including the use of interns whenever possible.

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

Objective 3: Develop career track document to determine path for achieving employment in the field, and advocate enhanced wages and benefits for all staff in the field.

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

Objective 4: Evaluate loan forgiveness programs, shared staffing models, and other incentive options for all employers.

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

Objective 5: Explore options of reimbursement for college in exchange for commitment to continued employment with their agency.

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

Change Over Past 12 Months (Optional)

Some local agencies are funding the pursuit for many staff of advanced credentials including CASAC certification, MSW and LMFT degrees.
2g. Inpatient Treatment Services - Background Information

So many of the 100+ plus admissions to the psychiatric unit at St. Joseph Hospital psychiatric unit, and their 300+ admission to their substance abuse rehab unit are dually diagnosed, but are rarely transferred from one department to the other. Likewise, in absence of a dual diagnosis program, they don’t receive concurrent treatment during their hospitalization. Trinity of Chemung works closely with the ER through their Center for Treatment Innovation (COFIT) to reconnect peers to individuals with substance abuse needs as a medication to engage in treatment, but it could benefit from enhanced promotion of the service.

Far too often children and adolescents sit for days on ER gurneys awaiting psychiatric placement, and when that doesn’t occur, they are eventually determined to no longer meet medical necessity for psychiatric admission.

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

Goal Statement- Is this Goal a priority goal (Maximum 3 Objectives per goal)? ☐ Yes ☐ No

Develop and implement a psychiatric assessment training program for staff in both Emergency Rooms, the Behavioral Health Assessment Team (BHAT).

Continue to enhance use of crisis and peer services especially following overdoses to connect individuals to treatment and avoid unnecessary ER visits.

Cross train staff on the Behavioral Science Unit (BSU) and on New Dawn to be able to provide dual recovery treatment at either and/or both locations.

Address the need of children and adolescents presenting with psychiatric presentations in the emergency rooms.

Trinity of Chemung will connect with individuals while receiving acute substance abuse treatment, and work collaboratively with staff to assure that all available community based needs are met at discharge including but not limited to social determinants of health such as housing, ability to obtain medications, and addressing treatment and support needs such as health home care management and peer services if offered in the respective discharge community.

Objective Statement:

Objective 1: Explore options for alternatives to Emergency Department visits and behavioral health hospitalizations including but not limited to enhanced utilization of the mobile crisis team to avoid ER visits.

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

Objective 2: Train all ER, BHAT staff to provide a comprehensive emergency psychiatric assessment, and to utilize of a community resource guide in addition to coordinating services with the COTT program for individuals that present with substance abuse issues or New Dawn staff to assess for Detox services.

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

Objective 3: Explore options for opening an additional children and youth acute unit to complement the existing service at the Elmira Psychiatric Center.

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

Objective 4: Assure that all staff on New Dawn rehab are cross trained with FIT modules, and initiate Dual Recovery groups.

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

Change Over Past 12 Months (Optional)

Objective #1- A great deal of effort has been placed on enhancing communication about ER visits, and follow up post ER visits. In addition, as RFP has been approved by OMH, GASAS and DOH to merge assets of the two local hospitals allowing them to be considered one, laying the ground work for all 9.19 presentations to start occurring at Aroostook Hospital at some point in, while keeping the psych OPC intact and acute rehab some miles away at St. Joe’s hospital. As noted due to COVID-19, this plan suddenly moved forward and the transition was made completely on June 1, 2020.

Objective #2- Considering Objective #1, this has made the second objective that much more critical. To that end, the residents program has been beneficial, by not only having a presence, but by hiring a psychiatrist assigned to the ER, who amongst other things is spearheading the efforts of assuring competency amongst staff. These changes are extremely helpful. In addition, the hospital conducts a monthly M&M discussion amongst Residents, staff from the psychiatric Unit and ER as well as staff from the Elmira Psychiatric Center and the Local Governing Unit.

Objective #3- Nothing in the works at this point, but there have been a couple of discussions.

Objective #4- This continues to be worked on by the administration of the service.

2j. SUD Outpatient Services - Background Information

Historically off-site clinical services were not permitted, so outpatient clinical services were limited to the locations of the local clinics. In the past five years, CASA of Livingston dha. Trinity of Chemung took over the clinical services from ADRC and St. Josephs Hospital, and now provide outpatient clinical services to approximately 500 unduplicated individuals a month. Current substance abuse assessment and referrals average approximately 9 months a month. Part of this limitation is based on limited space availability prior to the pandemic. In 2020, the number being served in the jail doubled on monthly basis until the pandemic. We hope to return to those numbers post COVID.
Do you have a Goal related to addressing this need? ☐ Yes ☐ No

Goal Statement: Is this Goal a priority goal? (Maximum 5 Objectives per goal)? ☐ Yes ☐ No
Integrated care has been challenging based on the design presented by NYSDOH, as article 31 or article 32 clinics are actually prohibited from co-locating with article 31 or article 32 clinics without some major concessions. Therefore, locally we have had to become quite creative in addressing these needs, by using private practice providers with article 28 clinics, and/or having article 31/32 clinics in close proximity without co-locating.

Objective Statement
Objective 1: Utilize funding in the jail to its fullest capability
  Applicable State Agency: (check all that apply) ☐ OASAS ☐ OMH ☐ OPWDD
Objective 2: Open satellite clinics in close proximity to primary care and mental health clinic settings.
  Applicable State Agency: (check all that apply) ☐ OASAS ☐ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)
Objective #1: As noted above, since bail reform, more access has allowed for a doubling of assessment and referrals, but treatment is truly not occurring in a large enough manner due to limited numbers.

Objective #2: Trinity is working closely with the Guthrie Healthcare System

2. Other Mental Health Outpatient Services (non-clinic) - Background Information
There is concern about a pattern amongst some of the chronic mentally ill population with regard to not following their medication regimen, resulting in decompensation, and repeated unnecessary hospitalizations.

With regard to the provision of substance abuse services, families are rarely actively engaged in the support of their loved ones in treatment, despite the benefits from such.

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

Goal Statement: Is this Goal a priority goal? (Maximum 5 Objectives per goal)? ☐ Yes ☐ No
Explore a respectful manner of engaging the chronic mentally ill to choose to become compliant with their medication regimen as prescribed without pushing AOT orders.

Objective Statement
Objective 1: Utilize the Mobile Integration Team as Transition Coordinators between inpatient and outpatient
  Applicable State Agency: (check all that apply) ☐ OASAS ☐ OMH ☐ OPWDD
Objective 2: Encourage prescribers to consider more long acting injectable medications, and utilization of home visiting nursing services and/or significant use of tele-medicine.
  Applicable State Agency: (check all that apply) ☐ OASAS ☐ OMH ☐ OPWDD
Objective 3: Work with COTT and other OASAS services to engage with families.
  Applicable State Agency: (check all that apply) ☐ OASAS ☐ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)
Objective #1: This continues to be a successful connection of services.
Objective #2: Modified to include tele-medicine.
Objective #3: NEW

2. Developmental Disability Children Services - Background Information
Far too often children find themselves in need of services, but they don’t meet OPWDD criteria, and/or aren’t eligible for special education services as determined by either the Committee on Pre-school Special Education (CPSE) or the Committee on Special Education (CSE). As a result, families are left with trying to pay for clinical services out-of-pocket, or opting to have their child not receive services entirely.

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

Goal Statement: Is this Goal a priority goal? (Maximum 5 Objectives per goal)? ☐ Yes ☐ No
Identify the scope of the problem, and determine barriers that need to be addressed including but not limited to, accuracy of information being provided to decision making bodies, addressing workforce issues, and identifying alternative funding...

Objective Statement
Objective 1: Gather data indicating the frequency of youth not meeting criteria with OPWDD, CPSE and/or CSE committees.
  Applicable State Agency: (check all that apply) ☐ OASAS ☐ OMH ☐ OPWDD
Objective 2: Determine what if any barriers exist for approval of services, and develop strategic plan to address sustainable solutions.
Applicable State Agency: (check all that apply) ☐ OASAS ☐ OMH ☐ OPWDD

Objective 3: Formulate a cross systems stakeholder meeting to consider use of alternative supports such as Family Support Services, Unified Children’s waiver and OMH SPAI services for Early Intervention age Youth that are too young to meet OPWDD criteria, but have unmet needs.
Applicable State Agency: (check all that apply) ☐ OASAS ☐ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)
No progress has been made on Objectives 1 and 2.

Objective #3 - New

2a. Other Need (Specify in Background Information) - Background Information
Agencies assessing youth between ages two and four are discovering that there are youth who don’t meet criteria for Early Intervention services, or Committee on Pre-School Education requirements, but have unmet needs including speech and occupational therapy. To make matters worse, this population tends to not be covered by insurance or are under insured.

While we acknowledge that this population doesn’t fall into one of the disability areas that this plan is required to address, it is our contention, that they could be considered as presumptively eligible for developmental disability services, and/or there is a likelihood that they will grow up with special needs and/or substance abuse issues with these unmet needs as a contributing social determinant.

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

Goal Statement - Is this Goal a priority goal? (Maximum 5 Objectives per goal)? ☐ Yes ☐ No
Explore options for a strategic and coordinated approach with OMH, OPWDD, OASAS and DCH.

Objective Statement
Objective 1: Ask Early Intervention assessment agencies to track how many youth fall into this situation.
Applicable State Agency: (check all that apply) ☐ OASAS ☐ OMH ☐ OPWDD

Objective 2: Change the Community Resource Enhancement and Development (C-RED) committee with identifying alternative funding for the gap as identified.
Applicable State Agency: (check all that apply) ☐ OASAS ☐ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)
Objective #1 - No progress to date
Objective #3 - Needs to be placed on Community Resource Enhancement and Development (C-RED) Committee agenda.

2aa. Other Need 2 (Specify in Background Information) - Background Information
While the state and nation had been slowly moving towards tele-medicine, the Coronavirus of 2021 known commonly as COVID-10 put it on the fast track in many ways. With most businesses closing, including public transportation, and limited access to clinical services, individuals with mental health, substance abuse and developmental disability needs for tele-medicine were primarily addressed via telephone and or teleconferencing technology. As a result no show rates for the most part decreased.

This wasn’t always the case with the substance abuse population as many of them fell off the radar with their providers, often relapsing, and not receiving appropriate if any treatment.

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

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

1. Being that those who were successful with tele-medicine reported success primarily due to the fact that technology fees were waived, infrastructure costs need to be addressed for consumers to be able to access them to continue to afford this technology.

2. For consumers who don’t have access to hardware, arrangements of such need to be made if it will benefit their treatment success.

3. For those areas where internet bandwidth is an issue, more state-wide broadband finding needs to be put in place.

Objective Statement
Objective 1: Pursue funding for infrastructure costs.
Applicable State Agency: (check all that apply) ☐ OASAS ☐ OMH ☐ OPWDD

Objective 2: Purchase broadband for customers to use.
Applicable State Agency: (check all that apply: ☑ OASAS ☐ CMH ☑ OPWDD

Objective 3: Work with State and Federal law makers to bring more broad based funding to the region.

Applicable State Agency: (check all that apply: ☐ OASAS ☑ CMH ☑ OPWDD

Change Over Past 12 Months (Optional)

New Issue