

2010 Mental Hygiene Planning Activities Report
Sullivan Co Dept of Community Services (70170)
Certified: Melissa Stickle (6/11/09)

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

I. Assessment of Chemical Dependence and Problem Gambling (OASAS) - Provide an assessment of the nature and extent of chemical dependence and problem gambling in the county. Describe the results of qualitative activities, including the use of consumers, providers, task forces, workgroups, committees, public forums, key informant interviews, and other stakeholder groups. Describe the quantitative assessment activities, including data resources used, surveys conducted, etc. Include a geographic and demographic description of the service area. **Note: Please address prevention needs assessment separately in the next question.**

Sullivan County, in comparison to other counties classified as a Rural Social Area, rates well above average in the following community indicators: alcohol and drug use and abuse; access to alcohol and drugs and consequences of use/abuse; economic deprivation; neighborhood instability; violence; family dysfunction; psychological dysfunction; and risk factors for children and youth. The 2005 Prevention Risk Indicator Services Monitoring System (PRISMS) report continues to find Sullivan County's youth to be at significantly high risk of developing alcohol/drug problems. The Office of Alcoholism and Substance Abuse Services (OASAS) County resource data continually reports a high prevalence rate for adult residence as well.

The geographic service area considered for this plan is Sullivan County. Sullivan County is an economically depressed rural county, the size of the state of Rhode Island. We are 100 miles northwest of New York City, with no urban population area and its major employers are government and the healthcare industry. Seventeen percent of our residents live below the

poverty level. We have culturally diverse population of 76,539, of which 9.5% are African-Americans, 11% are Hispanic/Latino, 1.5% is oriental or Native American, and 78% are white. There are significant Ukrainian, Russian, Czechoslovakian and Korean Communities. The population of Sullivan County quadruples from June to September with the influx of summer second home residents. This influx includes a substantial Hassidic population.

Sullivan County uses several tools to assess the need for chemical dependency services. Specific resources from OASAS include the County Resource Book (2007), PRISMS (2005), and Community Response Indicators for Improving Service System Performance (CRISP) (2007) data. Data is also incorporated from Kids Count and the Sullivan County Communities that Care (CTC) 2007 Surveys.

Meetings were held with the directors, supervisors, and/or managers of the various treatment and prevention programs, guidance counselors, and other public officials in the county. Each person provided information on their perspective of needs in the county.

2. Prevention Needs Assessment (OASAS) - Please describe the county's prevention needs assessment efforts, including the resources utilized and needs determined. Describe the role of prevention providers and other stakeholders in those efforts. Please describe or identify any existing prevention coalitions and prevention agency partnerships within your county that are addressing alcohol, other drug and/or problem gambling efforts. Please indicate if you think there is a need for prevention coalition training and technical assistance in your county.

The Board of Cooperative Educational Services (BOCES) Prevention Department has a multifaceted prevention program. BOCES has 4 prevention specialists housed in the 8 component school districts. The Prevention Specialists implement research based programs such as Project Northland in grades 6-8 and Class Action in grades 9 and 10. Prevention Specialists also work with Students Against Drunk Driving (SADD) Chapters on activities to create a greater understanding of the issues the community face. Specialists implement environmental strategies such as media literacy, and activities to improve social norms (i.e.: Parents Who Host, The Underage Drinking Prevention Initiative, Table Tents, bulletin boards, and other print). Specialists also address counter advertising through the delivery of Project

Northland. In our locality a Sticker Shock Campaign is also underway. The Sticker Shock campaign raises public awareness about the minimum drinking age law by placing stickers on multiple packs of beer, wine coolers, etc. Activities are planned for next year based on the community needs. Cognitive Behavioral Therapy (CBT) training was organized and provided to school social workers and some community members. Prevention Specialists also run a variety of different prevention groups dependent on school needs. Parent education sessions on underage drinking prevention and awareness have been offered in the community. The Paths Programs (model program) is being offered in 3 Elementary School Districts and 3 counselors are providing Reconnecting Youth (model program).

Positive Behavioral Intervention and Support Program (PBIS – non-model program) that works on improving student behavior through consistent enforcement of rules and reinforcement for positive behaviors is offered in 5 of the local school districts.

The Council on Alcohol and Drug Abuse Services of Sullivan County (Recovery Center) consists of the Annual Poster contest, Safe Summer Camp, The CHOICES Program (non-model program), Reconnecting Youth Program (model program), Strengthening Families Program (model program), Growing with your Teens/Pre Teens Program (non-model program), Changing Hostility into Learning and Listening (CHILL) Program (non-model program), a health promotion event, and advertising to be placed in newspapers and on diner placemats offering assistance to the public. The Gambling Prevention program consists of Life Skills Training Program (model program) for students, Art Activity (Poster Contest), and gambling prevention training for adults.

Sullivan County Community Services as part and in collaboration with the Prevention Partners have been utilizing and enhancing environmental approaches to prevention. Prevention outreach activities need to impact all constituency groups. We need to change attitudes, behaviors, and beliefs by working with students, parents, teachers, and other members of the community. Many of our research based curriculums are offered to students within the school districts and have been expanded into the community. The County LGU and local prevention providers (Recovery Center and SC BOCES) are meeting monthly to discuss strategies, coordinate trainings, prevention planning and outcomes as well as next steps. This has created a more unified approach to prevention. The prevention partners after some discussion and review of services concurred there is still a large need for environmental strategies such as establishing a Social Host Ordinance in our county, working with local vendors (Bars, Liquor Stores, Convenience stores, etc...) to have their employees take part in a Servers Training, and more effective relations with our Media partners.

The Sullivan County CARECORPS/Communities that Care County-wide Coalition is a community mobilization system that provides strategic consultation, training and research-based tools to help the community work together to:

1) promote the positive development of children and youth. 2) prevent adolescent problem behaviors-including tobacco, alcohol and other drug use, delinquency, teen pregnancy, dropping out of school and violence.

The coalition consists of individuals from twelve identified sectors of the community which include youth, parents, government, health, law enforcement and school, business, and religious representatives. CARECORPS works towards environmental initiatives that will affect and change policies and social norms, and attitudes within the Sullivan County community.

The group has initiated a long-standing STOP sign campaign. The STOP sign is a warning printed on stickers that will be posted in the front window of participating merchants throughout Sullivan County who sell alcohol or tobacco products. The stickers warn minors that the establishments will not these products to minors. The campaign is intended to be the commencement of a continuing objective to acquire a Social Host Ordinance in Sullivan County. The group is also working towards obtaining a Responsible Beverage Server's/Seller's Certification Training Program and advocates for County Mandated Certification of those who sell or serve alcohol and tobacco products in Sullivan County.

3. Analysis of Service Needs and Gaps (OASAS) - Describe and quantify the chemical dependence and problem gambling prevention and treatment service needs of the population. Describe the capacity and resources available to meet the identified needs, including those services that are accessed outside of the county and outside the OASAS funded and certified system. Describe and quantify the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Use this section to identify target populations and specialized service needs. If the county believes that local service needs are different from those estimated by the OASAS treatment need methodology,

include the alternative county estimates and explain the basis for those estimates. Use this section to describe changes in the current configuration of the local service system that you believe would better meet the needs of individuals and families in your county.

Sullivan County has seen steady yearly increases in dual diagnosed clients over the past fourteen years. We continue to see an increase in “Quadrant III and IV” clients. There has been a steady increase in clients with borderline personality disorders, depression, anxiety disorders and Post Traumatic Stress Disorder (PTSD). Safe sober housing continues to be a need for this population. Many live in adult homes where alcohol or drug use by others places them at a higher risk for relapse. Relapse on drugs/alcohol usually leads to mental decomposition and need for hospitalization. There is a lack of inpatient treatment programs that treat specific problems that require special attention. These clients present with higher substance abuse relapse rates.

Space restrictions limit the services offered at the Sullivan County Jail and group treatment and sober support meetings cannot be afforded to inmates. Individual sessions cannot be conducted in reasonable privacy. Our local law enforcement agencies predict a proportionate increase in arrests and incarcerations once a casino opens in our County, including a rise in drug and alcohol related incidents.

Transportation is a major barrier to treatment, especially for adolescents. Development of satellite programs and student assistance programs in the school districts will provide increased access to youth for prevention, intervention, and referral to other services.

Additional barriers to treatment include child care issues and the inability to pay for services. Sullivan County has a large uninsured/underinsured population which impacts on the fiscal health of our providers.

There is also an absence of housing options, especially for the dually diagnosed and other special populations. There is need for supportive transitional housing for the homeless and newly recovered. Discreet services for women are not available along the entire continuum of care.

While Sullivan County and our providers are preparing to deal with gambling prevention and treatment efforts since the RACINO opened and the projected development of additional casinos in our county. We are actively pursuing prevention and treatment activities within our community. Consideration will be given to the fact that gambling addiction has a rapid impact on family members as well, due to the rapid escalation of financial problems. Adolescents are also very susceptible to developing gambling problems. A side effect of gambling may be predicted rise in arrests, incarcerations, and alcohol and drug related incidents that will influence our criminal justice and substance abuse services. The Recovery Center has a Credentialed Gambling Counseling Supervisor and other trained staff. They currently have a gambling and prevention program.

Sullivan County is home to five long-term residential programs, two DAYTOP facilities (adult male), New Hope Manor (women, adolescent females, pregnant women, and women with children under 2yrs of age), VERITAS Therapeutic Community, Inward House, and Dynamite Youth Center (adolescents). The majority of clients at these facilities are from outside Sullivan County.

The Council on Alcohol and Drug Abuse of Sullivan County (the Recovery Center) provides a Medically Supervised Withdrawal Unit, a Medically Monitored Withdrawal Unit, an Outpatient Clinic, a Halfway House, and an Outpatient Rehabilitation, including Dual focus program and Adolescent Day treatment. The Recovery Center also operates a seven bed Supported Living Facility and a twenty-six Shelter plus Care apartments. They have also collaborated with Rehabilitation Support Services on a fifteen apartment Supportive Housing Program for Dual Focus Clients.

Catskill Regional Medical Center provides Alcohol Acute Care and Methadone

detoxification services.

The Sullivan County Department of Community Services has an Alcohol and Substance Abuse Service (ADAS) Clinic, Mental Health Clinic, Case Management Unit, Continuing Day treatment (CDT) program with a Dual Recovery Track. Chemical dependency treatment is provided at Sullivan County Jail by Sullivan County Alcohol and Drug Abuse Services. Fewer than thirty Sullivan County residents are enrolled in a Methadone maintenance program and receive their treatment in Orange and Ulster Counties.

Our County facilities work closely with the Division of Family Services (DFS) to address housing and other ancillary needs. We also work closely with Rehabilitation Support Services (RSS), which maintains a MICA Community Residence and supported living apartments. Mental Health Services are available at Catskill Regional Medical Center (formerly Community General Hospital), the Department of Community Services Mental Health Clinic and Continuing Day Treatment Program, and The Rockland Psychiatric Center (RCP) Clinic.

The Recovery Center and New Hope Manor have psychiatrist and vocational services available to their clients.

Sullivan County Alcohol and Drug Abuse Services and the Recovery Center provide evaluations, monitoring and referrals for the Sullivan County Family Treatment Court, the Sullivan County Juvenile Family Treatment Court, and the Sullivan County Drug Court. All chemical dependency providers in the county are participating in the provision of services for all courts.

Our treatment providers present some degree of prevention services through presentations in the community and schools. The DARE program is a presence in all school districts in the County. There is one OASAS funded prevention programs in Sullivan County located at the Recovery Center in Monticello, NY.

4. Capital Improvement Plan (OASAS) - Identify the need for capital improvements within the local service system. Include a list of active capital projects for which a **Schedule C - OASAS Capital Project Funding Request Form** has been completed and submitted to OASAS.

The Recovery Center applied for Capitol Project funding to make some needed repairs and upgrades to their current structures and to build an addition for administrative offices.

DAYTOP Swan Lake applied for Capitol Project funding to build a new structure for offices and group rooms.

New Hope Manor applied for Capitol Project Funding to make upgrades to their existing structure; add on administrative offices and group rooms; remove the old school house; and relocate the parking area.

5. Local and State Psychiatric Center Planning Initiatives (OMH) - Describe your county's role in the OMH State Psychiatric Center (PC) and Local Planning effort that kicked off in February 2009, how your county will be working with the OMH Field Office and the State PC that serves your county, and how you will measure your achievement.

Under the new budget the State OMH is looking at how to better utilize resources that are currently underutilized. An example discussed in our Sub/Planning meeting was - in the Capital District their PC, one local hospital and the local government unit all got together and stated they could really use a children's mobile mental health respite service which integrates an OMRDD behavioral specialist. Utilizing resources from the psych center, from the hospital, and resources out of DD and they were able to develop the respite to help hundreds of kids from going in to the hospital. They are using either the PC or the hospital as an emergency respite for children. Our County would like use this concept down here and meetings involving Rockland Psych, the Field Office, and other directors has been scheduled.

Several non-for-profit providers and several folks from the regional DDSO office were at a meeting in late January 2009 and they talked about 195 voluntary placements available for the residential side (vacant

beds). Our Sullivan County Community Services Director and the Director of New Hope Community Inc. will be sitting on the single point of access management or a task force which will look behind those numbers and how to best mobilize or utilize those vacancies in our community.

6. Discovery Process Documentation (OMRDD) - Identify the constituent groups consulted as part of the local discovery and priority setting process (e.g., individuals with developmental disabilities, families, advocacy groups, providers of services, DDSO, other community organizations, etc.)

Information was gathered from the Mental Retardation/Developmental Disabilities (MR/DD) Sub and Planning Committee members, Individuals with disabilities, parents, family members, self advocacy groups and providers' school personnel, hospital employees, criminal justice system, Department of Social Services and Public Health.

7. Methods of Discovery (OMRDD) - Identify the methods of discovery utilized to determine the issues, concerns, needs and priorities for local planning (e.g., surveys, forums, key informant interviews, focus groups, analysis of available data, etc.). Summary information obtained from these discovery methods should be included.

An open community forum was held April 2009. Individuals who were unable to attend were seen on a one on one basis (written responses attached). The responses provided were carefully reviewed through a gaps and analysis process. The issues that were evident are as follows: Establishment of a Mobile Mental Health Team for children and adolescents, need for a Single Point Of Entry (SPOE) task force, Enhancement of services for children and adolescents aging out, maintaining and enhancement of prevention and outreach services for the community, and additional respite beds for adults and children. For the future, the following unmet needs will continue to be discussed and will drive development:

- Enhanced hospital care and crisis respite services (medical and psychiatric) for individuals with mental retardation who have co-occurring disorders and/or behavioral challenges. Attraction of clinicians who are well versed with the dually diagnosed population to Sullivan County.
- Community Residence for youngsters up until age 21, who have challenging behaviors. Many of these youngsters are currently in out-of-County or out-of State placements. Close coordination with Division of Family Services and the school systems is required in the development of such a residence.
- Additional respite beds for adults and children with mental retardation/developmental disabilities.
- Single Point of Entry (SPOE) Task Force.
- Additional recreation activities targeted towards all children with mental retardation.
- Additional integrated recreational activities for adults with mental retardation.
- Additional full day recreation respite for children during the summer months.
- Appropriate services for all MR/DD individuals involved with the Criminal Justice System (ie: sex offenders, misdemeanor assaults, petty larceny, etc.)
- Brochures and training sessions for parents, teachers and generic providers explaining the access to MR/DD services in Sullivan County.
- Non-waiver case management.
- Bi-lingual Service Providers.
- Referrals to Special Education Training and Resource Center (SETRC).
- Housing (NIMBY).

Another long standing issue in the community is the response of the medical community to the special needs of consumers with MR/DD. Initiated by the Director of Community Services, a forum for the providers' of medical/psychiatric staff to discuss any issues concerning the Catskill Regional Medical Center's care of this population to meet regularly. An outcome to this initiative is the MR/DD providers provide monthly training/meetings for the hospital staff regarding the special needs population. While this population accounts for five percent of admissions to the mental health unit, the hospital has recognized that MR/DD consumers with dual diagnosis and/or behavioral issues may not be aptly served on the unit. We need to make services available to the hospital, from OMRDD or its agencies, to help develop and/or train hospital staff in the development of skills to better accommodate consumers who need behavioral interventions and to handle disruptive behaviors in consumers who need medical interventions. The unit will also be staffed to better diagnose consumers who may be exhibiting signs of organic involvement, as the population ages. The needs of aging consumers is offering unique challenges to providers of existing IRA's and ICF's. Agencies are coping with the challenge of providing increased medical and personal care. Agencies have proposed increased staffing to accommodate 24/7 nursing care and increased behavioral supports for consumers.

The needs for appropriately trained and experienced staff impact all areas of the service delivery system. The residential providers have worked closely with Sullivan County Community College to develop a direct support professional curriculum. The program was not well attended as initially anticipated and closed. Most of the direct care staff hold second jobs, due to economic necessity, and finding time to attend classes was difficult. There is a shortage of affordable housing, both for direct care professionals and professional staff. The Sullivan County Planning Department has been working with providers to encourage private developers to meet this need.

8. Assessment of Existing Supports and Services (OMRDD, optional) - This optional section should address the base resources of the county's developmental disabilities service system and the base of generic supports and services available within the county. Information may be summarized in a table or in narrative format. Data to assist in the formulation of this assessment is available under "County Data".

Currently, the County hosts 760 OMRDD certified beds. The Center for Discovery has the largest concentration of children's SED beds; and SARC has one of its residences certified for children. The total annual operating budget of the four residential providers is approximately \$145 million. The County is served by one not for profit hospital, Catskill Regional Medical Center, that has a satellite in Callicoon. The hospital is a designated 9.39 receiving hospital for the County, and has a mental health unit that is staffed for 16 beds. The County of Sullivan has four PPHA's (Private Priority Homes for Adults) with a census of 246 beds. Seventy-six percent of the residents have mental health needs, and approximately twenty percent have a diagnosis of Mental Retardation. The majority receive either clinic or day treatment services. This concentrated mental health population puts a higher demand on the hospital than the prevalence data for this area would suggest. Furthermore, the high number of OMRDD beds increases the need for inpatient mental health needs for individuals who are dual diagnosed or have behavioral issues. The County and its providers have previously cited the need for an additional behavioral facility like Fortune Road.

Four years ago, under the auspices of the local government unit, the County's school districts partnered with the provider community to form a task force to identify and resolve issues relating to service provision for children with mental retardation/developmental disabilities. The long term goal of this group is to ensure that appropriate services for children and families in the community are provided. This group seeks to do so through increased awareness and collaboration; ultimately to prevent out of county/state placements. Improved communication and team building have become a major outcome of this task force. The staff of Early Intervention and pre-school providers have joined this endeavor and there continues to be discussion on how to impart hope to the families of children with

developmental disabilities who are newly identified. A brochure on Medicaid Service Coordination was developed with the goal of ensuring that every professional and eligible family becomes knowledgeable of this service. Staffs from the DDSO and the County will continue to provide in-service training to the schools on the eligibility process. There has been a measurable increase in families requesting Medicaid Service Coordination. Increased awareness and collaboration reduced the number of MR/DD children who are referred to the Family Court. The group has further identified the need for residential opportunities, including respite for children and adolescents here in the community and our residential providers are willing to develop programs to meet the need. Families remain reluctant to give permission for such placements. The Task Force strongly supports the need for residential opportunities where families do not have to give up custody.