

**2010 Mental Hygiene Priority Outcomes Form**  
**Wyoming County Dept. of Mental Health (70420)**  
Plan Year: 2010  
Certified: Stephen Snell (1/20/10)

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

## 2010 Priority Outcomes

### **Priority Outcome 1** In Progress **More persons with disabilities are working in a wider range of work settings**

Wyoming County is a rural area with limited work opportunities. There are sixteen townships, four villages of about 5000 inhabitants each, and no large cities in the county. Jobs are limited in general, especially for those who have any limitations or disabilities. Many commute out of county. The largest employer groups are health care, which employs quite a few persons with disabilities, government which has been more limited, collections, retail services, restaurants, and farming. Collections and farming have typically been areas of less interest. The work ethic is strong in Wyoming County and a large portion of individuals with disabilities state they want to work. Recently the community has been more receptive to employing individuals with disability, especially at lower paying entry level jobs which are hard to fill. For persons with mental illness on disability, there is great fear of loss of benefits including healthcare coverage (Medicaid). As a result, we are focusing both on identifying suitable work sites as well as educating persons on preserving benefits under Social Security while working on their recovery employment plans. We also expect to make full use of OMH initiatives such as supported employment and PROS as they become available.

Individuals with Developmental Disabilities are offered sheltered workshop, supported employment or competitive employment. Families have remarked that enrolled individuals in these workshops need to "work their way up", starting with sheltered workshop, before getting assigned to community-based employment. With shifting funding emphasis away from workshops into other work areas, jobs in the community for these individuals are beginning to expand.

Livingston/Wyoming Arc and Suburban Adult Services, Inc. (SASi) are the primary non-for-profit agencies offering employment services. The quality of VESID services has been quite variable in recent years.

*2009 Progress: More individuals are working every year. With increased knowledge of social security restrictions, we expect this to increase. We have now asked to be included as a PROS county with an eye towards expanding work goals.*

Agencies: OASAS; OMH; OMRDD;  
*This outcome has been selected as a top two priority for OMRDD.*  
Target Complete Year: 2012

Framework: OASAS Strategic Destinations - Mission Outcomes; OMH Strategic Goals - Positive Outcomes for Children, Families and Adults; OMRDD Strategic Goals - Work and Contribution;

#### **Strategy 1.1** In Progress

Teamworks (SASi) will approach selected key local employers to advocate for expanded availability of employment for persons with mental illness, in recovery from alcohol and substance abuse, or developmental disabilities. During these discussions, they will also gather information about what kinds of jobs might be available, and what kind of preparation or training could help individuals coming from all three disabilities be more competitive when applying to those employers. SASi has been very active in working with larger employers and temporary agencies in and around Wyoming County and has been quite successful in gaining placements for their clients.

Rural AHEC of Wyoming County and Community Action will provide youth training related to career education and preparation for employment. AHEC will emphasize careers in the health field.

*2009 Progress: Through the Vocational Work Group, we have identified employers where we would like to expand the presence of individuals with disabilities. This has led to successful placements at the Wyoming County Community Hospital, at all our mental health employers, and expanded our relationship with a key temporary services agency. We offered the two-day training from John Allen of OMH on Social Security, PASS plans, ticket to work, Medicaid Buy-In and related services. Training was well attended and well received.*

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2011  
Is this an innovative practice that you would like to share with others?: No  
Focus: Employment/Education - Supported employment/Job development/Employment counseling/Vocational training;  
Employment/Education - Work benefits and entitlements information ;  
Population: Young Adults; Adults; Male; Female; All Races / Ethnicities; Persons with Behavioral Challenges; Persons with TBI or PTSD;  
Participants: Transit Authorities/Coalitions; Hospitals/Medical/Dental; Private Sector/ Business Community ; Vocational/Employment Organizations ; State certified and funded providers; Other Community Based Agencies; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

#### **Strategy 1.2** In Progress

Livingston/Wyoming Arc, Suburban Adult Services, Inc., and Finger Lakes DDSO will conduct surveys on individuals to determine their interest and readiness to secure community-based employment.

*2009 Progress: The LGU will work with Developmental Disabilities vocational services related to completing and reviewing vocational screening with those individuals wanting to work in terms of their job interests, skill sets, and training needs with an eye toward building opportunities for them in the community.*

Agencies: OMH; OMRDD;  
Target Complete Year: 2011  
Is this an innovative practice that you would like to share with others?: No  
Focus: Employment/Education - Supported employment/Job development/Employment counseling/Vocational training; Service Engagement -

Transitional supports and services;  
Population: Adults; Male; Female; All Races / Ethnicities; Persons with Behavioral Challenges;  
Participants: State certified and funded providers; OMRDD DDSO;

**Strategy 1.3** In Progress

Livingston/Wyoming Arc and Suburban Adult Services, Inc. and Finger Lakes DDSO will address funding sources with Offices of Mental Health, and DD for employment.

*2009 Progress: Wyoming County has identified itself as a candidate for PROS services, and has officially notified the Office of Mental Health*

Agencies: OMH; OMRDD;  
Target Complete Year: 2010  
Is this an innovative practice that you would like to share with others?: No  
Focus: Employment/Education - Supported employment/Job development/Employment counseling/Vocational training; Cross Systems Collaboration - Licensing/Certification/Integrated funding approaches;  
Population:  
Participants: Vocational/Employment Organizations ; OMH Field Office; OMRDD DDSO;

**Strategy 1.4** Dropped

Placement of individuals in employment option of their choice - 2010.

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2010  
Is this an innovative practice that you would like to share with others?: No  
Focus: Employment/Education - Supported employment/Job development/Employment counseling/Vocational training;  
Population:  
Participants: Private Sector/ Business Community ; Vocational/Employment Organizations ; State certified and funded providers; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

**Strategy 1.5** In Progress

Reduce transportation barriers for those wishing to work. (See also Priority 2.1)

*2009 Progress: This area will need to be addressed if individuals wanting and ready to work are to find employment. Bus service is limited, as is provider-sponsored transportation in developmental disabilities. We hope funding for this can become available through OMH's new initiatives in supported employment, as well as in the DD area.*

Agencies: OMH; OMRDD;  
Target Complete Year: 2012  
Is this an innovative practice that you would like to share with others?: No  
Focus: Employment/Education - Supported employment/Job development/Employment counseling/Vocational training; Transportation - Access to public systems; Transportation - Natural/peer transportation support;  
Population: Young Adults; Male; Female; All Races / Ethnicities; No special population targeted;  
Participants: Department of Social Services/ Child Welfare; Transit Authorities/Coalitions; Office for the Aging; Private Sector/ Business Community ; Vocational/Employment Organizations ; Consumers; Families/Friends; OMH Field Office; OMRDD DDSO;

**Strategy 1.6** In Progress

Begin PROS program.

Wyoming County was one of the initial counties to express interest in PROS when it was first introduced, and reconfirmed our intent with OMH in 2009. PROS matches the county's emphasis on rehabilitation and employment, and our desire to take the next step in integrating the various successful employment pieces across the county

Agency: OMH;  
Target Complete Year: 2010  
Is this an innovative practice that you would like to share with others?: No  
Focus: Employment/Education - Day treatment/Day programs or services; Employment/Education - Supported employment/Job development/Employment counseling/Vocational training; Health and Wellness - Counseling/Clinical services; Health and Wellness - Recovery choices and healthy lifestyles;  
Population: Young Adults; Adults; All Races / Ethnicities; No special population targeted;  
Participants: Department of Social Services/ Child Welfare; Hospitals/Medical/Dental; Vocational/Employment Organizations ; State certified and funded providers; Other Community Based Agencies; Peer-based Support Groups; Consumers; Families/Friends;

**Priority Outcome 2** In Progress  
**Reduce Transportation Barriers to Services and Employment**

Transportation services are needed beyond the current capacity of the Wyoming County Transit System and Peer Wheels, the award-winning peer run transportation service which brings persons to mental health appointments and some health care and work destinations. For developmental disabilities, provider transportation for clients beyond school-age does not cross county lines, limiting access to needed programs in adjacent counties. This priority is listed primarily as a result of family and consumer input in various planning meetings.

See also Priority 1.5 - transportation to work for developmental disabilities clients.

*2009 Progress: Progress was limited this year as cuts impacted this priority. We are more involved with options planning however.*

Agencies: OASAS; OMH; OMRDD;

*This outcome has been selected as a top two priority for OMH.*

Target Complete Year: 2010

Framework: OASAS Strategic Destinations - Mission Outcomes; OMH Strategic Goals - Other; OMRDD Strategic Goals - Work and Contribution;

### **Strategy 2.1**

In Progress

Take full advantage of the transportation task force being formed under the long-term care. This task force brings together the various parties involved in the transportation of persons with disabilities, including Wyoming County Transit, Peer Wheels, provider transportation representatives, providers, local agencies and those who use and need transportation services. Specific gaps and patterns of need are identified. Look for ways to build on existing resources or create alternative transportation (e.g. car-pooling, dispatch service, low cost resident to resident service, potential grant resources, etc.)

*2009 Progress: This area continues as a high priority. The transportation task force has been very active, but unfortunately resources are dwindling, not expanding. We have had to drop some services from Peer Wheels program (to work sites, and to out-of-county Doctor's appointments). A bus loop was established in Warsaw. This reaches more individuals but has reduced some of the personal service riders had come to expect under the previous pick-up-on-demand format.*

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2010

Is this an innovative practice that you would like to share with others?: No

Focus: Health and Wellness - General health screening and referral; Health and Wellness - Prevention; Transportation - Access to public systems; Transportation - Accessible transportation;

Population: All Ages; Male; Female; All Races / Ethnicities; No special population targeted;

Participants: Department of Social Services/ Child Welfare; Transit Authorities/Coalitions; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Consumers; Families/Friends; OASAS Field Office; OMH Field Office; OMRDD DDSO;

### **Priority Outcome 3**

In Progress

**Strong families, schools, and communities yield happy, healthy, and productive children and youth.**

Wyoming County will seek to further engage and strengthen families. This begins with the county embracing CASSP system values (child-centered, family-focused, community-based, multi-system, culturally competent services in the least restrictive environment). Interventions are organized at critical points throughout the community and designed to identify potential issues as early as possible, then address those issues using best practices before problems escalate. The "system of care" across all three disabilities is overseen by a multi-stakeholder child and adolescent CCSI Tier 2 which constantly identifies gaps, needs, and forges responsive services to those needs.

This priority also includes prevention, particularly for OMH and OASAS services. Greater family knowledge and involvement aids in prevention, and the development of better communication skills and consistent rules, early intervention/diagnosis, and development of advocacy skills have been identified as areas of focus for this priority outcome. Parenting classes have been both popular and effective. Families has become engaged and trusting partnerships formed within a coordinated community of supports. The development of family advocacy skills and involvement in a person-centered treatment plan approach can evolve from participation at Tier I meetings, supports from Parent/Family Advocates, or through participation in Family Support groups, whose voice is heard at all venues including public hearings, sub-committee meetings, through community surveys or provider planning sessions. These family members help assure that county services focus on the critical needs of the community and assures us that services are indeed individualized, family-driven, and are anchored in a shared commitment to achieve positive results. In this system of care we have developed "high-end" services are rarely needed, and when used, community care providers craft creative and effective discharge plans drawing on all available resources from both within the "system" and without.

*2009 Progress: We have made considerable progress in this area in the past year. OASAS prevention has added social marketing based on surveys conducted by the Rochester Ad Council. Youth Bureau conducted youth surveys as well helping to drive our messaging for parents, especially of middle schoolers. Partners completed multiple programs in this area. Tier 2 is more active than ever before. Youth are being kept out of higher levels of care.*

Agencies: OASAS; OMH; OMRDD;

*This outcome has been selected as a top two priority for OASAS.*

*This outcome has been selected as a top two priority for OMH.*

*This outcome has been selected as a top two priority for OMRDD.*

Target Complete Year: 2012

Framework: OASAS Strategic Destinations - Mission Outcomes; OMH Strategic Goals - Positive Outcomes for Children, Families and Adults; OMRDD Strategic Goals - Relationships;

### **Strategy 3.1**

In Progress

Chemical dependency prevention programming will provide evidence based programming to youth that involves parental involvement. Parent surveys and focus groups tell us that many parents feel they are well aware of the risk of early alcohol and drug use, and feel equipped to manage this discussion with their own children. However, this is contradicted by the student survey data, which indicates much more extensive usage habits than parents are aware of. Parents will be the target of a social marketing campaign regarding underage drinking. The campaign will include messaging derived through local data from 2009 adult and student surveys. The marketing campaign will seek to strengthen Adult/Parental involvement in prevention, the development of "talking points" for discussions with their children, and will support law enforcement in the identification and dispersal of underage drinking parties.

*2009 Progress: Chemical Dependence Prevention Program - Partners for Prevention - offered several evidence based programming as well as environmental strategies in the past 12 months focused on engaging parents/adults in developing strengths for youth in our county. These included Family Day (targeted at parents of elementary and middle school youth) promoting eating dinner as a family and encouraging family conversations and involvement in their child's life, and promoting Parents Who Host Lose the Most and Project Sticker Shock, two programs designed to educate parents on the risks associated with providing alcohol to minors. In the first quarter of 2009, 400+ parents and adults throughout the county were surveyed on their awareness of underage drinking risks and personal attitudes on underage drinking. These survey results indicate that parents are supportive of measures to reduce underage drinking but continue to underestimate the amount of drinking done*

by youth in our community. Parents indicated several areas of support to reduce risks, such as barring party attendance, bringing a child home from a party if alerted about drinking occurring, etc. Parents were less likely to take measures within their own household, such as eliminating the presence of, or locking up, liquor. Data from the surveys were shared with community members, leaders and educators at a forum April 2009, and follow-up strategies discussed. From this forum, social marketing strategies will be developed and implemented during the next year. Follow-up adult and student/youth surveys will be held.

Agency: OASAS;  
Target Complete Year: 2012  
Is this an innovative practice that you would like to share with others?: No  
Focus: Health and Wellness - Abstinence/Decrease in Symptomatology; Health and Wellness - Prevention; Social Connectedness/Inclusion/Social Support - Community partnership; Social Connectedness/Inclusion/Social Support - Natural/Social supports;  
Population: Adolescents; Young Adults; Adults; Male; Female; All Races / Ethnicities; Families; Parents;  
Participants: School Districts/BOCES; Private Sector/ Business Community ; Other Community Based Agencies; Media; Families/Friends;

### Strategy 3.2 In Progress

Treatment Programs will engage family members to support treatment goals and participate in recovery. Providers will document in treatment plans the level of family engagement and support to recovery. The OASAS funded Treatment Program will provide Brief Intervention Therapy to youth using or at-risk for using alcohol and other substances. This therapy will be supported by referral from local magistrate courts, family members, schools, and law enforcement. Families will consent to youth participation and provide the support necessary to complete therapy.

*2009 Progress: The Chemical Abuse Treatment Program maintains treatment plans that monitors family participation and support for sobriety and in meeting treatment goals. A report on the level of participation will be presented at the August 2009 Alcoholism and Substance Abuse Sub-committee. The Treatment program has received and is in the process of reviewing a curriculum used for Brief Intervention Therapy - Teen Intervene. This program has been reviewed by the Prevention Program in Spring, 2009 and briefly discussed with the local town/village magistrates as a potential consequence to any youth brought before them for underage drinking. A meeting will be held in summer 2009 with the Treatment Program, Prevention Program and LGU, to discuss the merits of this program and, if appropriate, who would provide it to referrals. Implementation would include developing referral sources, including program marketing, and any necessary staff training.*

Agency: OASAS;  
Target Complete Year: 2011  
Is this an innovative practice that you would like to share with others?: No  
Focus: Health and Wellness - Abstinence/Decrease in Symptomatology; Health and Wellness - Counseling/Clinical services; Social Connectedness/Inclusion/Social Support - Community partnership; Social Connectedness/Inclusion/Social Support - Family dynamics and support;  
Population: Adolescents; Young Adults; Adults; Male; Female; All Races / Ethnicities; Families; Parents; Persons in the Criminal/Juvenile Justice System;  
Participants: School Districts/BOCES; Youth Bureau; Legal/Court System/Jails; Hospitals/Medical/Dental; State certified and funded providers; Other Community Based Agencies; Consumers; Families/Friends;

### Strategy 3.3 In Progress

Consumers and family members will develop necessary skills and supports to advocate for person centered services. These skills will be developed through contracted Family Support services and the start of a peer/volunteer OMRDD Family Support group. Parent/Family Advocacy services, and on-going advocacy, needs assessment and planning strategies through public forums, Community Services Board Sub-committee meetings, and community/family/youth surveys. We will continue the discovery process by making our Community Focus meeting an annual event. The Community Focus group consists of interested consumers and family members who meet and address issues of gaps, needs and concerns to them or family members. We have collected data from our local providers as to the number of identified children with Autism Spectrum Disorder. We will also continue meeting with Early Intervention to obtain their data as they have several children with Autism that they are working with. The main focus of the above issues will be to create a Family Support Group for MR/DD and who will be responsible for providing that service.

*2009 Progress: This is a new strategy for 2010.*

Agency: OMRDD;  
Target Complete Year: 2011  
Is this an innovative practice that you would like to share with others?: No  
Focus: Social Connectedness/Inclusion/Social Support - Community partnership; Social Connectedness/Inclusion/Social Support - Natural/Social supports;  
Population: All Ages; Male; Female; All Races / Ethnicities; Families; Parents; Persons with Specific Diagnostic Category (e.g. autism, epilepsy, SMI, etc.); Persons with Behavioral Challenges;  
Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; Preschool/Early Intervention; School Districts/BOCES; Youth Bureau; Legal/Court System/Jails; Hospitals/Medical/Dental; Housing Authorities/Coalitions; Vocational/Employment Organizations ; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; OASAS Field Office; OMH Field Office; OMRDD DDSO;

### Strategy 3.4 In Progress

High School youth who receive the services they need are more likely to have positive outcomes. Young adults report more favorable outcomes when youth are included in the treatment planning process. The LGU will work with providers and other child serving agencies to assist with identifying youth interested in the development of a youth to youth program. The CCSI Coordinator will be responsible for this program and will participate with the OMH Western Region group. Focus groups will be conducted as part of the development phase. Tier II will continue to serve as our "system of care" to assure the youth perspective is included in planning. The LGU will be a member of the team applying for a collaborative grant to improve the social, emotional and well being of children ages birth to five. This will further promote prevention, education and early intervention provided by Child and Family Clinic Plus.

Agency: OMH;  
Target Complete Year: 2010  
Is this an innovative practice that you would like to share with others?: No  
Focus: Social Connectedness/Inclusion/Social Support - Family dynamics and support; Social Connectedness/Inclusion/Social Support - Peer supports and interaction;  
Population: Young Children; Children; Adolescents; Young Adults; Adults; Male; Female; All Races / Ethnicities; Persons with Behavioral Challenges;  
Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; Preschool/Early Intervention; School Districts/BOCES; Youth Bureau; Legal/Court System/Jails; Hospitals/Medical/Dental; Other Community Based Agencies; Peer-based Support Groups; Consumers; Families/Friends;

**Priority Outcome 4** In Progress  
**Provide expanded housing options, particularly for those in crisis**

Persons with disabilities who would be otherwise homeless will have access to emergency housing until they can obtain ongoing housing. This includes persons with mental illness who might have been sanctioned by local department of social services, adult individuals with developmental disabilities who can no longer reside at home, and persons in early recovery from alcohol and/or substance abuse or dependence.

*2009 Progress: Housing need continues significant, but there is inexpensive housing available in the county. Dept of Socia Services and Living Opportunities of DePaul have helped improve the number of those who do not have inadequate housing.*

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2012  
Framework: OASAS Strategic Destinations - Provider Engagement; OMH Strategic Goals - Service System Capacity; OMRDD Strategic Goals - Home of Choice;

**Strategy 4.1** Dropped

Explore ways to expand the Family Care Home available beds through the Rochester Psychiatric Center.

This service is available in our county, and potentially expandable. For some adult clients, even potentially some youth in transition, this option is a viable one with careful attention to the recruitment of new family care home providers, and the matching of individuals who could potentially benefit from living in this setting.

This strategy will involve meeting with FCH supervisory staff from RPC and members of our mental health community by September, 2008, to explore ways we can work together to identify, promote, train, and coordinate with family care home providers.

*2009 Progress: In review of this strategy for 2010, it has been determined that fewer individuals need and want family care homes. There are openings in our current homes, and no further need for additional homes.*

Agency: OMH;  
Target Complete Year: 2011  
Is this an innovative practice that you would like to share with others?: No  
Focus: Housing - Apartment/Rent Subsidies; Housing - Staff supported community residence;  
Population: Young Adults; Adults; Seniors; Male; Female; All Races / Ethnicities; Persons with Specific Diagnostic Category (e.g. autism, epilepsy, SMI, etc.); Persons with Behavioral Challenges; Persons in the Criminal/Juvenile Justice System; Veterans; Persons with TBI or PTSD;  
Participants: State certified and funded providers; Other Community Based Agencies; Media; Other local participants - Rochester Psych Center;

**Strategy 4.2** In Progress

Apply for a HUD grant such as Shelter Plus Care to serve persons with mental health disabilities through Wyoming County's Community Action Program. This grant application will be in filed in partnership with interested local rural counties not yet served by such services, with Orleans County taking leadership, and other local counties invited to participate.

*2009 Progress: This grant is on track for submission through Orleans County in the summer of 2009.*

Agency: OMH;  
Target Complete Year: 2010  
Is this an innovative practice that you would like to share with others?: No  
Focus: Housing - Homeless Shelter/Emergency Housing/Respite; Housing - Specialized housing (i.e. Accessible housing, sober house, cross agency integrated housing);  
Population:  
Participants: Department of Social Services/ Child Welfare; State certified and funded providers; Other Community Based Agencies; Consumers; OMH Field Office; Other local participants - Community Action, Adult SPOA;

**Strategy 4.3** In Progress

LGU and provider agencies will develop a process for identifying appropriate housing needs and means to meet those needs for individuals in chemical dependency/gambling treatment and during early stages of recovery. These will include 1) annual survey of enrolled treatment clients and those incarcerated in local jail pending release on housing issues/needs; 2) annual meeting of keystakeholders to discuss housing needs/options; 3) annual meetings with local recovery center on regional availability of housing and brainstorming on providing local housing; 4) linkage and outreach to individuals in local faith-based housing options; 5) monthly discussion on housing options for MICA clients in Single Point of Access meetings, and 6) exploration of feasibility for local halfway house through meetings with local providers and OASAS Field Office staff.

*2009 Progress: Chemical Dependency Treatment clients will be surveyed during the summer of 2009 on housing issues, pertaining to current*

*and future needs, recovery supportive/appropriate. Individuals in the local jail who are identified with chemical dependency will be also surveyed related to their housing issues following release. Survey information will be discussed at the August 2009 Alcoholism and Substance Abuse Subcommittee with local agency and community representatives. Following that forum, any necessary meeting with local OASAS Recovery Resource Center and/or faith based groups will be scheduled. Monthly Single Point of Access (SPOA) meetings held with providers include discussion on housing for MICA clients.*

Agency: OASAS;  
Target Complete Year: 2011  
Is this an innovative practice that you would like to share with others?: No  
Focus: Housing - Specialized housing (i.e. Accessible housing, sober house, cross agency integrated housing); Housing - Transitional residence/Halfway house;  
Population: Adults; Male; Female; All Races / Ethnicities; Homeless; Persons in the Criminal/Juvenile Justice System;  
Participants: Department of Social Services/ Child Welfare; Legal/Court System/Jails; Hospitals/Medical/Dental; Housing Authorities/Coalitions; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Consumers; OASAS Field Office;

#### **Strategy 4.4** In Progress

The Local Governmental Unit will work with Suburban Adult Services, Inc., Livingston/Wyoming Arc, and Finger Lakes DDSO to expand/increase local beds for Wyoming County residents. Several adult DD individuals are currently living with their elderly parents and need to be placed in a residential setting. The parents are aging and can no longer take care of their elderly children at home. Often placement may be offered too far away from home or not offered at all.

*2009 Progress: We have not made much progress on housing options in 2009 as funds for opportunities there have dried up.*

Agency: OMRDD;  
Target Complete Year: 2011  
Is this an innovative practice that you would like to share with others?: No  
Focus: Housing - Specialized housing (i.e. Accessible housing, sober house, cross agency integrated housing); Housing - Staff supported community residence;  
Population:  
Participants: Housing Authorities/Coalitions; Other Community Based Agencies; OMRDD DDSO; Other local participants - SASi, Livingston/Wyoming Arc, Finger Lakes DDSO; Other federal or state participants - NYS OMR/DD;

#### **Priority Outcome 5** In Progress **The county will decrease the above average completed suicide rate for youth and adults**

In calendar year 2007 and into the first two months of 2008, Wyoming County experienced 13 completed suicides, all over 18 years of age. Only two individuals were active in the public mental health system. A suicide task force has been convened, with active representation of providers, youth, community at large, and community agencies including county veterans services. Activities include an annual suicide walk co-led by the Department of Mental Health and Wyoming County Community Hospital. In addition, we have been successful in linking our schools with an innovative program sponsored by the University of Rochester, "Sources of Strength", which will bring an established program aimed at identifying youth from participating schools and trusted adult counterparts to form an ongoing support system to break the "code of silence" which often gets in the way of suicide prevention as well as other serious youth problems in local schools. Four of six county high schools have signed on to begin the program in school year 2008-2009. This strategy also impacts on substance abuse prevention, as it targets multiple risk and protective factors associated with youth alcohol and substance use and abuse, and could also serve as a conduit to identify youth getting into trouble with alcohol and substances.

*2009 Progress: The number of completed suicides reported through the Department of Health for 2008 decreased to four, a rate more in line with national and state averages for a rural county, and less than most of the surrounding rural counties. None of the suicides were individuals under the age of 18.*

Agencies: OASAS; OMH;  
Target Complete Year: 2012  
Framework: OASAS Strategic Destinations - Other; OMH Strategic Goals - Public Mental Health Promotion;

#### **Strategy 5.1** Accomplished

Begin the school-based suicide prevention program "Sources of Strength".

Train four schools in this curriculum by June 2009, two in the fall of 2008 and two more in 2009.

Agencies: OASAS; OMH;  
Target Complete Year: 2011  
Is this an innovative practice that you would like to share with others?: No  
Focus: Social Connectedness/Inclusion/Social Support - Natural/Social supports; Social Connectedness/Inclusion/Social Support - Peer supports and interaction;  
Population:  
Participants: School Districts/BOCES; Peer-based Support Groups; Families/Friends; Other local participants - University of Rochester Dept of Psychiatry;

#### **Strategy 5.2** In Progress

Maintain a suicide prevention task force drawing from interested parties throughout the county which will conduct activities in public education about suicide risk and prevention, including organizing an annual walk, and making other recommendations to the Department of Mental Health, Community Services Board and subcommittees.

*2009 Progress: The suicide task force expanded its scope in 2009 to include veterans, and broader community membership. The suicide*

*prevention walk took place in September 2008 with somewhat fewer participants, perhaps because of the full schedule of competing events the morning of the walk. The task force was restructured under leadership of the Department of Mental Health and a survey completed of its members related to activities of interest.*

Agencies: OASAS; OMH;  
Target Complete Year: 2012

Is this an innovative practice that you would like to share with others?: No

Focus: Health and Wellness - Crisis intervention; Health and Wellness - Prevention;

Population: All Ages; Male; Female; All Races / Ethnicities; Persons with Behavioral Challenges; Persons in the Criminal/Juvenile Justice System; Veterans; Persons with TBI or PTSD;

Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; School Districts/BOCES; Youth Bureau; Higher Education; Hospitals/Medical/Dental; Office for the Aging; Private Sector/ Business Community ; Vocational/Employment Organizations ; Other Community Based Agencies; Media; Peer-based Support Groups; Consumers; Families/Friends; OASAS Field Office; OMH Field Office;

#### **Priority Outcome 6** In Progress

##### **Workforce issues: Wyoming County will be able to hire qualified staff at competitive salaries**

This problem area has been in our plans for many years. It began with the shortage in Child Psychiatrists and has spread to other disciplines. General psychiatry is also hard to recruit for, as are trained psychiatric nurse practitioners which are in high demand. Psychiatric nurses of all stripes are hard to find, with both inpatient and clinics here showing multiple vacancies. Turnover is high across all disciplines because of low pay. The high cost of gasoline adds to travel cost, and there simply are insufficient qualified behavioral health professionals who reside close to services.

This county is also concerned that the new mental health clinic restructuring significantly restrict other professional staff eligible for Medicaid reimbursement under the new OMH regulations. Fortunately some key disciplines were reinstated, but two capable and experienced clinicians (Masters in Counselor Ed and Masters in Psychology) will be lost as things now stand. An abbreviated course for individuals within mental health counselor programs, for example, would still help

*2009 Progress: This continues to be a major problem, especially in mental health. Staff turnover at the mental health clinic continues at a high rate, and there are too few administrative and supervisory staff. There is also much concern over the impact of clinic restructuring, especially on staffing.*

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2012

Framework: OASAS Strategic Destinations - Talent Management; OMH Strategic Goals - Other; OMRDD Strategic Goals - Themes Across All Services;

#### **Strategy 6.1** In Progress

Advocate with the Conference of Local Mental Hygiene Directors and NYS Office of Mental Health to add staff to the list of Medicaid reimbursable professionals under clinic restructuring.

*2009 Progress: Licensed mental health counselors, licensed registered nurses, licensed marriage and family therapists and licensed psychoanalysis have been added to the list of professional staff eligible for reimbursement of psychotherapy services. Our clinic still has problems with two key professional staff who as of now would not qualify, one master's in psychology and one master's in school counseling. Both are highly experienced and effective staff.*

Agency: OMH;  
Target Complete Year: 2012

Is this an innovative practice that you would like to share with others?: No

Focus: Workforce Development - Clinical services recruitment and retention/ Licensing/Certification; Workforce Development - Direct support recruitment and retention;

Population:

Participants: State certified and funded providers; OMH Field Office;

#### **Strategy 6.2** In Progress

Seek funds to partially subsidize the the mental health clinic to hire a child psychiatrist. The Department of Mental Health and Wyoming County Mental Health Clinic plan to jointly write a proposal for Thiel Foundation funds through the Greater Buffalo Area Foundation which administers these grant moneys to benefit our contract mental health clinic agency.

Agency: OMH;  
Target Complete Year: 2010

Is this an innovative practice that you would like to share with others?: No

Focus: Service Capacity/Access - Information and referral/Outreach; Service Capacity/Access - Outpatient clinic services (CDT, clinic, partial hospitalization, IPRT, PROS, PMHP, ACT, AOT, telepsychiatry); Cross Systems Collaboration - Advocacy; Cross Systems Collaboration - Licensing/Certification/Integrated funding approaches;

Population: Young Children; Children; Adolescents; Families; Parents; Persons in Protective Services/Child Welfare System;

Participants: OMH Field Office;

#### **Priority Outcome 7** In Progress

##### **Persons in Recovery from Alcohol and Substance Abuse, especially high need individuals, will have expanded supports during and after treatment**

In mental health services, we have adequate capacity for case management services which has helped lead to outstanding results. For persons with alcohol and substance abuse problems there is no local case management, since the MATs program required extra county financial outlay which was not available.

The Department of Mental Health has devoted some funds toward co-occurring disorders case management (6 slots). The PEP program was not continued due to there being adequate resources within mental health case management to serve this population.

Others need help with maintaining their recoveries, and could benefit from a Recovery Center located in Wyoming County which would help them support one another, be engaged in productive activities, find work, and stay sober.

*2009 Progress: Our Probation Empowerment Grant was unable to sustain itself financially, and by common agreement the provider, Wyoming County Community Hospital, Department of Probation and Department of Mental Health in Wyoming County have decided not to renew his project, so it will end June 30, 2009. All clients will be picked up by other services, where needed. We are working on a Pay for Performance Contract under Western New York Care Coordination Project which would provide incentives for our provider ARA if they are able to achieve some engagement and improved outcomes with some of our most challenging co-occurring disorder (SA and MI) clients.*

Agencies: OASAS; OMH;  
Target Complete Year: 2012

Framework: OASAS Strategic Destinations - Provider Engagement; OMH Strategic Goals - Positive Outcomes for Children, Families and Adults;

#### **Strategy 7.1** In Progress

Seek to partner with surrounding rural counties to develop a proposal for a Recovery Resource Center, with a location site in Warsaw, Wyoming County.

*2009 Progress: As of this writing, Wyoming County would appear unlikely to have such a site. We will watch for how this plays out in our region, as we still have a substantial need in this area.*

Agency: OASAS;  
Target Complete Year: 2010

Is this an innovative practice that you would like to share with others?: No

Focus: Social Connectedness/Inclusion/Social Support - Peer supports and interaction; Social Connectedness/Inclusion/Social Support - Support/Drop-in center;

Population:

Participants: Other Community Based Agencies; Peer-based Support Groups; Consumers; Families/Friends; OASAS Field Office;

#### **Priority Outcome 8** In Progress **Recipients of Behavioral Health Services will receive person-centered, cost effective services**

WNYCCP believes that the flexibility of a prepaid managed care program or a home and community based services waiver, such as the 1915(i) waiver, will be increasingly important to implementation of person-centered, recovery oriented systems of care, particularly if CMS continues to push Medicaid towards a more medically oriented health insurance model. We also believe that it is critical to strengthen the position of local behavioral health service systems to prepare them to work in alliance with Medicaid managed care organizations.

This 2008 proposal seeks State support for a set of incremental steps to acquire and apply some of the tools of managed service systems to identify high needs users, facilitate access to services, coordinate and monitor individual care, allow flexibility, and promote allocation of resources based on service outcomes. The components of this proposal complement one another. They are designed to complement OMH's outpatient reimbursement reform initiatives, and to support attainment of long-term goals of the Office of Mental Health and WNYCCP, including ultimate development of a program such as the proposed Personal Health Advantage Plan. Highlights of the 2008-2009 proposal include:

Develop a person-centered system of care for seriously mentally ill adults, expanding in incremental steps how high need users of services will be served in an environment in preparation for transition into a managed care kind of environment.

*2009 Progress: This year the Western New York Care Coordination Project has made substantial progress in moving towards a managed care system. Wyoming County has not yet fully committed to the project, as we will need to be sure that the many strengths of our current operations would not be compromised; however, it is looking very promising, especially for a county that largely contracts out for services.*

Agencies: OASAS; OMH;  
Target Complete Year: 2012

Framework: OASAS Strategic Destinations - Financial Support; OMH Strategic Goals - Care Coordination;

#### **Strategy 8.1** In Progress

Develop SPOA Best Practices, conceptual "behavioral health home", pay for performance initiatives, and create a Management Services Organization, as outlined in the 2008-2009 WNYCCP demonstration proposal submitted to OMH on May 5, 2008

*2009 Progress: SPOA best practices have been completed, and Beacon Healthcare has been hired as a Managed Care Organization to work with the project. Work is now in place to develop levels of care criteria, development of provider networks, data management resources for utilization management, and a pilot project with approximately 200 high risk high need individuals linking Beacon's Complex Case Management service with existing county/provider level Care Coordination resources using Beacon's Flexcare Management Information System. Levels of care criteria and applied use of data are also under construction.*

Agencies: OASAS; OMH;  
Target Complete Year: 2012

Is this an innovative practice that you would like to share with others?: No

Focus: Service Engagement - Behavior Intervention; Service Engagement - Case management; Cross Systems Collaboration - Integrated services/treatment and supports; Cross Systems Collaboration - Planning;

Population: Adults; Other - ;

Participants: Department of Social Services/ Child Welfare; Housing Authorities/Coalitions; State certified and funded providers; Other Community Based Agencies; Peer-based Support Groups; Consumers; OMH Field Office; Other federal or state participants - Erie, Monroe, Chautauqua, Genesee, and Onondaga Counties;

**Priority Outcome 9** In Progress  
**Persons receiving Behavioral Health Services will receive quality health care and their physical and behavioral health services will be well linked and coordinated.**

Persons with serious mental illness die on average 25 years younger than the general population. They suffer from much higher incidences of smoking, diabetes, obesity, hypertension, cardio-pulmonary disease and virtually every other medical problem. For a long list of reasons, these health issues have not been sufficiently addressed by both medical and behavioral health providers and coordination of services is far below acceptable standards. According to our surveys, in Wyoming County 30% of individuals with serious mental illness are not connected to primary care at all. Polypharmacy is rampant. Primary care is often frustrated with poor "compliance" with their medical recommendations for this population. The problems exist at the system level (e.g. silos, no funding for preventive or coordination of care, lack of ability to share data easily), provider level (inadequate attention to cross-system concerns), and with the recovering individual's lack of awareness and supports vis a vis prevention and healthy living.

*2009 Progress: This is a new area for our planning, but we are convening a multi-pronged approach including provider initiatives, recipient awareness and self-help, and system initiatives too, including outreach to medical practices on many fronts.*

Agency: OMH;  
Target Complete Year: 2012  
Framework: OMH Strategic Goals - Care Coordination;

**Strategy 9.1** In Progress

The Director of Community Services has knowledge and experience in this area in terms of national issues and trends. He will make a presentation to the community by January 2010 on this topic, seeking to include the medical community as much as possible.

Additionally, the Health Advisory Committee has selected "physical and behavioral health integration" as a secondary area of focus for the county's strategic plan. The DCS will work with the medical community and key behavioral health stakeholders to discover what the areas of concern are in the medical community and begin to seek solutions for cross-system problems.

Agency: OMH;  
Target Complete Year: 2011  
Is this an innovative practice that you would like to share with others?: No  
Focus: Health and Wellness - Diet/Exercise; Health and Wellness - Smoking cessation/Tobacco free programs; Cross Systems Collaboration - Integrated services/treatment and supports; Cross Systems Collaboration - Training;  
Population: All Ages;  
Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; Hospitals/Medical/Dental; Office for the Aging; OMH Field Office;

**Strategy 9.2** In Progress

The DCS will work with each provider around how they will contribute to improved health status of their clients. This will include improved collaboration with healthcare providers, wellness activities, smoking cessation, and screening for health risk and referral.

*2009 Progress: This area is also new. Each provider will submit a plan related to this area, which will be included in their contracts for 2010*

Agency: OMH;  
Target Complete Year: 2010  
Is this an innovative practice that you would like to share with others?: No  
Focus: Health and Wellness - General health screening and referral; Health and Wellness - Smoking cessation/Tobacco free programs;  
Population: All Ages;  
Participants: Department of Health/Public Health; Hospitals/Medical/Dental; State certified and funded providers; Consumers; Families/Friends;

**Priority Outcome 10** In Progress  
**Young adults will have the stronger motivation and supports to participate in treatment and develop social skills.**

Some young adults, ages 18 to 24, are having trouble with the transition from school to success in adult life. These individuals may take some time "drifting", unable to find suitable work, possibly living at home, spending excessive time on the computer, maybe getting into trouble with the law and/or substances. They are also at risk for family conflict, mental health problems and suicide. Lacking significant involvement in productive activity, this group is at risk for getting involved with younger youth, possibly supplying drugs and alcohol. Employment prospects are compromised by low levels of education, poorly developed job-seeking skills, typically limited transportation, and the somewhat limited job opportunities in Wyoming County. The group also includes some 16 and 17 yr olds who have dropped out of school.

*2009 Progress: This is a new priority for this plan year.*

Agencies: OASAS; OMH;  
*This outcome has been selected as a top two priority for OASAS.*  
Target Complete Year: 2012  
Framework: OASAS Strategic Destinations - Mission Outcomes; OMH Strategic Goals - Positive Outcomes for Children, Families and Adults;

**Strategy 10.1** In Progress

The Chemical Abuse Treatment Program and Local Government Unit will compile data related to the 18-24 year old age group. Data will come from patient characteristics and enrollment data, probation and law enforcement data, and focus groups.

Agency: OASAS;

Target Complete Year: 2010

Is this an innovative practice that you would like to share with others?: No

Focus: Service Capacity/Access - Eligibility; Service Capacity/Access - Number of people served; Service Engagement - Assessment; Service Engagement - Behavior intervention;

Population: Young Adults; Male; Female; All Races / Ethnicities;

Participants: Legal/Court System/Jails; Vocational/Employment Organizations ; Families/Friends;

**Strategy 10.2** In Progress

A focus group will convene to analyze data to develop objectives, strategies and measureable outcomes.

Agency: OASAS;

Target Complete Year: 2010

Is this an innovative practice that you would like to share with others?: No

Focus: Health and Wellness - Recovery choices and healthy lifestyles; Service Capacity/Access - Case management; Service Capacity/Access - Types of services;

Population:

Participants: Department of Health/Public Health; Youth Bureau; Legal/Court System/Jails; Vocational/Employment Organizations ;

Peer-based Support Groups; Consumers;

**Strategy 10.3** In Progress

Members of the age group will be surveyed as to interest and possible participation in a Narcotics Anonymous group, if age appropriate.

Agency: OASAS;

Target Complete Year: 2010

Is this an innovative practice that you would like to share with others?: No

Focus: Health and Wellness - Abstinence/Decrease in Symptomatology; Health and Wellness - Recovery choices and healthy lifestyles; Social Connectedness/Inclusion/Social Support - Natural/Social supports; Social Connectedness/Inclusion/Social Support - Peer supports and interaction;

Population: Young Adults; Male; Female; All Races / Ethnicities;

Participants: Other Community Based Agencies; Consumers;

**Strategy 10.4** In Progress

The Treatment Program will explore and review possible best practices related to priority outcome.

Agencies: OASAS; OMH;

Target Complete Year: 2010

Is this an innovative practice that you would like to share with others?: No

Focus: Quality Management - Use of evidence based practices;

Population: Young Adults; Male; Female; All Races / Ethnicities; No special population targeted;

Participants: Other Community Based Agencies; OASAS Field Office; OMH Field Office;