

# Rockland County DEPT. OF MENTAL HEALTH

Thank you, Senator Carlucci, Senator Rivera and the Committee.

Rockland County is similar and dissimilar to the State averages in loss to suicide. Our population about 330,000 and our community's diversity spans various ethnic, linguistic and religious groups. Rockland Psychiatric Center and the former Letchworth Developmental Center lie in our borders. There are four primary languages spoken in Rockland: English, Spanish, Creole and Yiddish. We have large and varied immigrant communities.

Rockland County has an average loss by suicide rate of 21 persons per year from 2010 to 2018. This year we have lost 6 men to suicide. Generally, males outnumber females 3:1 in suicide loss. Asphyxia is the most prevalent means of death; followed by gunshot wounds; intoxications of medications, OTC pills, illicit drugs and chemicals. Blunt force trauma from falls/vehicles and wounds resulting in fatal blood loss round up the most used means. The largest age cohort of suicide loss are 50-74 and 26-49-year-old, respectively. From 2010-2018, we have had no recorded suicide losses of children under 10 years of age and a total of 5 youth in the age range of 10-17.

I applaud the State of New York and OMH for enacting such initiatives as Zero Suicide, The Attempted Suicide Short Intervention Program, and 1700 Too Many that spawned local Suicide Prevention Coalitions. The philosophy of The Attempted Suicide Short Intervention Program that suicide is an action taken in order to reach a goal, rather than as a symptom of mental illness, greatly supports the de-stigmatization of suicide and enables people to access supports and treatment without judgement. It would be helpful

if the developing Suicide Prevention Training noted in the 2019 New York State Suicide Prevention Task Force Report could be utilized not just by State Employees but by all behavioral health, OASAS and OPWDD providers.

The Suicide Prevention Coalition of Rockland was formed in mid-2016 with the assistance of the Suicide Prevention Center of New York. We initially reached out to a vast cohort of interested stakeholders across the County and have narrowed to a core group of Behavioral Health/Substance Use providers, advocates for individuals with disabilities, the RPS Mobile Crisis Team, our local Veterans Service Agency and BOCES/school districts. We have had intermittent participation from representatives of the Veterans Administration, Funeral Directors of the Hudson Valley, general health providers, local hospitals, advocates for immigrants, the Department of Health, the Pride Center and OPWDD. We need to strengthen these relationships.

Our primary function has been to provide education and resources to the public at large, the outreach staff of Meals on Wheels, local food pantries, our Domestic Violence and Crime Victim Services, Probation, Veterans Service Agency, substance use disorder providers, NYU School of Social Work, FQHC and pediatric practices. We routinely collaborate with other entities interested in suicide prevention. Through a grant from a local organization we are training middle and high school staff in *Creating Suicide Safety in Schools*, an evidenced based program that helps school personnel support staff preparedness, student resilience, identify and support a student at risk and create a sustainable, planned response following the suicide of a school community member. We

have trained 27 school personnel from 4 districts to date. We have had annual projects with two local colleges involving the #BeThe1To Campaign. We have brought Mental Health First Aid for youth and adults to agencies and the public.

Our current endeavors center around the 3-year grant from Suicide Prevention Center of NY to increase local residents' awareness of the #BeThe1To Campaign, to educate the public how a lay person can recognize the signs/symptoms of a person in distress and to help that person access area resources. The Campaign is also being publicized in local transit busses and on geotargeting mobile ads. We are also in discussions with a local college to address the stigma of Mental Illness among students to encourage them to seek treatment for mental illness or substance use disorders. One suggestion is to have every incoming college freshman in New York take the Mental Health First Aid class as part of their orientation curriculum.

We have collaborated with our Medical Examiner to develop a form to track deaths by suicide, listing key identifiers such as cause of death, age, gender, town of residence, history of behavioral /physical illness or Developmental Disability, known life stressors, risk factors and crisis interventions prior to the event. Receiving information in a more timely manner, allows us to better identify trends and to direct our prevention efforts.

Rockland County Department of Mental Health is partnering with local school districts to provide behavioral health care in the schools. This addresses a number of issues such as transportation, parental time from work to take a child to treatment and the stigma of

accessing treatment for a mental illness. The DMH, MHA-Westchester and VCS have social workers assigned to schools within Rockland. We are looking to expand to other provider agencies and other schools. We continue to bring Creating Suicide Safety in Schools training to other school districts. We are working with the Department of Health to support the 2019-2024 Prevention Agenda. Lastly, we are securing funding from a Systems of Care Expansion Grant to access train-the-trainer opportunities for Mental Health First Aid for Youth and safeTALK. The Grant will also fund the training of providers in cognitive trauma focused CBT.

The mission of Rockland's Suicide Prevention Coalition is community engagement and education to help people connect with behavioral health treatment. The reality is that there are ongoing capacity and access issues for evidence-based psychiatric services for children and adults. As with many areas in the mental hygiene system, there are concerning issues with workforce recruitment and retention. The OMH licensed providers in Rockland are experiencing staffing shortages in clinician time, prescriber time and psychiatrist time. There is a lack of funding to support intermediate levels of care in IOP (Intensive Outpatient Treatment), PHP (Partial Hospital Treatment) and IDT (Intensive Day Treatment). Care Management Agencies are struggling to meet the needs of referrals within CMS identified staffing ratios. Adult Homes and ALP providers report difficulty in securing psychiatrists to come to the residences to treat and prescribe medications for adults with serious mental illnesses. This often leaves individuals visiting emergency rooms for refills of prescriptions. Consideration should be given to allowing for reimbursement for Telepsychiatry in Adult Homes.

Our Department of Mental Health takes calls from family members and advocates regularly regarding adults who are in need of behavioral health services, but the individual is unwilling, due to their symptoms, to leave their home in order to engage in treatment. We are working with MHA-Westchester which has a CCBHC (Certified Community Behavioral Health Clinic) grant to have a clinician provide off-site care in a person's home or in the community at large. Adults and parents of children find it difficult to understand and utilize mental health services. We are coordinating with a community provider parent, to have a universal Information & Referral phone number to help callers to navigate available behavioral health services.

The 2015 CDC National Violent Death Reporting System report cited the many circumstances that may contribute to a self-injurious or suicidal action. Loss of housing, job/financial problems, physical health problems, criminal/legal issues, a recent crisis and problematic substance use are a few of the factors that can contribute to an attempt, regardless of a pre-existing mental illness. Rockland County has several Alternative to Incarceration programs for people involved with the criminal justice system and have concurrent issues with substance use, mental illness, an intellectual or developmental disability or are a veteran. These initiatives are helpful to provide the supports that can limit self-injurious actions.

However, our safety net systems need strengthening in many areas. Requests for OMH certified and uncertified residential supports far exceed the capacity. Access to affordable housing is limited in Rockland County. There is only one provider of transitional residential supports for persons with primary Substance Use Disorders. We

have only two short-term respite beds for adults and none for children or youth.

Increased housing with restorative services is needed. A behavioral health Crisis Stabilization Center at our 9:39 hospital would be an asset to Rockland County and to help people who need additional behavioral health interventions but do not meet the standard for inpatient behavioral health admission.

Transportation to appointments is also an issue. Rockland has no children's IOP or PHP programs and there is only one adult IOP program. People access these supports by traveling to Westchester County. The Refuah DSRIP has proportioned funding for a transportation service; albeit for a limited period of time. Public and Para-Transit Transportation within Rockland is a struggle for many due to access, cost and time spent to reach a destination.

Access to available clinical supports is not only a capacity issue. The Medicaid and Commercial insurance systems are difficult to navigate and can result in people not obtaining treatment or having delays in accessing treatment. People often come to Rockland County from other parts of the State seeking treatment or a fresh start.

Problems arise if a person's Medicaid is from another county or if they are enrolled in an MCO (Managed Care Organization) or a HH (Health Home) that is not offered in Rockland County. Getting that person medical, transportation and care management services, is complicated when local providers are not enrolled with the MCO. It takes time and perseverance for a person to disenroll from one entity and enroll in another. One person was recently admitted to a certified OMH residential program from Nassau

County. A person had to wait until their recertification to change their Medicaid coverage to their new county of residence. In the meantime, the MCO would only authorize a taxi from Nassau County to transport the person to their Rockland County medical appointments, a 55-mile one-way trip. This resulted in delays and missed appointments, not to mention a seemingly deplorable use of resources.

Adults and children often report difficulty accessing in-network commercial insurance. One important point to note in the children's' mental health system of care is that commercial insurance rate of reimbursement is about half of Medicaid. Agencies experience issues with affordability and sustainability due to the diversity in reimbursement rates. This leads to unnecessary use of emergency rooms. The Child and Family Treatment Services and Supports offers six core services for children age youth age zero to 21. These services can only be accessed through Medicaid, excluding children with commercial insurance. Rockland County has significant concerns in how to provide evidence-based treatment for those who are uninsured, underinsured, have large co-pays and those who are not eligible for benefits due to their resident status. How do we help keep all adults and children free from suicide regardless of their insurance?

Although the need to protect an individual's and a families' privacy is understood, Counties and LGU need access to real time, accurate information about self-harming behaviors and death by suicide in order to target our efforts. Data from the New York State Health Collector and the NYS Dept of Health Suicide and Self-Inflicted Injuries provide regional figures ranging from the years 2000- through 2016. Psyches provides

information only for recipients of Medicaid. Psyches, the Psychiatric Services and Clinical Knowledge Enhancement System, has more up to date information but it organizes its filters by billing vendors and not by the persons' residence. If a person used a Medicaid service from a vendor who had locations throughout the State, the filter would capture that same individual across county boundaries. When you run a filter for Rockland County, the list includes individuals from areas outside of Rockland. The Quality Flags; i.e. usage of ED, Readmission within 30 days, Non-engagement in SUD treatment or its Alerts & Incidents; i.e. history of suicide attempts/ideation indicators do not provide accurate information for planning by the LGU or the Suicide Prevention Coalition. There needs to be a protocol for each County designee to conduct surveillance of self-injurious or suicidal behaviors and to receive timely reports. One suggestion is for Emergency Rooms outpatient providers to report suicidal ideation or attempts in a system like the *Safe Act Reporting Registry*.

New York State and each county are doing good work in helping people to stay safe. We need to enhance and simplify the billing and regulatory constraints so that providers are able to devote more resources to treatment as opposed to billing for care.