



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020
Local Services Plan
For Mental Hygiene Services

Schuyler County Mental Health Clinic
September 6, 2019

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Schuyler County Mental Health Clinic	70160	(LGU)
Executive Summary	Optional	Not Completed
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Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

Mental Hygiene Goals and Objectives Form
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (5/31/19)

I. Overall Needs Assessment by Population (Required)

Please explain why or how the overall needs have changed and the results from those changes.

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

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

Schuyler County has been able to hire another part time Psychiatrist, a full time Registered Nurse and recently added two more Licensed Clinicians to bring our clinic staffing to a level not seen in almost 20 years. The addition of these staff, along with retaining the staff already in place, has resulted in more options and a better time of initial as well as follow up appointments. As patients are seen quicker, initially and for regular sessions, their symptoms are addressed in a timelier manner.

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

Housing opportunities, with any sort of financial help, have stabilized. The need for safe affordable housing continues to be very high but this is an area that has neither shown much improvement and more importantly has not worsened this past year. Support systems for a person in need of housing have also stayed relatively stable. There is a need for more flexible staffing supports for a mentally ill person who is trying to stay in a safe housing location, though this has been a consistent need over the last few years.

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

Higher needs services, such as inpatient beds or community teams, have proven to be hard to access for a variety of reasons. With the continued reduction of inpatient beds, both on the community and state level of operations, access to inpatient has become increasingly difficult. Adults are regularly turned away, especially at from the state psychiatric centers, for reasons not always shared with the local Director of Community Services. Children's services are even harder to access. With limited bed availability and continued reduction locally, children either spend an inordinate amount of time in hospital Emergency Departments or they end up being placed at the far reaches of the State.

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

Please describe any unmet **SUD** service needs that have **improved**:

Schuyler County, through Finger Lakes Area Counseling & Recovery Agency (FLACRA), has received money from the New York State Opioid SOR Grant for COTI-Rural Expansion. This money will help with the expansion of Peer services, outreach and engagement through a mobile service format. The focus of these services will be treating persons who use Opioids/Heroin and will greatly benefit the community. Schuyler also participates in a regional coalition known as the Substance Abuse Regional Alliance (SARA). This coalition focuses its efforts on treatment access, barriers to success and public awareness.

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

Please describe any unmet **SUD** service needs that have **worsened**:

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

Please describe any unmet **developmentally disability** service needs that have **improved**:

Schuyler ARC has improved its services by continuing to collaborate with the Chemung ARC. Shared services include Psychiatric Nurse Practitioner time and specialized therapy for the consumers that attend Schuyler ARC's programs. The Care Coordination Organizations (CCO's) are ramping up their services in the area and will be taking the place of the Medicaid Service Coordination.

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

The community needs for OPWDD services continues to increase, with the lack of a quick response to referrals. Almost every referral for services is initially rejected and OPWDD's insistence on using only their own Psychologists slows the process to an almost standstill. This results in many persons in need not receiving services through OPWDD.

Please describe any unmet **developmentally disability** service needs that have **worsened**:

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies

and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(After a need issue category is selected, related follow-up questions will display below the table)

2a. Housing - Background Information

Schuyler County continues to have a shortage of affordable safe housing that crosses all three disability areas. The local community Housing Committee has looked at a variety of reasons, mainly tourism and the increase in AirBnB's, for this shortage and at the same time this group is recommending an increase in housing availability. The most efficient manner to increase housing availability for programs within Community Services would be to work with each respective disability and plan ways to fund, renovate and subsidies in some manner housing specifically for the identified disability.

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

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

To increase safe affordable housing for persons receiving services from one of the three disability areas.

Objective Statement

Objective 1: Identify local housing stock that could be used for safe affordable housing covering all three disability areas.

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

Objective 2: Leverage resources to increase housing options for each of the three disability areas.

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

Change Over Past 12 Months (Optional)

There has been little change in this area over the last 12 months. Housing options are relatively stable, though there is not enough for the area. Many of the newer State Aid driven housing (apartment rental assistance) options are considered long term which is helpful for the person that can get into the program. When a new person has a need for housing it takes a while to have an opening and more State Aid is needed in this area to help keep a person stable in the community.

2b. Transportation - Background Information

Schuyler county's rural location and lower overall population has resulted in very few public transportation options. This county wide need has been addressed by a few small startup Uber options and three very part time taxi services. The majority of public transportation is provided by a subsidiary of Schuyler Arc, the Link-Line. This county bus system is limited in times and routes but has continued to grow and the community uses them more. Our local Transportation Committee meets monthly to gauge the success and needs of the county as a whole.

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

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

To increase availability, routes and times, of the county public transportation system, and at the same time be able to connect to other county systems.

Objective Statement

Objective 1: Identify communities within the county that have a need, with enough riders, for an added direct bus route.

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

Change Over Past 12 Months (Optional)

Schuyler County Transit continues to add routes and times based on the communities needs and has been very successful. The Transportation Link Line and the TRiP process have also been very successful, connecting people with transportation needs to providers and sometimes providing a little needed financial help to give a person a little extra for a short time in order to help them help themselves in the long run.

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

Programs in all three disability sectors continue to identify a need in the recruitment and retention of healthcare workers. These positions provide all levels of care to the community and there simply is not enough people with the skills, basic or higher, to meet the need of the providers.

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

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

To increase awareness of careers in the healthcare field.

Objective Statement

Objective 1: Provide education and awareness within the school districts we currently provide service for.

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

Objective 2: Identify and collaborate with local colleges for internships and work studies.

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

Objective 3: Research and provide salary data to support wage increases that will affect both recruitment and retention.

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

Change Over Past 12 Months (Optional)

2i. Heroin and Opioid Programs and Services - Background Information

Schuyler County has seen an increase in Opioid use and the need for treatment over the last year. We have limited resources for opioid treatment and our focus will be on increasing prescriber and therapist hours specific to this population. Schuyler County's local coalition, Schuyler County Coalition on Underage Drinking and Drugs (SCUDD) works with the community, families, schools, law enforcement and courts, to help with prevention and suggest treatment options. An increase in treatment specific to opioids has been recommended.

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

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

To increase awareness of the Heroin/Opioid epidemic and increase services specific to Opioids.

Objective Statement

Objective 1: Increase Medication Assisted Treatment (MAT) services.

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

Objective 2: Increase awareness of non-opioid treatment.

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

Change Over Past 12 Months (Optional)

The Opioid programs have started to see the added services from the COTI grant detailed earlier under the Substance Use Disorder (SUD) need that have IMPROVED section.

2p. Mental Health Care Coordination - Background Information

Schuyler County’s transition to Medicaid Managed Care Care Management has been rocky at best. There are six competing care management providers, five of whom have their main service site outside of the county. Having a knowledge of the rural nature, the lack of services and the various needs that the community has is important to provide solid care management, yet most of the providers know very little about Schuyler County. Understanding what services are actually provided by each respective care management system that works with any Schuyler County resident that is connected with an OMH, OPWDD or OASAS provider, will help coordinate service provision and community members becoming healthier as a whole.

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

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

To gather data of residents receiving care management services including number served, level of need, length of service and planning for transitions.

Objective Statement

Objective 1: Increase data sharing to track care management services within the county.

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

Objective 2: Increase communication from the care management providers to the county to review services provided and areas of need.

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

Change Over Past 12 Months (Optional)

Care Coordination continues to focus more on data, phone calls and minimal contact with the actual person. These concerns have been voiced but have not seemingly been heard. Care Coordination at its most basic is a very helpful function to support a person within the community but some of the agencies do not know the community and do not want to learn the services and difficulties that come with being very rural. Many consumers are opting out of this valuable support service because the paperwork is so daunting.

New York State Prevention Agenda Survey
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (5/29/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to oasasplanning@oasas.ny.gov.

Background

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

Questions

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

The Schuyler LGU/DCS has worked with the local Public Health department and is collaborating with Common Ground Health on the Statewide Prevention Agenda.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

- 2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- 2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- 2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- 2.2 d) Build support systems to care for opioid users or those at risk of an overdose
- 2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
- 2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy
- 2.2 g) Other

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

- 2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting
- 2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration
- 2.3 c) Implement evidence-based home visiting programs
- 2.3 d) Other

Goal 2.4 Reduce the prevalence of major depressive disorders

- 2.4 a) Strengthen resources for families and caregivers
- 2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)
- 2.4 d) Other

Goal 2.5 Prevent suicides

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care – Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

Details and planning for these areas of need can be found in the Goals and Objectives section of the overall community plan.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

The Schuyler LGU/DCS has collaborated with the Schuyler Public Health Department, Schuyler Hospital and Common Ground Health to plan and implement the action steps related to the New York State Prevention Agenda. The LGU is also working with the Schuyler Council on Alcoholism and Finger Lakes Area Counseling & Recovery Agency with their prevention proposals and services.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

No

Yes, please explain:

The Schuyler LGU/DCS utilizes data from the county's eCR, 10e11. This program tracks some of the metrics that are beneficial to the Preventions Agenda and the LGU has expanded some of the information to include pertinent metrics to measure progress.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

No

Yes, please explain:

In Schuyler County the prevention agenda ends up being a New York State Department Of Health driven agenda, in spite of the needs of the other State Agencies within the county. The LGU/ DCS and Schuyler Mental Health Clinic are collaborating with Schuyler Public Health as the prevention of Mental and Substance Use Disorder continue to be a priority for Schuyler County. The concern is DOH pushes other topics such as Communicable Disease even when the DOH agenda is not the same as the local County Planning results. Transportation and housing are lower health priorities and do not receive the same attention from DOH.

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

No

Yes, please explain:

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

No

Yes, please explain:

The Schuyler LGU/DCS is collaborating and supporting the local Public Health Departments CHA and CHIP Prevention Agenda priorities. These cross-cutting goals and planning process have resulted in two priorities: Prevent Mental and Substance Use Disorders and Preventative Care and Management. The LGU is providing staffing resources and services to assist in these goals.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

No

Yes, please explain:

Schuyler County Community Services did not accept any DSRIP funding and therefore does not have a specific DSRIP project to build upon nor sustain.

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

Un/Underemployment and Job Insecurity

Poor Education

Food Insecurity

Poverty/Income Inequality

Adverse Features of the Built Environment

Adverse Early Life Experiences

Housing Instability or Poor Housing Quality

Poor Access to Transportation

Discrimination/Social Exclusion

Other

Please describe your efforts in addressing the selections above:

The Schuyler LGU/DCS participates in committees focused on increasing safe affordable housing and improved transportation needs for the Schuyler community. Details and planning for these two areas of need can be found in the Goals and Objectives section of the overall community plan.

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

a) No Yes

b) If yes, please list

Title of training(s): Schuyler county looks to resources outside of our county to help train and strengthen trauma approaches.

How many hours: 60 (10 training's at 6 hours each)

Target audience for training: clinicians

Estimate number trained in one year: 7

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

No

Yes, please provide examples:

The Schuyler County LGU/DCS has collaborated with the Schuyler Hospital Seneca View Skilled Nursing Facility and the Schuyler Mental Health Clinic to provide Behavioral Health services to the residents of the nursing facility. There are also collaborative efforts with the Schuyler County Office of the Aging to support the health and well-being of the older adults in the county.

Office of Mental Health Agency Planning (VBP) Survey
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (5/20/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or Melissa.Staats@omh.ny.gov

Background

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

DSRIP serves as a bridge to value-based payment in New York State.

DOH website

DSRIP Performing Provider Systems (PPS)

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

DSRIP Project Lists

New York State Delivery System Reform Incentive Payment Program Project Toolkit
DSRIP Performing Provider Systems (PPS Statewide)

Value Based Payment (VBP) - Reduce Costs/Improve Quality

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

Questions

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

a) Yes No

b) Please provide more information:

The PPS has not been helpful for Schuyler County, but this has not ended with a bad result. Originally Schuyler had plans and was involved with two PPS's, the Finger Lakes and Care Compass, with different projects in each. Someone, somewhere, decided Schuyler was too small to be in two PPS's and we were told to stay with CCN. There were plans for a CCN project with Schuyler Hospital, but those plans had many regulations that affected billing, staffing and long-term viability which resulted in the hospital pulling out of the project. As a result, Schuyler County ended up not signing a contract with the CCN PPS and did not participate in any projects.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

a) Yes No

b) Please explain:

Schuyler County has not received any money from a PPS or any DSRIP program, so sustainability is based on our own efficiencies and not extra short-term program startup money.

3. Are there any behavioral health providers in your county in VBP arrangements?

a) Yes No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

The only Behavioral Health provider in Schuyler County working toward VBP arrangements is Schuyler County Mental Health, who is working with Integrity Partners BHCC.

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support

Services?

a) Yes No

b) Please explain:

Yes, the Schuyler County LGU/DCS is aware of and is supporting some programs to leverage and implement evidence and best practices. Even though Schuyler is not a part of the FLPPS, Catholic Charities of Chemung and Schuyler is and has been funded for a Peer Network Project.

5. Is the LGU aware of the development of In-Lieu of proposals?

a) Yes No

b) Please explain:

The Schuyler County LGU/DCS is aware of the In-Lieu process but is not utilizing this alternative services process.

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

Schuyler County, and the LGU/DCS, are a part of the Integrity Partners BHCC and is fully supportive of this process.

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a) Yes No

b) Please explain:

Schuyler County utilizes the TenEleven electronic Case Record system which has been working with OMH to gather and report data that will help with VBP and outcomes management. Other sources of healthcare data utilized by Schuyler County include consulting with Coordinated Care Services Inc (CCSI) and regularly reviewing PSYCKES information.

Community Service Board Roster
 Schuyler County Mental Health Clinic (70160)
 Certified: Shawn Rosno (5/20/19)

Note:

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Name: Matt Hayden	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 06/2020	Email Address:
Name: John Rahr	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Peers	Term Expires: 06/2020	Email Address:
Name: Edward Lovell	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 06/2020	Email Address:
Name: Marcia Kasprzyk	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 06/2021	Email Address:
Name: Vacant	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Member	Term Expires: 06/2021	Email Address:
Name: Cheryl Pruett	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	Represents: Vice Chair	Term Expires: 06/2021	Email Address:
Name: Glenn Larison	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Family Member	Term Expires: 06/2021	Email Address:
Name: JoAnn Fratarcangelo	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community, DSS	Term Expires: 06/2018	Email Address:
Name: Judith Philips	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 06/2018	Email Address:
Name: Tamre Waite	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community, OFA	Term Expires: 06/2018	Email Address:
Name: Steven Rogers	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumer	Term Expires: 06/2018	Email Address:

Name: Kristina Cummings	<input checked="" type="checkbox"/> Physician	Represents: Family Member	Term Expires: 06/2019	Email Address:
	<input type="checkbox"/> Psychologist			
Name: Carl Blowers	<input type="checkbox"/> Physician	Represents: Legislative Appt	Term Expires: 06/2019	Email Address:
	<input type="checkbox"/> Psychologist			
Name: Ron Alexander	<input type="checkbox"/> Physician	Represents: Community	Term Expires: 06/2019	Email Address:
	<input type="checkbox"/> Psychologist			
Name: Gretchen Silliman	<input type="checkbox"/> Physician	Represents: Community	Term Expires: 06/2020	Email Address:
	<input type="checkbox"/> Psychologist			

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

Alcoholism and Substance Abuse Subcommittee Roster
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (5/20/19)

Note:

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Name: Marcia Kasprzyk	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address:
Name: Danielle Tilden	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address:
Name: Jim Howell	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Legislature	Email Address:
Name: Breck Spaulding	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address:
Name: Matt Hayden	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address:
Name: Gretchen Silliman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address:
Name: Chris Rosno	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address:

Mental Health Subcommittee Roster
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (5/20/19)

Note:

- The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Name: Angela McFall	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer	Email Address:
Name: Tamre Waite	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address:
Name: Phil Barnes	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Legislature	Email Address:
Name: Steve Rogers	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer	Email Address:
Name: John Rahr	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Peers	Email Address:
Name: Ed Lovell	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address:
Name: Cheryl Pruet	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address:
Name: Judy Phillips	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address:
Name: JoAnn Fratarchangelo	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address:

Indicate the number of mental health subcommittee members who are or were consumers of mental health services:

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

Developmental Disabilities Subcommittee Roster
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (5/20/19)

Note:

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Name: Gretchen Silliman	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address:
Name: Larry Jaynes	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address:
Name: Nancy St. Julien	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address:
Name: Renee Gay	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Consumer	Email Address:
Name: Van Harp	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Legislature	Email Address:
Name: Glenn Larison	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address:

2020 Mental Hygiene Local Planning Assurance
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (5/31/19)

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2020 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2020 Local Services planning process.