

2017
Local Services Plan
For Mental Hygiene Services

Franklin County Community Services
August 9, 2016



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Franklin County Community Services	70710	(LGU)
Executive Summary	Optional	Not Completed
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Multiple Disabilities Considerations Form	Required	Certified
Priority Outcomes Form	Required	Certified
Community Services Board Roster	Required	Certified
OMH Transformation Plan Survey	Required	Certified
LGU Emergency Manager Contact Information	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

2017 Needs Assessment Report
 Franklin County Community Services (70710)
 Certified: Suzanne Lavigne (6/24/16)

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

PART A: Local Needs Assessment

1. Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

Previous planning cycles have identified the following conditions which consistently impact Franklin County residents: 1. Unemployment, 2. poverty, 3. lack of qualified/skilled workforce, 4. lack of safe and affordable housing 5. adequate transportation system. From a regional perspective, these conditions are fairly consistent with the neighboring counties of Clinton, Essex, Hamilton, Warren and Washington.

2. Analysis of Service Needs and Gaps - In this section, describe and quantify (where possible) the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

Franklin County Providers include: Adirondack Health/Colby Unit is 9.39 Hospital providing acute psychiatric services for adults 55 years of age and older. Citizen Advocates Inc. provides a full range of mental health, addiction treatment and prevention services, housing supports and services and services for individuals with intellectual and developmental disabilities. The agency provides Health Home Care Coordination and HCBS Waiver. Community Connections operates a recovery center and provides advocacy and outreach services. They will provide HCBS when HARPs are implemented. Lakeside House operates a community residence, provides supported housing services, emergency housing apartments and "Another's Treasure" vocational program. St. Joseph's Addiction Treatment and Recovery Centers operates outpatient clinics, inpatient and intensive residential programs. They will provide HCBS when HARPs are implemented. St. Regis Mohawk Tribe provides a full range of mental health, addiction treatment and prevention; as well as services for individuals with intellectual and developmental disabilities. St. Regis Mohawk Tribe also operates an Article 28 FQHC; St. Regis Mohawk Health Services. There is a small group private MH practitioners in the County. Franklin County is impacted by the lack of a child psychiatrist at 9.39 MHU operated by CVPH; which impacts a family's ability to access services close to home. There are inpatient detox beds in the County. As a result of heroin/opiate epidemic, Franklin County Jail has experienced increased numbers of inmates with a substance use disorder; however there is no funding available to create a full comprehensive SUD program within the jail. Some funds are available to provide forensic mental health services. Suicide continues to be the one of the top five cause of premature death in the County. A significant portion of emergency room visits continue to be associated with an SUD Disorder (2016 Adirondacks DSRIP Region Needs Assessment; 2951 visits) emergency room visits associated with a mental health disorder; (2016 Adirondacks DSRIP Region Needs Assessment; 1814 visits). Recruitment and retention of qualified and skilled behavioral health professionals continues to be a priority in Franklin County. Transportation is a significant barrier in accessing services, employment and daily life activities.

3. Assessment of Local Needs - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
Substance Use Disorder Services:						
a) Prevention Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Opioid Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f) Residential Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g) Housing.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Transportation.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Other Recovery Support Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Workforce Recruitment and Retention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
k) Coordination/Integration with Other Systems	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
l) Other (specify): family support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Mental Health Services:						
m) Prevention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
n) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Clinic Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
r) Care Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
s) HARP HCBS Services (Adult)				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
t) HCBS Waiver Services (Children)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			

u) Other Recovery and Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v) Housing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
y) Coordination/Integration with Other Systems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
z) Other (specify): family support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Developmental Disability Services:						
aa) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb) Clinical Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
cc) Children Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
dd) Adult Services				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ff) Respite Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
gg) Family Supports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ii) Autism Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
jj) Person Centered Planning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
kk) Residential Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ll) Front Door	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
mm) Transportation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
nn) Service Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
oo) Employment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
pp) Workforce Recruitment and Retention.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
qq) Coordination/Integration with Other Systems.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
rr) Other (specify):	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Follow-up Questions to "Prevention Services" (Question 3a)

3a1. Briefly describe the issue and why it is a high need for the populations selected.
Increased prevention and education strategies are necessary to reduce adolescent drug use. Ongoing community awareness and education is necessary to inform the public of SUD treatment providers.

Follow-up Questions to "Crisis Services" (Question 3b)

3b1. Briefly describe the issue and why it is a high need for the populations selected.
Franklin County has no local detox beds and individuals with heroin/opiate addiction currently do not qualify for inpatient detox.

Follow-up Questions to "Inpatient Treatment Services" (Question 3c)

3c1. Briefly describe the issue and why it is a high need for the populations selected.
Franklin County has limited inpatient beds; prior authorization is a challenge.

Follow-up Questions to "Opioid Treatment Services" (Question 3d)

3d1. Briefly describe the issue and why it is a high need for the populations selected.
There is a growing need for certified medication assisted treatment providers in Franklin County.

Follow-up Questions to "Housing" (Question 3g)

3g1. Briefly describe the issue and why it is a high need for the populations selected.
Safe and affordable housing along with recovery supports are necessary following treatment and to sustain recovery.

Follow-up Questions to "Transportation" (Question 3h)

3h1. Briefly describe the issue and why it is a high need for the populations selected.
Transportation is a significant issue in rural counties; individuals are unable to access services, employment and other necessary life activities.

Follow-up Questions to "Crisis Services" (Question 3n)

3n1. Briefly describe the issue and why it is a high need for the populations selected. Effective and quality crisis services will be necessary to achieve DSRIP goals.

Follow-up Questions to "Inpatient Treatment Services" (Question 3o)

3o1. Briefly describe the issue and why it is a high need for the populations selected. If an individual presents for MH admission and determined ineligible for the service; there needs to better coordination and care provided; such as a mobile crisis team and/or peer respite services.

Follow-up Questions to "Housing" (Question 3v)

3v1. Briefly describe the issue and why it is a high need for the populations selected. Safe and affordable housing is necessary for sustained recovery; housing is an important/vital social determinant of health.

Follow-up Questions to "Transportation" (Question 3w)

3w1. Briefly describe the issue and why it is a high need for the populations selected. Transportation is a significant issue in rural counties; individuals are unable to access services, employment and other necessary life activities.

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3x)

3x1. Briefly describe the issue and why it is a high need for the populations selected. There is a lack of qualified and skilled professionals; especially child psychiatrist and psychiatric nurse practitioners.

Follow-up Questions to "Crisis Services" (Question 3aa)

3aa1. Briefly describe the issue and why it is a high need for the populations selected. It is common for individuals with intellectual and developmental disabilities to also have a co-occurring MH diagnosis. Responsive, integrated DD/HM crisis services are needed to reduce the impact on local emergency departments.

Follow-up Questions to "Respite Services" (Question 3ff)

3ff1. Briefly describe the issue and why it is a high need for the populations selected. There needs to be more respite opportunities available to assist families in caring for a family member with a I/DD diagnosis. Limited respite beds are available and established rates do not allow for fiscally viability by providers.

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3pp)

3pp1. Briefly describe the issue and why it is a high need for the populations selected. Even though the minimum wage mandate will be staggered over the next few years, the impact on voluntary providers will significant without successful rate adjustments to compete with other industries and support compression salary adjustments.

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

4. How have the overall needs of the mental health population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

4c. If you would like to elaborate on why you believe the overall needs of the mental health population have worsened over the past year, briefly describe here

5. How have the overall needs of the substance use disorder population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

5c. If you would like to elaborate on why you believe the overall needs of the substance use disorder population have worsened over the past year, briefly describe

here

6. How have the overall needs of the **developmentally disabled** population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

6d. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have been a mix of improvement and worsening over the past year, briefly describe here

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

7. In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?

- a. Yes
- b. No

7a. Briefly describe those planning activities with your Local Health Department.

Public Health is an active member in our Community Services Board, Substance Use Prevention Task Force and Suicide Prevention Coalition. The department is involved in several of our trauma, system of care and CCSI Tier II initiatives. Both departments are active in PHIP and DSRIP.

8. In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?

- a. Yes
- b. No

8a. Briefly describe those planning activities with other local government agencies and non-government organizations.

Franklin County has several departments and voluntary providers that work closely together in defining county wide initiatives; CCSI Tier II activities trauma informed initiatives, Youth and Adult SPOA, Jail Services, trauma initiatives, suicide prevention and SU Prevention Task Force and early intervention, preschool special education.

9. In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?

- a. Yes
- b. No

9a. List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

The North Country LGUs are actively involved in regional planning initiatives such as Regional Planning Consortiums. Essex, Clinton, Franklin, Hamilton and Warren/Washington County LGUs meet regularly.

9b. Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

- a. Yes
- b. No

9c. Did the counties in your region reach a consensus on what the regional needs are?

- a. Yes
- b. No

9d. Briefly describe the consensus needs identified by the counties in your region

Collaborative partnerships, Suicide Prevention, Housing, Access to services, Prevention strategies; especially heroin/opiate epidemic, Medicaid Managed Care enrollment and Transportation.

2017 Multiple Disabilities Considerations Form
Franklin County Community Services (70710)
Certified: Suzanne Lavigne (6/24/16)

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

LGU: Franklin County Community Services (70710)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

- Yes
- No

If yes, briefly describe the mechanism used to identify such persons:

During a crisis situation, community residents or providers contact the LGU for assistance and support with an individual with multiple disabilities. Typically the individual has a long standing history of accessing comprehensive services.

Franklin County's Family Intervention Team process allows providers to identify children in need of comprehensive services.

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

- Yes
- No

If yes, briefly describe the mechanism used in the planning process:

This process is accomplished through Franklin County SPOA and collaboration with agencies providing services for individuals in need of services.

Tier II, Family Intervention Team, Childrens' SPOA, School Links Coordinator and and other integral teams have established collaborative partnerships to create/plan comprehensive services.

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

- Yes
- No

If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

A provider, hospital discharge planner or other professional working with the individual in crisis, typically calls the DCS for assistance and resolution.

Mental Hygiene Priority Outcomes Form
Franklin County Community Services (70710)
Plan Year: 2017
Certified: Suzanne Lavigne (7/11/16)

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

2017 Priority Outcomes - Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.

Priority Outcome 1:

Create and strengthen existing prevention and engagement strategies to promote overall wellness, recovery, healthy communities and social determinants of health.

Progress Report: (optional) **new*

Priority Rank: 1

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- OMH Transformation Plan
- Talk2Prevent
- OPWDD People First Transformation

Is this priority also a Regional Priority? **new* Yes

Strategy 1.1

Continue countywide partnerships to advance prevention strategies to better serve our local communities.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.2

Reduce tobacco use and prevent adult and child exposure to tobacco products and tobacco smoke through policy, prevention and treatment activities.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 2:

Develop a county wide cross systems approach to suicide prevention, intervention and postvention.

Progress Report: (optional) **new*

Priority Rank: 2

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- OMH Transformation Plan

Is this priority also a Regional Priority? **new* Yes

Strategy 2.1

The Franklin County Suicide Prevention Coalition will develop a comprehensive plan to better serve local communities and school districts.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 3:

Create opportunities in the local communities for those in need of safe and affordable housing to include efficient transitional services upon discharge from regional hospitals.

Progress Report: (optional) **new*

Priority Rank: 3

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- OPWDD People First Transformation

Is this priority also a Regional Priority? **new* Yes

Strategy 3.1

Providers will create a continuum of housing services.
Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 4:

Franklin County residents will have timely and clinically appropriate access to care.

Progress Report: (optional) **new*

Priority Rank: 4

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- OPWDD People First Transformation

Is this priority also a Regional Priority? **new* Yes

Strategy 4.1

Strengthen the continuum of care.
Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 5:

Local providers recognize the need to collaborate and pool resources to insure recruitment, retention, education and professional development of staff.

Progress Report: (optional) **new*

Priority Rank: 5

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- OMH Transformation Plan
- OPWDD People First Transformation

Is this priority also a Regional Priority? **new* Yes

Strategy 5.1

Develop a plan to strengthen and support the professional community.
Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 6:

Organize and strengthen collaborative partnerships between service systems.

Progress Report: (optional) *new

Priority Rank: *Unranked*

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- OMH Transformation Plan

Is this priority also a Regional Priority? *new Yes

Strategy 6.1

Franklin County will develop a sustainability plan to continue System of Care initiatives.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 6.2

Franklin County will strengthen the continuum of care, increase opportunities for individuals to access care and achieve greater outcomes.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 7:

Franklin county providers will insure vocational training opportunities are available to those seeking competitive and supported employment.

Progress Report: (optional) *new

Priority Rank: *Unranked*

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

- Population Health Improvement Plan (PHIP)
- OMH Transformation Plan
- OPWDD People First Transformation

Is this priority also a Regional Priority? *new Not Sure

Strategy 7.1

Organize providers to strengthen employment opportunities and training programs.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 8:

Individuals with developmental and/or psychiatric disabilities will learn how to effectively advocate for themselves as a way to access resources and improved services and establish safe and healthy relationships in the community.

Progress Report: (optional) *new

Priority Rank: *Unranked*

Applicable State Agencies: OMH OPWDD

Aligned State Initiative: *new

- OMH Transformation Plan
- OPWDD People First Transformation

Is this priority also a Regional Priority? *new Not Sure

Strategy 8.1

Increase the awareness of self advocacy as an acquired skill through an organized self advocacy program.

Applicable State Agencies: OMH OPWDD

Priority Outcome 9:

The Franklin County Community Services Board, Subcommittees and providers will strategize and respond to system transformation as a result of Health Care Reform and Medicaid Redesign.

Progress Report: (optional) *new

Priority Rank: *Unranked*

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- OPWDD People First Transformation

Is this priority also a Regional Priority? **new* Yes

Strategy 9.1

Organize behavioral health providers from Clinton, Essex, Franklin, Hamilton, Washington/Warren Counties to form the North Country Regional Planning Consortium.

Applicable State Agencies: OASAS OMH

Strategy 9.2

Local providers will establish strategies to prepare for managed care enrollment.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 10:

Insure transportation is available to Franklin County residents to insure access to services and competitive employment.

Progress Report: (optional) *new

Priority Rank: *Unranked*

Applicable State Agencies: OASAS OMH

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan

Is this priority also a Regional Priority? **new* Yes

Strategy 10.1

Create a plan to insure continuity and effectiveness of transportation services.

Applicable State Agencies: OASAS OMH

2017 Community Service Board Roster
 Franklin County Community Services (70710)
 Certified: Suzanne Lavigne (6/24/16)

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

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.

Chairperson

Name Marcy Bright
Physician No
Psychologist No
Represents Frankin County School Districts
Term Expires 12/31/2019
eMail mbright@mail.fehb.org

Member

Name Jan Fitzgerald
Physician No
Psychologist No
Represents Parent/Family
Term Expires 10/1/2015
eMail janicefitzgerald@roadrunner.com

Member

Name Kaye Santamoor
Physician No
Psychologist No
Represents School Psychologist/Malone CSD
Term Expires 7/20/2015
eMail ksantamoor@malonecsd.org

Member

Name Jeff Plumley
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OMH Transformation Plan Survey
Franklin County Community Services (70710)
Certified: Suzanne Lavigne (6/24/16)

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

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" \$59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, \$15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

- a) Yes
- b) No
- c) Don't know

If "Yes":

Please briefly describe any impacts the reinvestment resources have had since implementation, particularly as it relates to impacts in State or community inpatient utilization. If known, identify which types of services/programs have made such impacts.

Franklin County received funding to support county crisis line and outreach, engagement and support to community members. As a result of this funding, providers have increased staffing and services.

2. Please provide any other comments regarding Transformation Plan investments and planning.

2017 Mental Hygiene Local Planning Assurance
Franklin County Community Services (70710)
Certified: Suzanne Lavigne (6/24/16)

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

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 2017 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 2017 Local Services planning process.