



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

Onondaga Co Dept of Adult & LTC
September 6, 2019

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Onondaga Co Dept of Adult & LTC	70200	(LGU)
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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
 Onondaga Co Dept of Adult & LTC PE	 70200/70200/52936	 (Recovery)

2020 Mental Hygiene Executive Summary
Onondaga Co Dept of Adult & LTC
Certified: Alexander Grant (6/10/19)

Please see attached.

Attachments
<ul style="list-style-type: none">• 2020 Onondaga County Local Services Plan Narrative.pdf

Mental Hygiene Goals and Objectives Form
Onondaga Co Dept of Adult & LTC (70200)
Certified: Alexander Grant (6/7/19)

1. 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**:

2020 Onondaga County Local Services Plan Narrative

The Local Governmental Unit (LGU) of Onondaga County sits within two Departments. LGU functions related to adult services are located in the Department of Adult and Long Term Care Services (DALTCS). LGU functions related to children are located in the Department of Child and Family Services (DCFS). The following comments reflect the planning efforts of the DALTCS in relation to adult services.

Needs based vs. opportunity based planning

As communicated in previous Local Services Plans, Onondaga County LGU continues to work to define and develop our role as a neutral systems broker, facilitator, and funder seeking to enhance access to quality services and supports at the local and regional levels. We continue to seek to utilize resource and partnership opportunities within our county and region to address key needs.

Optimal planning efforts involve a primarily data driven orientation that uses data to assess needs, and develop strategies to address those needs. We continue to engage in a range of data gathering efforts, including surveys, focus groups, and queries of a number of data systems. But practical resource limitations dictate that we engage with existing and emerging opportunities in order to effect change, rather than seeking to focus primarily on needs that emerge through data analysis. Too often these data driven priorities lack resource support. These resource limitations also dictate that we dedicate more time to stakeholder engagement regarding available opportunities, and less time processing available data. We seek to place our boat in existing streams with a strong current, in order to make progress toward the downstream destination.

Data access vs. Knowledge access

This resource prioritization also includes decisions to forego the development of local data gathering efforts for the purpose of this LSP submission. We remain concerned regarding a system standard that asks Counties to query state data systems in order to report that same data back to the state. We continue to recommend an analysis of the core assumptions of this planning model, and a reconsideration of a minimum data set model. Such a model would include State analysis of a list of key indicators created in conjunction with Counties. It would also include the development of canned reports, through which Counties could compare themselves to like Counties, do regional analysis, and consider trends over time. We are currently working to develop such a dashboard orientation, and may be seeking coordination with some other Counties in that effort.

While the current data access provides a wealth of opportunity for such analysis and dash board building, it does not provide structures and reports that accommodate these resource limitations. It is as though we have built a state of the art gym for physical therapy rehabilitation, on the third floor with no elevator. It's a great gym, and the work to develop it is appreciated, but we struggle to get inside. Those who need it the most, are the least likely to get there.

It may be useful to consider the commonly used paradigm of the Data Pyramid. This model, sometimes called the DIKW pyramid, includes "Data" on the bottom, and "Information", "Knowledge", and "Wisdom" on the tiers of the pyramid as one moves upward. There is much work involved in moving from Data to Knowledge. It requires that discrete data elements be understood in relation to each other, until patterns emerge that call for action. Data access is important, and particularly useful to those with the resource to explore it. But a concentrated effort to deliver Knowledge to Counties would be a powerful support to local planning efforts. Knowledge in the form of formatted reports and pre-analyzed data sets on a dashboard of shared metrics would be the elevator to the third floor. It gets us all in the gym. Then we can get to work.

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

Please see attached document

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

Please see attached document

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**:

Please see attached document

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

Please see attached document

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

Please see attached document

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**:

Please see attached document

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

Please see attached document

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

Please see attached document

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 type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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

Please see the attached document

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

Please see the attached document.

2c. Crisis Services - Background Information

Please see the attached document.

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

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

Please see the attached document.

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Please see the attached document.

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

Please see the attached document.

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

Please see the attached document.

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

Please see the attached document.

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Please see the attached document.

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

Please see the attached document.

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

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

Please see the attached document.

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

Please see the attached document.

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

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

Objective Statement

Change Over Past 12 Months (Optional)

2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

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

Objective Statement

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

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

Please see the attached document.

Objective Statement

Change Over Past 12 Months (Optional)

2z. Other Need (Specify in Background Information) - Background Information

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

Change Over Past 12 Months (Optional)

Attachments
<ul style="list-style-type: none">• 2020 Onondaga County LSP.pdf

New York State Prevention Agenda Survey
Onondaga Co Dept of Adult & LTC (70200)
Certified: Alexander Grant (6/6/19)

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:

Onondaga County LGU continues to partner with our County Health Department toward a holistic orientation to health improvement in our community. The focus areas and goals in Q-2 of this survey reflect activities in our community that are embedded within our LSP goals and strategies, and/or are being conducted by a range of CBOs and other County Departments.

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:
see above

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:
see above

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:
See attached narrative

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

- No
- Yes, please explain:

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:
See above

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:
See above

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Un/Underemployment and Job Insecurity | <input checked="" type="checkbox"/> Poor Education |
| <input type="checkbox"/> Food Insecurity | <input checked="" type="checkbox"/> Poverty/Income Inequality |
| <input type="checkbox"/> Adverse Features of the Built Environment | <input checked="" type="checkbox"/> Adverse Early Life Experiences |
| <input checked="" type="checkbox"/> Housing Instability or Poor Housing Quality | <input checked="" type="checkbox"/> Poor Access to Transportation |
| <input checked="" type="checkbox"/> Discrimination/Social Exclusion | <input type="checkbox"/> Other |

Please describe your efforts in addressing the selections above:
See above

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): A range of related trainings are offered periodically with the County.
How many hours: .
Target audience for training: .
Estimate number trained in one year: .

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:

Our LGU is embedded with the Department of Adult and Long Term Care, which also houses our office for Aging. As such, a substantial level of coordination across a range of projects exists.

Office of Mental Health Agency Planning (VBP) Survey
Onondaga Co Dept of Adult & LTC (70200)
Certified: Alexander Grant (6/6/19)

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 provided a range of support that has fostered the implementation of EBPs and strengthened cross system collaborations. Early efforts to build a strong collaboration between The LGUs of the PPS region and the PPS did not yield the desired infrastructure. This was a missed opportunity to create sustainability.

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

a) Yes No

b) Please explain:

Given that the role and functions of the PPS beyond the funded period has not been articulated clearly to the LGU by either the PPS or other stake holders (DOH, OMH, etc) such planning has not been possible at any substantive level. We are hopeful that the relationships that have been established will be able to be leveraged toward a long standing collaboration. The financing models that are implemented to sustain the PPS will likely be the drivers of any future relationships. E.g. to the degree that PPSs become competitors in a growing field of data analytics providers, then project sustainability will be driven by the market, and not by the LGU.

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):

Our local BHCC and CCBHC implementations have engaged a number of our providers in the movement toward VBP, and a number are commencing next step activities.

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:
see above

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

a) Yes No

b) Please explain:

While we do not have active engagement with those exploring the development of such proposals, we strongly encourage the exploration of such innovations, and would be very interested in supporting this work.

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

Our LGU is active in the BHCC process through committee participation. Influence is limited. desire to

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:

see attached narrative.

Community Service Board Roster
 Onondaga Co Dept of Adult & LTC (70200)
 Certified: Alexander Grant (6/7/19)

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: Timothy Bobo	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: CNY Health Systems Agency	Term Expires: 12/2021	Email Address: tjbobo2@yahoo.com
Name: Beth Hurney	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Prevention Network	Term Expires: 12/2019	Email Address: bhurny@preventionnetworkny.org
Name: Indu Gupta	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Onondaga County Health Department	Term Expires: 12/2019	Email Address: indugupta@ongov.net
Name: Jennifer Redmond	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: OnCare ACCESS Team	Term Expires: 12/2019	Email Address: jenniferredmond@ongov.net
Name: Monika Taylor	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Crouse Chemical Dependency Services	Term Expires: 12/2019	Email Address: monikataylor@crouse.org
Name: Patricia Reyna	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumers	Term Expires: 12/2019	Email Address: patty@sbh.org
Name: James Yonai	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Retired DCS	Term Expires: 12/2021	Email Address: jyonai01@gmail.com
Name: Sara Wall-Bollinger	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: SWB Consulting	Term Expires: 12/2017	Email Address: sarawbollinger@gmail.com
Name: Karen Virginia	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Onondaga Case Management	Term Expires: 12/2020	Email Address: kvirginia@ocmsinc.org
Name: Elizabeth Nolan	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Hillside Children & Family	Term Expires: 12/2020	Email Address: enolan@hillside.com
Name: Mary Beth Frey	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: The Samaritan Center	Term Expires: 12/2021	Email Address: director@samcenter.org

Name: Sarah Merrick	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Onondaga County DSS: Economic Security	Term Expires: 12/2020	Email Address: sarah.merrick@dfa.state.ny.us
Name: Rosalee Jenkins	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumers	Term Expires: 12/2019	Email Address: evg.rosalee@gmail.com
Name: Tania S. Anderson	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Appointment Pending	Term Expires: 12/2020	Email Address:
Name: Diane Nappa	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Elmcrest Children's Center	Term Expires: 12/2020	Email Address: dnappa@elmcrest.org
Name: Juhanna Rogers	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Appointment Pending	Term Expires: 12/2020	Email Address:

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

Onondaga Co Dept of Adult & LTC (70200)

Certified: Alexander Grant (6/5/19)

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: Monika Taylor	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Crouse Health	Email Address: monikataylor@crouse.org
Name: Paula Cerio	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Salvation Army	Email Address: paula.cerio@use.salvationarmy.org
Name: Penny Williams	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: OCM BOCES	Email Address: pwilliams@ocmboces.org
Name: Patricia Reyna	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: preyna027@gmail.com
Name: Beth Rinfret-Fleming	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: NYS OASAS	Email Address: beth.rinfret-fleming@oasas.ny.gov
Name: Kathi Meadows	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Syracuse Behavioral Healthcare	Email Address: kathim@Helio.health
Name: Beth Hurny	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Prevention Network	Email Address: bhurny@preventionnetworkcny.org
Name: James Yonai	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Former DCS	Email Address: jyonai01@gmail.com
Name: Lisa Forshee	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Syracuse Recovery Services	Email Address: Lforshee@syrrec.com

Mental Health Subcommittee Roster
 Onondaga Co Dept of Adult & LTC (70200)
 Certified: Alexander Grant (6/7/19)

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: Monica Brown	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Onondaga County DSS-ES	Email Address: Monica.Brown@dfa.state.ny.us
Name: Kimberly Langbart	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Liberty Resources	Email Address: klangbart@liberty-resources.org
Name: Wanda Fremont	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Upstate Medical University	Email Address: fremontw@upstate.edu
Name: Patricia Reyna	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: preyna027@gmail.com
Name: Tania Anderson	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Arise Inc.	Email Address: tania.anderson@ariseinc.org
Name: Sara Wall-Bollinger	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: SWB Consulting	Email Address: sarawbollinger@gmail.com
Name: Marylou Sayles	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Huntington Family Centers	Email Address: msayles@hfcsyr.org
Name: Margaret Fontenot	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Circare	Email Address: mfontenot@cir.care
Name: James Yonai	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Former DCS	Email Address: jyonai01@gmail.com
Name: Beth Hurny	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Prevention Network	Email Address: bhurny@preventionnetworkcnyc.org
Name: Allison Brooks	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Salvation Army	Email Address: allison.brooks@use.salvationarmy.org

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

Onondaga Co Dept of Adult & LTC (70200)

Certified: Alexander Grant (6/5/19)

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: Cynthia Barnaby	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Options	Email Address: cynthia.barnaby@comop.or
Name: Ellen Gutmaker	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: ARC of Onondaga	Email Address: egutmaker@arcon.org
Name: Sharon Sullivan	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Consumers	Email Address: spsull@windstream.net
Name: Diane Nappa	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Elmcrest Children's Center	Email Address: dnappa@elmcrest.org
Name: Paulette Purdy	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Learning Disabilities Association	Email Address: ppurdy@ldacny.org
Name: Michelle Gillespie	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: ARC of Onondaga	Email Address: mgillespie@arcon.org
Name: Stephen Russell	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Liberty Resources	Email Address: srussell@liberty-resources.org
Name: James Yonai	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Retired DCS	Email Address: jyonai01@gmail.com
Name: Tania Anderson	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Arise Child and Family	Email Address: tania.anderson@ariseinc.org

2020 Mental Hygiene Local Planning Assurance
Onondaga Co Dept of Adult & LTC (70200)
Certified: Alexander Grant (6/6/19)

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.

2020 Onondaga County Local Services Plan Narrative

The Local Governmental Unit (LGU) of Onondaga County sits within two Departments. LGU functions related to adult services are located in the Department of Adult and Long Term Care Services (DALTCS). LGU functions related to children are located in the Department of Child and Family Services (DCFS). The following comments reflect the planning efforts of the DALTCS in relation to adult services.

Needs based vs. opportunity based planning

As communicated in previous Local Services Plans, Onondaga County LGU continues to work to define and develop our role as a neutral systems broker, facilitator, and funder seeking to enhance access to quality services and supports at the local and regional levels. We continue to seek to utilize resource and partnership opportunities within our county and region to address key needs.

Optimal planning efforts involve a primarily data driven orientation that uses data to assess needs, and develop strategies to address those needs. We continue to engage in a range of data gathering efforts, including surveys, focus groups, and queries of a number of data systems. But practical resource limitations dictate that we engage with existing and emerging opportunities in order to effect change, rather than seeking to focus primarily on needs that emerge through data analysis. Too often these data driven priorities lack resource support. These resource limitations also dictate that we dedicate more time to stakeholder engagement regarding available opportunities, and less time processing available data. We seek to place our boat in existing streams with a strong current, in order to make progress toward the downstream destination.

Data access vs. Knowledge access

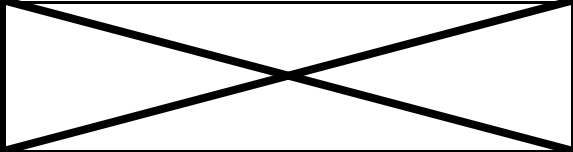
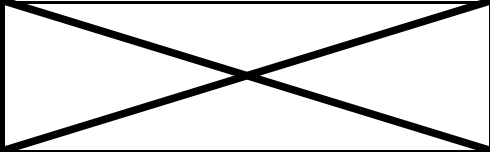
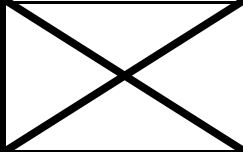
This resource prioritization also includes decisions to forego the development of local data gathering efforts for the purpose of this LSP submission. We remain concerned regarding a system standard that asks Counties to query state data systems in order to report that same data back to the state. We continue to recommend an analysis of the core assumptions of this planning model, and a reconsideration of a minimum data set model. Such a model would include State analysis of a list of key indicators created in conjunction with Counties. It would also include the development of canned reports, through which Counties could compare themselves to like Counties, do regional analysis, and consider trends over time. We are currently working to develop such a dashboard orientation, and may be seeking coordination with some other Counties in that effort.

While the current data access provides a wealth of opportunity for such analysis and dash board building, it does not provide structures and reports that accommodate these resource limitations. It is as though we have built a state of the art gym for physical therapy rehabilitation, on the third floor with no elevator. It's a great gym, and the work to develop it is appreciated, but we struggle to get inside. Those who need it the most, are the least likely to get there.

It may be useful to consider the commonly used paradigm of the Data Pyramid. This model, sometimes called the DIKW pyramid, includes "Data" on the bottom, and "Information", "Knowledge", and "Wisdom" on the tiers of the pyramid as one moves upward. There is much work involved in moving from Data to Knowledge. It requires that discrete data elements be understood in relation to each other, until patterns emerge that call for action. Data access is important, and particularly useful to those with the resource to explore it. But a concentrated effort to deliver Knowledge to Counties would be a powerful support to local planning efforts. Knowledge in the form of formatted reports and pre-analyzed data sets on a dashboard of shared metrics would be the elevator to the third floor. It gets us all in the gym. Then we can get to work.

Goal	<u>2019 Strategy</u>	notes re 2019 progress, please include any relevant details, data, examples, reason for lack of progress, etc.	status for 2020: C=complete, O=ongoing, D=discontinued	2020 strategy (new)	Department	Staff Lead
Reduce homelessness and health crisis among the homeless.	Utilize the newly formed Homeless Outreach and Engagement Committee (HOEC) for system wide engagement. Using the Rescue Mission as a 'hub', and involving all shelters and a range of: health, substance use, and mental health clinics.	Due to Rescue Mission pulling out of the collaborative that was lead by SCHC, seeking CNYCC Innovation grant funds, HOEC has been discontinued.	D	Coordination of new Outreach & Engagement team with community resources (DSS, Shelters, downtown committee, etc., and attempt to re-establish broader community efforts, following discontinuance of Homeless Outreach & Engagement Committee.	ALTCS	Mat Roosa
	Implement the OTDA/OASAS shelter-based substance use disorder services pilot at the Rescue Mission shelter.	No further activity.	D		ALTCS	Mat Roosa
	Develop mental health assessment and clinical services at shelters.	No further activity.	D		ALTCS	Mat Roosa
	Develop partnership with health clinics and shelters for service delivery.	No further activity.	D	Coordination of new Outreach & Engagement team with community resources (DSS, Shelters, downtown committee, etc.	ALTCS	Mat Roosa
Opioid response	Continue all activities and engagement with the Onondaga County Drug Task Force.	Task force efforts to continue.	C	OCDTF to engage in strategic planning effort for redirection re goals and community engagement	ALTCS	Mat Roosa/ Joe Scripa
	Develop strategies for staff recruitment and retention.	See CAP below.	D	see CAP below	ALTCS	Mat Roosa
	Increase in services for children / youth that are experiencing concerning levels of substance use.	Increased the number of mental health clinicians trained in EBP "7 Challenges".	O		DCFS	Jennifer Parmalee
	Increase clinic access.	See S 6.2 below.	D	effort has been replaced by CAP below	ALTCS	Mat Roosa

Goal	2019 Strategy	notes re 2019 progress, please include any relevant details, data, examples, reason for lack of progress, etc.	status for 2020: C=complete, O=ongoing, D=discontinued	2020 strategy (new)	Department	Staff Lead
Reduce hospitalizations / ER presentations	Continue collaboration with DSRIP PPS-CNYCC.	County participation with CNYCC has been reduced due to the shifting role of the PPS (from systems improvement vehicle to data analytics provider in a competitive marketplace) But will continue in key sectors (e.g. innovations grants, workforce development, etc.)	D	 	ALTCS	Mat Roosa
	Increase HCBS access and utilization.			 	ALTCS	Mat Roosa
	Increase crisis services for children / youth that enables parents to address issues / concerns before they reach the level of a CPEP / ER intervention or to support their discharge from a CPEP / ER.	Aligned the new Liberty Mobile Crisis Team programming with the ACCESS (C-SPOA) to ensure access to the resource and appropriate follow-up.	O	 	DCFS	Jennifer Parmalee
Promote LGU role as local systems support	Promote cross county collaboration	ongoing meetings are being pursued to further develop shared priorities.	O	Continue CNY Directors Planning Group and Urban Oversight Committee (UOC) efforts.	ALTCS	Mat Roosa
	 	 	 	Support value based payment (VBP) implementation/ population health orientation/ integrated care/ social determinants of health (SDOH) orientation thru engagement with key partners thru BHCC to promote VBH and a Social Determinants of Health focus.	ALTCS	Mat Roosa
	 	 	 	Develop a data dashboard and use it for local planning and as a repository for CBO needs. (UOC project) (partner with cynic?)	ALTCS	Mat Roosa

Goal	<u>2019 Strategy</u>	notes re 2019 progress, please include any relevant details, data, examples, reason for lack of progress, etc.	status for 2020: C=complete, O=ongoing, D=discontinued	2020 strategy (new)	Department	Staff Lead
	Increase systems engagement, work with other stakeholders: CNYCC, MCOs, etc.	Efforts to be refined, see new strategies.	O	Enhance LGU relationship with MCOs as prep for new healthcare system/ economy (<u>shifting role of LGU from oversight to local systems facilitator</u> . (UOC)	ALTCS	Mat Roosa
				Restructuring/ realignment of peers supports, in conjunction with new Peer coordinator, including a broader vision of multi-dimensional peer support.	ALTCS	Mat Roosa
	Develop Community Access Project (CAP) for African American Population.	Currently partnering with Circare to review potential sites and to partner with a community organization for a community based satellite(s) development.	C	Build community based satellite with Circare, inclusive of a brick and mortar site, and a home and community based service capacity that will engage residential, community centers, and other organizations, in addition to traditional home visits.	ALTCS	Mat Roosa
	Enhance translation services in MH clinics	Progress was made in this area based upon the work of other systems. Continued efforts remain in place.	D	Explore expansion opportunities for New Americans. Use New American efforts to access primary care (Health Homes, etc.) as a bridge toward MH/ SUD care.	DCFS	Jennifer Parmalee

Goal	2019 Strategy	notes re 2019 progress, please include any relevant details, data, examples, reason for lack of progress, etc.	status for 2020: C=complete, O=ongoing, D=discontinued	2020 strategy (new)	Department	Staff Lead
	Expand the current <u>school-based mental health efforts</u> (following the multi-tiered system of supports model that has proven successful in the city school district) throughout the county.	Established partnerships with 5 County School districts and provided Youth Mental Health Aid train the trainer training to ensure a BOCES staff person is able to deliver. Expanded to 52 school based satellites. Provide coaching and technical assistance to school staff for complex cases as well as procedures and protocols to identify youth and families needing support. Expanded School Liaison supports to address child welfare related concerns that do not rise to the level of a mandated report.	O	X	DCFS	Jennifer Parmalee
	Increase social emotional supports and services for children aged zero to five and their families.	Submission of SAMHSA Project Launch Grant and development of the Onondaga Infant and Early Childhood Mental Health Committee	O	X	DCFS	Jennifer Parmalee
	Expand family and youth peer supports for children and families.	Expanded peer supports- includes the creation of a bi-weekly Parent Support Group with increasing caregiver participation as well as the youth leadership academy.	O	X	DCFS & ALTCS	Jennifer Parmalee & Joe Scripa

Goal	2019 Strategy	notes re 2019 progress, please include any relevant details, data, examples, reason for lack of progress, etc.	status for 2020: C=complete, O=ongoing, D=discontinued	2020 strategy (new)	Department	Staff Lead	
Address the needs of those inadequately served.	Provide workforce training in <u>Trauma Informed Schools</u> and their impact on those we serve with regard to access to and sustainability of services/supports.	In partnership with NYU McSilver Institute established 3 compassionate school projects with ongoing professionals development and coaching of school staff.	O		DCFS	Jennifer Parmalee	
	Establish a more effective community response to child/youth with significant levels of need.	Evaluated response model for C-SPOA and ACCESS team. Updated and implemented model to enhance face to face interventions and critical thinking and problem solving practices with families.	O		DCFS	Jennifer Parmalee	
	Continue to support the implementation of Health Homes Serving Children (HHSC) and Children and Family Treatment Support Services (CFTSS) to ensure eligible youth are referred appropriately and agencies are able to meet their needs.	Established Onondaga CFTSS committee to plan with designated providers for effective and efficient delivery. Established a start-up funding process through the County to increase capacity to serve the population quicker.	O		DCFS	Jennifer Parmalee	
					Create next steps for college/ pep crisis response: enhancing access for college age community	ALTCS	Mat Roosa
	Continue to support the state's planned transition of the Home and Community-based Services (HCBS) Waiver program to the Health Homes Serving Children and ensure that children and families continue to receive supports that they need	Established Onondaga CFTSS committee to plan with designated providers for effective and efficient delivery. Planning includes HCBS services.	O		DCFS	Jennifer Parmalee	

Goal	2019 Strategy	notes re 2019 progress, please include any relevant details, data, examples, reason for lack of progress, etc.	status for 2020: C=complete, O=ongoing, D=discontinued	2020 strategy (new)	Department	Staff Lead
	Expand the tiny homes project.	Contracted through CCSI to build 7 tiny homes with case management services for tenants.	O	Continue Tiny home expansion plan, staffing with the Outreach and Engagement team	ALTCS	Barry Beck
	Engage in <u>data analysis</u> of the cohort of individuals who have not been successful in traditional treatment and residential services.	Adjustments of staffing in response to new service development has limited capacity to maintain this effort.	D	 	ALTCS	Roshana Daniel
	 	 	 	Increase the outreach and volume of the SHARP project	 	
	 	 	 	Build sex offender clinic in partnership with Endeavor & NYS Parole.	 	
	Facilitate coordination of <u>crisis services for individuals with complex needs</u> (including developmental disabilities, mental health and substance use disorders) who are “stuck” in inappropriate hospital settings, through the development of emergency protocols and new resources that support stabilization consistent with individual needs. Advocate for cross systems integration of crisis services supporting individuals with developmental disabilities, and participate in the development of the NY START (Systemic, Therapeutic, Assessment, Response and Treatment) process in Central New York.	Challenges have emerged related to cross systems collaboration between regional county effort (CNYDPG and state agencies) Further efforts will seek to engage and move forward to concrete action.	O	participate through CNYDPG in the development of the NY START (Systemic, Therapeutic, Assessment, Response and Treatment) process in Central New York.		

Goal	<u>2019 Strategy</u>	notes re 2019 progress, please include any relevant details, data, examples, reason for lack of progress, etc.	status for 2020: C=complete, O=ongoing, D=discontinued	2020 strategy (new)	Department	Staff Lead
	Increase access to prevention level services for children and youth.	Expanded School Liaison supports to address child welfare related concerns that do not rise to the level of a mandated report. Expanded the ACCESS team to adequately respond parents concerns for emerging mental health challenges. Supported the development of the CFTSS services.	O	X	DCFS	Jennifer Parmalee
Create county structures for effective communications and monitoring of services in the event of a community disaster/ emergency	Develop emergency preparedness plan / data systems for MH, SU, DD services.	data has been submitted and will be refined over time	C	Build capacity for mental health to respond to community emergencies and traumatic events	ALTCS	Mat Roosa
	Develop active collaboration with the Onondaga County Emergency Planning Management Section (<u>EPMS</u>) and the Human Needs Task Force.	ongoing with the Onondaga Community Trauma Task Force (<u>OCTTF</u>) will partner with EPMS and HNTF to create adequate preparation for community trauma response.	O	Work with OCTTF and HNTF to build a trauma response network of volunteers (engagement, training, technology (ever bridge), systems infrastructure	ALTCS	Mat Roosa
	Work with EPMS to incorporate MH, SU, DD service system data into existing emergency mapping tools.		O		ALTCS	Mat Roosa
	Develop the Mental Health Recovery Court.	Recovery Court is currently active, and will be expanded over time. We will support growth of the court (currently city/ misdemeanor only) through committee participation.	D		ALTCS	Mat Roosa

Goal	<u>2019 Strategy</u>	notes re 2019 progress, please include any relevant details, data, examples, reason for lack of progress, etc.	status for 2020: C=complete, O=ongoing, D=discontinued	2020 strategy (new)	Department	Staff Lead
Enhance recovery outcomes for people with behavioral health conditions who are involved with the	 	 	 	Employ the <u>CNYDPG regional Jail SUD meetings</u> , and <u>new state funding streams</u> to develop partnerships for new service implementation with CBO, jail service providers, and sheriffs offices.		
	Conduct additional CIT Training.	Recent progress has included a formal CIT Training, the establishment of a CIT stake holder group with regular meetings, and the development of additional training opportunities thru the AccessCNY service funded by CNYCC innovation funds.	O	Build an enhanced CIT meeting structure, and develop 2-3 specific projects to engage the police community and related CBOs during the remainder of 2019.	ALTCS	Mat Roosa
	Establish peer and social worker lead support groups at Probation Department, Jamesville Correctional Facility and the Justice Center.	Probation has taken over the development/maintenance of this service.	D	 	ALTCS	Mat Roosa
	Prepare and respond to the “ <u>Raise the Age</u> ” legislation in anticipation of an increase in identified youth with mental health and substance abuse challenges.	Joint planning with Juvenile Justice. Increased mental health assessment and short term support through the OnCare JJ project for this population.	O	 	DCFS	Jennifer Parmalee
				Develop a clinic in partnership with Endeavor and parole to serve sex offenders.		

Goal	2019 Strategy	notes re 2019 progress, please include any relevant details, data, examples, reason for lack of progress, etc.	status for 2020: C=complete, O=ongoing, D=discontinued	2020 strategy (new)	Department	Staff Lead
criminal justice system	Through the OnCare Juvenile Justice project create a more <u>trauma-informed service system</u> with: 1.) Enhance training and certification opportunities for professionals and families; 2.) Increase awareness and decrease stigma surrounding mental illness; 3.) Equip natural supports with the tools they need to be effective resources for youth and their families.	Expanded peer supports- includes the creation of a bi-weekly Parent Support Group with increasing caregiver participation. Built community capacity to provide non-clinical supports (e.g. Community Resilience Model and Collaborative Problem Solving). This has led to increased mental health supports for youth in home, school, and community. Trained three congregations through the Open Table model, to support young people and their families.	O		DCFS	Jennifer Parmalee
Improve cross departmental / systems coordination to address social determinants of health	Promote and align with the DOH prevention agenda and our county health department with a focus on wellness.	The general philosophical orientation will be maintained, but does not represent an actionable strategy.	D		ALTCS	Mat Roosa
	Develop a cross departmental focus using a Motivational Interviewing / trauma informed orientation to address a range of needs.	see above.	D		ALTCS	Mat Roosa
	Promote systems alignment / integration for behavioral and primary care	see above.	D		ALTCS	Mat Roosa
	Continue regional planning / action through the CNYDPG.		O		ALTCS	Mat Roosa

Goal	<u>2019 Strategy</u>	notes re 2019 progress, please include any relevant details, data, examples, reason for lack of progress, etc.	status for 2020: C=complete, O=ongoing, D=discontinued	2020 strategy (new)	Department	Staff Lead
Improve the behavioral health workforce				Work with CBOs thru RPC, SU, and CNYCC to develop an initial training pilot for residential and care coordination staff, thereby increasing staff professionalization, and the likelihood of further educational attainment.	ALTCS	Mat Roosa
				build upon above with engagement of additional educational partners for both professional and peer staff development (e.g. OCC, etc.).	ALTCS	Mat Roosa