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NYS Conference of Local Mental Hygiene Directors

Testimony on the

OMH and OASAS Statewide Comprehensive 507 Plans

The New York State Conference of Local Mental Hygiene Directors (the Conference) is a statewide membership organization that is statutorily incorporated under Article 41 of the state Mental Hygiene Law. The Conference membership consists of the Commissioner or Director of each of the state's 57 county mental hygiene departments (encompassing mental health, substance abuse, and developmental disabilities) and the New York City Department of Health and Mental Hygiene.

Article 41.16 of the New York State Mental Hygiene Law (MHL) requires that each of the 57 counties and New York City develop a local services plan to "including state and local services, can be formulated on the basis of approved local plans and federal guidelines related to services for the mentally disabled to reflect the distribution of needs and resources of areas of the state address the service needs of its citizens." To ensure that the local planning process is informed by collaboration, counties utilize an inclusive process which involves local needs analysis as well as input from individuals with disabilities and their family members, advocates, service providers, and state agency representatives. These data driven local plans are developed in consultation with the Community Service Boards and with their approval.

As overseer of a publicly-subsidized and accountable system of local mental hygiene services, the Commissioners and Directors:

- Are responsible for the planning, development, oversight and implementation of behavioral health treatment services at the county/City level through active coordination with state Mental Hygiene agencies (Office of Mental Health, Office of Alcoholism and Substance Abuse Services, and Office for People with Developmental Disabilities).
- Are direct service providers, operating public mental health and substance abuse treatment clinics (counties that are provide services operate over thirty seven outpatient mental health treatment clinics and over seventeen outpatient alcohol/substance abuse treatment clinics across the state).
- Directly provide and/or contract for many other critical services across different settings, including forensic mental health services in jails and the courts, including operation of Assisted Outpatient Therapy (AOT) programs, diversion programs, schools, suicide prevention programs, crisis intervention programs, and Assertive Community Treatment (ACT) Teams.

By statute, mental hygiene service planning is a core element of the responsibilities vested with county and NYC governments. Referred to as the “planning process,” each LGU is required to develop an annual plan, which defines service priorities, identify local needs and gaps in services, and provide a framework for aligning available state and local resources with the identified priorities for each of the disability areas. System transformations including the Health Homes and Regional Centers of Excellence (RCE’s) that will shift behavioral care from primarily a hospital-based operation to a community-based system will require local monitoring to ensure that services are appropriate and adequate for individuals transitioning from OMH facilities to community residences and for those assigned to Health Homes that their care is being coordinated. Counties and the City of New York actively coordinate with state Mental Hygiene agencies to ensure local mental hygiene services are developed and implemented in a responsible cost effective way. One example of this coordination is the partnership between counties and state agencies through the activities of the Mental Hygiene Planning Committee.

LGU Planning System Partnership

Through the Mental Hygiene Planning Committee County Directors of Community Service, state and local planners and state agency representatives work together to develop and share data to improve the efficiency and effectiveness of the local planning process. Another example of the state and local partnership is the development and continued enhancements to the OASAS maintained County Planning System (CPS), which integrates local planning by eliminating the need for Counties to submit three separate disability plans to the state, thereby facilitating data informed cross-disability planning at the local level providing a single repository for useful data.

Mental Hygiene Planning Committee workgroups are active, conducting educational and trainings events and work to identify and present useful data to inform and assist with the local planning process. These workgroups; the Community of Practice for Local Planners (CPLP), the Data Needs and the Fiscal Workgroups have in partnership with state agencies worked to expand access to useful planning data and trainings on its uses. Examples of these partnerships include:

- Enhancements to the existing Data Inquiry Reports available to LGU’s through the OASAS Applications Portal
- Worked with OMH and OASAS staff to facilitate LGU access to the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)
- CPLP has presented trainings and webinars to provide county planners with opportunities to learn about new state data systems and resources, changes to local planning requirements and CPS enhancements, and to share planning practices to help with their planning and system management responsibilities
- Developed a County Fiscal Dashboard that displays financial measures identified as key to supporting local system oversight and monitoring. The report was designed to provide a general overview of the behavioral health system utilizing readily accessible data from

the Consolidated Fiscal Report (CFR) and Medicaid Fee for Service data from the New York State Department of Health, eMedNY Data Warehouse.

The Mental Hygiene Planning Committee continues to be the primary source for recommending CPS enhancements, developing planning data resources, and providing communication and technical assistance on planning related matters.

Managed Behavioral Healthcare

As part of Medicaid redesign and the state's priority of "care management" for all the MCO's will manage the entire mental health and substance abuse benefit in 2014. While MCOs are currently responsible for the medical and pharmacy benefit they have limited programmatic or payment experience with the management of comprehensive mental health and substance abuse benefits, and in the coverage of people with serious mental illness (SMI). The SMI and the substance abuse population, however the latter term is defined under the criteria, would be new populations for the MCOs, many of which do not have relationships with the LGU's, the housing and shelter systems, criminal justice and others.

Regional Planning Consortiums

The City of New York and the 57 other counties pay a local share of the total Medicaid costs in New York. Although the local share is capped, Medicaid costs continue to consume the lion's share of local budgets. In addition, the localities, which the LGU is a part, contribute local tax levy dollars to their mental hygiene systems to pay for services and supports to the uninsured and to cover services that are not reimbursed by Medicaid. Local funds often support services that are either ancillary to traditional treatment systems and/or subsidize the safety net for high-risk people with serious mental illness, such as crisis responders, case finding, jail and shelter outreach services, and social services programs. The effect of managed care on consumers and other local series in which they are involved (social services, criminal justice, courts, etc.) is very important to localities.

The Conference believes that in order to maximize dollars and re-build the capacity for treatment and supportive services in the community, we must take a regional and collaborative approach with a focus on where clients access care as opposed to hard and fast county borders. LGU's are charged in Article 41 with the "process of local planning so that plans for the provision of all services including state and local services, can be formulated..." requiring oversight of MCO/ BHO/HARP implementation.

The Conference recommends the formation of Regional Planning Consortiums (RPC's) that are comprised of LGU's in each region, and representatives of mental health and substance abuse service providers, peers, families and health home leads. The RPC would work closely with the MCO/ BHO/HARP and State agencies to guide policy, problem solve on regional issues and oversee and monitor the local system.

The Conference is calling on the State to include in its contracts with the MCO/ BHO/HARP a memorandum of understanding between the RPC and the MCO/ BHO/HARP for purposes of improving care and recovery for clients, integration of care and cost stabilization through care management and oversight of the managed care contract through:

- Data sharing
- Service system planning
- Reinvestment of savings
- Facilitating linkages with social services and criminal justice/courts
- Identifying and engaging in care, people who are underserved and/or disconnected from care (e.g. through the SPOA process)
- Identifying gaps in services and increasing access
- Facilitating continuity of care
- Identifying areas warranting concentrated efforts (e.g. Opiate addiction)
- Identifying best practices among the regions

The responsibility for oversight of the MCO/ BHO/HARP will require a collaborative effort. RPC's would be provided with Data Dashboards disseminated by a centralized data aggregator which will provide relevant information to assist with monitoring managed care and health homes impact on clients and families, access, cost and quality. The Data Dashboards will be comprised of regional quality, cost and consumer satisfaction information to inform and monitor the impact of behavioral health transformation and to enhance the local planning process.

The goal of the state and local planning process is to produce better outcomes for people receiving services, and better value for the mental hygiene system as resources are invested to address the most significant needs in the community. Maintaining an effective, ongoing informed planning process ensures that the voices of consumers, family members and policy makers across systems are heard to shape the services and the delivery system. The Conference and its members are at the center of the local planning process. In order to continue a holistic, person-centered approach, the Conference sees the RPC's and their Data Dashboards as opportunities to enhance data informed monitoring and pursue planning cycle to improvements to systems of care.

Thank you for the opportunity to provide comments regarding the Mental Hygiene Statewide Comprehensive Plans. The Conference, and its member counties and the City of New York, look forward to continuing our cooperative efforts to improve the planning process to the benefit of the residents of New York State.