



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

Lewis County Community Services
September 6, 2019

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Planning Form	LGU/Provider/PRU	Status
Lewis County Community Services	70100	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
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Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

Mental Hygiene Goals and Objectives Form
Lewis County Community Services (70100)
Certified: Patricia Fralick (6/21/19)

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**:

Lewis County has seen an improvement in the following areas:

- Increased use of and improved confidence in the use of peers
- Increased collaboration with local mental health providers and medical, school districts, law enforcement and other community partners working to improve crisis response.
- Improved communication between local mental health providers and other community partners
- Periods of stabilization in staff turnover
- Open access and walk in crisis
- Regional collaboration between LGU and cross county providers
- Improved communication and collaboration between providers, school districts, law enforcement and the medical community
- Strong Suicide Prevention Coalition
- Development of a Community Crisis Response Team. The mission is to support the community post tragic event

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

- Implementation and transition of the Children’s Medicaid managed care has been at a fast pace, This has been stressful to providers and staff despite guidance efforts from DOH and OMH. This has impacted workforce.
- Working with the Tughill RPC to improve communication and sharing of best practices
- Transportation is still a concern in our rural county. While small gains have been achieved, still a concern when urgent or rescheduled appointments don’t fall into the 48 hour notification requirement
- Communication about consumers between service providers licensed by different regulatory agencies (DOH, OASAS 42CFR, HIPAA). This creates confusion for front line workers
- Lewis County LGU working with our outpatient MH provider are attempting to enhance our response to crisis.
- Stigma: people are hesitant to seek services for MH/SUD. It is a small community where "everyone knows or is related to everyone". It is hard to stay anonymous as service providers are located in visible areas
- Housing stock available for individuals with mental health issues has stayed the same. Efforts are being made to increase the number of landlords that work with MH individuals but progress is very minimal.
- Being able to locate and place households in need.
- Availability of subsidies. Supported housing, whether it be OMH funded or HUD funded, is at or near capacity.
- Waiting lists for HUD Housing Choice vouchers from Scott are long, and for many people that is the only way out of supported housing.
- Not being able to move people along the continuum fast enough to provide new spots at the bottom for people to enter.

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

- Attraction and retention of seasoned/qualified providers. The loss of one staff person regardless of licensure has an immediate impact which results in clients being transferred to yet “another counselor” or a delay in service access.
- Access to inpatient mental health services for adults and children, any admission will be out of county. Children especially will require significant travel for family
- Timely and comprehensive discharge planning for residents either from inpatient or emergency department. The LGU isn't involved until a residents has multiple contacts , many discharges happen late on a Friday giving little time to arrange housing, obtain medications. The referring entities are not using supportive services such as the MIT team or peer despite being aware of them
- Waiver is now much more difficult to qualify for based on DOH standards. Children that would normally qualify will no longer with the new requirements set by DOH.

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**:

- Additional funding from SOR/OASAS. This has provided an opportunity to enhance service in our jail and provide means to access clients in hard to reach places in the county.
- The Drug Free Community (DFC) grant and SUD Prevention coalition has worked hard to reduce stigma and provide education to the communities and schools
- Improved communication and collaboration between providers, school districts, law enforcement and the medical community

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

- Transportation is still a concern in our rural county. While small gains have been achieved, still a concern when urgent or rescheduled

- appointments don't fall into the 48 hour notification requirement
- Lacking access to services which support a client who is waiting for a detox or inpatient bed
- Communication about consumers between service providers licensed by different regulatory agencies (DOH, OASAS 42CFR, HIPAA). This creates confusion for front line workers
- Access to Medication Assisted Treatment (MAT) providers. Any person who would want to pursue this would have to travel.
- Engaging the medical community to provide MAT, the providers report a lack of capacity which prevents them from adding on MAT
- Stigma: people are hesitant to seek services for MH/SUD. It is a small community where "everyone knows or is related to everyone". It is hard to stay anonymous as service providers are located in visible areas

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

- Attraction and retention of seasoned/qualified providers. The loss of one staff person regardless of licensure has an immediate impact which results in clients being transferred to yet "another counselor" or a delay in service access.
- Lack of experienced staff and supervisors impacts client care as clients are presenting with multiple co morbidities . Many staff ,once trained or credentialed/licensed, move to systems with better pay/benefits.
- Anticipation of adding recreational marijuana to other sanctioned substances. Our community is struggling with opiates and methamphetamines in addition to poverty, lack of housing stock . It is our concern that by legalizing marijuana we will be adding a new problem to an already taxed system
- Vaping, school systems are struggling with students use of vaping. The Community Needs Assessment (CNA) done by the DFC indicated students did not feel it was harmful
- The CNA indicated parents were tolerant of underage drinking and marijuana use

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**:

- Communication between DD providers and other agencies has improved.
- Support and collaboration between OPWDD staff/programs continues to build
- Improved communication and collaboration between providers, school districts, law enforcement and the medical community
- Access to Tele health
- ARC of Oneida Lewis has continued to grow employment opportunities for consumers
- Anticipation of our region starting the OPWDD START service

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

- Navigating the OPWDD system. Families still report being challenged/confused when attempting to access the OPWDD world.
- Communication about consumers between service providers licensed by different regulatory agencies (DOH, OASAS 42CFR, HIPAA). This creates confusion for front line workers
- Access to specialized services for children. Lack of local providers and transportation
- The time it takes to be deemed eligible by OPWDD and to be approved for Medicaid is extremely lengthy, limiting people's ability to receive prompt services

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

- Attraction and retention of seasoned/qualified providers and front line service workers. OPWDD agencies report that the potential employee pool is less and workers lack "soft skills". Consumers report workers focused on their smart phones.
- Staffing is also impacted by Justice Center investigations, meaning that staff are "suspended" until a resolution has been determined.
- Ability to offer a competitive salary
- OPWDD Self Directed services and supports is pulling otherwise qualified candidates away from traditional services by offering much higher wages than agencies can afford to pay.

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2a. Housing - Background Information

- Housing stock available for individuals with mental health issues has stayed the same. Efforts are being made to increase the number of landlords that work with MH individuals but progress is very minimal.
- Being able to locate and place households in need.
- Regulatory oversight of housing by numerous agencies is making it difficult to maintain current housing and is a barrier to engage new landlords. These site requirements are duplicative, time consuming and burdensome.
- Availability of subsidies. Supported housing, whether it be OMH funded or HUD funded, is at or near capacity.
- Waiting lists for HUD Housing Choice vouchers from Lewis County Opportunities are long, and for many people that is the only way out of supported housing.
- Not being able to move people along the continuum fast enough to provide new spots at the bottom for people to enter.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

- A local provider is applying for additional units, DSS is partnering with organization. This is also being monitored by the Lewis County Priorities Council

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Lewis County New York provides a basic county wide public transportation services for its residents. The challenges for consumers involve getting from their location to the offered routes. Another challenge involves accessing services located outside of the county. While residents have access to the Volunteer Transportation Center, this service only provides limited access to medical appointments. Access to methods of transportation is also impacted by the poverty experienced by consumers, who may have license restrictions. The rate of poverty in Lewis County is 12.5% , which is lower than last year. Other barriers are the non local approach to scheduling Medicaid transportation, available resources whose regulatory requirements inadvertently create access issues

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

This area is being monitored by the Lewis County Planning Department , Tug Hill Regional Planning Consortium and by the Lewis County Priorities council

Change Over Past 12 Months (Optional)

- Regular meetings of the Lewis County Planning Dept. Transportation Task Force
- Co facilitation of the Regional Planning Consortium Board.
- Board member for the Volunteer Transportation Center
- Participation in regional tri-county initiatives
- Contributor to the County's Transportation plan

2c. Crisis Services - Background Information

Lewis County has an inconsistent response to crisis in the community.

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

Lewis County LGU, working with community partners, will develop a comprehensive crisis response protocol.

Objective Statement

Objective 1: The LGU will convene a multi partner committee intended to develop a comprehensive response to crisis in the community

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

Objective 2: Once developed, the plan will be distributed, and staff/agency will be trained

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

Objective 3: After implementation, the committee will monitor quarterly and annually review and update.

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

Change Over Past 12 Months (Optional)

Over the past year, the LGU has engaged the following stakeholder groups: County school districts, law enforcement agencies, mental health providers, health systems, Jefferson County LGU and 9:39 hospitals. These meetings are building a foundation for multi system collaboration needed to develop a comprehensive plan.

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

Executive leadership from our mental health, substance use and developmental disability providers all report concerns with staff turnover, filling existing positions, finding and keeping qualified and experienced staff. Salaries and benefits at the nonprofit levels have difficulty competing with those at the county, state and federal level. During county planning sessions, participants also note that when there is turnover, this results in a temporary higher case load, loss of agency knowledge, multiple counselors for the client’s episode of care, fragmented continuity of care and a reduced confidence in services by both professionals and consumers.

It is the consensus of the Community Service Board and all subcommittees that without maintaining qualified and experienced workforce it will be challenging to maintain a collaborative treatment community meeting the complex needs of our consumers.

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

In 2019/20 the workforce ad hoc committee of the Lewis County Priorities Council. will develop a human service “career path” for school districts and create a universal workforce orientation for community based organizations.

Objective Statement

Objective 1: The LGU will continue to facilitate the work of workforce ad hoc committee of the Lewis County Priorities Council.

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

Change Over Past 12 Months (Optional)

- Staff turnover in the behavioral health sector stabilization continued
- Staff turnover in the SUD services increased and lack of qualified staff delayed SOR initiatives
- Workforce committee from the Priorities Council met every 4-6 weeks.
- Gathering information about the challenges of attracting and retaining staff both professional and para professional staff. Gathering information for the development of a human services career path and the beginning of a universal orientation for human services new hires.
- The local community college opened the satellite and are willing to develop a certificate program geared towards entry level direct care staff for all regulatory agencies-The LGU developmental disability subcommittee agreed that the previous years LSP goals and objectives for service and staff should be covered under workforce

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

In 2019 the LGU became aware of service dollars from different funding sources geared to those with opiate problems. The funds from different sources, have similar themes; increasing access to medication assisted treatment, utilization of peers, reducing stigma and improving systems of care.

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

The LGU will work with grant awardees ensuring the initiatives goals and objectives are met and work to prevent either duplication of efforts or overlooking a need.

Objective Statement

Objective 1: The LGU will monitor grant awards progress, deliverables and budget

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

Objective 2: The LGU will keep stakeholders (county govt., state partners, community based organizations, community residents and the community service boards and subcommittees) up to date on grant status

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

Objective 3: The LGU will assist in data collection activities

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

Change Over Past 12 Months (Optional)

- Medication Assisted Treatment (MAT) is available to county residents who are required to travel out of county
- Local law enforcement agencies are doing OD mapping tracking OD and Narcan administration in the county
- 2018 saw a 66% reduction in opiate deaths over the same time period in 2017
- The SUD has seen increased staff turnover and difficulty of attracting and retaining qualified staff

New York State Prevention Agenda Survey
Lewis County Community Services (70100)
Certified: Patricia Fralick (6/17/19)

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:

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:

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:

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:

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:

The LGU is a member of the Priorities council and the Public Health Director sits on 2 of my subcommittees. This allows for cross collaboration and information sharing

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:

Chronic disease management will be sustained between Public Health and Office for the aging

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 type="checkbox"/> Un/Underemployment and Job Insecurity | <input type="checkbox"/> Poor Education |
| <input type="checkbox"/> Food Insecurity | <input type="checkbox"/> Poverty/Income Inequality |
| <input type="checkbox"/> Adverse Features of the Built Environment | <input 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 type="checkbox"/> Discrimination/Social Exclusion | <input type="checkbox"/> Other |

Please describe your efforts in addressing the selections above:

Lewis County has a Priorities Council , which is comprised of members from community based organizations, behavioral health, health system. This meets monthly and allows for the dicussion of concerns, barriers and possible solutions for our county.

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): Providers in our county have been trained in Mental Health First Aid for both adults and children. We have used OMH systems of care funds to provide training. Lewis County also has trainers for Bridges out of poverty.

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:

Office of Mental Health Agency Planning (VBP) Survey
Lewis County Community Services (70100)
Certified: Patricia Fralick (6/18/19)

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:

To a certain extent. Lewis County is involved with 2 PPS. Each are different in the approach. To my knowledge there has been little discussion of post DSRIP expectations

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

a) Yes No

b) Please explain:

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):

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:

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

- a) Yes No
b) Please explain:

6. Can your LGU support the BHCC planning process?

- a) Yes No
b) Please explain:

We can support however the BHCC has been inconsistent with information sharing

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:

Community Service Board Roster
 Lewis County Community Services (70100)
 Certified: Patricia Fralick (6/17/19)

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: Douglas Ort	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: public representative	Term Expires: 12/2019	Email Address: doug@douglasort.com
Name: Shirley Tuttle Malone	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Family	Term Expires: 12/2020	Email Address: stmalone@lcgh.net
Name: Steven Vance	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: family	Term Expires: 12/2021	Email Address: svance@twcny.rr.com
Name: Scott Exford	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: family	Term Expires: 12/2021	Email Address: SDExford@lowvilleacademy.org
Name: Gale Grunert	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: public representative	Term Expires: 12/2020	Email Address: ur@lcgh.net
Name: Scott Mathys	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: public representative	Term Expires: 12/2020	Email Address: smathys@lcopps.org
Name: Laurie Simmons	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Family	Term Expires: 12/2019	Email Address: lsimmons@lcpublihealth.org
Name: Richard Chartrand	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: public representative	Term Expires: 12/2019	Email Address: richardchartrand@lewiscounty.ny.gov
Name: Rose Larkins	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: public representative	Term Expires: 12/2022	Email Address: rose.larkins@thearcolc.org

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

Lewis County Community Services (70100)

Certified: Patricia Fralick (6/18/19)

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: Mary Jo Burkhard	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: public rep	Email Address: maryjoburkhard@lewiscounty.ny.gov
Name: Ashley Waite	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: public rep	Email Address: awaite@lcpublichealth.org
Name: Scott Mathys	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: public rep	Email Address: smathys@lcopps.org
Name: Dan Pisaniello	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: public rep	Email Address: danielp@credocommunitycenter.com
Name: Dale Roberts	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: public rep	Email Address: daleroberts712@yahoo.com
Name: Gale Grunert	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: public rep	Email Address: ur@lcgh.net
Name: Richard Chartrand	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: public rep	Email Address: richardchartrand@lewiscounty.ny.gov

Mental Health Subcommittee Roster
Lewis County Community Services (70100)
Certified: Patricia Fralick (6/18/19)

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: Ashley Waite	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: public rep	Email Address: awaite@lcpublichealth.org
Name: Steve Vance	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family	Email Address: svance@twcny.rr.com
Name: Laurie Simmons	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: public rep	Email Address: lsimmons@lcpublichealth.org
Name: Deanna Edick	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: public rep	Email Address: deanna.edick@dfa.state.ny.us
Name: Douglas Ort	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: doug@douglasort.com
Name: Mark Waterhouse	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family	Email Address: mwaterhouse@tlsnny.com
Name: Crystal Collette	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer	Email Address: ccollette@lcfg.net

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
 Lewis County Community Services (70100)
 Certified: Patricia Fralick (6/18/19)

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: Douglas Ort	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: public representative	Email Address: doug@douglasort.com
Name: Steve Virkler	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family	Email Address: ssvirkler@hotmail.com
Name: Tina Cummings	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: public representative	Email Address: tcummings@dpao.net
Name: Rose Larkins	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: public representative	Email Address: rose.larkins@thearcolc.org
Name: Scott Exford	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family	Email Address: SDExford@lowvilleacademy.org
Name: Dixie Lehman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family	Email Address: markdixied@hotmail.com
Name: Teri Brabant	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: public representative	Email Address: nnycpass@twcny.rr.com
Name: Karmel Der	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: consumer	Email Address:
Name: Erin Largett	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: public representative	Email Address: erin.largett@lifeplancony.com

2020 Mental Hygiene Local Planning Assurance
Lewis County Community Services (70100)
Certified: Patricia Fralick (6/21/19)

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.