



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

Madison Co. Mental Health Department
October 4, 2019

Table of Contents

| Planning Form | LGU/Provider/PRU | Status |
|--|-------------------------|----------------------|
| Madison Co. Mental Health Department | 70750 | (LGU) |
| Executive Summary | Optional | Not Completed |
| Goals and Objectives Form | Required | Certified |
| New York State Prevention Agenda Survey | Required | Certified |
| 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
Madison Co. Mental Health Department (70750)
Certified: Nicholas Hobson (9/9/19)

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**:

The LGU has completed a process of evaluating the usage of the Ongoing Integrated Supported Employment slots that are contracted through two local agencies. This year-long endeavor allowed the LGU to understand how referrals were handled, wait lists, and assess who is in the slot and for how long. We had several meetings with providers, ACCESS-VR, OMH and the PROS clinic to discuss a new flow for the referrals and slots to be managed by adult SPOA. This was implemented in 2018, and seems to be going well, and slots have been identified as under utilized. We are hoping that with SPOA the slots will be utilized more often, increasing access for those who need the service.

The number of mental health services and supports in the Madison County jail has increased over the last year. The county employs a full time social worker who screens all booked inmates for mental health needs, and schedules follow up supportive therapy as needed. Psychiatry is also offered. The social worker is part of the re-entry team at the jail and assists with discharge planning. Also, Pathways Wellness Center meets with individuals as they are transitioning back in to the community.

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

CIT: The Madison County Crisis Intervention Team continues to meet monthly to discuss the needs of high-risk individuals. We have about 25 individuals from community based organizations, police departments, LGU staff, jail staff, and local DSS who attend regularly. Mobile Crisis utilization has started to increase over the last 12 months for the county. The community can access it through the Madison County clinic crisis line. There are two police agencies who use it frequently and find it beneficial.

Pathways Wellness Center: Pathways Wellness Center is an OMH-designated Recovery Center, which offers self-directed support to adults residing in Madison County who live with mental health diagnoses and experience barriers to achieving their wellness goals. Pathways has supported 97 individuals, unduplicated, year-to-date; and many of those individuals are seen regularly. 34 out of 42 individuals supported in April connected with resources in Madison County. Pathways also provides individual support to inmates transitioning out of the jail and back in to the community.

Family Counseling Services: They continue to operate two OMH clinics in Oneida and Morrisville. The additional site in Morrisville has brought services to an area of the county that has historically been underserved. This location makes it more convenient for people in that area who may have limited transportation.

Consumer Services PROS clinic: The PROS currently serves 85 to 95 participants. The clinic provides all of the following services or a combination of: Community Rehabilitation and Supports, Intensive Rehabilitation, Ongoing Rehabilitation to assist participants in obtaining and keeping employment and Clinical Treatment. PROS provides Integrative Dual Disorder Treatment and Medically Assisted Treatment. The PROS Clinic is a powerful vehicle to assist people with a wide variety of needs and challenges.

Family Support of CNY: FSCNY met with 47 families last year. FSCNY meets with families in their homes and parents/caregivers in attendance at our family support group. The group meets the second and 4th Tuesday of the month from 12:30 Pm - 2:00 PM at the Oneida Public Library. In addition, our Family Peer Advocates provide phone support to families as needed.

Bridges: In addition to being an OASAS Prevention program, Bridges also facilitates the county suicide coalition. See attached for a listing of their work over the last year.

Madison County Mental Health Clinic: The clinic that the county operates continues to serve people through same-day access, regardless of their ability to pay. The county has several groups, including sex offender treatment groups, partner violence, DBT. Child and Adult psychiatry is also offered.

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

Providers of all 3 groups have noted the complexities involved with treating the aging population. Clinics, care coordinators, hospitals, and other community based providers have identified that this growing population requires specialized education and training in order to serve them adequately.

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**:

FCS operates clinics in Oneida and Morrisville and offers same day access and medication assisted treatment to their clients. FCS was recently selected as the RFP recipient for Jail Based Substance Abuse Services.

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

Helio Health continues to operate a COTI program in this county, although they have struggled to have any peers hired for this county. They also continue to provide COTI services to our local jail.

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

Providers of all 3 groups have noted the complexities involved with treating the aging population. Clinics, care coordinators, hospitals, and other community based providers have identified that this growing population requires specialized education and training in order to serve them adequately.

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**:

N/A

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

The community seems more accustomed to the Front Door and how to access services. It seems like the wait from being approved for OPWDD services to starting services remains quite long, and providers in other areas are providing services until the OPWDD services begin. This is sometimes difficult for families who are eager to start OPWDD services. Also, accessing housing remains difficult, and as the OPWDD populations ages, this will become increasingly difficult as people begin to have accessibility issues.

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

An ongoing concern for this county and for the region is OPWDD eligible folks who are in crisis or may have complex needs that cross systems. The OPWDD system has little available to try to assist these individuals should they require housing, hospitalization or crisis intervention. It is often left to the DCS, local DSS or local ER's to come together to make a plan to serve OPWDD individuals in crisis. The Central NY Director's Planning Group, which includes the DCS's from 6 counties (Madison, Cortland, Oneida, Oswego, Onondaga, Cayuga) have identified this as a priority need for the region.

Providers of all 3 groups have noted the complexities involved with treating the aging population. Clinics, care coordinators, hospitals, and other community based providers have identified that this growing population requires specialized education and training in order to serve them adequately.

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

2. Goals Based On Local Needs

| Issue Category | Applicable State Agenc(ies) | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| | OASAS | OMH | OPWDD |
| a) Housing | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Transportation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Crisis Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Workforce Recruitment and Retention (service system) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Employment/ Job Opportunities (clients) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Inpatient Treatment Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Recovery and Support Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Reducing Stigma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) SUD Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) SUD Residential Treatment Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Heroin and Opioid Programs and Services | <input 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)
- aa) Other Need 2 (Specify in Background Information) (NEW)
- ab) Problem Gambling (NEW)
- ac) Adverse Childhood Experiences (ACEs) (NEW)

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

2a. Housing - Background Information

Housing is a need that relates to all three population groups, but each group has some specific concerns which are noted below:

OMH: In Madison County, there are several different opportunities for housing for the OMH population. Liberty Resources has a crisis beds program located in the city of Oneida, and this program serves folks who may need to have some time away from their typical living environment, but do not need a hospital level of care. The barriers to this program are that the number of beds is small (3), so typically the program is full. In addition, homelessness is an exclusionary criteria for the program, as is being a sex offender. The program has struggled with staffing due to it being a peer run program, having difficulty recruiting and retaining peers. Liberty Resources also operates the OMH Community Residence, as well as the Supported Apartments programs. In 2018, the LGU worked with the provider to revamp the SPOA and housing referral process so that all housing applications for OMH housing would go through SPOA. This has seemed to decrease the wait list for services, and also has better defined who can access OMH housing in Madison County. The barriers to access these services are that consumers tend to stay in the housing slots for a long time, making it difficult for new folks to access slots. The agency and LGU will be examining the continuum of housing supports further to assess where in the continuum further changes can be made to improve access to consumers. ACR Health operates a MRT Housing program, and the LGU is attempting to work with them to include them in our SPOA process so that they can be an active provider in our county.

OASAS: Liberty Resources operates the OASAS housing programs in this county. The agency had submitted a plan to the state to convert to a new housing program under OASAS regs, but the transition has been slow to implement. Some barriers are that the reimbursement rates have not increased, and therefore, there is extreme difficulty in hiring and retaining qualified staff. Also, the number of beds are limited due to the funding, although there is a need for more half way house beds because there is frequently a wait list for the halfway house. The population of the housing programs have more acute needs than they did in the past, and also there has been an increase in men with co-occurring disorders and a younger population.

OPWDD: OPWDD housing is extremely difficult to access. Both voluntary agencies and state operates housing have limited slots, and most often, the slots are occupied by people for many years. OPWDD does not have any crisis based housing options, and therefore, when folks in the OPWDD system need crisis housing/respice, the individuals frequently end up in the ER. Local providers have identified a need for housing for the aging OPWDD population, specifically for individuals who may have mobility challenges.

Lastly, the homeless population is increasing in Madison County. DSS is often left having to house mentally ill or IDD individuals who do not have other options.

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

Madison County will have safe and accessible housing options for all residents, including specialized population (OMH,OPWDD,OASAS, sex offender, women with children, etc).

Objective Statement

Objective 1: CSB/DCS should develop a housing workgroup to identify one priority need group to try and implement a specific housing plan

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Transportation has been identified for many years as a priority need for Madison County. Although there is Medicaid transportation available with multiple vendors, cab companies often do not run after 5 pm. In addition, individuals who have Medicare or private insurance have fewer options for public transportation. Heritage Farms has opened up their bus runs to the public along their main routes. Unfortunately, there are not a lot of individuals using this option, and barriers may be the times of the bus runs, the length of time between the appointment and the return trip, and lack of advertising. Family Counseling Services operates an OMH/OASAS clinic in Morrisville and they have struggled to build their client census and cite transportation issues as one of the main reasons they have a low census. The agency noted that Medicaid transportation, although scheduled, often does not show up at the client's home for the appointment, which impacts the cancellation and no show rate for their agency.

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

Improving access to behavioral health services for Madison County residents.

Objective Statement

Objective 1: Active LGU participation in county-wide transportation meetings including advocacy for special needs.

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

Change Over Past 12 Months (Optional)

The Madison County Rural Health Network has hired a Mobility Manager who will be responsible for implementing a county-wide mobility management plan. Matt Rose is in the process of meeting with the community to discuss his vision for the mobility plan and get feedback on need. He has already begun implementing some small changes which will provide more access to individuals in rural parts of the county and those who have special needs due to health issues. Attached is an outline of some of the activities he has done and some future plans.

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

Agencies across all the populations have identified that they are struggling with issues related to their workforce. Agencies have noted that it is difficult to recruit quality staff as often the applicants are young, untrained individuals with no professional experience. Wages are low for staff, and the minimum wage increase has had a negative impact on agency recruitment efforts. New hires often require significant amounts of training and supervision due to their lack of experience, and then frequently leave for higher paying jobs once training is completed. The OPWDD agencies in our county have specifically identified that the new reimbursement rates have had a negative impact on their ability to hire staff and stated that historically OPWDD agencies were able to pay more than minimum wage, making their agencies appealing to applicants. Frequently, program staff are leaving to take job in the self-direction programs, which are able to pay more. Agencies that employ peers also struggle with getting appropriate applicants; there is low reimbursement for peer services which also dissuade agencies from hiring them. Lastly, Madison County is very rural, and this is not appealing to some applicants, making the pool even smaller for agencies to choose from. Family Counseling Services has a clinic in Morrisville and they have struggled with hiring staff for both their OMH and their OASAS clinics. The commute from larger cities is significant and applicants are not interested making the long commute.

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

Hiring a qualified and trained workforce to provide quality services to Madison County residents with behavioral health needs.

Objective Statement

Objective 1: CSB/DCS will focus on this concern at regular meetings and subcommittee meetings to try to identify with providers some actionable steps to take to try to assist agencies in hiring qualified staff

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

Change Over Past 12 Months (Optional)

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

The need for integrated primary care and behavioral health was identified in our discussions. Communication between providers at different locations sometimes proves to be challenging, sometimes physicians are unwilling or unable to find the time to speak with behavioral health or mobile crisis providers. This impacts the care of the client in that all members of their team are not included in the care plan. Clients have also taken advantage of the lack of communication among providers to try and get certain medications, or avoid taking responsibility for their actions. With an integrated model, there is the opportunity for cross-systems collaboration and trainings for PCP's

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

Madison County will have providers who offer integrated care to behavioral health clients that will be accessible to all, regardless of ability to pay.

Objective Statement

Objective 1: DCS/CSB will assist and guide any agencies interested in intergrating care and work with agency to understand need and proposals.

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

Change Over Past 12 Months (Optional)

In Madison County, Family Counseling Services currently offers some primary care services at an OMH/OASAS clinic. Liberty Resources submitted a proposal to expand their satellite clinic in Oneida to include integrated primary care and behavioral health. This project will likely take about two years to implement fully, but it would offer primary care, telehealth, behavioral health (MH and SUD) in one location in Oneida

2aa. Other Need 2 (Specify in Background Information) (NEW) - Background Information

Our system of care often does not have an adequate response for individuals who cross multiple systems and may have complex needs. The OPWDD system struggles to respond quickly if an individual is in crisis or is homeless. Often, other systems such as OMH or local DSS are required to serve the individuals in crisis who may be better served through the OPWDD system were resources available. The CNY Director's Planning Group has identified this as a regional priority and have been collecting information on resources for the complex set of clients.

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 CNY DPG will coordinate of crisis services for individuals with complex needs (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

Objective Statement

Objective 1: DCS will participate in CNYDPG cross-systems quarterly meeting with LDSS, OCFS, OASAS, OPWDD, OMH

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

Change Over Past 12 Months (Optional)

| |
|---|
| <p><u>Attachments</u></p> <ul style="list-style-type: none">• May MCRHC board meeting mobility management (3).pdf• Suicide Prevention Coalition Activities 2018 and 2019 (to date).pdf |
|---|

New York State Prevention Agenda Survey
Madison Co. Mental Health Department (70750)
Certified: Teisha Cook (5/20/19)

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:

LGU has consulted with local DOH about Community Health Assessment that is currently being developed. LGU will work with local DOH on identified goal areas related to behavioral health.

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:

Our local health department will provide guidance for any of the behavioral interventions they select. In general, the health department uses SMART goals for the CHIP and other work plans. When metrics do not exist the local health department identifies other measures. As an example, the local health department uses the number of well child checks to measure parent involvement as a post training metric.

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 cross cutting goals will be included in the local health department's CHA/CHIP. They will be worked into the objectives for each priority. The multidisciplinary work-groups will support the goals and priorities through the work plan.

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:

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:
See goals and objectives in the local plan.

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

a) No Yes

b) If yes, please list

| | |
|--------------------------------------|---|
| Title of training(s): | 1. Trauma Informed Care-Understanding and Responding to Children and Families in Trauma 2. Trauma Informed Care 3. The Pyramid Model (56 hours, for home care staff in public health) |
| How many hours: | 7 hrs (each) |
| Target audience for training: | Teachers |
| Estimate number trained in one year: | 100 |

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
Madison Co. Mental Health Department (70750)
Certified: Teisha Cook (5/15/19)

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:

Our PPS was instrumental in helping the central region fund mobile crisis services. This has been operational for the last 18 months, provided by Liberty Resources. DCS was involved in planning and implementing, and including this provider in existing service delivery system.

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

a) Yes No

b) Please explain:

Liberty Resources has been approved by the state to be able to bill for mobile crisis services and the CNY Director's Planning Group has been working with the agency on their sustainability plan. Other than that program, DCS is unaware of any other local projects that would require sustainability beyond 2020.

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:

The Central NY Director's Planning Group completed a regional survey about VBP, and no one indicated that they were aware of any In-Lieu of proposals with the exception of one respondent who indicated that "yes" they were developing a proposal. Unfortunately, the respondent did not elaborate on the follow up question which asked for an explanation of the proposal.

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

The DCS has been involved in the South Central BHCC as a member of the board and the finance committee. It has been helpful to have the global perspective of the DCS for discussions related to board structure, agency representation, and to provide feedback on the continuum of behavioral health care in the county. It has also been helpful for local agencies involved with the BHCC to have a representative from the county also included in the discussions.

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:

LGU has access to PSYCKES and the data that the CLMHD has pulled together.

Community Service Board Roster
 Madison Co. Mental Health Department (70750)
 Certified: Teisha Cook (5/6/19)

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: Virginia Whitford | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: | Term Expires: 12/2020 | Email Address: viriniaw@hgs-utica.com |
| Name: G. Richard Kinsella | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: | Term Expires: 12/2021 | Email Address: kinsella@twcny.rr.com |
| Name: Sherry Willis Buglione | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: Nursing | Term Expires: 12/2019 | Email Address: sbuglione@oneidahealthcare.org |
| Name: Brian McKee | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: | Term Expires: 12/2021 | Email Address: bmckee38@icloud.com |
| Name: Joseph Pinard | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: | Term Expires: 12/2021 | Email Address: johnp@diemolding.com |
| Name: Denise Cavanaugh | <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist | Represents: Community Agency Director | Term Expires: 12/2020 | Email Address: dcavanaugh@ccharityom.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
Madison Co. Mental Health Department (70750)
Certified: Teisha Cook (4/22/19)

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: Susan Jenkins | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: prevention | Email Address: susan.jenkins1@gmail.com |
| Name: Janelle Powell | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Peer | Email Address: jpowell@liberty-resources.org |
| Name: Melissa Jillson | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Housing provider | Email Address: mjillson@liberty-resources.org |
| Name: Rick Kinsella | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: CSB | Email Address: rick.kinsella@gmail.com |
| Name: Kaitlin Jones | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Provider | Email Address: ksjones@fscortland.org |
| Name: Alex Mikowski | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Provider | Email Address: amikkowski@liberty-resources.org |
| Name: Kerry Highers | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: DSS | Email Address: kerry.highers@dfa.state.ny.gov |
| Name: Virginia Whitford | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: CSB | Email Address: virginiaaw@hgs-utica.com |
| Name: John Pinard | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: CSB | Email Address: johnp@diemolding.com |

Mental Health Subcommittee Roster
 Madison Co. Mental Health Department (70750)
 Certified: Teisha Cook (4/22/19)

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: Kaitlin Jones | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Provider | Email Address: ksjones@fscortland.org |
| Name: Alex Milkowski | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Provider | Email Address: amikowski@liberty-resources.org |
| Name: Melissa Jillson | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Provider | Email Address: mjillson@liberty-resources.org |
| Name: Julie Mosley | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Peers | Email Address: jmosley@liberty-resources.org |
| Name: Desiree Hill | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Care Coordination | Email Address: dhill@liberty-resources.org |
| Name: Tiffany Scott | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: Housing Provider | Email Address: tscott@liberty-resources.org |
| Name: Brian McKee | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: CSB | Email Address: bmckee@hgsutica.com |
| Name: Sherry Buglione | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: Hospital/CSB | Email Address: sbuglione@oneidahealthcare.com |
| Name: Mary Vanlieshout | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: PROS provider | Email Address: m.vanlieshout@csomc.org |
| Name: Janelle Powell | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: Peers | Email Address: jpowell@liberty-resources.org |
| Name: Virginia Whitford | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: CSB | Email Address: virginiaaw@hgs-utica.com |

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
 Madison Co. Mental Health Department (70750)
 Certified: Teisha Cook (4/22/19)

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: Lori Zorn | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: agency provider | Email Address: lzorn@ariseinc.org |
| Name: Steve Russell | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: agency provider | Email Address: srussell@liberty-resources.org |
| Name: Mark Piersall | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: agency provider | Email Address: mark@heritagefarminc.org |
| Name: Christian Gutowski | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: agency provider | Email Address: cgutowski@liberty-resources.org |
| Name: Chris Evans | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: DD provider | Email Address: chris.evans@arcofmc.org |
| Name: Denise Cavanaugh | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: CSB | Email Address: dcavanaugh@ccharityom.org |
| Name: Samantha Glenn | CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No | Represents: DDRO | Email Address: Samantha.L.Glenn@opwdd.ny.gov |
| Name: Rick Kinsella | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: CSB | Email Address: rick.kinsella@gmail.com |
| Name: Virginia Whitford | CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No | Represents: CSB | Email Address: virginiaaw@hgs-utica.com |

2020 Mental Hygiene Local Planning Assurance
Madison Co. Mental Health Department (70750)
Certified: Teisha Cook (5/20/19)

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.

April Meetings, Presentations, and Events

- April 2, 2019 Mobility Management Advisory Committee meeting “Sam Purington presenting VTC in a Box and how it could benefit Madison County”
- April 6, 2019 Ithaca Transportation Camp
- April 9, 2019 Rode on the first Morrisville Grocery Trip
- April 15, 2019 Presented transportation information to the Georgetown OFA snack group
- April 16, 2019 presented transportation information to the Oneida OFA snack group
- April 17, 2019 met with Shannon Lonczak to discuss adding the Seneca Fields Apartments to the Madison Transit Oneida Route
- April 18, 2019 met with Bill Wagner from the SCNY rural Health Council, Get There call center in Binghamton, NY
- April 23, 2019 presented transportation information to Madison County DOH staff
- April 25, 2019 attended an introductory grant writing seminar at the CNY Philanthropy Center
- April 26, 2019 first monthly meeting for Mobility Management for the Madison Transit
- April 26, 2019 attended Clear Path Summit Meeting
- May 2, 2019 attended Oneida COAD meeting at the Gorman Center
- May 3, 2019 attended Automated Vehicle Summit at MVCC college (Autonomous Vehicles)

Morrisville Grocery Route (MT)

- Successful trip on April 11, 2019 (transported 6 people from Morrisville to Walmart)
- Completed the first weekly bus route on May 7th, 2019 (Morrisville to Walmart)
- Will continue to service Morrisville residents once a week going forward
- Ridership will continue to be explored for the bus service including more advertisement, including college students, and recommendations from Care Net of CNY

Increasing Ridership for the Madison Transit

- Actively presenting Madison Transit information to non-profit groups/clients
- Provided Oneida Route information to Non-profit Consortium
- Provided transportation information to Healthy Babes and Moms group (Chrystal Johnson)
- Working towards adding Seneca Fields Apartments to Oneida bus Loop
- Rode Oneida loop May 6, 2019 to identify timings, locations for potential bus stops, removal of current bus stops, and identify areas for signage

Suicide Prevention Coalition of Madison County Activities 2018 and 2019 (to date)

Monthly newsletter distributed electronically

Regular suicide prevention coalition meetings

safeTALK at Morrisville College- 2 deliveries- spring and fall

Talk Saves Lives Train the Trainer offered

Community Workshop on Supporting LGBTQ Youth with Dr. Deb Coolhart

Bi-weekly support group for LGBTQ youth

LGBTQ Collaborative meeting on a regular basis

American Foundation for Suicide Prevention training on leading support groups- 3 members trained in Massachusetts

Community showings of *The S Word* documentary featuring survivors of suicide attempts- one in Oneida and one at Cazenovia College both followed by a speaker

Coalition member attends monthly Crisis Intervention Team and has assisted with training in the past

Tabling at Mental Health Conference through M.O. BOCES and at Women's Health Expo through Community Memorial Hospital in Hamilton

Presented about the coalition at a community gathering about the mental health crisis with dairy farmers followed by the distribution of suicide prevention materials for farmers through Cooperative Extension

Movie Night in conjunction with Pathways Wellness Center with a screening of the movie "Happy" followed by a discussion

Presentation on the coalition and mental health services in Madison County for students, faculty and staff at Cazenovia College in conjunction with Mental Health and Liberty Resources

Members attended statewide suicide prevention conference in Albany

Debrief meetings for faculty, students and staff following a student suicide. Resource materials distributed.

Pathways Wellness Center hosting monthly activities in the community and bi-weekly support groups.

Resource materials about where to get help and about the coalition distributed to individuals and agencies across the county.

2019 Activities

Monthly newsletter distributed electronically

Regular suicide prevention coalition meetings

Two (2) safeTALK trainings in April for Morrisville College and for the community

Grief Support group the last Wednesday of each month started in January 2019

Information about the Grief Support group distributed to individuals and groups across the county either face to face or through the mail, including laminated posters

LGBTQ Collaborative meetings held regularly

LGBTQ youth support groups- 2 in Oneida, 2 in Cazenovia, 1 in Hamilton

The S Word- third showing at Hamilton Movie Theater, 4/30, followed by survivor of suicide loss speaker

Training by Dr. Deb Coolhart for Colgate University and for the community on Supporting LGBTQ Youth

Presentations for Madison County Firefighters and Firefighter's Association on responding to LGBTQ individuals and others on responding to individuals in emotional distress including suicide ideation.

Representation at monthly Crisis Intervention Team meetings

Promotion of Pathways Wellness Center's peer support activities and groups

Member attended Mental Health First Aid training designed for those in the farming community at large