



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

Essex County Community Services
September 5, 2019

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Planning Form	LGU/Provider/PRU	Status
Essex County Community Services	70060	(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
Essex County Community Services (70060)
Certified: Terri Morse (6/27/19)

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**:

- Essex County Mental Health (ECMH) and Mental Health Association in Essex County (MHA), in collaboration with NYS Police and Essex County Sheriff deputies received CIT training in November 2017. In 2018, implementation of the CIT training was put in place. This is a successful program in Essex and has brought community members into services that typically were not engaged.
- Care management services have been added to mental health treatment at the County jail. Additionally, the jail has received a grant to improve inmates' referral to employment and education. These personnel interface with the mental health (clinician and case manager) to facilitate a higher level of connection to services.
- A majority of clinical staff have been trained in EMDR (Eye Movement Desensitization Reprocessing) and EFT (Emotional Freedom Technique) to mitigate the effects of trauma on clients.
- Mental Health, in collaboration with DSS and Public Health, hosted a Building Resilience in Essex County event for all CBOs and providers in Essex County who are working with children/families. Over 200 people attended.
- Essex County is working with OMH's System of Care to create a coalition of Children/Family providers to become more proactive about children's services/children's mental health issues. It is called BRIEF (Building Resilience in Essex Families)
- ECMH has added an RN to improve integration of health care with clients receiving mental health care
- Clinton, Essex and Franklin County DCS's are working together to develop a regional Children's Crisis Stabilization response solution, in collaboration with Champlain Valley Physicians' Hospital in Plattsburgh, NY
- CFTSS and HCBS services have been added and/or transitioned successfully with Families First and ECMH
- There has been an increase in mental health satellites in school settings
- MHA has added Certified Peer staff

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

Lack of licensed mental health providers in Essex County Mental Health; no supportive housing options within the county.

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

- Change in regulations for children's HCBS services that removed overnight respite opportunities negatively impacts the children in Essex County. Whereas an overnight respite was used to mitigate the need for inpatient hospitalization and/or ER visit, this change in the regs has INCREASED the number of children accessing ER/inpatient services.
- Opioid crisis impacts available (stipend) housing options
- Adult respite reimbursement from managed care is not sufficient to cover costs associated with this service
- With the State Education Department's mandate of mental health treatment in schools, ECMH has been taxed with supplying mental health services in the schools, with an already stressed staff level
- With future 24/7 mobile crisis mandate, ECMH has lost two staff members to their concern that they would be called out in the middle of the night, which impacts their personal (family) life, and concerns about personal safety for responding to a person's home in a rural setting at late-night hours

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**:

- Detox facility operated by St. Joseph's Substance Use and Addiction Treatment Centers has a soft opening in July 2019. This is a regional approach, as the location is on the border of Essex and Franklin Counties
- Active opioid coalition (Essex County Heroin and Opioid - ECHO)
- Smoking cessation training conducted by Prevention Team
- Strong school Prevention presence in approximately 70% of Essex County schools
- Hosted a marijuana use (medical and adult-use) panel to education CSB members on the various uses of marijuana and how it will impact future treatment
- St. Joseph's opened Rose Hill (adolescent treatment center) located in Franklin County, but available to Clinton and Essex County
- Implemented telehealth MAT prescribing to outpatient satellites
- Opened 4 ESSHI apartments targeting women and children across Franklin and Essex Counties

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

Engagement of people in need of MAT at time of ER use.

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

- St. Joseph's did not receive funding for a 25-bed Women and Children's Recovery Center, which was planned to be built in Ticonderoga, NY

- Concerns about legalization of adult-use marijuana

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**:

- Mountain Lake Services is a strong service providing serving the OPWDD population. They are looking to increase their services within their Article 16 clinic.
- While Medicaid Managed Care is challenging, Mountain Lake Services is working to adjust to the changes and views it as positive

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

Challenges with workforce.

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

Mountain Lake Services had to close 3 homes due to staffing issues.

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

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- 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

Based on CSB subcommittee reports, there are no housing opportunities in Essex County for individuals recovering from substance use disorder(s) who are in need of a structured and supportive residential environment.

The only housing resources available in Essex County for people with serious mental illnesses are rent stipends via MHA or HUD. Consumers in need of more structured, supervised and supportive services are referred to out-of-county resources.

There are on average 5-10 children in Essex County between 16-21 years old needing residential services who have been identified through SPOA, with 28 children in 2016 being assessed as having “difficulty with self-direction” (according to NYS Council on Children and Families). They are not eligible for foster care, not ready for independent living, unable to live with family, and at risk of homelessness and involvement with the criminal justice system.

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

Increase availability of supportive/ therapeutic housing for County residents (a) with Serious Mental Illness (SMI), (b) with substance use disorders, and/or (c) at-risk youth.

Objective Statement

Objective 1: Identify and monitor all funding initiatives for development of sustainable housing programs for county residents.

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

Change Over Past 12 Months (Optional)

It is the plan to apply for the ESSHI grant to gain momentum toward obtaining supportive housing. Additionally, there is a private, entrepreneur in Plattsburgh who opened a housing opportunity for those in recovery. The owner of MHAB has agreed to speak with Essex County to determine whether such a model could be set up in Essex County.

2c. Crisis Services - Background Information

Based on OMH data found at www.omh.ny.gov/ombweb/tableau/county-profiles.html, in 2016, Essex County has an average daily census of 3.3 adults and .51 children are admitted to psychiatric inpatient services.

There are limited behavioral health staff members at local emergency departments in Essex County. After-hours crisis services provided by mental health agencies are almost exclusively limited to phone contact. Many individuals in crisis are subjected to involuntary transportation by law enforcement personnel to a hospital ER in a neighboring county for assessment and admission to an inpatient mental health unit.

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

Improve readily accessible behavioral health crisis services (including suicide prevention) – both telephonic and mobile, 24/7.

Objective Statement

Objective 1: Continue implementation of Behavioral Health Community Crisis Stabilization Services to include mobile crisis teams, respite, ER diversion protocols, and a safe location for after-hours services.

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

Objective 2: Explore collaborative solutions utilizing local ERs, law enforcement, peer services and mental health services to mitigate escalation of crises.

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

Change Over Past 12 Months (Optional)

With the advent of the OMH Mobile Crisis initiative, implementation of CIT, solutions created with the State Opioid Response grant, and improved collaboration between mental health, substance abuse, and Article 28 hospitals, we are hopeful that our very rural and large county can achieve some form of a "crisis stabilization center," locally.

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

Workforce recruitment and retention is a continuing problem for Essex County local government and voluntary service providers, as evidenced by Mountain Lake Services having to close 3 homes over the past 1.5 years due to a lack of workforce.

Additionally, according to County Health Rankings data, Essex County has a rate of one mental health provider per 690 residents; whereas the NYS average is 1/390.

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

Identify and quantify the breadth and depth of the shortages and/or vacancies within provider agencies

Objective Statement

Objective 1: Add a survey question to the LSP survey form that will tabulate workforce shortages and vacancies.

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

Change Over Past 12 Months (Optional)

The adding of CFTSS services, change in HCBS delivery, increase in State Education Department's mental health mandate for schools, change in workforce attitude about adult use of marijuana (workforce cannot pass drug screens), lack of Social Worker master's degrees within the region, and increase in demands on mental health service provision (not enough providers to meet the demand), Essex County is struggling in the area of workforce.

2f. Prevention - Background Information

There is an increasing tide of approval for marijuana use, first as medical, and second as adult use, based on the potential of New York State's legalization of adult use of marijuana. The general tenor of social norms seems to be trending toward positive aspects of marijuana use and typically does not accurately communicate the growing scientific evidence of potential for harm, as well as the certainty that addiction to marijuana can and does happen to some who use regularly.

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

Increase awareness among clients/consumers of the risks of marijuana use.

Objective Statement

Objective 1: Provide training/dialogue sessions with all CSB provider agency staff about the harmful effects of marijuana use and its addictive potential.

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

Change Over Past 12 Months (Optional)

At a CSB annual retreat, we hosted a marijuana panel, covering adult use and medical marijuana. This was beneficial to all those in attendance as it dispelled some beliefs that attendees experienced. Additionally, it was helpful to hear about how addiction treatment providers were dealing with the shift in OASAS no longer requiring an abstinence-based model to treatment, but harm reduction, and the impact that has on working with clients at various Stages of Change.

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

The number of Essex County residents impacted by opioid abuse/addiction continues to increase. According to Essex County DSS, there has been an 88% increase in children being referred to foster care (2016-2018). Referrals to outpatient substance abuse treatment admissions have increased, and referrals to Essex County Treatment Court and Family Treatment Court have increased by 158% between 2016 and 2019.

Adverse childhood experiences (ACEs) are strongly related to the development and prevalence of a wide range of

health problems throughout a person's lifespan, including those associated with substance misuse. According to childhealthdata.org, 15% of New Yorkers have an ACE score of 2+, and 30.3% have a score of one.

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

For individuals who are abusing opiates and/or other substances, provide readily accessible treatment, recovery support, and prevention services for the individual and their families.

Objective Statement

Objective 1: Expound on integration of Trauma-Informed Care (Building Resilience) services within Essex County CSB providers and Community Based Organizations (CBO)

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

Objective 2: Participate in the Essex County Heroin /Opiate (ECHO) Coalition to monitor efforts to reduce the impact of heroin/opiate use among county residents.

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

Objective 3: Increase the availability of Medically Assisted Treatment (MAT) in all regions of the county.

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

Change Over Past 12 Months (Optional)

Essex' outpatient substance abuse provider has increased accessibility for MAT and have opened a detox center. All providers have become more informed on the impact that ACE's (Adverse Childhood Experiences) have had on substance use and further education about ACE's and Social Determinants of Health have been addressed.

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

NYS Department of Health emphasizes increased collaboration and integration of behavioral health services within the broader health care system.

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

Increase integration of care within the Essex County behavioral health delivery system, within the context of Value Based Payments/Care and Essex County Health Department Prevention Agenda.

Objective Statement

Objective 1: Explore opportunities for integration of mental health, substance abuse, prevention, and intellectual/developmental disability services amongst CSB providers and with community based organizations (CBO) and health care providers to promote coordination of care for consumers.

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

Objective 2:

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

Change Over Past 12 Months (Optional)

Many CSB providers are involved in the BHCC initiative.

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

According to the CDC, those with substance use or mental health disorders are 40% more likely to smoke cigarettes, as compared to the general population. This is a key factor leading to poorer health outcomes and reduced life expectancy for this population in Essex County.

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

Reduce the incidence of nicotine use and dependence among behavioral health consumers in Essex County.

Objective Statement

Objective 1: CSB agencies will identify and collaborate on initiatives that provide nicotine-using consumers and staff the opportunity for nicotine cessation.

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

Objective 2: CSB agencies will develop prevention initiatives for nicotine use.

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

Change Over Past 12 Months (Optional)

Several agencies have participated in training of staff in smoking cessation. It has been difficult to produce results due to 1) client disinterest and 2) clinicians experiencing "initiative overload"

New York State Prevention Agenda Survey
Essex County Community Services (70060)
Certified: Terri Morse (6/27/19)

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:

Each Issue has been referenced to NYS Prevention Agenda and includes verbiage to show the correlation within Essex County's LSP working document.

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:

Essex County Mental Health (ECMH) and Mental Health Association in Essex County (MHA), in collaboration with NYS Police and Essex County Sheriff deputies received CIT training in November 2017. In 2018, implementation of the CIT training was put in place. This is a successful program in Essex and has brought community members into services that typically were not engaged. Care management services have been added to mental health treatment at the County jail. Additionally, the jail has received a grant to improve inmates' referral to employment and education. These personnel interface with the mental health (clinician and case manager) to facilitate a higher level of connection to services. A majority of clinical staff have been trained in EMDR (Eye Movement Desensitization Reprocessing) and EFT (Emotional Freedom Technique) to mitigate the effects of trauma on clients. Mental Health, in collaboration with DSS and Public Health, hosted a Building Resilience in Essex County event for all CBOs and providers in Essex County who are working with children/families. Over 200 people attended. Essex County is working with OMH's System of Care to create a coalition of Children/Family providers to become more proactive about children's services/children's mental health issues. It is called BRIEF (Building Resilience in Essex Families) ECMH has added an RN to improve integration of health care with clients receiving mental health care Clinton, Essex and Franklin County DCS are working together to develop a regional Children's Crisis Stabilization response solution, in collaboration with Champlain Valley Physicians' Hospital in Plattsburgh, NY CFTSS and HCBS services have been added and/or transitioned successfully with Families First and ECMH There has been an increase in mental health satellites in school settings MHA has added Certified Peer staff Other # 1: Increase integration of care within the Essex County behavioral health delivery system, within the context of Value Based Payments/Care and Essex County Health Department Prevention Agenda. Other # 2: Reduce the incidence of nicotine use and dependence among behavioral health consumers in Essex County.

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:

Elizabethtown Community Hospital, Essex County (Public) Health Department, Prevention Team, St. Joseph's Addiction Treatment Center

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:

Not yet

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

No

Yes, please explain:

Assist - collaboration between LGU providers and Public Health will assist in improving implementation of the Prevention Agenda.

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:

We have to establish data-capturing and analysis. We're hoping that being involved in a BHCC will assist with this requirement

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:

By the DCS and Public Health Director working very closely together and creating policies that complement and collaborate with one another.

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:

Children's services and implementation of mental health curriculum in schools

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

- Un/Underemployment and Job Insecurity
- Food Insecurity
- Adverse Features of the Built Environment
- Housing Instability or Poor Housing Quality
- Discrimination/Social Exclusion
- Poor Education
- Poverty/Income Inequality
- Adverse Early Life Experiences
- Poor Access to Transportation
- Other

Please describe your efforts in addressing the selections above:

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

a) No Yes

b) If yes, please list

Title of training(s): We have hosted a community-wide, all-day Building Resilience training opportunity for all CBOs and providers to children/families. We have created a coalition called Building Resilience in Essex Families.

How many hours: 8

Target audience for training: providers

Estimate number trained in one year: 4

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:
Not yet.

Office of Mental Health Agency Planning (VBP) Survey
Essex County Community Services (70060)
Certified: Terri Morse (6/28/19)

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:

Yes, I determine that AHI PPS has been very supportive of improving our organization. They will be advising on becoming more corporate-minded and VBP prepared in the upcoming year.

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

- a) Yes No

b) Please explain:

Yes, it is built into our Local Services Plan

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):

I do not believe so.

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:

The LGU is somewhat aware, but can definitely be looking at ways to be more VBP-ready and capable.

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:

Essex County is involved in the Northwinds Integrated Health Network, IPA (previously North Country BHCC)

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:

Very little. This is an area that we are recognizing requires upgrades, education and transformation.

Community Service Board Roster
 Essex County Community Services (70060)
 Certified: Terri Morse (6/28/19)

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: Geoff Neu	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Member	Term Expires: 12/2020	Email Address: geobasics@hotmail.com
Name: George King	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Provider Agency	Term Expires: 12/2022	Email Address: kinggeo@westelcom.com
Name: Mary Bell	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Member	Term Expires: 12/2019	Email Address: bellme996@gmail.com
Name: Charles Harrington	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Board of Supervisors	Term Expires: 12/2019	Email Address: cwharrington@cptelco.net
Name: Lynne Macco	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Physician	Term Expires: 12/2020	Email Address: lemacco@gmail.com
Name: Linda Beers	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Health	Term Expires: 12/2020	Email Address: lbeers@co.essex.ny.us
Name: Clay Reaser	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Member	Term Expires: 12/2021	Email Address: claytonreaser@mac.com
Name: John Haverlick	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: mental health field	Term Expires: 12/2019	Email Address: jjhaverlick@gmail.com
Name: Judy Feigenbaum	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: mental health field	Term Expires: 12/2021	Email Address: judyf13@charter.net
Name: Linda Beers	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Department of Social Services	Term Expires: 12/2020	Email Address:
Name: Laurie Kelley	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Mountain Lake Services/Community Member	Term Expires: 12/2019	Email Address: laurieakel@aol.com

Name: Charles Lustig	<input type="checkbox"/> Physician	Represents: retired teacher/community member	Term Expires: 12/2019	Email Address: clustig1@yahoo.com
	<input type="checkbox"/> Psychologist			
Name: David Reynolds	<input type="checkbox"/> Physician	Represents: Essex County Sheriff	Term Expires: 12/2019	Email Address: dreynolds@co.essex.ny.us
	<input type="checkbox"/> Psychologist			
Name: Father Craig Hacker	<input type="checkbox"/> Physician	Represents: Clergy	Term Expires: 12/2019	Email Address: frcraigstjohns@gmail.com
	<input type="checkbox"/> Psychologist			
Name: Kari Lautenschuetz	<input type="checkbox"/> Physician	Represents: Housing Association Program	Term Expires: 12/2019	Email Address: Kari@hapec.org
	<input type="checkbox"/> Psychologist			

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
 Essex County Community Services (70060)
 Certified: Terri Morse (6/28/19)

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: Geoff Neu	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: community member	Email Address: geobasics@hotmail.com
Name: Brooke Clark	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Heroin-Opiate Taskforce	Email Address: bclark@co.essex.ny.us
Name: Lynn Macco	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: physician	Email Address: lemacco@gmail.com
Name: George King	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Veterans/Community Member	Email Address: kinggeo@westelcom.com
Name: Tracy Turek	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Probation	Email Address: tturek@co.essex.ny.us
Name: Charles Lustig	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Retired Teacher/community member	Email Address: clustig1@gmail.com
Name: Mary Bell	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Member	Email Address: bellme996@gmail.com
Name: Doug Terbeek	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Prevention provider	Email Address: doug@preventionteam.org
Name: Robin Gay	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Outpatient treatment	Email Address: robingay@stjoestreatment.org

Mental Health Subcommittee Roster
 Essex County Community Services (70060)
 Certified: Terri Morse (6/28/19)

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: Judy Feigenbaum	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: relative of consumer	Email Address: judyf13@charter.net
Name: Father Craig Hacker	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Clergy	Email Address: frcraigstjohns@gmail.com
Name: Juli Beaty	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Probation	Email Address: jbeatty@co.essex.ny.us
Name: Kari Lautenschuetz	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Housing Authority Program/ Community Member	Email Address: Kari@hapec.org
Name: Geoffrey Neu	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Member/CSB Chair	Email Address: geobasics@hotmail.com
Name: JoAnne Caswell	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: provider representative	Email Address: jcaswell@familiesfirstessex.org
Name: Annie McKinley	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: provider representative and parent of MH recipient	Email Address: amckinley@co.essex.ny.us
Name: Valerie Ainsworth	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: provider representative	Email Address: valerie@mhainessex.org
Name: Clay Reaser	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: retired educator	Email Address: claytonreaser@mac.com
Name: George King	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: retired military; consumer of MH svcs.	Email Address: kinggeo@westelcom.com
Name: John Haverlick	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Licensed Social Worker	Email Address: jjhaverlick@gmail.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

Essex County Community Services (70060)

Certified: Terri Morse (6/28/19)

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: Geoff Neu	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: community member	Email Address: geobasics@hotmail.com
Name: Scott Sayward	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: OPWDD	Email Address: SCOTT.SAYWARD@opwdd.ny.gov
Name: Laurie Kelley	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Member	Email Address: laurieakel@aol.com
Name: George King	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Veterans/Community Member	Email Address: kinggeo@westelcom.com
Name: Marty Nephew	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: provider representative	Email Address: mnephew@mountainlakeservices.org
Name: Barb Reed	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: community member	Email Address: reedburke@gmail.com
Name: Nina Matteau	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: family member of consumer	Email Address: nmfm50@yahoo.com
Name: Mary Bell	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: community member	Email Address: bellme996@gmail.com

2020 Mental Hygiene Local Planning Assurance
Essex County Community Services (70060)
Certified: Terri Morse (6/28/19)

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.