



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

Hamilton County Community Services
September 5, 2019

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Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
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2020 Mental Hygiene Executive Summary
Hamilton County Community Services
Certified: Robert Kleppang (5/22/19)

The needs and priorities noted below specifically reflect desired outcomes identified through Hamilton County's own continuing strategic planning

process. The county has utilized regularly scheduled public forums, archival data and surveys to identify needs and assets that support the

development and implementation of initiatives that promote the delivery of effective mental hygiene services to its residents. These needs/priorities,

in addition to being the product of a comprehensive needs assessment process, also reflect the realities of Hamilton County's very rural existence.

More specifically, Hamilton County is New York States only county that meets the federal governments criteria for designation as a frontier county

(under six persons per square mile; Hamilton = 2.9). The needs and priorities below must then also be seen in the context of a county that –despite

being the geographical equivalent of the state of Rhode Island –has no public transportation, no pharmacy, no hospital, and a population density that

cannot viably support the vast majority of mental health programs designed to be funded through Medicaid. This reality leads to significant concerns

on the part of the Hamilton County Community Services Board that current efforts to reform Medicaid, through a transition to a managed care

model, may make it impossible to deliver accessible behavioral health services to the county's residents. Discussions with OMH and OASAS to date

have not been reassuring with respect to how Hamilton County can continue to provide in-county services, and the prospect of its residents needing

to travel one to two hours one-way for services outside the county is simply not realistic.

Mental Hygiene Goals and Objectives Form
 Hamilton County Community Services (70090)
 Certified: Robert Kleppang (6/5/19)

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 shortage of mental hygiene professionals, particularly psychiatry and social work, in the region and county continues to significantly challenge the ability of our county's mental health provider to deliver timely and accessible services. Tele-health, as a supplemental resource to address these shortages, was introduced this past year and being successfully used in the County Jail, local clinic and is available in a local school district. Planning currently is to expand this service to other locations in the county.

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

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

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, overall, has changed over the past year: Improved Stayed the Same Worsened

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

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

There has been little movement in identified need and utilization of services over the past year. Focus in the coming year will be to provide educational opportunities to local providers to enhance awareness of treatment modalities for opiate abuse as this has been identified as a need.

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

c) Indicate how the level of unmet needs of the **developmentally disabled** population, overall, has changed in the past year: Improved Stayed the Same Worsened

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

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

The limited availability of respite and residential opportunities, for individuals residing in the community, has been a challenge...particularly for children and adolescents. The lack of these services has put children at risk and required intervention by local DSS's Child Protective Services to maintain safety. These issues have been brought to the attention of local OPWDD and, while sympathetic, there has been no discernable progress in addressing this issue.

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

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2b. Transportation - Background Information

Medicaid transportation in Hamilton County is limited and unreliable. Multiple calls have to be made at times to arrange transportation for clients followed by calls to supervisors to address a lack of response or incorrect information regarding a provider's status as an approved destination for a client. This issue has been brought to the attention of Hamilton County's DSS Commissioner as well who has intervened, but to date progress in providing greater access and number of rides has not improved. There is no public transportation in the county and clients with transportation needs struggle to make appointments. Hamilton County does have a volunteer transportation system but this system, while effective with transportation arrangements made several days in advance, cannot respond to immediate needs.

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

All appropriate requests for Medicaid transportation will be met.

Objective Statement

Objective 1: Address Medicaid transportation with the state.

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

Change Over Past 12 Months (Optional)

Discussion continues with Medication Transportation. At this time however there has been no discernable change.

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

Recruitment of professionals to provide mental health and substance abuse treatment has been difficult. Staff openings, on average, have been 18 months for such positions and some remain unfilled for the past two years. The area DSRIP initiative is addressing this issue but, to date, there has been no progress seen. Several issues impact this issue; lack of professionals living in area, obstacles to relocation with many having spouses/significant others needing to find a position as well, availability of affordable housing and compensation.

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

Fill needed professional positions within 30 days.

Objective Statement

Objective 1: Work with regional DSRIP to improve recruitment and retention of professional staff.

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

Change Over Past 12 Months (Optional)

There has been no progress made during the past 12 months.

2j. SUD Outpatient Services - Background Information

Hamilton County's only SUD outpatient provider is at capacity with respect to available revenue to support necessary staffing. The provider model, whereby county qualified mental health professionals provide treatment under the license and support of an out of county not for profit provider, needs to be expanded.

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

County SUD treatment provider will increase capacity by 50%. This goal is in progress.

Objective Statement

Objective 1: Hamilton County Community Services will work with OASAS and the North Star Chemical Dependency Services to increase capacity of SUD services in the county through increasing available revenue for staffing.

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

Change Over Past 12 Months (Optional)

This objective was not addressed during the past 12 months.

2n. Mental Health Clinic - Background Information

Hamilton County Community Services, the county's only MH outpatient treatment provider, is currently at capacity with a waiting list for counseling and psychiatric services. The primary obstacle to increasing service capacity is staff vacancies, some vacant for two years, in these areas.

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

Hamilton County Community Services was able to recruit new staff and implement tele-psychiatry. However, with anticipated staff vacancies and the recency of tele-health, this goal will be continued.

Objective Statement

Objective 1: Hamilton County Community Services will implement tele-psychiatry during the coming year.

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

Change Over Past 12 Months (Optional)

Tele-psychiatry has been introduced and this goal will be continued as efforts are made to expand availability.

2t. Developmental Disability Respite Services - Background Information

Respite services for individual residing at home within the county have been difficult to obtain in timely manner, if at all. This has been particularly true for children and adolescents. This inability to provide such services in a timely manner has put individuals at risk and, at times, required the intervention of county Child Protective Services.

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

Respite services for county residents with developmental disabilities will be adequate to meet the need and provided in a timely manner.

Objective Statement

Objective 1: OPWDD will work with the county to increase the availability of respite services for all county residents.

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

Change Over Past 12 Months (Optional)

There has been no discernable progress over the past 12 months.

2x. Developmental Disability Front Door - Background Information

Children and adolescents in need of residential opportunities have struggled to find such placements in a timely way. Requests for placements have been made, under some circumstances, to place these individual in OMH programs which have been rejected as inappropriate by Hamilton County's SPOA.

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

Residential opportunities will be provided in a timely manner for developmentally disabled individuals qualified for such placements.

Objective Statement

Objective 1: Residential placements will be created as needed

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

Change Over Past 12 Months (Optional)

No progress to date. With changes over the past year with Care Coordination the system has become slower to meet the needs of individuals residing in the community.

New York State Prevention Agenda Survey
Hamilton County Community Services (70090)
Certified: Robert Kleppang (5/23/19)

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:

Hamilton County has developed a Suicide Prevention Coalition; is implementing a strategy for supporting a culture countywide utilizing ACE's/ Trauma Informed Care; prevention plan addresses opiate prevention/ treatment, mental health and substance abuse prevention, social and emotional learning.

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:

Through the County's Consolidated Children's Services committee planning has addressed the issues noted above and subsequent programming initiated.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

See above. We work in formal collaborative relationships with the county's public health system, all schools, DSS, probation, court system, Board of Supervisors, law enforcement, public resources (libraries, camps, etc.), prevention coalitions (e.g., Four Rivers, media and churches).

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:

Hamilton County's Community Services and Public Health Department conduct regular needs assessments related to prevention and general wellness.

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

No

Yes, please explain:

Hamilton County struggles to provide these services given funding models and regulations that impede service development and implementation in highly rural areas (see Medicaiding behavioral health services, staff recruitment/ retention given necessary qualifications, etc.)

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:

There are no Article 31 or 32 clinics located in the county.

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:

yes and this department supports them through coalitions noted above.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

No

Yes, please explain:

Developing countywide culture to support Trauma Informed Care inclusive of the use of ACE's

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

Poor Education

Food Insecurity

Poverty/Income Inequality

Adverse Features of the Built Environment

Adverse Early Life Experiences

Housing Instability or Poor Housing Quality

Poor Access to Transportation

Discrimination/Social Exclusion

Other

Please describe your efforts in addressing the selections above:

Food insecurity addressed by County's Community Action, Public programs. County's CCSI program addresses ACE's related issues. County's Community Services Trailblazers and Prevention Programs address social exclusion. County's Voluntary Transportation Provider addresses accessibility to health services.

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): Mental Health First Aid, Suicide prevention Training (e.g., Safe Talk), Bridges Out of Poverty.

How many hours: 24

Target audience for training: Schools, Community.

Estimate number trained in one year: 2

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:

In development

Office of Mental Health Agency Planning (VBP) Survey
Hamilton County Community Services (70090)
Certified: Robert Kleppang (5/23/19)

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:

Hamilton County's PPS, Adirondack Health Institute, has provided support in two areas: a. Technical assistance for Telehealth, with the county now providing telepsychiatry at several sites in the county, and b. Prevention funding, which has been used to develop and implement the goal of creating a culture informed by the principles of trauma informed care with schools and health/ behavioral health care providers throughout the county.

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

a) Yes No

b) Please explain:

Budgets will include funding to sustain projects 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):

One, Citizens Advocates. They are a partner in a BHCC intended to participate in VBP funding.

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:
Not at this time.

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

a) Yes No

b) Please explain:

Hamilton County's OMH Field office has provided the information.

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

To the extent possible as an LGU. The details of such an arraignment are unclear at this time.

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:

Programs that provide and bill for services have EMR's capable of this requirement.

Community Service Board Roster
Hamilton County Community Services (70090)
Certified: Robert Kleppang (5/23/19)

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: Mary Kiewicz	<input type="checkbox"/> Physician	<input checked="" type="checkbox"/> Psychologist	Represents: Community	Term Expires: 12/2017	Email Address: schlansker@frontiernet.net
Name: Willaim Farber	<input type="checkbox"/> Physician	<input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 12/2019	Email Address: Chairman@HamiltonCountyNY.Gov
Name: Bryan Rudes	<input type="checkbox"/> Physician	<input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 12/2019	Email Address: bsrudes@aol.com
Name: Clark Seaman	<input type="checkbox"/> Physician	<input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 12/2017	Email Address: llsuper@adirondackacres.com
Name: John Simons	<input type="checkbox"/> Physician	<input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 12/2017	Email Address: JWScarnut2@yahoo.com
Name: Deb Ameden	<input type="checkbox"/> Physician	<input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 12/2017	Email Address: hamiltoncountycycaa@yahoo.com
Name: Natalie Luxford	<input type="checkbox"/> Physician	<input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 12/2021	Email Address:

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

Alcoholism and Substance Abuse Subcommittee Roster

Hamilton County Community Services (70090)

Certified: Robert Kleppang (5/23/19)

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: John Simons

CSB Member: Yes No

Represents: Community

Email Address:
jwsimons@frontiernet.net

Name: William Farber

CSB Member: Yes No

Represents: Community

Email Address:
william.g.farber@gmail.com

Name: Natalie Luxford

CSB Member: Yes No

Represents: Community

Email Address:

Mental Health Subcommittee Roster
Hamilton County Community Services (70090)
Certified: Robert Kleppang (5/23/19)

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: Deb Ameden **CSB Member:** Yes No **Represents:** Community **Email Address:** hamiltoncountycas@yaho.com

Name: PattiJo Hicks **CSB Member:** Yes No **Represents:** Community **Email Address:** pattijohicksleswr@gmail.com

Name: Bryan Rudes **CSB Member:** Yes No **Represents:** Community **Email Address:** bsrudes@aol.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
Hamilton County Community Services (70090)
Certified: Robert Kleppang (5/23/19)

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: Clark Seaman	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address: llsuper@adirondackacres.com
Name: Kathy Hutchins	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address: kahutchins@frontiernet.net
Name: Alex Logie	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Adirondack Arc	Email Address: alogie@adirondackarc.org
Name: Mary Cannan	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: OPWDD	Email Address: Mary Cannan
Name: Mary Kiewicz-Schlansker	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address: schlansker@frontiernet.net

2020 Mental Hygiene Local Planning Assurance
Hamilton County Community Services (70090)
Certified: Robert Kleppang (6/6/19)

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2020 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2020 Local Services planning process.