



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

Jefferson County Comm. Services Board
September 6, 2019

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2020 Mental Hygiene Executive Summary
Jefferson County Comm. Services Board
Certified: Timothy Ruetten (5/30/19)

2019 Executive Summary

2018 was a year of changes, challenges and opportunities. As the field of behavioral health continues to grow and evolve, so do the growing pains. In January 2019, the long-time Director of Community Services, Roger Ambrose retired. As Roger's replacement, I assumed my duties in the midst of the planning season. As such, the Local Services Plan is a combination of my observations and Roger's suggestions along with input from providers, community leaders and consumers. In preparation for next year's plan, I will be implementing some changes in the planning process that will utilize the expertise of the Community Services Board and its subcommittees. Additionally, I will be adding even more opportunities for the community to contribute to the plan.

Perhaps the most serious issue across all three of our behavioral health categories is recruitment and retention. Within the mental health community, a limited applicant pool overall has continued to make filling vacancies difficult. Our proximity to a large Federal employer along with a nearby state mental health facility makes it very difficult for our local agencies to compete.

Our OASAS programs experience the same challenges as the mental health programs but the problem is amplified due to an expansion of services to help combat the opiate epidemic. With agencies struggling to fill existing vacancies, additional programs are sometimes impossible to staff.

The developmental disability agencies are experiencing the same issues. Additionally, many of their entry level positions are minimum wage jobs. With a lack of COLA to increase salaries other than minimum wage, staff are often leaving the entry level positions as soon as their training is finished instead of accepting promotions that do not offer a noticeable pay increase.

By far the most noticeable improvement has been the addition of programs and funding opportunities to help combat the opiate epidemic. The opening of an Opioid Treatment Clinic, Recovery Center and an increase in forensic funding for addiction services seems to have begun to move our community in a positive direction. In the near future we will also see the addition of increased forensic counseling services and an Opioid Treatment Court.

This coming year will bring a heightened focus on crisis services in our region. Additional training for Law Enforcement, 1st responders, and the community will help with this goal. Also, a coordinated effort to reduce the impact that stigma has on behavioral health services and those experiencing behavioral health issues.

Mental Hygiene Goals and Objectives Form
Jefferson County Comm. Services Board (70380)
Certified: Timothy Ruetten (5/30/19)

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 use and widespread placement of peers in the community seems to have had a positive impact thus far. Peers are now embedded at our Emergency Department and in our jail.
- Collaboration with our local school districts has increased over the past year with the addition of a School Liaison position. Connections between the school communities and local behavioral health providers has also been strengthened by an annual school/mental health symposium which began Summer of 2018.

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

- Transportation is an ongoing challenge in Jefferson County. A large, spread out, rural population continues to dramatically impact service provision throughout the County. There has, however, been positive movement in the local mass transit initiative with the addition of public bus routes throughout the county being a reality in the future. Collaboration between the Volunteer Transportation Center and numerous local providers and stakeholders has driven this project forward. Furthermore, programs such as "First Mile-Last-Mile" are being researched and considered to ensure that all county residents will have an opportunity to use mass transit in the future. Unfortunately, mass transportation is not a viable option for some community members with serious mental health issues. The need exists for same day transportation for those unable to utilize mass transit.
- Inpatient treatment services for youth continue to be an issue for Jefferson County. We have continued our focus on the improvement of children's services and access through greater collaboration countywide but these efforts do not seem to have had a noticeable impact.
- Staffing in mental health clinics continues to be a challenge resulting in part from a limited pool of candidates coupled with competition with both Federal (Ft. Drum) and State (SLPC) positions.

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

- The staffing difficulties within the mental health system has further impacted the ability to serve certain portions of our population due to certain insurance carriers requiring a higher level clinician for basic mental health services.

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**:

- The addition in the past several years of an Opioid Treatment Clinic and a Recovery Center appear to have had a positive impact on the opiate issues here in Jefferson County. These programs, combined with community collaboration, Narcan training and provision, and a greater awareness about opiate addiction overall have helped to lower the numbers of overdose deaths in Jefferson County.
- The addition of Medicated Assisted Treatment providers will hopefully continue this positive trend.
- Additional SOR funding and funding for the establishment of an Opiate Court will hopefully continue this trend of improvement.

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

- Transportation is an ongoing challenge in Jefferson County. A large, spread out, rural population continues to dramatically impact service provision throughout the County. There has, however, been positive movement in the local mass transit initiative with the addition of public bus routes throughout the county being a reality in the future. Collaboration between the Volunteer Transportation Center and numerous local providers and stakeholders has driven this project forward. Furthermore, programs such as "First Mile-Last-Mile" are being researched and considered to ensure that all county residents will have an opportunity to use mass transit in the future.

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

- Attraction and retention of seasoned/qualified providers. The loss of one staff person regardless of licensure has an immediate impact which results in clients being transferred to yet "another counselor" or a delay in service access. This issue is exacerbated with the addition of specialty areas such as forensic counseling, which requires very specific skillsets.

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 OPWDD at the state level makes the majority of decisions in regards to the Developmentally Disabled in our community means that the changing landscape of services at this time is difficult to assess.

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

- Staffing continues to be a serious problem in the developmental disability realm. A lack of COLA along with raising the minimum wage has created a compression issue. This in turn results in an inability to retain staff after the initial training period.

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 checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<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

Jefferson County is a large rural county with frequent weather problems that make it difficult for individuals seeking services to get to and from those locations. No viable system has been successful in alleviating this problem.

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

Provide a consistent transportation service for Behavioral Health services in the county for rural areas.

Objective Statement

Objective 1: Consult with and participate in the North Country Mass Transit Initiative to bring bus service to Jefferson County and beyond.

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

Jefferson County does not currently have an approved crisis services plan. Crisis services has, in the past, been a disjointed concept with many parts but little overall collaboration.

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

Establish an effective and appropriate crisis services continuum for Jefferson County.

Objective Statement

Objective 1: Re-establish the Behavioral Health/Criminal Justice Collaborative.

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

Objective 2: Offer one session of Crisis Intervention Team Training for up to 25 law enforcement officers in 2019.

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

Objective 3: Offer 1st responder Mental Health 1st aid to area EMT's and other 1st responders.

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

Objective 4: Utilize relevant data and input from local providers to enhance our current system of Crisis Response.

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

Change Over Past 12 Months (Optional)

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

Mental Hygiene workforce issues are not new to Jefferson County. Nearly 10 years ago we were able to bring Keuka College to the county to offer a BSW program. Shortly afterwards, The Rochester Collaborative (Nazereth and Brockport Colleges) began offering an MSW program. Both of these efforts have been successful but still has not filled the need, especially for LCSW's. The Fort Drum Health Planning Organization also has provided recruitment efforts for physicians, nurses and other providers, but we continue to experience a shortage. Also, the county has seen less individuals working towards or receiving CASAC credentials for our CD providers. Fort Drum and NY State facilities, who have a significantly higher pay capability, often employ local staff once they have gotten initial training, supervision and credentials from local providers.

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

Enhance recruitment and retention efforts for all behavioral health areas for staffing, supervision and support.

Objective Statement

Objective 1: Actively participate in the Ft. Drum Regional Health Planning Organization's Recruitment and Retention Committee.

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

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

Stigma regarding mental illness and substance use disorders is prevalent nationwide. Social stigma results in prejudicial attitudes and discrimination of our citizens experiencing mental health and substance use issues. Perceived or self-stigma can impact a person's decision to seek help. Stigma regarding mental illness and substance use is a prevalent concern in Jefferson County and was voiced as a concern by both providers and consumers.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Reduce the prevalence and impact of stigma on mental health and substance use service provision.

Objective Statement

Objective 1: Provide trainings in the community to educate the Jefferson County population on the topics of mental health, substance use and suicide prevention/intervention.

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

Objective 2: Develop and implement a local community-based campaign to address and reduce stigma in our community.

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

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Jefferson County Comm. Services Board (70380)
Certified: Timothy Ruetten (5/30/19)

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:

The LGU has established goals that align with the Statewide Prevention Agenda in goals 1.2 and 2.2.

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 â€” 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:

1.2- Jefferson County Community Services will be providing Mental Health First Aid trainings throughout the community. We will also be sponsoring Crisis Intervention Team Training for 25 Law enforcement Officers. Additionally, our office will be spearheading a stigma reduction campaign. 2.2- Jefferson County Community Services is actively engaged in encouraging providers to apply for prescriber waivers where appropriate to increase access to M.A.T..

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:

Jefferson County Community Services has participated in the local Community Health Assessment/Community Health Improvement Plan Committee to discuss the potential alignment of community goals related to the NYS Prevention Agenda.

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:

Jefferson County will be working with the Fort Drum Regional Health Planning Organization to assist in tracking implementation progress.

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

- No
- Yes, please explain:

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

- No
- Yes, please explain:

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

- No
- Yes, please explain:

We will be working with our local partners to increase the availability of M.A.T.

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

- No
- Yes, please explain:

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

- | | |
|---|---|
| <input type="checkbox"/> Un/Underemployment and Job Insecurity | <input type="checkbox"/> Poor Education |
| <input checked="" type="checkbox"/> Food Insecurity | <input checked="" type="checkbox"/> Poverty/Income Inequality |
| <input type="checkbox"/> Adverse Features of the Built Environment | <input type="checkbox"/> Adverse Early Life Experiences |
| <input checked="" type="checkbox"/> Housing Instability or Poor Housing Quality | <input checked="" type="checkbox"/> Poor Access to Transportation |
| <input type="checkbox"/> Discrimination/Social Exclusion | <input type="checkbox"/> Other |

Please describe your efforts in addressing the selections above:

Jefferson County Community Services participates in the local Emergency Food and Shelter Committee, Bridges Out of Poverty, Points North Housing Coalition, and the Jefferson County Mass Transit Initiative.

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): Emotional Well-Being (Staying Ahead in a Just Getting By World) Motivational Interviewing
 How many hours: 20
 Target audience for training: Clinicians and Bridges Out of Poverty Graduates
 Estimate number trained in one year:

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

- No
- Yes, please provide examples:

We do not currently have policies and procedures to support these efforts. I am new to this position and my last position was as the Director of Office for the Aging (OFA). We will be collaborating with OFA to establish a more formal partnership.

Office of Mental Health Agency Planning (VBP) Survey
Jefferson County Comm. Services Board (70380)
Certified: Timothy Ruetten (5/30/19)

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:

2.a.i. – All regional PPS partners have been connected by secure DIRECT messaging to support a clinically integrated network. In order to ensure a compliant clinically integrated network, the PPS has funded a privacy and security management vendor for partners to utilize. 2.a.ii. – All participating PCPs in the region meet NCQA 2014 Level 3 PCMH accreditation. PPS is providing direct, hands-on support with in-house NCQA Certified Content Experts (CCE) to primary care partners. 2.a.iv. – Regional hospital has become a medical village, which is a “one-stop-shop” for the community; this helps to reduce excess bed capacity and results in in service integration. Medical villages are also platforms for primary care/behavioral health integration. 2.b.iv. – Regional partners have adopted care transitions protocols to strengthen community-based support for the patient for a 30 day transition period post-hospitalization. This includes access to care teams with resources including community health workers, behavioral health peer supports, tobacco treatment specialists, and certified diabetes educators. 2.d.i. – This project has identified uninsured patients as well as low and non-utilizers of primary care/prevention services and engaged these patients through coaching to utilize primary care/prevention services. 3.a.i. – Jefferson County has two fully implemented models of care to integrate mental health and substance abuse with primary care services and thus ensure coordination of care. The PPS has assisted primary care providers to integrate behavioral health into their primary care setting through Model 1. In addition, some primary care sites have implemented the IMPACT model which required those sites to have a Depression Care Manager and consulting Psychiatrist to ensure collaborative care for identified patients. The PPS has also been working with regional behavioral health sites to implement Model 2 where primary care services are offered at a behavioral health site. 3.b.i. - The PPS has implemented an annual blood pressure training for all participating providers as well as implemented standardized disease management policies for hypertension and cholesterol. The PPS has developed care teams with tobacco cessation services, CDEs, CHWs, and behavioral health peer supports for primary care practices to utilize. 3.c.i. - All PPS primary care partners have implemented standardized diabetes disease management policies. The PPS has developed care teams with tobacco cessation services, CDEs, CHWs, and behavioral health peer supports for primary care practices to utilize. 3.c.ii. – By aligning clinical & community priorities, the PPS has created a holistic focus for chronic disease prevention in the region. Diabetes prevention and management classes have been established and are offered in the region. 4.a.iii. – The PPS has strengthened infrastructure for MEB health promotion and MEB disorder prevention through the creation of a customized MEB video and Public Service Announcements, as well as aligning goals with the regional prevention councils and suicide coalitions. 4.b.ii. - Smoking

cessation services and Chronic Disease Self-Management Programs have been established across the county to address chronic disease in the community setting. The PPS has also supported community partners by providing funding for the following resources: recruitment and retention of providers, workforce training, diabetes prevention classes, chronic disease self-management programs, compliance and security support, BH Peer Supports, Community Health Workers, and tobacco cessation support.

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

a) Yes No

b) Please explain:

PPS has created an IPA as a structure to sign into value-based arrangements with payers. In addition, the PPS has conducted a Sustainability Survey with all partners and a Sustainability Retreat with essential partners to determine the areas in which to develop formal sustainability plans. The PPS Project Leads are currently drafting the formal plans for Board approval late Summer, early Fall.

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):

No, BH providers are participating in the North Country IPA however the IPA has not yet negotiated agreeable terms with payers for PCP or BH providers.

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a) Yes No

b) Please explain:

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

a) Yes No

b) Please explain:

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

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:

The BHCC partners have access to resources to navigate PSYCKES data and have their data displayed in a custom data dashboard to reflect performance on 6 high-priority BH measures. In addition, select primary care partners are participating in the regional ACO, Healthcare Partner of the North Country. These partners have access to the ACO's claims and clinical data as well as data analytics expertise to help drive quality and cost outcomes for their patient populations.

Community Service Board Roster
 Jefferson County Comm. Services Board (70380)
 Certified: Timothy Ruetten (5/28/19)

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: Christina O'Neil	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Samaritan Medical Center	Term Expires: 12/2021	Email Address: coneil@shsny.com
Name: Elizabeth Stevens	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Credo	Term Expires: 12/2020	Email Address: liza@credocommunitycenter.com
Name: Jennifer Draper	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Jefferson Rehabilitation Center	Term Expires: 12/2019	Email Address: jmdraper@jeffrehabcenter.org
Name: Aileen Martin	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: NRCIL	Term Expires: 12/2020	Email Address: aileenm@nrcil.net
Name: Maureen Cean	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Transitional Living Services	Term Expires: 12/2019	Email Address: mcean@tlsny.com
Name: Rebecca Small-Kellogg	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Family of Consumer	Term Expires: 12/2020	Email Address: bsmall-kellogg@sunyjefferson.edu
Name: Karen Richmond	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Children's Home of Jefferson County	Term Expires: 12/2019	Email Address: krichmond@nnychildrenshome.com
Name: Scott Gray	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: County Legislature	Term Expires: 12/2019	Email Address: scottg@co.jefferson.ny.us
Name: Jerry Moore	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Watertown Daily Times	Term Expires: 12/2020	Email Address: jmoore@wdt.net
Name: Joey Marie Horton	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Family Health Center	Term Expires: 12/2020	Email Address: jhorton@nocofamilyhealth.org
Name: Jennifer Lachenauer	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: PIVOT	Term Expires: 12/2019	Email Address: jlachenauer@pivot2health.com
Name: Jill Rupp	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Member	Term Expires: 12/2020	Email Address: jrupp@sunyjefferson.edu
Name: Martin Morrison	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: County Government	Term Expires: 12/2021	Email Address: martinm@co.jefferson.ny.us

Name: Jerian O'Dell	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Carthage Behavioral Health	Term Expires: 12/2021	Email Address: jodell@cahny.org
Name: Sandy Petrillose	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: JRC - MH Subcommittee Member	Term Expires: 12/2020	Email Address: sjpetrillose@jeffrehabcenter.org
Name: Lynn Pietroski	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Jefferson Rehabilitation Center	Term Expires: 12/2020	Email Address: ceo@watertownny.com

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
Jefferson County Comm. Services Board (70380)
Certified: Timothy Ruetten (5/28/19)

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: Jerian O'Dell	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Carthage Behavioral Health	Email Address: jodell@cahny.org
Name: Maureen Cean	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: TLS	Email Address: mcean@tlsnny.com
Name: Joey Marie Horton	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Family Health Center	Email Address: jhorton@nocofamilyhealth.org
Name: Jerry Moore	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Watertown Daily Times	Email Address: jmoore@wdt.net
Name: Lynn Petroski	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: JRC	Email Address: ceo@watertownny.com

Mental Health Subcommittee Roster
Jefferson County Comm. Services Board (70380)
Certified: Timothy Ruetten (5/28/19)

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: Jennifer Lachenauer	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: PIVOT	Email Address: jlachenauer@pivot2health.com
Name: Aileen Martin	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: NRCIL	Email Address: aileenm@nrcil.net
Name: Sandy Petrillose	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: JRC	Email Address: sjpetrillose@jefferhabcenter.org
Name: Karen Richmond	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Childrens Home of Jefferson County	Email Address: krichmond@nnychildrenshome.com
Name: Martin Morrison	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: County Government	Email Address: martinm@co.jefferson.ny.us
Name: Christina O'Neil	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Samaritan Medical Center	Email Address: coneil@shsny.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
Jefferson County Comm. Services Board (70380)
Certified: Timothy Ruetten (5/28/19)

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: Rebecca
Small-Kellogg

CSB Member: Yes No

Represents: Family of Consumer

Email Address:
bsmall-kellogg@sunyjefferson.edu

Name: Elizabeth Stevens

CSB Member: Yes No

Represents: Credo

Email Address:
liza@credocommunitycenter.com

Name: Jennifer Draper

CSB Member: Yes No

Represents: JRC

Email Address:
jmdraper@jeffrehabcenter.org

2020 Mental Hygiene Local Planning Assurance
Jefferson County Comm. Services Board (70380)
Certified: Timothy Ruetten (5/30/19)

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.