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Office of Mental Health | Office of Alcoholism and Substance Abuse Services | Office for People With Developmental Disabilities

2019
Local Services Plan
For Mental Hygiene Services

Monroe County Office of Mental Health
July 18, 2018

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2017 Mental Hygiene Executive Summary
Monroe County Office of Mental Health
Certified: Amy Scheel-Jones (5/31/18)

Please see attached.

Attachments

- Monroe County Executive Summary 2019.pdf

Mental Hygiene Goals and Objectives Form
Monroe County Office of Mental Health (70560)
Certified: Amy Scheel-Jones (5/31/18)

1. Overall Needs Assessment by Population (Required)

Please explain why or how the overall needs have changed and the results from those changes.

a) Indicate how the level of unmet **mental health service needs**, in general, has changed over the past year: ◉ Improved ○ Stayed the Same ○ Worsened

Please Explain:
Continued emphasis in addressing unmet needs within mental health services has begun to yield positive results. Increased access to a crisis service continuum have had demontrated benefit. Stakeholders emphasize the importance of multiple options such as peer led respite centers, increased walk-in hours at oupatient care, and the development of multiple models of immediate access for mental health crises treatment, similar to medical urgent care. Additionally, the launch of Health Homes Serving Children has decreased wait time for youth seeking care management services, and Monroe County has led the State in enrolling the greatest percentage of eligible adults into HARPs. While the transition to Medicaid Managed Care, the Delivery System Reform Incentive Payment (DSRIP) and Regional Planning Consortiums (RPCs) promote significant improvements to access and integration, most have yet to be fully resolved and needs continue across the lifespan for populations served by Medicaid and those not.

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

Please Explain:
The subcommittee for SUD services reported that the level of unmet needs had improved over the last year. Over the last year, expansion of Medication Assisted Treatment services, opportunities, and access provided our community with options for those greatly impacted by the opioid epidemic. Also acknowledged was the funding opportunities benefiting Monroe County for new services such as Open Access , the expansion of crisis services with 18 beds being awarded locally, and the continued support for peer services and recovery community organizations. Narcan trainings have expanded around the region with County Department of Public Health. To date, this effort has trained over 1000 people . Concerns persist in the areas of workforce recruitment and retention challenges, as well as that prevention programming remains hampered due to underfunding.

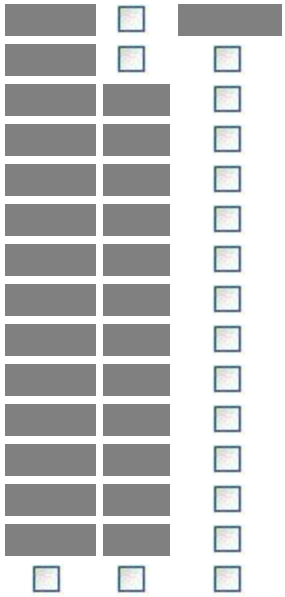
c) Indicate how the level of unmet needs of the **developmentally disabled** population, in general, has changed in the past year: ○ Improved ◉ Stayed the Same ○ Worsened

Please Explain:
Participants in the DD Focus Groups and members for the Subcommittee of the Community Services Board indicate that the overall level of unmet need for this population remains unchanged. While there is activity at the State and Local levels to develop improvements, these initiatives have yet to achieve noticable positive outcomes. Concerns persist in eligibility as well as access to services in general within the OPWDD system including quality care management, respite, housing, and educational/vocational opportunities. Individuals and their families as well as the provder network identify significant unmet need related to workforce. Low rates of pay compared to high levels of responsibilty for service providers yields high rates of staff turnover throughout the system. This trend interrupts continuity of care for individuals and results in fiscal challenges for providers in continual cost for recruitment, training, and support for new staff.

2. Goals Based On Local Needs

Issue Category	**Applicable State Agenc(ies)**		
	OASAS	**OMH**	**OPWDD**
a) Housing	☑	☑	☑
b) Transportation	☐	☐	☐
c) Crisis Services	☑	☑	☑
d) Workforce Recruitment and Retention (service system)	☑	☑	☑
e) Employment/ Job Opportunities (clients)	☑	☑	☑
f) Prevention	☐	☐	
g) Inpatient Treatment Services	☐	☐	
h) Recovery and Support Services	☐	☐	
i) Reducing Stigma	☐	☐	
j) SUD Outpatient Services	☑		
k) SUD Residential Treatment Services	☑		
l) Heroin and Opioid Programs and Services	☑		
m) Coordination/Integration with Other Systems for SUD clients	☑		
n) Mental Health Clinic		☐	

o) Other Mental Health Outpatient Services (non-clinic)
p) Mental Health Care Coordination
q) Developmental Disability Clinical Services
r) Developmental Disability Children Services
s) Developmental Disability Adult Services
t) Developmental Disability Student/Transition Services
u) Developmental Disability Respite Services
v) Developmental Disability Family Supports
w) Developmental Disability Self-Directed Services
x) Autism Services
y) Developmental Disability Person Centered Planning
z) Developmental Disability Residential Services
aa) Developmental Disability Front Door
ab) Developmental Disability Service Coordination
ac) Other Need (Specify in Background Information)



2a. Housing - Background Information

Housing remains a critical, unmet need in Monroe County at all disability levels. Locally, youth with developmental disabilities can wait up to two years for placement, with a significant increase in wait in the adult system. Waitlists exist across the provider system. For both OASAS and OMH Community Residence levels of care, local providers report average wait times for 30-40 days until admission. Waits are even longer for OMH based Supportive Housing, the waitlist demonstrating wait times between 18 and 24 months before placement. Wait times of an average of 70 days exist for Independent living programs. Those that are most vulnerable, with complex needs, are impacted to an even greater degree. For example, in Monroe County, a person with a physical disability in need of first floor access can wait six months for nearly all levels of care. Those that may need a single room for medical or mental health reasons often wait three times as long as others. Efforts to alleviate Housing concerns have met challenges. Residential redesign in the OASAS system continues to progress slowly. Barriers to implementation include difficulties in education of the community and provider network, demonstrating financial viability, and identified workforce issues. Recognizing that stable housing is a key component of health and successful recovery, MCOMH remains committed to implementing Local, State and Federal initiatives to improve housing for our vulnerable populations.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
The continued need for safe and appropriate housing at the capacity needed in Monroe County extends across the all disability areas, however, these levels of care are allocated at the state level. Monroe County will continue to collaborate with State partners and advocate for increased resources in these areas through our direct work with the Field Offices for the three disability areas, the NYS Department of Health and through the Regional Planning Consortium.

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

Crisis services were identified as a high unmet need by providers, consumers and their families, the Sub-Committees of the Community Services Board, and service use data and will continue to be addressed through Year 2 of our goal in this area. Reflected in trended data for both children and adults, Monroe County has seen growth in outpatient care, however, to date this has yielded little to no impact on crisis/ED usage (Figures 1a and 1b). Additionally, close monitoring of post-discharge care indicates that only 30% of adults and 40% of children/youth seen in emergency settings (non-inpatient) were seen within seven days post-discharge with little variability across time (Figures 2a and 2b).

This area is a priority across the lifespan, however, there are specific needs related to availability of quality care for children and youth in Monroe County. Capacity within the youth system has seen a variety of challenges in 2018 related to quality of current services and fiscal viability of established providers. In order to effectively launch the new State Plan Services in 2019, it will be imperative that MCOMH engage with new and established community resources to assure an adequate array of crisis services that meets the continuum of care from mitigating the risk for crisis through providing true care at the point of crisis.

Pilots such as the Forensic Intervention Team (FIT) have yielded promising results in increasing supports for individuals in the community (Figure 3) and decreasing less optimal criminal justice outcomes. Through continued innovation in service delivery including FIT, increased respite options, and increased variety of immediate access points(Open Access for SUD evaluations, the launch of the CCBHC at URMC, and RRH's St. Mary's Crisis Center), MCOMH expects greater impact in improving outcomes for individuals, increasing valuable community connections, and access to de-escalation supports while seeking to reduce cost and reliance on law enforcement and emergency levels of care.

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

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

Increase capacity of crisis response services throughout Monroe County thereby decreasing avoidable use of high level services such as Emergency Departments, Inpatient Services and Law Enforcement Response.

Objective Statement

Objective 1: Assure provider quality and fiscal viability through collaborative planning, monitoring and quality assurance activities throughout the full implementation of Open Access, St. Mary's Crisis Center, and the CCBHC.

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

Objective 2: Leverage local resources to promote and expand the child and youth crisis response array though procurement, quality assurance measures and multi-disciplinary community planning

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

Objective 3: Decrease Criminal Justice System dispositions for individuals with mental health, substance use and/or developmental disabilities through increased client path to treatment connections by the Forensic Intervention Team (FIT).

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

Objective 4: Assure full integration of expanded open access treatment options, improved array of care management, respite opportunities and peer support/recovery networks through direct communication with providers, families and consumers.

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

Objective 5: Increase capacity of law enforcement to facilitate non-Criminal Justice System dispositions for individuals with mental health and/or substance use needs through direct training, consultation and coordination

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

Based on OASAS Treatment Program staffing surveys, our local providers experience an average of 12.5 weeks to fill vacant positions with some reporting up to one year to fill medical staff vacancies. Participants in the DD focus groups identified that support staff have a tenure of less than 6 months, and wait times to fill those positions can take well past one year. Additionally, recruitment and retention has been difficult for MH providers as well. Of providers surveyed, 90% report extreme difficulty in recruiting a psychiatrist and 100% of providers found it somewhat or very difficult to recruit nurse practitioners. Retention is a significant concern with 56% reporting it difficult to retain all positions. Salary levels are identified as the being the most common contributor to challenges in retention.

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

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

Increase awareness of, and opportunity for, careers in behavioral health for professionals, peers, and vocational supports for clients-served.

Objective Statement

Objective 1: Evaluate workforce recruitment and retention data provided through the 2019 Local Services Planning process to identify opportunities for local advocacy and/or enhancement of sustainability efforts.

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

Objective 2: Leverage local resources to promote and expand culturally and linguistically appropriate provider workforce though procurement, quality assurance measures and multi-disciplinary community planning

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

Objective 3: Increase integration of emerging professionals with professional workforce through the promotion internships, and site shadowing opportunities.

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

Objective 4: Promote vocational opportunities for clients-served through improved communication on Peer Credentialing /Peer Service professions via the Priority Services Teams, and multi-disciplinary community planning

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

Change Over Past 12 Months (Optional)

2e. Employment/ Job Opportunities (clients) - Background Information

Changes in vocational, prevocational, and supported employment benefits for both youth and adults have led to an enhanced understanding of the meaningful role employment has on health and recovery. However, given the emerging nature of these supports the full impact is yet to be observed. Within Monroe County, an area of targeted focus lays in the opportunity of paid Peer Support roles. As demonstrated in the OMH Provider Survey generated as part of the 2019 Local Services Planning process, Peers of all types are less frequently integrated within Article 31 settings. Community Based Organizations (CBO's) remain the greatest employers of Peers, Youth Peer Advocates and Family Peer Advocates. These programs report high difficulty in recruitment due to limited credentialed peers within the workforce, and an as yet undefined Youth Peer credentialling process. Integration within programs can also lead to retention problems, as CBO's exist on a continuum of successfully defining the Peer role within an organization as well as how it connects with other professional roles. This environment creates a unique opportunity to enhance a needed workforce issue while simultaneously addressing a vocational opportunity for individuals served within the Behavioral Health Service System.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Work in this area is supported through specific objective within the workforce and retention goal.

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Successfully implementing the LOCADTR 3.0 to increase access to appropriate levels of care, providers are engaging outpatient treatment when indicated. Respondents to the client and family satisfaction survey and SUD Focus Groups indicate overall satisfaction with outpatient care for Substance Use Disorder. However, Monroe County, remains active in developing a cross-sector approach to alleviating the Opioid Epidemic. Effective outpatient care remains a vital aspect to this strategic response.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Given the nature of the opioid epidemic within Monroe County, a specific objective(s) in this area will be included under Heroin and Opioid Programs and Services goal.

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

As noted above, residential redesign in the OASAS system continues to progress slowly. Barriers to implementation include difficulties in education of the community and provider network, demonstrating financial viability, and identified workforce issues. The need for a full and viable continuum of care to address Substance Use Disorders is everpresent, but brought into sharp relief by the Opioid Epidemic. As Monroe County continues to develop a cross-sector response to this crisis, residential treatment remains a vital component in this endeavor.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Given the nature of the opioid epidemic within Monroe County, a specific objective(s) in this area will be included under Heroin and Opioid Programs and Services goal as well as reflected in needs outlined under Housing.

Change Over Past 12 Months (Optional)

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

The opioid epidemic has persistently impacted Monroe County. In 2016, the result was 206 fatalities, with 2017 projected to surpass this number. This trend represents a sustained increase in rates of fatalities beginning in 2010, as reported by the Department of Health (Figure 4). Additionally, there were nearly 1000 non-fatal overdoses in 2016, straining hospitals and first responders. Access to MAT in outpatient settings has improved but emergency access and rapid access to this treatment remain a challenge. This is most notable in the ED setting post overdose. Narcan training has been increased through a collaborative effort between MCOMH and the Monroe County Department of Public Health, however, sectors in need of education on overdose prevention remain.

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 the county-wide, cross-sector response to the overdose epidemic by increasing access to appropriate levels of care, including Medication Assisted Treatment

Objective Statement

Objective 1: Increase number of outpatient providers offering walk in evaluation times to 80% of OASAS licensed outpatient programs

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

Objective 2: Formalize overdose response in emergency departments, including immediate access to Medication Assisted Treatment through collaborative multi-disciplinary planning

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

Objective 3: Increase numbers of staff and community members trained in using Narcan through frequent training in order to decrease the likelihood of opioid related overdose deaths

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

Objective 4: Leverage resources in the Behavioral Health System to support the achievement of goals as defined by the Monroe County Opioid Task Force

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

Objective 5: Assure the collaboration of all systems in effectively addressing OASAS residential redesign transition by convening a bi-monthly residential provider meeting

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

Change Over Past 12 Months (Optional)

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

The lethality of the Opioid Epidemic has sharpened our understanding of the vital need for effective collaboration amongst stakeholders and systems. As an LGU, MCOMH understands the inter-related nature of trauma/adversity, mental health, and substance use. These aspects must be braided together to create an effective plan of care at an individual level but also to create an effective strategic response at they systems level.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Given the nature of the opioid epidemic within Monroe County, a specific objective(s) in this area will be included under Heroin and Opioid Programs and Services goal.

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	**OMH**	**OPWDD**
a) Medicaid Redesign	☑	☑	☐
b) Delivery System Reform Incentive Payment (DSRIP) Program	☑	☑	☐
c) Regional Planning Consortiums (RPCs)	☑	☑	☑
d) NYS Department of Health Prevention Agenda	☑	☑	☑

3a. Medicaid Redesign - Background Information

In local operationalization, Medicaid Redesign is at a mid-point. Health Homes and Health Homes Care Management continue to see refinements as experience, client and provider voice inform the service delivery. Health Homes Serving Children launched successfully in December of 2017 but also see the need for careful monitoring to assure full implementation at the local level. As MCOMH considers the work to be accomplished in 2019, there will be key targets to guide sustainability of this system reform: continuing to increase numbers of eligible adults engaging with HCBS, launching the new Children's State Plan Services, integrating the Children's 1915c Waivers under Managed Care, and facilitating OASAS residential redesign.

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

Goal Statement- Is this Goal a priority goal? ○ Yes ◉ No

Operationalize the local implementation of Medicaid Redesign Initiatives such as the initiation of the State Plan Amendment services for children, continued implementation of Home and Community Based Services for adults, the absorption of the 1915c Waivers, and OASAS Residential Redesign through coordination and referral including expanding access and provider capacity.

Objective Statement

Objective 1: Assure provider quality and fiscal viability through communication, monitoring and quality assurance activities throughout the full implementation of redesign efforts

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

Objective 2: Develop and issue any additional RFPs necessary to assure access to comparable care for the Non-Medicaid population

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

Objective 3: Maintain a robust provider network, with no decrease in network capacity, through the implementation of the full array of new State Plan Amendment services for children

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

Objective 4: Maintain a robust provider network, aligned with Monroe County population needs, through the transition to the Elements of Treatment under OASAS Residential Redesign according to the OASAS timeline

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

Change Over Past 12 Months (Optional)

3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information

DSRIP is in its concluding phase. The challenge ahead is to assure sustainability of the positive gains acheived through the projects, laying the groundwork for quality care and valule-based payment structures. The Monroe County Office of Mental Health is commited to assuring providers successfully navigate this important transition while maintaining fiscal viability in order to assure that the residents of Monroe County have a varied and vibrant continuum of care to support their needs.

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

Goal Statement- Is this Goal a priority goal? ( ) Yes (•) No

Increase the sustainability of efforts to serve complex individuals with multiple needs in a cost effective, least restrictive, and appropriate setting

Objective Statement

Objective 1: Leverage the collaborative authority of the LGU to address and alleviate barriers to care delivery for individuals whose needs cross-systems through the monthly Emergency Services Meeting

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

Objective 2: Maintain membership and active representation on multiple stakeholder groups in the Finger Lakes Performing Provider System (FLPPS) to support work on 3ai, 3aii, 4ai-iii, and general DSRIP targets in line with their completion by 3/31/19

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

Objective 3: Support the enhancement of multiple pathways of recovery through procurement, quality assurance measures and multi-disciplinary community plannin

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

Change Over Past 12 Months (Optional)

3c. Regional Planning Consortiums (RPCs) - Background Information

The format of the Regional Planning Consortiums (RPCs) is designed to achieve varied stakeholder voice within the transition to Medicaid Managed Care. It is essential that Monroe County support these planning activities to ensure the needs of our community continue to be effectively understood and addressed. The LGU is committed to assuring data driven decision-making processes throughout all planning discussions and will continue to contribute data to enhance the work of the RPC. Additionally, MCOMH staff has been identified to serve as the LGU Lead for Children and Families Sub-committee as the Child-serving system begins its transformation.

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

Goal Statement- Is this Goal a priority goal? ( ) Yes (•) No

Over the next 3 years, fully integrate the RPC with local planning activities to allow for the smooth conduit of communication of local needs upwards as well as the implementation of state/federal changes locally.

Objective Statement

Objective 1: Maintain membership and active representation within the Finger Lakes Regional Planning Consortium to ensure policy efforts reflect the needs of Monroe County residents

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

Objective 2: Enhance local perspective with annual focus group and client survey data

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

Objective 3: Serve as LGU Lead for the required Child and Family Subcommittee to reciprocally drive local and regional planning efforts

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

Change Over Past 12 Months (Optional)

3d. NYS Department of Health Prevention Agenda - Background Information

The role of Adverse Childhood Experiences (ACEs) in contributing to negative mental, behavioral and physical health outcomes have been well documented nationally. These analyses have been replicated across geographic and demographic variances and all yield the same results that as childhood adversities accumulate, so do the risk of adverse outcomes in adulthood. In 2015, the Monroe County Office of Mental Health partnered with the Monroe County Department of Public Health and local school districts to include 11 ACEs questions within the Youth Risk Behavior Survey. This analysis was replicated in 2017 allowing Monroe County stakeholders to drive change and monitor the impact of transformation initiatives. This most recent analysis of local data (Figures 5-10) continues to establish the prevalence of adversity in Monroe County and that a higher ACE score increases the likelihood of poor educational outcomes, suicide attempts, substance use, violence, early sexual activity, etc... For the first time, this anlaysis has provided the groundbreaking evidence that when assets such as having positive consistent adult, receiving encouragement at school, and/or feeling valued in their community risk in substance use, suicide ideation, and depression indicators decline -even for youth vulnerable by two or more ACEs. This analysis has driven our comprehensive work on primary prevention, trauma-informed care and resilience development to benefit youth across all three disability areas as well the general population of youth in Monroe County.

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

Goal Statement- Is this Goal a priority goal? (•) Yes ( ) No

Decrease the risk of advanced mental health, behavior and/or substance use progression through the enhancement of prevention efforts at all levels –primary, secondary and tertiary

Objective Statement

Objective 1: Promote community-wide targeted academic, mental health and substance use improvements through engagement with key stakeholders on the 2017 Monroe County Youth Risk Behavior/Adverse Childhood Experiences analysis

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

Objective 2: Foster cross-sector resiliency growth in Monroe County youth through facilitation of quarterly Resilience Learning Collaborative meetings

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

Objective 3: Actively address social-emotional health and trauma-informed care practices through procurement, quality assurance measures and multi-disciplinary community planning

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

Objective 4: Evaluate trauma-informed care and resilience initiatives through data-trend analysis of multi-year Monroe County Youth Risk Behavior/Adverse Childhood Experiences analyses

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Attachments

- Appendix A -Monroe County.pdf

Office of Mental Health Agency Planning Survey
Monroe County Office of Mental Health (70560)
Certified: Amy Scheel-Jones (5/24/18)

1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issu
Psychiatrist	5	3	Highly competitive market. It takes a long time to fill vacancies.
Physician (non-psychiatrist)	1	1	Salary difficult to meet.
Psychologist (PhD/PsyD)	1	1	
Nurse Practitioner	4	3	Extremely Competitive Market- very difficult to retain, salaries are very competitive.
RN/LPN (non-NP)	3	2	Difficulty finding nurses with mental health experience.
Physician Assistant	n/a	n/a	
LMSW	1	2	Burnout is high and makes retention challenging. Salaries are higher at larger companies.
LCSW	4	3	Extremely difficult to recruit and retain due to higher salaries, state operations, credentials, and private practice options.
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	1	2	High burnout and productivity issues.
Peer specialist	2	1	Limited work hours and not enough certified peers.
Family peer advocate	n/a	n/a	

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining
Mental Health providers within Monroe County have found difficulty recruiting and retaining the following positions:

- Skill Builders,
- Assertive Community Treatment staff (particularly Team Leaders)
- Waiver staff (particularly Intensive Care Coordinators and Youth Peer Mentors

Certified Peers and Family Advocates remain a unique challenge in recruitment and retention. Lower ranking on scores above are reflective of poor integration with Peers in general within Article 31 settings. Community Based Organizations (CBO's) remain the greatest employers of Peers, Youth Peer Advocates and Family Peer Advocates. These programs report high difficulty in recruitment due to limited credentialed peers within the workforce, and an as yet undefined Youth Peer credentialling process. Integration within programs can also lead to retention problems as CBO's exist on a continuum of successfully defining the Peer role within an organization as well as how it connects with other professional roles.

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.
A total of 9 programs provided input specifc to this question set.

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman jeremy.darman@omh.ny.gov. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
Monroe County Office of Mental Health (70560)
Submitted for Approval: Jason Teller (4/4/18)
Certified: Amy Scheel-Jones (4/25/18)

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 Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Co-chairperson	
Name	Casey, Michelle
Physician	No
Psychologist	No
Represents	Planned Parenthood of Central and WNY
Term Expires	12/31/2018
eMail	michelle.casey@PPCWNY.org

Co-chairperson	
Name	Jones, Lawana
Physician	No
Psychologist	No
Represents	The Autism Council Of Rochester
Term Expires	12/31/2018
eMail	lawana@theautismcouncil.org

Member	
Name	Faringer, Jennifer A.
Physician	No
Psychologist	No
Represents	SUD Prevention
Term Expires	12/31/2018
eMail	jfaringer@depaul.org

Member	
Name	Sine, Patricia
Physician	No
Psychologist	No
Represents	NAMI Rochester
Term Expires	12/31/2018
eMail	pat.sine@namirochester.org

Member	
Name	Mendoza, Michael, M.D., MPH, MS
Physician	Yes
Psychologist	No
Represents	Ex-Officio
Term Expires	
eMail	michaelmendoza@monroecounty.gov

Member	
Name	Crossdale, Corinda
Physician	No
Psychologist	No
Represents	Ex-Officio
Term Expires	
eMail	corinda.crossdale@dfa.state.ny.us

Member	
Name	Storch, Jennifer
Physician	No
Psychologist	No
Represents	Consumer
Term Expires	12/31/2018
eMail	jennifer_storch@yahoo.com

Member	
Name	Carrasquillo, Carmen
Physician	No
Psychologist	No
Represents	Community Place of Greater Rochester
Term Expires	12/31/2020
eMail	cwiriyagale@communityplace.org

Alcoholism and Substance Abuse Subcommittee Roster
Monroe County Office of Mental Health (70560)
Submitted for Approval: Jason Teller (4/4/18)
Certified: Amy Scheel-Jones (4/25/18)

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 Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson	
Name	Jennifer Faringer
Represents	NCADD-RA
eMail	jfaringer@depaul.org
Is CSB Member	Yes

Member	
Name	Craig Johnson
Represents	Huther Doyle
eMail	cjohnson@hutherdoyle.com
Is CSB Member	No

Member	
Name	Pat Loughlin
Represents	OASAS
eMail	pat.louglin@oasas.ny.gov
Is CSB Member	No

Member	
Name	Ann Olin
Represents	Lifespan Geriatric Addiction Program
eMail	aolin@lifespan-roch.org
Is CSB Member	No

Member	
Name	Terry Lynn Shelmidine
Represents	Rochester Regional Health Evelyn Brandon
eMail	terry/shelmidine@rochesterregional.org
Is CSB Member	No

Member	
Name	Van Smith
Represents	Recovery Houses of Rochester
eMail	van@recoveryhousesofrochester.org
Is CSB Member	No

Member	
Name	Saarah Waleed
Represents	Villa Of Hope
eMail	saarah.waleed@villaofhope.org
Is CSB Member	No

Member	
Name	Phil Yawman
Represents	Public
eMail	phyawman@frontiernet.net
Is CSB Member	No

Member	
Name	Jason Teller
Represents	Staff Liaison
eMail	jasonteller@monroecounty.gov
Is CSB Member	No

Member	
Name	Annabel Fu
Represents	URMC
eMail	annabel_fu@urmc.rochester.edu
Is CSB Member	No

Member	
Name	Carly Constantino-Gallagher
Represents	Conifer Park
eMail	cconstantino@libertymgt.com
Is CSB Member	No

Mental Health Subcommittee Roster
Monroe County Office of Mental Health (70560)
Submitted for Approval: Jason Teller (4/4/18)
Certified: Amy Scheel-Jones (4/25/18)

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. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson	
Name	Patricia Sine
Represents	NAMI Rochester
eMail	pat.sine@namirochester.org
Is CSB Member	Yes

Member	
Name	Mariella Diaz
Represents	Family
eMail	MPDMOT@rochester.rr.com
Is CSB Member	No

Member	
Name	Cindi Licata
Represents	Mental Health Association
eMail	clicata@mharochester.org
Is CSB Member	No

Member	
Name	Gina Montanarella
Represents	Villa Of Hope
eMail	gina.montanarella@villaofhope.org
Is CSB Member	No

Member	
Name	Jennifer Storch
Represents	Family
eMail	jennifer_storch@yahoo.com
Is CSB Member	Yes

Member	
Name	Rodney Corry
Represents	Staff Liaison
eMail	rcorry@monroecounty.gov
Is CSB Member	No

Member	
Name	Annabel Fu
Represents	URMC Psychiatry
eMail	annabel_fu@urmc.rochester.edu
Is CSB Member	No

Developmental Disabilities Subcommittee Roster
Monroe County Office of Mental Health (70560)
Submitted for Approval: Jason Teller (4/4/18)
Certified: Amy Scheel-Jones (4/25/18)

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 Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson	
Name	Lawana Jones
Represents	Consumer/Family
eMail	lawana@theautismcouncil.org
Is CSB Member	Yes

Member	
Name	Amber Hildebrand
Represents	Brockport Central School District
eMail	amber.hildebrand@bcs1.org
Is CSB Member	No

Member	
Name	Deborah Napolitano
Represents	URMC
eMail	deborah_napolitano@urmc.rochester.edu
Is CSB Member	No

Member	
Name	Bonnie Smith
Represents	Staff Liaison
eMail	bonniesmith@monroecounty.gov
Is CSB Member	No

Member	
Name	Jennifer Foley
Represents	Independent Start Up/advocacy
eMail	jtfoley11@gmail.com
Is CSB Member	No

Member	
Name	Dalton Letta
Represents	Person receiving services
eMail	daltonletta@yahoo.com
Is CSB Member	No

Member	
Name	Krysie Letta
Represents	Family Member
eMail	krysieletta@yahoo.com
Is CSB Member	No

2019 Mental Hygiene Local Planning Assurance
Monroe County Office of Mental Health (70560)
Certified: Amy Scheel-Jones (5/31/18)

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 2019 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 2019 Local Services planning process.

Mental Hygiene Executive Summary
Local Services Plan 2019
Monroe County Office of Mental Health

As DSRIP enters into its final phases, and the proposed services for children begin to launch, New York continues to progress with the restructure and reform of the Behavioral Health Service System. The Monroe County Office of Mental Health (MCOMH) remains committed to ensuring quality in the local service system concurrent to executing State and Federal initiatives. While navigating a shifting healthcare landscape throughout these transformative efforts, and in our ongoing commitment to serve the people of Monroe County, MCOMH operates with the following priorities:

i. Ensure individuals with the highest need are identified, prioritized and linked with services responsive to their identified needs.
ii. Increase the availability of, access to, and coordination and/or integration of services/supports for individuals whose needs cross systems.
iii. Identify gaps in the availability of a full range of prevention, treatment and recovery services to meet community need, leveraging resources to reduce gaps where identified
iv. Ensure a robust provider network exists within Monroe County to adequately meet the behavioral health (mental health, substance abuse, and developmental disability) needs of community residents.
v. Ensure that delivery models are person-centered, strength-based and recovery-oriented.
vi. Incorporate prevention/education, awareness, early identification and intervention approaches related to mental health, chemical dependence and developmental disabilities into systems of care.

As a result of evaluating the success of these priorities and informing the development of the 2019 Local Services Plan, MCOMH has increased lines of communication with system stakeholders. Most importantly, MCOMH improved direct feedback from consumers and family members. MCOMH offered focus groups for consumers and family members in each disability area, as well as offering online surveys. These efforts yielded nearly 150 responses. Additional information was gleaned from providers, Monroe County Agency Executives, and the Community Services Board, through review of state and local data, and quality assurance activities. This collaborative, data-driven process has identified and highlighted key areas of impact for 2019 that are reflected in the Local Services Plan. These exemplar goals and the related objectives will be closely monitored for progress to continue to drive quality, achieve MCOMH priorities, inform future planning and maintain LGU accountability to Monroe County residents.

2019 Priority Goals include:

- Increase awareness of, and opportunity for, careers in behavioral health for professionals, peers, and vocational supports for clients-served.

- Increase capacity of crisis response services throughout Monroe County thereby decreasing avoidable use of high level services such as Emergency Departments, Inpatient Services and Law Enforcement Response.
- Enhance the county-wide, cross-sector response to the overdose epidemic by increasing access to appropriate levels of care, including Medication Assisted Treatment.
- Decrease the risk of advanced mental health, behavior and/or substance use progression through the enhancement of prevention efforts at all levels –primary, secondary and tertiary.

Through the focus provided by these goals and their related objectives, MCOMH is confident that there will be a significant impact on improving care, decreasing cost, and improving health outcomes for Monroe County residents across the three disability areas. Executing and evaluating these target areas will accomplish the progress necessary in 2019, setting the foundation for future growth in Monroe County that is responsive to the needs of our residents and achieves the vision established by State and Federal initiatives.

Appendix A
Monroe County Supporting Data

Monroe County High Unmet Needs

Figure 1a. .

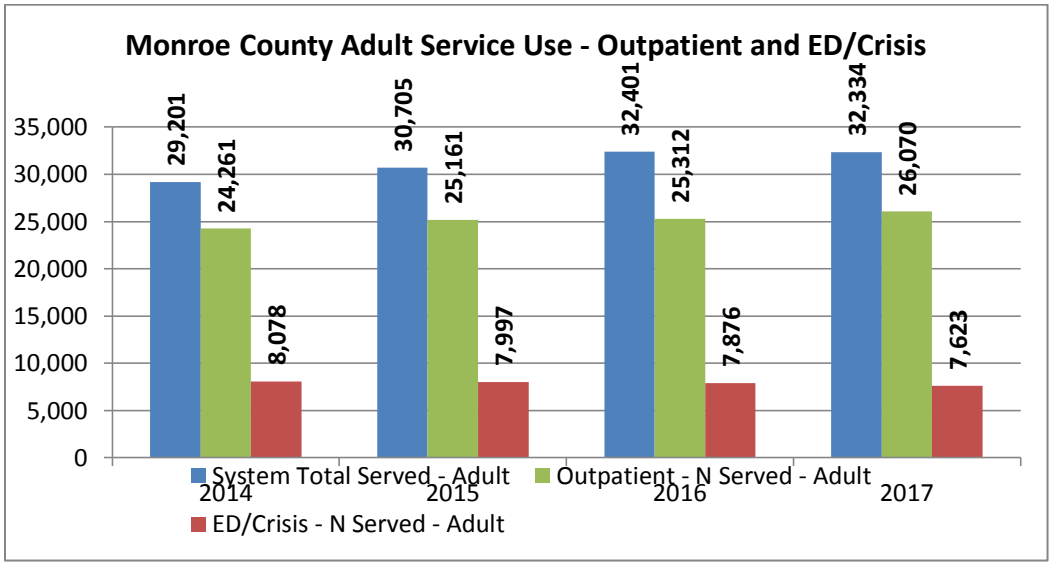
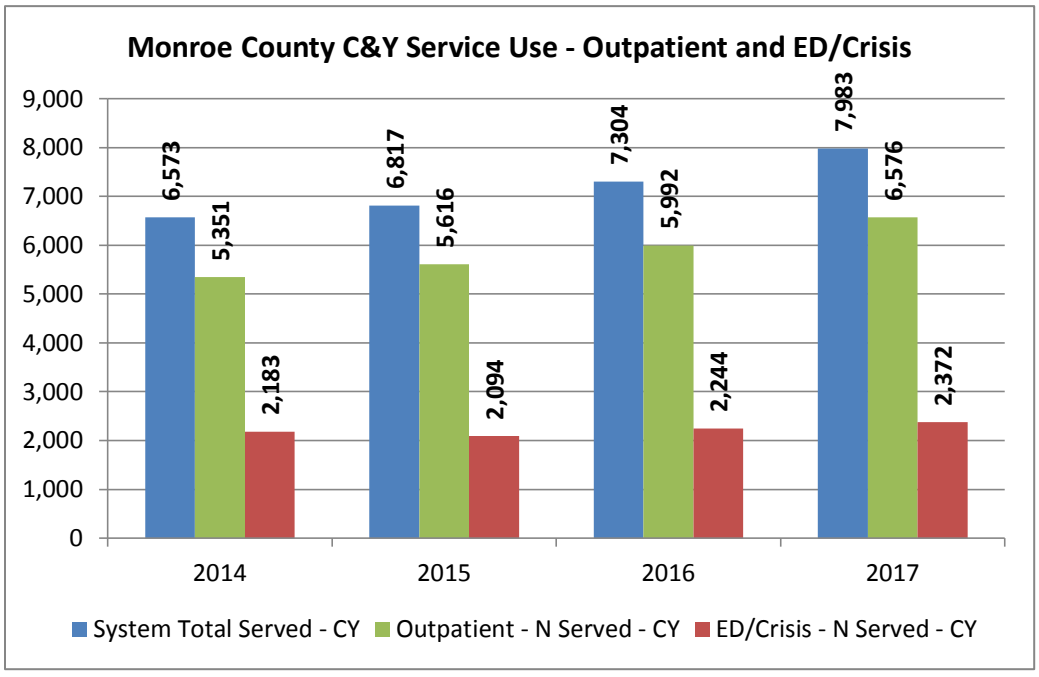


Figure 1b.



Appendix A
Monroe County Supporting Data

Figure 2a.

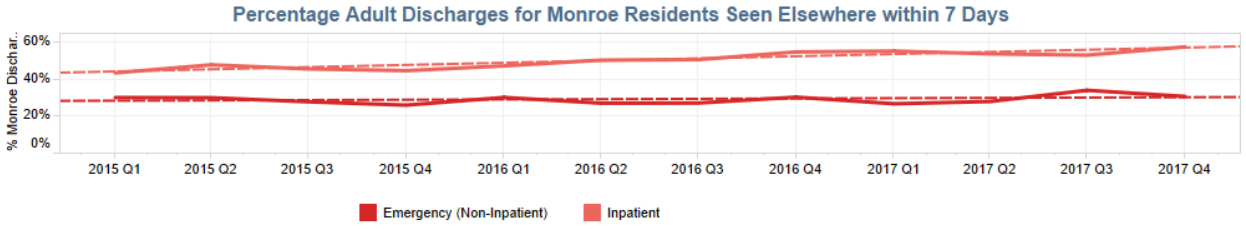


Figure 2b.

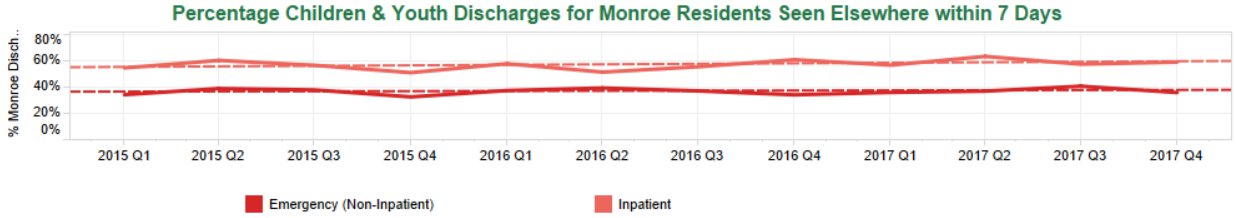
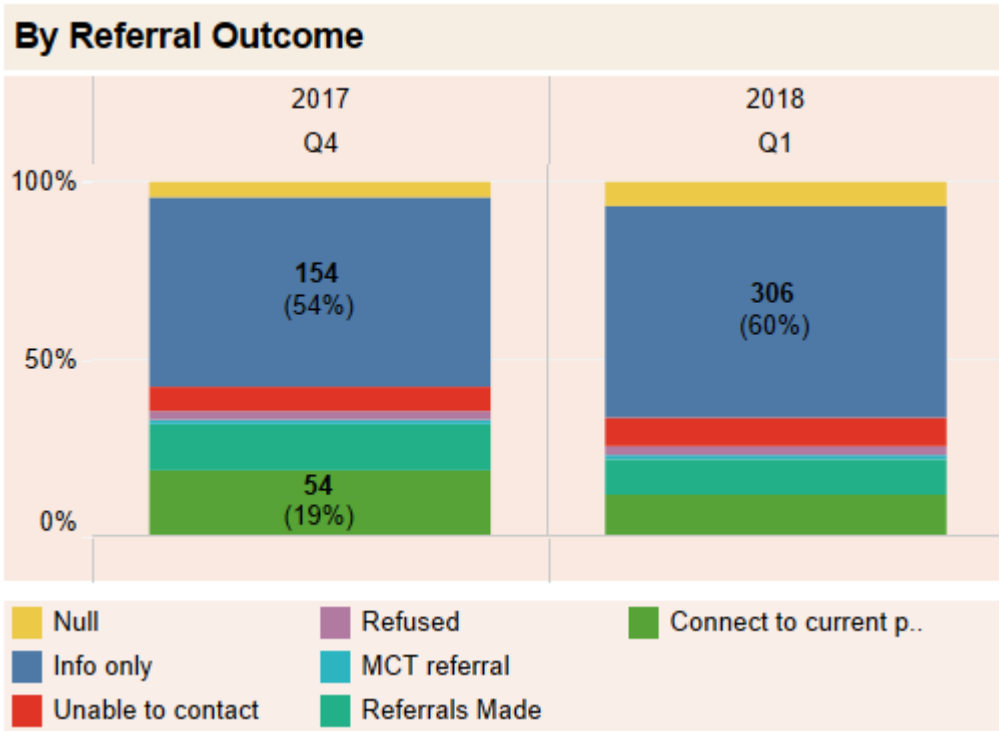


Figure 3. Forensic Intervention Team (FIT) Outcomes



n= 797 referrals to date

Appendix A
Monroe County Supporting Data

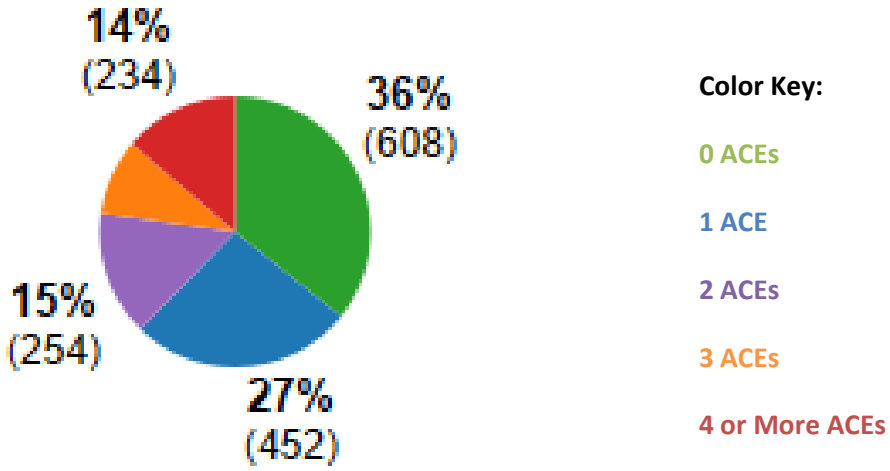
Figure 4. Monroe County Opioid Overdose Deaths
(*Source: 2013-2015 Vital Statistics Data as of May 2017)*

Monroe County Overdose deaths involving any opioid, rate per 100,000 population

	Crude Rate			Age Adjusted Rate		
Year	Single Year	3-Year Average	NYS exc. NYC	Single Year	3-Year Average	NYS exc. NYC
2010	4.7		5.2	4.3		5.2
2011	6.4	5.9	7.4	6.6	5.8	7.5
2012	6.4	7.3	7.6	6.6	7.3	7.7
2013	9.1	9.1	9.8	8.8	9.0	10.0
2014	11.7	10.5	10.2	11.8	10.4	10.6
2015	10.8		13.2	10.7		13.8

Prevention Agenda

Figure 5.. Monroe County ACEs Prevalence (n=1702)



Appendix A
Monroe County Supporting Data

Figure 6.. Monroe County ACEs and Academics

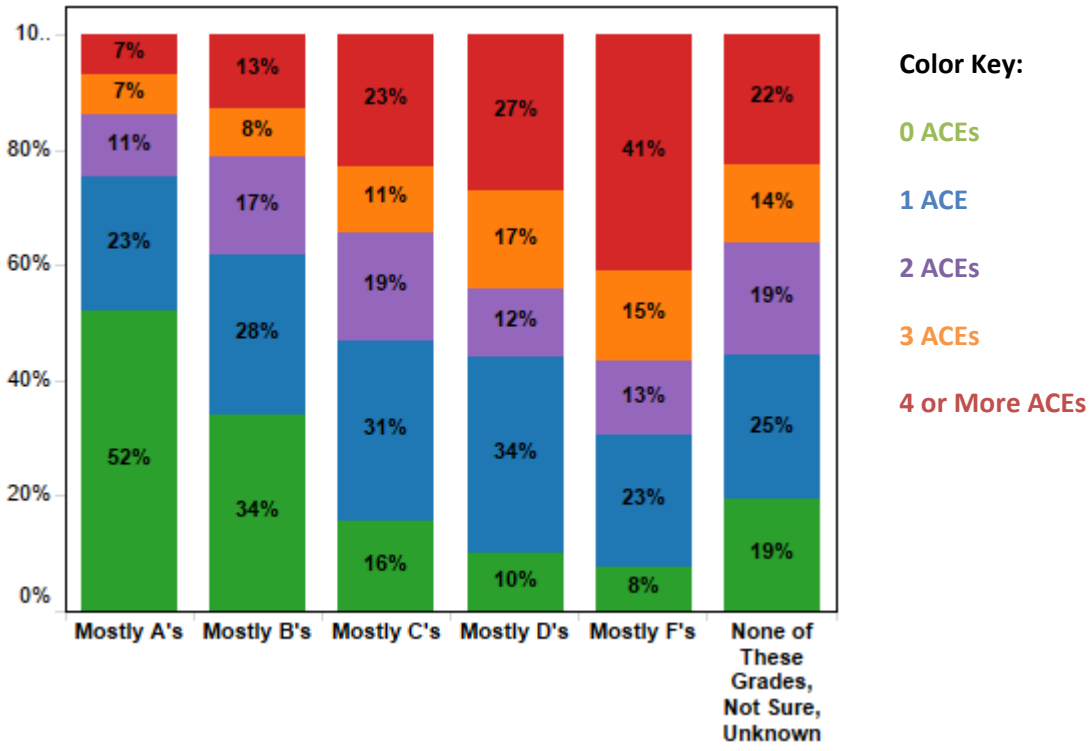
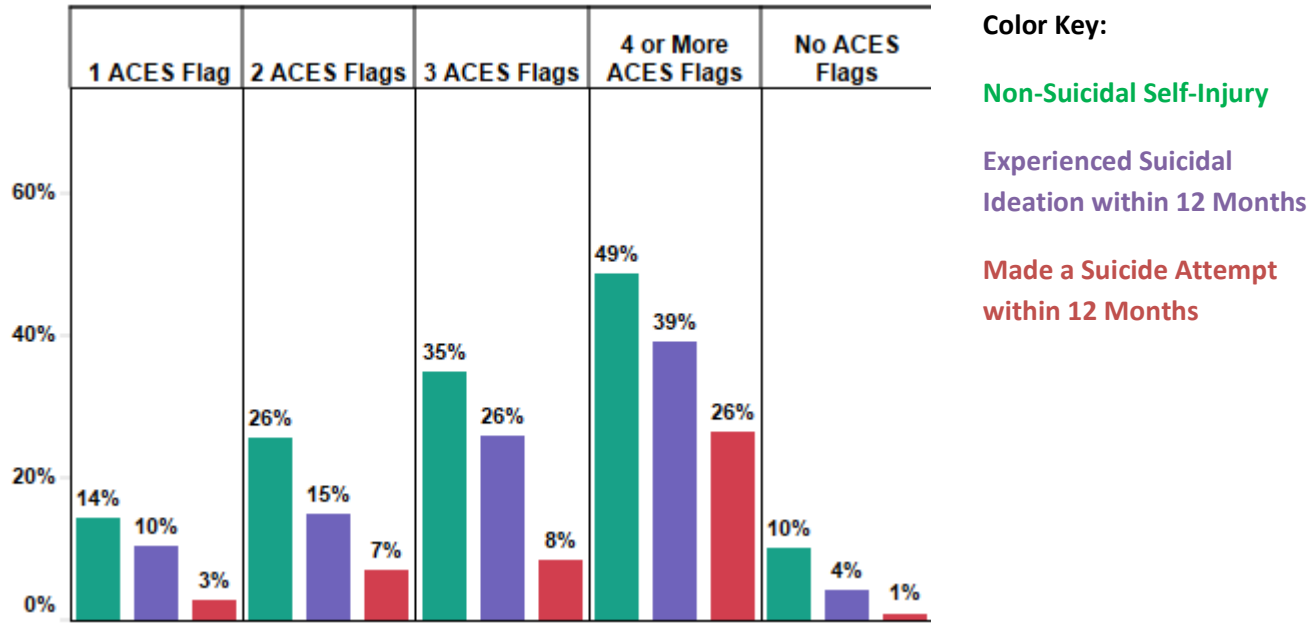


Figure 7. Suicide and Self-Injury Risk by ACEs Score



Appendix A
Monroe County Supporting Data

Figure 8. Monroe County Substance Use Risk Indicators related to "Having Addiction in Home" ACE

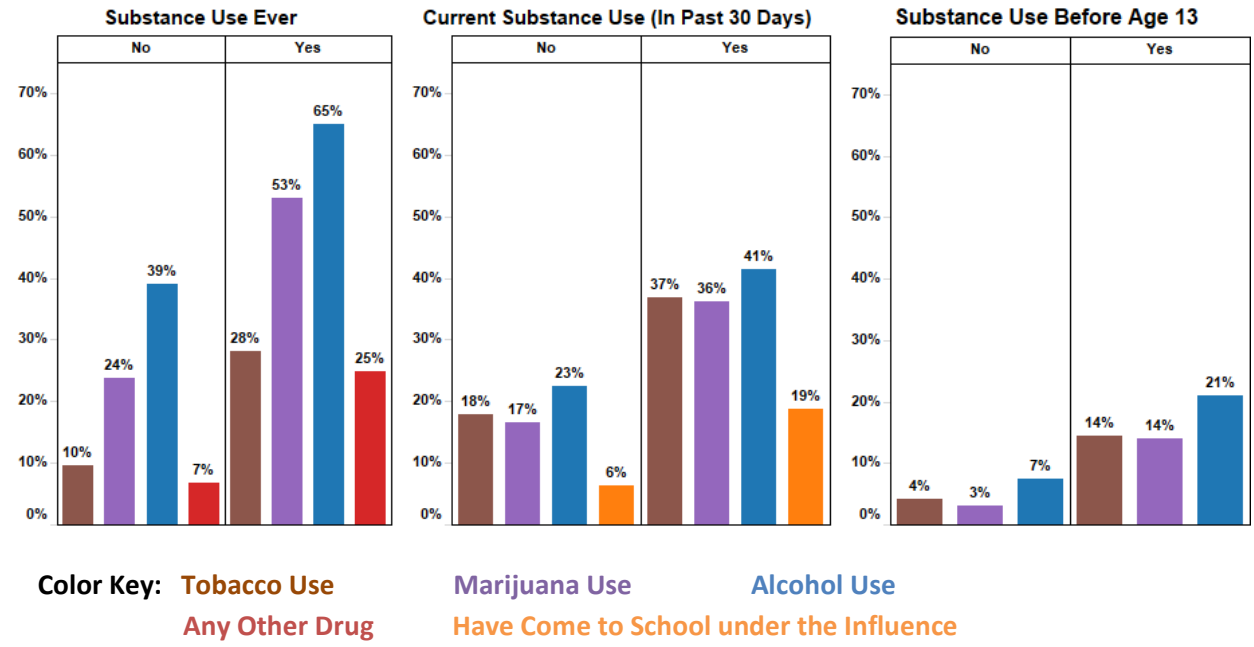
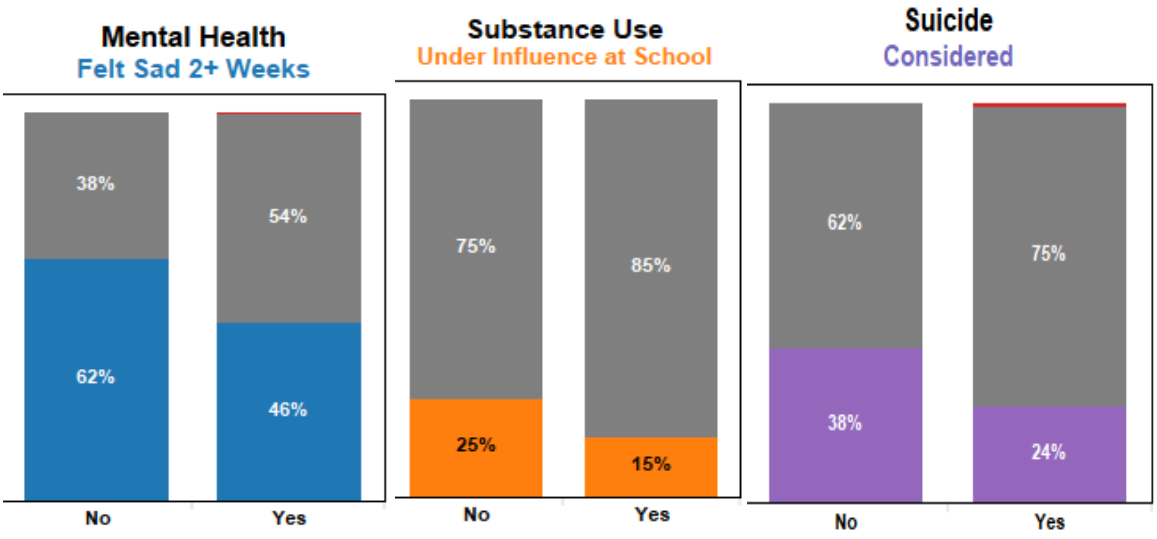


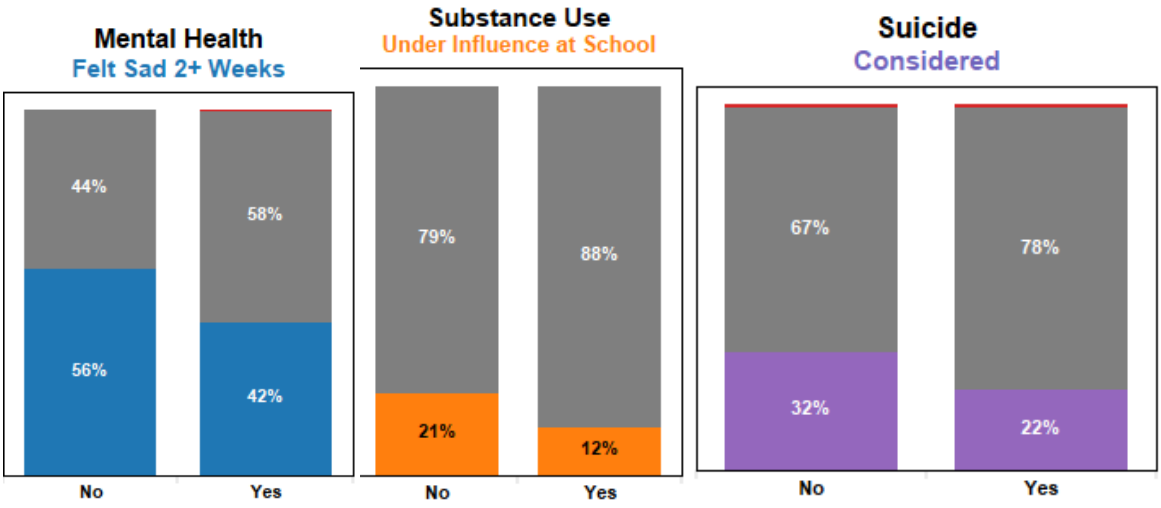
Figure 9.. Risk Reduction in Having a Non-Parental Adult Support in Youth with 2+ ACEs



No = I do not have non-parental adult support Yes= I do have a non-parental adult support

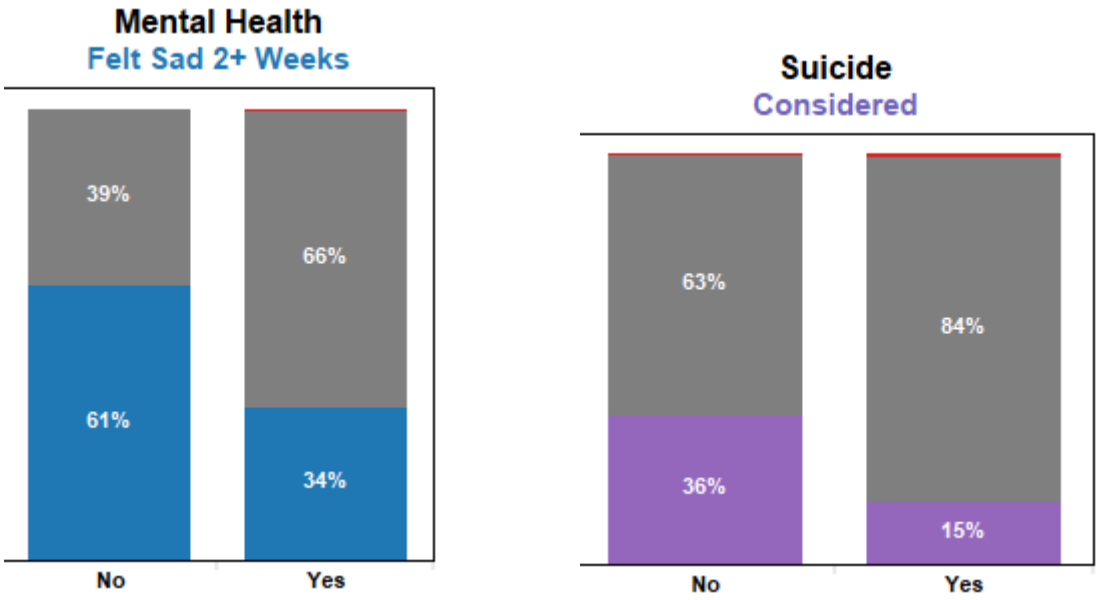
Appendix A
Monroe County Supporting Data

Figure 10.. Risk Reduction in Receiving Encouragement at School in Youth with 2+ ACEs



No = I do not receive encouragement at school Yes= I do receive encouragement at school

Figure 11.. Risk Reduction in Feeling Valued by Community in Youth with 2+ ACEs*



No = I do not feel valued by my community Yes = I do feel valued by my community

*This Asset had no discernable impact on risk of coming to school under the influence