



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

Yates County Dept of Community Service
September 6, 2019

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2020 Mental Hygiene Executive Summary
Yates County Dept of Community Service
Certified: Nicholas Hobson (9/4/19)

This has been a tumultuous year with rapid growth in the Substance Abuse treatment/ outreach arena, with new and expanded services and increased numbers served. The closure of the local hospital inpatient psychiatric unit has sent shock waves through the community and will also cause the loss of the hospital's 9:39 status. At the same time one of our children's clinic providers announced ending services in the county. That happens while the schools have seen a surge in need across all ages for behavioral health services. In response to these circumstances the children's services community has come together to pursue a Systems of Care Plan for Yates county children and families. That plan is expected to better coordinate, collaborate and focus local resources while petitioning for more resources. On the adult side planning and arrangements are under way to insure all levels of access to Mental Health care and treatment for Yates County residents.

Attachments
<ul style="list-style-type: none">• Community Services 2017 Annual Report newest.pdf

Mental Hygiene Goals and Objectives Form
Yates County Dept of Community Service (70390)
Certified: George Roets (6/17/19)

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**:

Adult services have improved slightly with the addition of mental health services at Fingerlakes Community Health through a integrated clinic approach.

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

The geriatric mentally ill population remains gravely underserved with no recent improvement of casee finding, outreach or treatment initiation.

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

The unmet need with children has worsened as reflected in the number and severity of children and adolescents identified as needing higher levels of treatment without improved access to care in the community. In addition the availability of child psychiatrists or tele health arrangements for the same. are inadequate to meet the need.

There are delays in psychiatric evaluations and medication decision making due to intermittant availability of prescribers.

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 level of unmet need has improved do to the expansion of outpatient treatment options, This is seen in the expansion of individuals in active treatment in the county clinic and elsewhere. MAT available has improved. Access to care at all levels has improved with the increased numbers.

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

The residential and rehabilitation and detox needs have not changed given the incresed numbers of identified recipients. MAT treatment needs in the jail continue.

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

MAT treatment in the ED has not been initiated and deaths continue in the community.

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**:

Crisis and emergency services remain dependent on the Mental Health System and Hospital Emergency Department while the regional response system is expanded and developed. The unmet needs remain the same during the transformation process underway. residential need remain critical although addition residential options are in process. The new focus on employment over workshop efforts remains a work in progress. Creative efforts in establishing inhouse options as well as community options are in place with more under development. The merger with the ARC of Seneca/Cayuga is under way and the effects are yet unknown.

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

Concerns for residential options remain an issue as well as employment issues.

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

2. Goals Based On Local Needs

Issue Category

**Applicable State
Agenc(ies)
OASAS OMH OPWDD**

a) Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

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

2c. Crisis Services - Background Information

There were a number of reports, data sets and surveys that powered these efforts including: Regional Planning Reports (Common Ground), OASAS reports, OMH Reports, FLPPS Regional scan, Child Survey, CLMHD survey data, data reports, local agency reports, innovative Vocational Project reports, Residential reporting from the state, local residential providers and housing agencies, statr reports, medicaid data, etc.

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

To promote and advocate for crisis outreach, assessment and intervention on demand 24/7 in Yates County.

Objective Statement

Objective 1: Engage local Government, local agencies, local programs, FLPPS and FLRPC regarding the need for on demand crisis services for the three pop.groups.

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

Change Over Past 12 Months (Optional)

The availability of mobile crisis services has been improved as has the link with Comprehensive psychiatric emergency program services including mobile crisis. local emergency services plan is under development and coordinated with 4 other rural counties.

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

This continues to be a critical issue for prescribers. Shortages and retention rates reduce the capacity and timeliness of treatment.

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

Work with the FLPPS and OMH to allow physicians assistants to practice in MH clinics without the current waiver requirements.

Objective Statement

Objective 1: Drive the FLRPC to push the physician assistant issue back to OMH.

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

Change Over Past 12 Months (Optional)

no progress yet.

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

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

To provide opportunity, training and support for employment.

Objective Statement

Change Over Past 12 Months (Optional)

YMHFA, MHFA, MHFA Public Safety training was provided

2f. Prevention - Background Information

Stigma was identified as a specific cause of delay in treatment for SUD and Mental Illness populations of all ages. The sources included Surveys of school aged children, SUD providers, MH providers and take aways from community meetings. 350 + individuals were provided YMHFA, MHFA, MHFA Public Safety, MHFA Higher education, in order to educate, identify, support and encourage those with behavioral health issues to seek treatment, better understand illness and treatment and explore self help options. Survey of those trained indicated that they were able to identify those in need, had the confidence to educate and connect with those in need and were able to link one or more individuals with treatment.

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

to offer YMHFA, MHFA, MHFA Public Safety and MHFA Higher education to Yates County residents.

Objective Statement

Change Over Past 12 Months (Optional)

Feedback from those trained has been positive and may have contributed to additional case finding and treatment seeking.

2g. Inpatient Treatment Services - Background Information

Soldiers and sailors Hospital has requested approval to close the inpatient psychiatric unit, which would remove the 9:39m status from the hospital and require out of area hospitals to do evaluations and treatment. Access to inpatient care for adults and children is inadequate and worsening.

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

To establish the most effective process to expedite admission when needed to inpatient care for children and adults.

Objective Statement

Change Over Past 12 Months (Optional)

Advise, encourage, and monitor the efforts of the S & S Hospital to develop and implement policies, procedures and agreements to insure access to inpatient care by the residents of Yates County.

2h. Recovery and Support Services - Background Information

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

To increase access to recovery and support services for the mentally ill and substance abuse population.

Objective Statement

Objective 1: Work with Lakeview health to increase availability of drop in center and psychosocial club.

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

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

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 stigma for mental illness and substance abuse.

Objective Statement

Objective 1: Community education efforts with factas and information.

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

Objective 2: Provide community based trainings- MHFA & YMHA.

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

Objective 3: Provide support for community members to become trainers

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

Change Over Past 12 Months (Optional)

Some initial success has been identified from feedback from those trained and onsumers andfamilies.

2k. SUD Residential Treatment Services - Background Information

The expansion of rehabilitation and treatment beds in Clifton Springs will occur in 2019.

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

To promote and support the development of SUD residential services.

Objective Statement

Change Over Past 12 Months (Optional)

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

Chase Grant has been awarded and will serve to better coordinate, track and provide tretament to Yates county residents.

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):

Change Over Past 12 Months (Optional)

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

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):

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

Adult and C & Y clinic capacity available, including school based. No reported waiting list, capacity at S & S.. Clinic plus services in community including off site services are needed. Flacra capacity with not waiting list .

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

Insure adequate access to outpatient care for the mentally ill, substance abuse population of all ages

Objective Statement

Objective 1: Monitor access and waiting times for mh outpatient care.

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

Objective 2: Monitor access and wait times for substance abuse care

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

Objective 3: insure adequate local outpatient care for all ages for mental health and substance abuse.

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

Objective 4: to utilize the expanded off site service potential.

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

Change Over Past 12 Months (Optional)

waiting list has reappeared..

2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

Out reach, for drop outs and for transition to traditional outpatient services or from inpatient. is not readily available.

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

To meet the stabilization needs of those transitioning from care or to care from inpatient or outpatient clinic services.

Objective Statement

Objective 1: To Follow up on self discharges, discharges from inpatient or outpatient care, with support, engagement and linkage to needed services.

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

Change Over Past 12 Months (Optional)

More of an issue on the MH side as the addition of peers on the OASAS site has met the immediate need.

2p. Mental Health Care Coordination - Background Information

Insure adequate access to care management services for adults and children.

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

In sure adequate access to care management services for adults and children.

Objective Statement

Objective 1: Link C & Y Care management with C & Y SPOA team.

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

Objective 2: Link adult care management with adult SPOA team.

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

Change Over Past 12 Months (Optional)

issues exist with lack of connection between C-SPOA and C & Y care managers.

2q. Developmental Disability Clinical Services - Background Information

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

Change Over Past 12 Months (Optional)

2t. Developmental Disability Respite Services - Background Information

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):

Change Over Past 12 Months (Optional)

see residential goal.

2u. Developmental Disability Family Supports - Background Information

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

Change Over Past 12 Months (Optional)

2w. Autism Services - Background Information

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

Change Over Past 12 Months (Optional)

2x. Developmental Disability Front Door - Background Information

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

Change Over Past 12 Months (Optional)

2y. Developmental Disability Care Coordination - Background Information

Systems transition to HH CM is underway some concerns have surfaced.

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

To monitor the changeover process to HH CM and insure no individuals lose care coordination and all have a smooth transition.

Objective Statement

Objective 1: To review reports from the state, ARC and consumers regarding the transition.

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

Change Over Past 12 Months (Optional)

Underway after planning cycle.

2ac. Adverse Childhood Experiences (ACEs) (NEW) - Background Information

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

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Yates County Dept of Community Service (70390)
Certified: George Roets (6/16/19)

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:

As part of the Local Health department planning process.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

- 2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- 2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- 2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- 2.2 d) Build support systems to care for opioid users or those at risk of an overdose
- 2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
- 2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy
- 2.2 g) Other

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

- 2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting
- 2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration
- 2.3 c) Implement evidence-based home visiting programs
- 2.3 d) Other

Goal 2.4 Reduce the prevalence of major depressive disorders

- 2.4 a) Strengthen resources for families and caregivers
- 2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)
- 2.4 d) Other

Goal 2.5 Prevent suicides

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care – Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

Work closely with the Local Public Health department, suicide prevention coalition and the local substance abuse Coalition. Very active with YMHA, MHFA, Talk Saves Lives, ASIST, as well as Systems of care planning for children's services.

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:

Working with the council on Alcohol and Substance Abuse Services, the local Critical Access hospital, Soldiers & Sailors, FQHC, catholic Charities and local mental health services.

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:

We have begun to look at how to measure the results in conjunction with the Local Public health Department and the Regional health consortium and other regional partners.

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:

yes, by continuing to monitor the clinic services and work on the prevention agenda with those providers.

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:

Work closely with the Local Health Department and other providers to plan, implement and promote the goals and priorities.

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:

The 24/7 emergency line and mobile crisis programs are examples that we are looking to increase and expand,

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

Please describe your efforts in addressing the selections above:

We are working with and supporting planned regional and local efforts on food insecurity, housing development, transportation and education.

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): yes, we are currently energizing a System's of Care plan for children's services that includes pushing resilience, trauma-informed and trauma-sensitive approaches. Specific training provided for our communities include Youth Mental health first Aid, Mental health First Aid, as well as a variety of family support and resiliency trainings. in addition we work with our School Districts on trauma aware approaches and resiliency driven programs. We are doing the same without behavioral health providers.

How many hours: 8,000

Target audience for training: adults/youth

Estimate number trained in one year: 500 +

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 serve on the "No wrong door" committee and closely with the Office of the Aging. We also work closely with the behavioral health provider community to increase outreach, case identification, treatment and follow up to the aging community. Local policy influence across county departments is on going and focuses on a Health-Across-all-policies-approach. This takes place by working with the Local Health Department and regional advocacy and policy organizations.

Office of Mental Health Agency Planning (VBP) Survey
Yates County Dept of Community Service (70390)
Certified: George Roets (6/16/19)

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:

Invested in 24/7 emergency line and mobile crisis services.

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

a) Yes No

b) Please explain:

Yes, Managed Medicaid funding is being explored as well as OMH funding, and reimbursement.

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):

Schuyler County mental health services is involved with VBP development as part of a BHCC.

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

a) Yes No

b) Please explain:

Not aware

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

a) Yes No

b) Please explain:
not aware

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:
However, the BHCC's have not been open to outside involvement.

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:
We are a non direct provider of services.

Community Service Board Roster
 Yates County Dept of Community Service (70390)
 Certified: George Roets (6/16/19)

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: John H. Cooley MD	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: community member	Term Expires: 12/2019	Email Address: jhcooley@aol.com
Name: Lauren R. Snyder	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: family/consumer	Term Expires: 12/2020	Email Address: laurensnyder@gmail.com
Name: Sara Christensen	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: health care/public health	Term Expires: 12/2020	Email Address: schristensen@yatescounty.org
Name: Antonia Gridley	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Law enforcement	Term Expires: 12/2020	Email Address: agridley@yatescounty.org
Name: Becky Bennett-Tears	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: aging population	Term Expires: 12/2017	Email Address: Bennett-TearsB@proactioninc.org
Name: Eric Detar	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: higher education/chaplain	Term Expires: 12/2020	Email Address: edetar@keuka.edu
Name: Ellen Hey	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: FQHC FNP	Term Expires: 12/2021	Email Address: ellenh@flchealth.org
Name: Craig Sandberg	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: veterans/medicine	Term Expires:	Email Address:

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

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

Alcoholism and Substance Abuse Subcommittee Roster
 Yates County Dept of Community Service (70390)
 Certified: George Roets (6/16/19)

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: Gerri Kolbe	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: consumer/family	Email Address: gkolbe@flpn.org
Name: Edie Mann	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: community advocacy	Email Address: backacres1947@gmail.com
Name: John H. Cooley	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: medicine	Email Address: jhcooley@aol.com
Name: Jacqueline M Shrader	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: community advocacy	Email Address: shraderja@aol.com
Name: martin Teller	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: substance abuse treatment	Email Address: Martin.Teller@flacra.org
Name: Timothy Van Damme	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: substance abuse prevention	Email Address: tvandamme@twcmetrobiz.com
Name: Cindy Christie	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: CSD rep	Email Address: cchristie@keuka.edu
Name: Sara Christensen	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: PH	Email Address: schristensen@yatescounty.org
Name:	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: p	Email Address:

Mental Health Subcommittee Roster
 Yates County Dept of Community Service (70390)
 Certified: George Roets (6/16/19)

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: Craig Sandberg MD	CSB Member: Yes <input type="radio"/> No <input checked="" type="radio"/>	Represents: families/medicine	Email Address:
Name: Ellen Hey	CSB Member: Yes <input type="radio"/> No <input checked="" type="radio"/>	Represents: FQHC FNP	Email Address: ellenh@flhealth.org
Name: melanie Sullivan	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: community residential support	Email Address: melaniesullivan@keukahousingcouncil.org
Name: John Jenkins	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: children's support services	Email Address: jjenkins@dor.org
Name: Lisa Youngs	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: mental health care	Email Address: lisa.youngs@flhealth.org
Name: Becky bennett-Tears	CSB Member: Yes <input type="radio"/> No <input checked="" type="radio"/>	Represents: aging services	Email Address: bennett-TearsB@proaction
Name: Sherri Borglum	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: community treatment	Email Address: sherriborglum@gmail.com
Name: Cathy Lovejoy	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: community residential	Email Address: clovejoy@lakeviewmhs.org

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
 Yates County Dept of Community Service (70390)
 Certified: George Roets (6/16/19)

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: Deb Fabris Coon	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: ARC Yates	Email Address: dfabriscoon@arcofyates.org
Name: James E. Wilson	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: community	Email Address: jimw805@gmail.com
Name: Virginia (Ginny) Penepent	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: family	Email Address: ginpene@gmail.com
Name: Connie L. Baughman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: family advocate	Email Address: conniebaughman45@yahoo.com
Name: Carol G. Schreiner	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: children's services	Email Address: cshreiner@rochester.rr.com
Name: Stacy Barden	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: education	Email Address: sbarden@pycsd.org
Name: Sara K Hansen	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: service provider	Email Address:
Name: lauren Snyder	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: family	Email Address: laurensnyder@gmail.com

2020 Mental Hygiene Local Planning Assurance
Yates County Dept of Community Service (70390)
Certified: George Roets (6/17/19)

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.

2017 Annual Report

Department: Community Services

Department Head: George Roets, Director of Community Services (part time)

Number of Department Employees: 1 part-time County Director at 17.5 hours/week; 1 part time Children & Youth SPOA Coordinator at 17.5 hours/week and a per diem Fiscal Coordinator.

Goal/Mission of the Department: The Yates County Community Services Department and its duly appointed Community Services Board is a planning and policy making entity that monitors and oversees all services in the county in the disability areas of mental health, developmental disabilities and alcohol/substance abuse. According to Section 41 of the Mental Hygiene Law, this department is responsible for the development of a local government plan for each disability area. The development of these plans must, and does, include participation of local providers, consumers, families of consumers, law enforcement and members of the community at large.

Description of primary services/functions the department provides: The Community Services Department does not provide direct services to any of the disability groups identified above. The functions of the department include:

1. Monitor and oversee services for the three disability groups,
2. Manage the single point of access for children, youth and adults,
3. Manage and oversee the Assisted Outpatient Treatment (AOT) program including eligibility assessments. Diversion, court petition, evaluation, treatment planning, monitoring those under AOT order, follow up as needed with the court, individual and providers and the work with the court to determine continuance, modification or release from the AOT order
4. Facilitate community treatment planning for non AOT, where there is risk of continued treatment failure.
5. Facilitate and complete Safe Act reviews of dangerousness and complete the reporting requirements.
6. Convener for local groups or service agencies for problem solving,
7. Represent the County and the three disability groups in regional services planning,
8. Advocate for service needs of the three disability groups.
9. Work with the three school districts to plan for addressing the three population groups within each district, including treatment, prevention, training, assessment of need and coordination with providers.

10. Promotion of anti-stigma efforts related to the three population groups.
11. Monitor, oversee and assess effectiveness and value of services delivered under contracts for services.
12. Manage the state aid funds that come to Yates County for these services.
13. Manage and evaluate grant funding received.
14. Work with the Office of the Aging and community providers to address the unmet needs for the elderly from the three population groups.
15. Serve as liaison with other county departments and community agencies.
16. Monitor, assess and report to the Office of Mental Health regarding the Crisis Supportive Apartment Program.
17. Provide Program review as required by law in cases of new programs, expansions or site changes. These require local review and recommendations to the specific state Office that licenses said programs.
18. Coordinate with and assist New York State Corrections in the return to Yates County of any individuals from the three groups requiring clinical services, housing and support with transition including the provision of medications.
19. Manage and facilitate Mental Hygiene Law requirements related to ordering emergency evaluations, ordering transport to a Hospital facility for evaluation, ordering emergency admissions for evaluation and treatment and designating physicians and others to act for the Director for Community Services.
20. Coordinate, cooperate and maintain effective communication with the regional offices for Mental Health, Alcohol and Substance Abuse and Developmental Disabilities related to new regulations, Laws, inspections, certifications, budget and program issues.

Highlights from 2017

-during 2017, having access to support staff from the Public Health Department continues to be useful and helpful.

-Continued planning with the Public Health Director to centralize fiscal and administrative support services under the Public Health Department while retaining required department funding and service requirements.

-There were 10 requests from courts requesting a competency (also referred to as fitness to proceed) evaluation to determine an individual's capacity to participate in his/her own defense. For the department, this involves enlisting the psychiatrist and/or PhD psychologist to schedule and conduct these evaluations. There was also one request for a third opinion on competency due to differing opinions by the first two examiners.

-Recruitment of a new licensed Psychologist, due to retirement of previous Psychologist.

-The Safe act monitoring and follow up continued with 12 individuals over the year.

-Consideration and Utilization of the Mental Hygiene Law to order the transport of an individual for evaluation was utilized during the year (27x)

-Review and approval of Designee Status for Emergency Department Physicians continues as new physicians are added. This involves review of recommendation from Hospital Medical Director, prior licensing issues or privileging issues In-service on the Mental Hygiene Law was provided to Mental Health staff regarding mental hygiene law and the role of a designee.

-Consultation with Soldiers & Sailors Psychiatric Inpatient staff, Emergency Department Consultants and Outpatient Clinic staff regarding clinical issues related to individual patients care, referrals to other hospitals, discharge planning issues and other available resources (27 calls).

-There were zero conducted sexual offender evaluations on adolescents.

-Anger management services (men's group) were provided under contract, to community residents upon court request or specific agency request. The majority of the referrals continue to come from Yates County Probation and New York State Parole. The service is currently provided through an intermunicipal agreement with Schuyler County Mental Health Clinic. Local options are under exploration as Schuyler County has had some difficulty maintaining staff coverage.

-Adult sex offender evaluation, assessment and treatment were provided under contract, on a weekly basis with referrals from the courts. This remains an active service in Yates County. Referrals come from the courts, other agencies and upon release from correctional services.

-Contract management efforts led to two cancelled programs, one program moved to a different provider and a reallocation of funding to two different programs

-The Adult Single Point of Entry (SPOE), a contract service under the auspices of Lakeview Health Services lost the SPOA coordinator who was subsequently replaced. The oversight of the two crisis transitional apartments remains a cooperative arrangement between Lakeview Health and the SPOA coordinator. Utilization reporting is provided to the department by Lakeview Health monthly.

-The transitional case management position funded by Community Services with in-kind support from Lakeview Mental Health Services continues to provide effective support for individuals living in the community.

One component of this program is providing case management type services to the Yates County Jail. Every release from the jail is reviewed and discussed at the adult Single Point of Entry (SPOA) meeting. The value of this support continues to increase.

-The Health Home initiative continues to move forward in the behavioral health realm; for providers with contracts with Community Services, Health Home care managers are currently working through Soldiers & Sailors Kelly Behavioral Health and Finger Lakes Addiction Counseling and Referral Agency (FLACRA). Community feedback continues to be positive. Care managers are present at the Adult SPOA to insure residential and service needs.

-Hillside Child and Youth Outpatient Clinic announced during the first quarter that they were closing their operations in Yates County (and two clinics in Rochester). This was unexpected given a record census (110+) at the clinic, a recent visit by Hillside's Operation Director to discuss the clinic's success, and no expressed concerns regarding funding issues. The reason provided was fiscal and a continued growing annual loss. A proposed time frame of 6 -12 weeks was proposed to accomplish the closing.

-The Director met with the Hillside Administration to express concern and displeasure with the decision and the lack of warning or preparation. The WNY Field office of the Office of Mental Health also expressed concern. The Director called a community meeting and invited Hillside and all affected agencies, children's providers as well as the Director for Community Services of the surrounding Counties and called upon the assembled to work together to insure the availability of children and family outpatient services in Yates County. The established process led to a planned transition of closing, monitored transfers of care, initiation of two new outpatient children and family providers: Soldiers and Sailors John D Kelly Clinic and Schuyler County Outpatient Clinic. School satellite services in the Dundee CSD were assumed by the Schuyler County Clinic and Hillside decided to retain the Penn Yan CSD elementary school on site clinic. The community effort resulted in more options for children and families in Yates County than before the crisis. At years end there is no waiting list for outpatient services.

-Soldiers & Sailors, Kelly Behavioral Health Clinic (JDK) continued on the path set in 2016 to eliminate the waiting list for services, upgrade the clinic staffing and continue quality improvement efforts. When the Hillside crisis occurred JDK made the decision to use newly created capacity due to staff hiring to add specific children's slots in the clinic. This decision took advantage their license as an adult and children's provider and the skill sets of several of their new staff. Hillside and LDK worked closely together to transfer and refer 60+ children and accept new referrals as Hillside closed their clinic.

-Stephanie Achilles, MD. Psychiatrist joined the Soldiers & Sailors staff in the last quarter of 2017. She joins Dr. Marino, who will continue part time in Penn Yan. The inpatient psychiatric unit, with her addition, will be admitting increased numbers to inpatient care.

-ARC of Yates had another active year which included management team downsizing, work on the county wide transportation system, shift from sheltered workshop to work readiness and job skill development and enhancement, preparation for the shift to the care management approach, preparation for a shift related to the federal waiver approval and professional staff recruitment in support of the Article 16 Clinic.

-The NYS Office for People with Developmental Disabilities, continues with two initiatives started in 2013. One is the Front Door initiative which establishes consistency for individuals seeking OPWDD services and supports and targets those for whom OPWDD eligibility has not been established or those who are OPWDD eligible and requesting a change in services. The other initiative is START- Systematic, Therapeutic, Assessment, Respite and Treatment Program- is an initiative to address the need for available community based crisis intervention and prevention services to individuals with intellectual disabilities and those with co-occurring behavioral health needs. ARC of Yates is part of a group of ARC's from neighboring counties collaborating in this initiative.

-A START representative provided an overview and update to the OPWDD subcommittee of the Community Services Board and staff of the ARC.

-The New York State Office of Mental Health continued State Psychiatric Center bed reductions and a reinvestment program utilizing funding saved by closure. The final planning called for County and State Psychiatric Center collaboration, and the development of community resources to handle discharges and lack of future State Inpatient Care. Specific improvements include access to crisis beds, added transitional beds, increased community support staff, assistance with transportation for discharged individuals, and increased available of Peer workers in the community. Unfortunately, staffing availability and recruitment continues to lag far behind the availability of the funding.

-We utilized (100% occupancy) the two transitional supportive beds provided as part of the Reinvestment plan and the (70% occupancy) two transitional Crisis apartments in Penn Yan. We have utilized the available children's respite program at the Elmira Psychiatric Center and at the two State Operated Community Residences. Referrals were made to the mobile intervention team (MIT) but staffing vacancies delayed or resulted in nonresponse in many cases.

-The New York State Department of Health issued Delivery System Reform Incentive Payments, known as the Finger Lakes Performing Provider System completed a third year. Program implementation is under way in a number of areas related to the specific areas preselected by the PPS. This includes centralized and or regional behavioral health emergency services. In our area this has begun to evolve with the Comprehensive Psychiatric Emergency Department (C-PEP) at Clifton Springs Hospital. Approval just occurred for a major construction of an improved C-PEP at Clifton Springs. In addition, there is a current plan to provide a mobile crisis capacity 24/7, holding beds, comprehensive psychiatric evaluation and inpatient access at Clifton Springs Hospital. The mobile team would provide assessment and intervention in Yates County.

DEVELOPMENTAL DISABILITIES

Yates County, has three providers in this disability area: ARC of Yates, Catholic Charities of the Diocese of Rochester and the NYS Office of People with Developmental Disabilities (OPWDD).

Catholic Charities, OPWDD and ARC of Yates provide residential services to developmentally disabled individuals. Catholic Charities operates 3 Individual Residential Alternatives (IRA's) with a capacity of 20 beds. OPWDD has 4 IRA's in Yates County with a capacity of 42 beds and six Individual Residential Alternatives (IRA's) with 31 beds.

ARC of Yates provides a continuum of services to the developmentally disabled individuals. These include:

- ~supported employment
- ~day habilitation
- ~transportation: provided to consumers of all programs
- ~clinical (social work, nursing, psychology, psychiatry, rehabilitation)
- ~community support services (homecare, respite, residential habilitation, family support, service coordination, recreation)
- ~early intervention/preschool

ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

In Yates County has two providers in this disability area: the Finger Lakes Council on Addictions (referred to as Council) and Finger Lakes Addictions Counseling and Referral Agency (FLACRA).

The Council provides prevention and education programs in their community based services program and in their school based programs in the Dundee and Penn Yan school districts.

The Council partners with Big Brothers/Big Sisters of Rochester to provide a mentoring program for college students, as the bigs, and middle school students, as the littles. The year 2017 saw a substantial increase in direct prevention services, use of social media, radio and print media. Youth counseling services also increased significantly.

FLACRA provides addiction treatment services to Yates County residents as well as Care Management services. This includes services to clients in their Penn Yan clinic, to inmates at the Yates County jail, to Kelly Behavioral Health Center for dually diagnosed individuals, and to Yates residents in their Crisis Center, halfway house and supported apartment programs located in neighboring counties. FLACRA also participates in the Yates County Drug Court.

New service development includes approval and moving ahead with the development of 25 new beds at the Clifton Springs site. Those will become available in the next year. In addition, a family navigator capacity has also been approved and should be initiated in the first quarter. Finally, the Opioid State Targeted Response (STR)- Center of Treatment Innovation (COTI) adds additional peer counselors, a mobile van, telehealth, jail services, extensive outreach and clinical support from the Strong Memorial Hospital clinical staff.

MENTAL HEALTH

Services in this disability area are provided via contracts with a variety of agencies. Contracts are with Soldiers' and Sailors' Kelly Behavioral Health, Lakeview Mental Health Services, ARC of Yates, Hillside Children's Center, Catholic Charities-Steuben/Kinship Division, Finger Lakes Parent Network, Big Brothers/Big Sisters, Safe Harbors, Dundee Central School, Penn Yan Central School, Workforce Development, Sheriff's Department, Public Health and individual consultants.

MEDICAID MANAGED CARE IMPLEMENTATION

Medicaid Managed Care (Behavioral Health population) was implemented and included the availability of Care Management, expanded services and service options. In addition new rules to improve access, outreach and quality of care were also implemented.

Harp services (Health and Recovery Plan Services) were also implemented. Care coordination is provided and assistance in developing a personal plan for the individual. Some Individuals will also be eligible for additional services. These are called Adult Behavioral Health Home and Community Based Services (Adult BH HCBS).

They include life skills building, self-advocacy, relationship building, educational support, job skills training, respite services and community support services. Those services are in addition to health and behavioral health services an individual may need.

GRANTS

The Greater Rochester Health Foundation funded a grant proposal “Changing the Culture and Improving the Health Outcomes for the Mentally Ill and Substance abusers” That grant focused on community education utilizing two evidence based trainings, Youth Mental Health First Aid and Mental Health First Aid. Both programs education about behavioral health issues, treatment, early identification and support for those with behavioral health issues. The approach engages the community to be part of the solution while reducing the stigma surrounding behavioral health issues. The award included support for the trainings, material and support for trainers. One community member was supported to become a Youth Mental Health First Aid Trainer, one trainer was supported to become an (Adult) Mental Health First Aid Trainer and one added the Public Safety specialty. During the project, 367 individuals have been trained in YMHFA and 130 individuals have been trained in MHFA for a total of 497 individuals trained under the project. Preliminary survey of those trained found that those trained were better able to identify those having behavioral health issues, better prepared to deal with the issues and more willing to be involved. Further surveying will be undertaken on the full group of trained individuals.

The NYS Suicide Prevention Center awarded a Suicide Prevention Coalition grant to the department in support of the development of a local Coalition. Along with funding for the coalition development, consultation and online workshops were provided. The coalition was moving ahead and developing at the end of the year. Project teams were established to focus on the development of a postvention process for the county and to develop a specific program of education and awareness building within the community.

Community education and outreach efforts included providing information and engagement tables at various community fairs and functions. Suicide Prevention Week was highlighted with a poster distribution, an information table in the County Building lobby, news articles, hand outs and help prevent suicide wrist bands.

The Coalition also did a monthly display in the Penn Yan Library during November providing suicide prevention materials and give aways such as wristbands. In addition the Coalition started a survey directed at measuring suicide awareness, initially at the library but expanding to an online option.

Finger Lakes Regional Planning Consortium(FLRPC)

The director continues to serve as the Co-chair of the FLRPC Board of Directors. The FLRPC completed the first full year of operation. During 2017 the board met four times in the region while holding several other work group meetings as well as participating in two Co-Chair meetings in Albany with State Agency Leadership. The consortium board continued to identify issues and barriers to a successful implementation of Medicaid managed care. In addition solutions and recommendation for the removal of barriers were also developed. In those case where a local solution was possible and implementable members made it happen. Additional issues related to “Pay for Performance” consumer voice, PPS performance, HARP, Care Management were also discussed within board meetings and or through work group action.

In keeping with the pending start of the Children’s Medicare Managed care work is under way to establish a children’s committee to focus on that roll out designed to identify issues and barriers to success. As this progresses we will also identify solutions and recommendations and meet with State Agency Leadership to plot corrections and changes.

YATES COUNTY COMMUNITY SERVICES BOARD

The Yates County Community Services Board completed another year with the development of and submission of the priority populations and updating of goals and objectives for the three population groups represented by the Community Services Board. During the year each specific subcommittee reviewed and monitored the specific providers, services and support provided during the year. They also looked at the programs funded and the data provided by those funded programs. The Community Services Board reviewed the information developed by each subcommittee and the overall funding of programs in Yates County. That effort produced the required annual report to State Agencies.

SUMMARY

The Community Services Department had a very active year in community mobilization, advocacy, problem solving and support for quality care, access to treatment, representing Yates County with the FLRPC, FLPPS, Regional Planning and supporting the Yates County Community Services Board and sub committees. This was a challenge given the many changes and the revolution taking place in health care overall. At the same time, efforts to combat community stigma and recruit and train community members to be part of the needed community culture change required significant effort and fortitude to move forward. 2018 will continue these challenges.