



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

Genesee County Mental Health Services
September 5, 2019

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2020 Mental Hygiene Executive Summary
Genesee County Mental Health Services
Certified: Augusta Welsh (5/30/19)

The Genesee County Department of Mental Health continues to strive for community based, high quality, person-centered options for individuals within our community. These goals will coincide with the major changes anticipated in the New York State shift to Medicaid Managed Care and Value Based Payments. It is our belief that community based programs hold the key to successful recovery outcomes. We will continue to work with our community partners to make our service delivery system fit the needs of our special populations.

Genesee County has taken the initiative to convene a Regional Network of partners in an effort to improve Behavioral & Physical Healthcare outcomes. This new consortium will take the lead in the use of data analytics, best practices and peer support to improve the lives of persons with mental health, substance abuse and intellectual disabilities needs. The consortium is currently a membership of 14 county run services and additional providers within their boundaries. A Director for the consortium has been hired and will begin June 3, 2019.

Mental Hygiene Goals and Objectives Form
 Genesee County Mental Health Services (70650)
 Certified: Augusta Welsh (5/30/19)

1. Overall Needs Assessment by Population (Required)

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

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

Regional LGU's continue to work towards better service coordination and planning. With the recent epidemic of substance abuse, LGU's have been forced to adapt to the changing clinical times. These adaptations will include closer collaborative relations with both community mental health & substance abuse providers.

Mental health services have been established within Horizon Health Services clinic in Batavia, in addition to their substance abuse services.

Genesee County Mental Health Services is in the planning phase of establishing a satellite clinic within Genesee-Orleans Council on Alcoholism and Substance Abuse Services in Batavia.

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

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

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

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

The OASAS Suboxone/Methadone Clinic is up and running and doing well in Genesee County through Genesee-Orleans Council on Alcoholism and Substance Abuse (GCASA).

The development of a free-standing detoxification unit at GCASA will be complete over the next few months.

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

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

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

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

The Office of Persons with Intellectual Disabilities continues to struggle with the distribution of resources as well as upgrading to managed care. OPWDD has however, instituted a new policy of separating Case Management from standard service delivery in the hope of providing more consumer choice.

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

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

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

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2a. Housing - 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

Our goal is to distribute unused treatment beds in Genesee County to the adjacent GLOW Counties. It is our intention to create a Regional network which will allow substance abuse patients to transition back into the community with needed supports.

Objective Statement

Change Over Past 12 Months (Optional)

Collaboration meetings have taken place and will continue this year.

2b. Transportation - 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): NYS has taken over all scheduled transportation. This has caused major confusion and disruption to patients accessing care, particularly in the rural counties. In addition, it has cost up to four times then when the County DSS's coordinated the service.

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

Genesee County has included "Grief Counseling" for persons with Intellectual & Developmental Disabilities within the crisis service plan.

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

Objective Statement

Change Over Past 12 Months (Optional)

The objective is to establish a team of trained grief facilitators inclusive of the CAST Dragonfly Program out of Mount Morris, ARC.

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

Genesee County is hopeful the NYS initiative, Be Fair to Direct Care, will assist in retaining staff and will increase the pool of qualified candidates.

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): Regulations and restrictions have made working for OPWDD very unappealing to potential recruits. In addition, retention of front line staff has been difficult with multiple complaints that have resulted in extensive Justice Center investigations.

Change Over Past 12 Months (Optional)

2m. Coordination/Integration with Other Systems for SUD 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

This need has been addressed and improved with the addition of community services within Genesee County.

Objective Statement

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children 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

The Office of Mental Health (OMH) & the Office of Persons with Developmental Disabilities (OPWDD) has determined the future treatment model will involve a Managed Care payment structure. The purpose of this new treatment model is to better manage treatment outcomes. Within the operational practices of treatment for persons with mental illness and intellectual disabilities OMH & OPWDD will require therapeutic staff to have a working knowledge of evidence based treatment practices. This will require cross training to be determined by both OMH & OPWDD.

Objective Statement

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

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

OPWDD has adopted the START Model initiated in New Hampshire. The START Model provides for emergency crisis intervention which may include respite strategies for persons with intellectual disabilities. OPWDD has enhanced its respite opportunity funding with the intent to initiate additional respite options across the State. The START program will assist in linking families to in-home as well as out-of-home options.

Objective Statement

Change Over Past 12 Months (Optional)

Over the past 12 months this option has improved, it has been more accessible to families.

2x. Developmental Disability Front Door - 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): OPWDD continues to struggle with introducing persons needing services at the appropriate time of need.

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Genesee County Mental Health Services (70650)
Certified: Augusta Welsh (5/31/19)

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:

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:

Additional training on vaping.

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:

GCASA is collaborating with the local hospital for treatment and prevention. There is also a partnership with 3 county Opioid task force for 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:

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

No

Yes, please explain:

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

- No
- Yes, please explain:

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

- No
- Yes, please explain:

LGU will assist in the collaboration with the Mental Health/Alcohol & substance Abuse subcommittee to identify areas of support and funding.

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

- No
- Yes, please explain:

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

- | | |
|---|---|
| <input type="checkbox"/> Un/Underemployment and Job Insecurity | <input type="checkbox"/> Poor Education |
| <input 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:

Both housing and transportation have countywide advisory groups working to further identify current needs, as well as collaborating resources readily available.

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): Trauma Informed Care

How many hours:

Target audience for training: adults

Estimate number trained in one year: 80

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:

This is currently being spearheaded by the Office for the Aging in Genesee County with focus on "Aging In Place". Their initial concerns are dealing with housing modifications, as well as community healthcare.

Office of Mental Health Agency Planning (VBP) Survey
Genesee County Mental Health Services (70650)
Certified: Augusta Welsh (5/31/19)

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:

Genesee County has participated in the Crisis Stabilization initiatives that cross all three disabilities. In addition Genesee County Mental Health participated in 2di; which gathered information from consumers regarding their health literacy which established a medical baseline.

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

a) Yes No

b) Please explain:

Genesee County continues to seek grants and redirect county funding towards the maintenance of these projects. Individual provider agencies have also directed their budgetary planning as such.

3. Are there any behavioral health providers in your county in VBP arrangements?

a) Yes No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

No, not as of yet. To be determined.

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 fully aware at this time. The BHCC that Genesee County is linked with has future goals to establish policy and procedures for VBP goals.

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

a) Yes No

b) Please explain:
Not at this time.

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:
Genesee County is one of the establishing Board Members of the BHCC. The County management fully supports this.

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:
Genesee County is currently in an RFP process to purchase a system that will integrate with the BHCC data collection and measures.

Community Service Board Roster
 Genesee County Mental Health Services (70650)
 Certified: Ellery Reaves (4/3/19)

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: Bernadette Bergman	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Peer Advocacy	Term Expires: 12/2018	Email Address:
Name: Mary Ella Loos	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Peer	Term Expires: 12/2016	Email Address:
Name: Ernie Haywood	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: County Resident	Term Expires: 12/2018	Email Address:
Name: Pauline Miano	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Teacher	Term Expires: 12/2017	Email Address:
Name: Ruth Andes	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Volunteer	Term Expires: 12/2018	Email Address:
Name: James Owen	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Volunteer	Term Expires: 12/2016	Email Address:
Name: Ruth Spink	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: County Agency	Term Expires: 12/2018	Email Address:
Name: Gordon Dibble	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: County Legislature	Term Expires: 12/2018	Email Address: Gordon.Dibble@co.genesee.ny.us
Name: Vernon Saile	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Clergy	Term Expires: 12/2017	Email Address: vern@northgatefmc.com

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

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

Alcoholism and Substance Abuse Subcommittee Roster
Genesee County Mental Health Services (70650)
Certified: Augusta Welsh (5/30/19)

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: Mary Ella Loos	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Peer & Family	Email Address: meloos31@rochester.rr.com
Name: John Bennett	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Provider	Email Address: jbennett@gcasa.org
Name: Cheryl Zinkovich	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Provider	Email Address: czinkovich@ummc.org
Name: Lisa Glow	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Provider	Email Address: Lglow@horizon-health.org
Name: Nicole Davis	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Provider	Email Address: ndavis@gcasa.org
Name:	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Provider	Email Address:
Name: Ruth Andes	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Retired Teacher	Email Address: REAndes@genesee.edu
Name: Pauli Miano	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Retired Teacher	Email Address: pmiano@rochester.rr.com

Mental Health Subcommittee Roster
 Genesee County Mental Health Services (70650)
 Certified: Augusta Welsh (5/30/19)

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: Sue Gagne	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Recovery Center Coordinator	Email Address: sgagne@gcasa.org
Name:	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name: Rae Frank	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Provider	Email Address: RFrank@wnyil.org
Name: Thomas Christensen	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Provider	Email Address: tchristensen@mhago.org
Name: Pauli Miano	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Retired Teacher	Email Address: pmiano@rochester.rr.com
Name: Michelle McCoy	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Provider	Email Address: mmccoy@depaul.org
Name: Lisa Glow	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Provider	Email Address: Lglow@horizon-health.org
Name: John Bennett	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Provider	Email Address: jbenett@gcasa.org
Name: Gail McKee	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Provider	Email Address: gmckee@restoration-societyinc.org
Name: Ruth Andes	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Retired Teacher	Email Address: REAndes@genesee.edu
Name:	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Provider	Email Address:
Name: Mary Ella Loos	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Peer & Family	Email Address: meloos31@rochester.rr.com

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

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

Developmental Disabilities Subcommittee Roster
Genesee County Mental Health Services (70650)
Certified: Ellery Reaves (4/3/19)

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: Pauli Miano	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Retired Teacher	Email Address: pmiano@rochester.rr.com
Name: Ernie Haywood	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Provider	Email Address: Ernie.Haywood@lifetimeassistance.org
Name: Donna Saskowski	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Provider	Email Address: DSaskowski@GeneseeARC.org
Name: Anne Scherff	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family Advocate	Email Address: Alscherff@aol.com
Name: Vernon Saile	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Clergy	Email Address: vern@northgatefmc.com
Name: David Dodge	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Provider	Email Address: ddodge@wnyil.org

2020 Mental Hygiene Local Planning Assurance
Genesee County Mental Health Services (70650)
Certified: Augusta Welsh (5/30/19)

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

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

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

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

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