



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

Fulton County Community Svcs Board
September 5, 2019

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Planning Form	LGU/Provider/PRU	Status
Fulton County Community Svcs Board	70080	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
New York State Prevention Agenda Survey	Required	Certified
Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

Mental Hygiene Goals and Objectives Form
 Fulton County Community Svcs Board (70080)
 Certified: Ernest Gagnon (8/21/19)

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**:

Fulton County is still awaiting the mental health system to change over to managed care system of care.

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

OMH/OASAS - wheelchair accessible housing

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

none

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**:

Fulton County is still awaiting the substance use disorder system to change over to managed care system of care.

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

wheelchair accessible housing is needed

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

opioid overdoses have continued to increase

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**:

Fulton County is still awaiting the developmental disability system to develop a plan to change over to managed care system of care. Evaluating the change to care coordination organizations and if this will provide adequate services to this population

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

waiting list for housing continue to exist

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

none

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 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

With the SPOA process we know of a subgroup of individuals with mental health diagnosis who have repeatedly failed in supported housing levels of care and have then returned to community residences. This group would do well in a enriched single room occupancy program due to the need for medication monitoring and medical supervision such as has occurred in the current programs in Syracuse and Utica. Also, Children's SPOA continues to receive requests for housing for adolescents who are in need of RTF and RTC services which are not available do to waitlists at the state level.

With the adult SPOA process we are receiving an influx of primarily substance use disorders with an increase in heroin use to mental health housing. The need is for more 24 hour supervised level of care for substance use disorder individuals. There is no housing services for children with substance use disorders.

Wheelchair handicapped accessible housing is needed.

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 develop a service enriched single room occupancy (SRO) for individuals with mental health diagnosis which includes wheelchair accessibility.

Objective Statement

Objective 1: Use any new supported housing slots to create a service enriched SRO

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

Change Over Past 12 Months (Optional)

Fulton Friendship House has a multiple apartment project in the midst of local building approval.

2b. Transportation - Background Information

We are a rural county and lack public transportation system. Access to services is limited to walking or limited medicaid transportation services.

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):
No funding via county, state or federal. If the Federal Government reduces medicaid funding we assume that medicaid transportation will be reduced.

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

No crisis services for children and adolescents other than the Emergency Room for behavior health (mental health, substance use). Developmental Disabilities has a regional crisis program but nothing for someone who is not already qualified into DD services. Crisis services lacking for individuals on the autism spectrum and mental hygiene. Neither system wants them.

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):
No funding.

Change Over Past 12 Months (Optional)

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

Poor pay and high stress, lack of qualified health professionals, known due to constant recruitment by all the agencies. The County is a federally designated area lacking qualified professionals.

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):
This issues is beyond the control of the local LGU. This is a state and federal issue.

Change Over Past 12 Months (Optional)

CASAC's are now eligible for federally designated qualified professional.

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

Do to the poverty rate of 17.9% and adult disability rate of 12.4% the area continues to struggle with poor job prospects for the majority of the counties population. Many of the behavioral health population also can not pass a drug screen. The overall lack of jobs also affects the job opportunities even with job coaches for the developmentally disabled.

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):
This issues is beyond the control of the local LGU. This is a state and federal issue.

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

There is a lack of screening for early interventions for children and adults.

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):
If screening were to occur it would overwhelm the system due to a lack of available services. Prevention services are not valued or funded by the state.

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

There is no inpatient treatment for children locally and no adult inpatient in Fulton County. No substance abuse inpatient treatment for adolescents with substance abuse issues in the area.

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):
Currently, the County jail acts as the detox center and psychiatric center for the County as these individuals become involved with the criminal justice system. The County is overwhelmed with opioid epidemic, as is the rest of the state, and the closure of state psychiatric center beds and availability of RTF and RTC beds and lack of reinvestment money following individuals as the return to the County of Origin.

Change Over Past 12 Months (Optional)

Multi-county ACT Team was started in 2019.

2j. SUD Outpatient Services - Background Information

No children/adolescent outpatient addiction services in the County.

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):
No provider is interested and not a service option available under DSRIP.

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

Previously discussed under housing.

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

Previously discussed under housing.

Objective Statement

Change Over Past 12 Months (Optional)

HFM Prevention has opened Recovery Supported Housing units in Fulton County.

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

The restrictions on physicians/PA/NP prescribing Suboxone means fewer individuals can be served due to lack of prescribing medical staff.

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):
This a state and federal issue. The County is overwhelmed with the opioid epidemic as is the rest of the state.

Change Over Past 12 Months (Optional)

Opioid overdoses continue to increase in the County.

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

Due to the lack of children's services, coordination is not possible. The Health Home runs through the local hospital that is only interested in referral to their own services. DSRIP is split between two hospital systems and not coordinated.

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

Continue to work with both DSRIP's to coordinate both efforts and services.

Objective Statement

Objective 1: Liasion data and priorities between the two DSRIP's.

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

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

Reported caseloads of over 100 individuals by Health Home Care Coordinators does not allow for the behavioral health individuals to receive the individual attention they need to recover and succeed in the community. CCO's will need to adapt to the OPWDD people's first transformation.

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

Health Home Care Coordination to reduce ER visits by focusing on the behavioral health population.

Objective Statement

Objective 1: Obtain ER data on the behavior health home population.

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

Objective 2: Work with ARC, CCO's on transition to People's First Transition.

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

Change Over Past 12 Months (Optional)

St. Mary's Healthcare has HH plus services.

2s. Developmental Disability Student/Transition Services - Background Information

adult and adolescent student transition services in the County would benefit from the school being more integrated into the process of students moving on.

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):
Lack of coordination on a state level between OPWDD and state education.

Change Over Past 12 Months (Optional)

2t. Developmental Disability Respite Services - Background Information

Respite beds are full with long term individuals who are often waiting for permanent housing, thus respite services are unavailable for crisis or short-term stays.

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):
START is regional with the closest crisis bed being 2-3 hours away and not conducive for short term respite and re-integration into the family.

Change Over Past 12 Months (Optional)

2x. Developmental Disability Front Door - Background Information

The front door process continues to be a barrier to accessing services for individuals who are clearly OPWDD eligible. We know this since it usually takes 3 - 5 repeated applications for one individual to finally be accepted as OPWDD eligible.

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):
It is obvious to the County that the Front Door is a barrier to keep eligible individuals out of OPWDD services. The volume of paperwork, especially old school records, that may not be available, may have been destroyed or out of state is overwhelming.

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Fulton County Community Svcs Board (70080)
Certified: Ernest Gagnon (8/21/19)

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:

The items selected have been implemented by various providers in the county.

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:

Local substance abuse prevention coalition exists in the county.

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:

Lack of true integrated licensure across health, mental health and substance abuse.

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:

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 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:

Fulton Friendship House is developing multi-use, multi-need handicapped accessible housing -new build.

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):

How many hours:

Target audience for training:

Estimate number trained in one year:

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

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

- No
- Yes, please provide examples:

Office of Mental Health Agency Planning (VBP) Survey
Fulton County Community Svcs Board (70080)
Certified: Ernest Gagnon (8/21/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or Melissa.Staats@omh.ny.gov

Background

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

DSRIP serves as a bridge to value-based payment in New York State.

DOH website

DSRIP Performing Provider Systems (PPS)

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

DSRIP Project Lists

New York State Delivery System Reform Incentive Payment Program Project Toolkit
DSRIP Performing Provider Systems (PPS Statewide)

Value Based Payment (VBP) - Reduce Costs/Improve Quality

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

Questions

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

- a) Yes No

b) Please provide more information:

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

- a) Yes No

b) Please explain:

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):

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

- a) Yes No

b) Please explain:

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

- a) Yes No

b) Please explain:

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a) Yes No

b) Please explain:

Community Service Board Roster
 Fulton County Community Svcs Board (70080)
 Certified: Ernest Gagnon (8/21/19)

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: Heather Clear-Rossbach	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: St Mary's Hospital	Term Expires: 12/2023	Email Address: clear@smha.org
Name: Ann Solar	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: DSS	Term Expires: 12/2019	Email Address: 17a065@dfa.state.ny.us
Name: Kathy Cromie	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: MHA	Term Expires: 12/2020	Email Address: kcromie@mhafm.org
Name: Robin DeVito	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: FMCC	Term Expires: 12/2021	Email Address: rdevito@fmcc.suny.edu
Name: Denise Fredricks	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 12/2019	Email Address: geo57@frontiernet.net
Name: Ron Kilmer	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 12/2021	Email Address: rkilmer@nycap.rr.com
Name: Cynthis Licciardi	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Probation	Term Expires: 12/2021	Email Address: clicciardi@fultoncountyny.gov
Name: Bethany Porter	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Nathan Lttauer Hospital	Term Expires: 12/2023	Email Address: bporter@nlh.org
Name: Patrick Dowd	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Lexington Center	Term Expires: 12/2019	Email Address: dowdp@lexcenter.org
Name: Chad Brown	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: District Attorney	Term Expires: 12/2020	Email Address: cbrown@fultoncountyny.gov

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

Fulton County Community Svcs Board (70080)

Certified: Ernest Gagnon (8/21/19)

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: Ann Solar	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: DSS	Email Address: 17a065@dfa.state.ny.us
Name: Kathy Cromie	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: MHA	Email Address: kcromie@mhafm.org
Name: Ron Kilmer	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address: rkilmer@nycap.rr.com
Name: Tom Ryan	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Fulton Friendship House	Email Address: fultonfriendhip@frontiernet.net
Name: Denise Benton	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Catholic Charities	Email Address: denise.benton@cc-fmc.org
Name: Bill Doran	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: St. mary's Hosp. Addiction Srv.	Email Address: doranb@smha.org
Name: Rachel Truckenmiller	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: HFM Prevention Council	Email Address: rachelt@hfm-preventioncouncil
Name: Heather Clear-Rossbach	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: St Mary's Hospital	Email Address: clear@smha.org

Mental Health Subcommittee Roster
Fulton County Community Svcs Board (70080)
Certified: Ernest Gagnon (8/21/19)

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: Tom Ryan	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Fultonfriendship House	Email Address: fultonfriendship@frontiernet.net
Name: Janine Dykeman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: MHA	Email Address: jdykeman@frontiernet.net
Name: Heather Clear-Rossbach	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: St. Mary's Hospital	Email Address: clearh@smha.org
Name: Cynthia Licciardi	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Probation	Email Address: clicciridi@fultoncountyny.gov
Name: Chad Brown	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: District Attorney	Email Address: cbrownfultoncountyny.gov
Name: Denise Fredricks	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: geo57@frontiernet.net

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
Fulton County Community Svcs Board (70080)
Certified: Ernest Gagnon (8/21/19)

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: Patrick Dowd	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Lexington Center	Email Address: dowdp@lexcenter.org
Name: Robin DeVito	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: FMCC	Email Address: edevito@fmcc.suny.edu
Name: Bethany porter	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: NL Hospital	Email Address: bporter@nlh.org

2020 Mental Hygiene Local Planning Assurance
Fulton County Community Svcs Board (70080)
Certified: Ernest Gagnon (8/21/19)

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.