



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

Ontario Co. Community Services Bd.
September 6, 2019

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Planning Form	LGU/Provider/PRU	Status
Ontario Co. Community Services Bd.	70340	(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
Ontario Co. Community Services Bd. (70340)
Certified: Diane Johnston (6/18/19)

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**:

2020 planning :

Over the past year, there have been numerous initiatives which have had significant (positive) impact on the community. The child respite beds in Elmira have increased usage, the Adult respite in Canandaigua / Prospect house has increased respite use, the community support center remains strong with it's connection to a local Gym, the Mental health association has remained an integral part of service / supports for those struggling. Mobile CPEP has enhanced coverage to 24/7 as well as enhancing their coordination with 911 dispatch.

The most improved for mental health has been the addition of CIT - Crisis Intervention Team which has trained 30 law enforcement in mental health and substance use...in conjunction the collaboration between Law enforcement (LE) - CPEP mobile crisis and COTI peers. Additional MH and LE staff have attended "train the trainer" thus will roll out additional training opportunities to appropriate LE and first responder personnel across the county.

A MH staff has become an ASIST trainer, thus has begun offering trainings to individuals in the county. This will continue to be offered throughout the year. Other individuals have also been trained in SAFE TALK and TALK saves Lives...all addressing strategies to help talk to individuals struggling with thoughts of suicide. Such presentations will continue across the county. Although our suicide rates have remained consistent, the continued educations, information and training will offer support to the community. Access to and use of the Lakeview - Prospect Street house has improved significantly.

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

As indicated, lack of housing opportunities, limited access to outpatient and inpatient psychiatric care and most significant and has been consistent of the recent years.

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

Due to the intensity of problems, our most "intensive" STATE operated services are consistently "Filled". We are often seeking ACT services for individuals who have been unsuccessful in the community and outpatient level of care. There is always a waiting list and the newer model of health homes is not always sufficient to meet the needs.

The need for psychiatric time for both children and adults is problematic. "Wait times" for prescriber hours can be lengthy. The acuity of individuals seeking services is increasing yet the demands / expectations for high caseloads in clinic, limited contact from care managers resulting in inadequate care to help individuals be stable and safe in the community.

Psychiatric beds for children/adolescents remain difficult to come by. Some children wait in EDs for hours / days, often to then be sent home instead of hospitalized. Some families are offered hospitalizations hours away which they decline for so many reasons.

Access to children's services have been significantly negatively impacted with the recent changes. The "new" CFTSS / old Waiver services are at best difficult and confusing to access and understand the referral process and at worst, they are totally unavailable due to staffing limitations. The referral process is complex and time consuming, leaving children / families without services for weeks.

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**:

2020

Some clear improvements in the overall opportunities for individuals as listed below from our previous year's plan:

1. FLACRA addition of swing beds to best address the individual needs of those seeking treatment (2018 residential redesign to provide both mental health and substance abuse services "in house", as well as 25 bed expansion planned for 2019)
2. Increased housing supports and options
3. Continued growth of the Substance Abuse Coalition activities / education
4. Monroe and Wayne counties are now offering "immediate / open access" for assessment and treatment. Individuals from Ontario County can utilize these services.
5. Exploration of the need for more suboxone providers is paramount. There remains a shortage of providers, thus waiting lists for services. (number of providers remains low)
6. Strong Memorial Hospital has secured a location in Ontario County for a methadone clinic. Due to the many regulations, the process for full approval is time consuming.
7. Youth clubhouse in Geneva continues to be a positive program for youth.
8. Ontario, Yates and Wayne have additional funding for COTI / peer services
9. Hiring / training additional peer supports

2019 planning: Positive additional programming is occurring to support treatment of substance use disorders (COTI, 25 bed expansion, Open Access center in Wayne County, additional state funds to support programming in Ontario county jail). However, limited funds are focused on Prevention services and education. Both the FL Council on Alcoholism (no additional funding) and the Substance Abuse Coalition /Partnership for Ontario county (funding to end in fall 2019) are providing programming and services to the community. These services are invaluable and must continue (and increase). With this our loss of life to drugs has increased and continued programming from Prevention to Treatment and life long support are needed. The opioid epidemic is hitting our county hard with the addiction and deaths impacting the entire community.

2020 As noted above, the collaboration between law enforcement, COTI / FLACRA has significantly improved in meeting the needs of our community. We are now taking the next step to fully integrate the use of OD MAP to further attack the opioid epidemic. Additional funds have flowed into FLACRA to create a Community Resource Support Center in collaboration with local programs to provide alternatives to formal substance abuse clinic treatment. An Opioid treatment court was initiated in 12/2018 and most recently additional funding has been provided from OASAS to support the intensity of services which should be offered to individuals going through this option. Although the U OF R methadone clinic has not opened its doors yet, they are in process and are moving forward for a start date in 2019. The Youth Clubhouse in Geneva continues to provide support and services to youth in that community. A treatment provider will be resuming provision of services in 2 locations across the county (they had decreased to 1); this will improve access to treatment for our residents.

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

Council on Alcoholism has continued to provide services to the wider community and within the school districts to support Prevention and education. The Council works collaborative with the Partnership for Ontario county, FLACRA and others to provide services.

SUD Prevention funds have remained the same which does not pro-actively address the SUD crises around the county / state .

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

To reiterate, we have experienced numerous strengths and positive movement in the arena of provision of substance abuse services. Issues which may have worsened include workforce....positions for para professional and professional positions are always in need. And despite service enhancement, we continue to have many deaths due to substance use related activities.

Lack of an adequate number of prescribers with SUD specialties to address the complex co-occurring issues.

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**:

Services are "shifting" in the DD system, thus it's difficult to fully assess. There are many unknowns in the system regarding funding, reimbursement of services, consolidation and coordination with other agencies. Ontario ARC will continue to update Ontario County CSB. Housing options as well as in community job opportunities are continually being explored. Housing / apartment options are developing now.

Increased involvement with youth through the ACCESS VR grant.
 15 specific apartments for the DD population at Creekview apartments / canandaigua
 Increase in self directed opportunities / budgets
 Discontinued all site based programming, increase inclusive opportunities
 Opening of Bad Dog Boutique - employment opportunities
 JET connections, realignment of all employment and pre-employment activities under one umbrella (Job Exploration and Training - JET)

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

Transportation
 Residential
 competitive employment

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

Staffing crisis- competent work force - staffing shortage
 Transition to the Care Coordination system has slowed down the process to timely services and supports

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>

f) Prevention	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input 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

2018 and 2019

There continues to be a housing shortage for individuals in all three areas of need (OMH, OASAS, DD). Each area will continue to focus on advocacy and development of affordable, safe housing.

2020

As stated, DEPAUL (primarily mental health) is in the process of developing a mixed use housing development in Geneva. This is in conjunction with FLACRA / OASAS provider.

Additionally ARC / OPWDD is underway with a housing development in Canandaigua, to open within a few months.

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

Development of additional housing opportunities within each area of need.

Objective Statement

Objective 1: Work with FLACRA, Lakeview, DePaul, Ontario ARC and other agencies to explore additional housing units

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

2020 Crisis services remain limited but have improved for residents in Ontario county. The local CPEP has expanded their mobile crisis outreach, in addition to coordinated response with Law enforcement. We have both adult (Prospect Street and SOCR) and child and child (Elmira Psychiatric Center) crisis respite for those suffering from mental illness, which access to and usage has slightly improved. FLACRA has expanded / enhanced crisis center to include medically monitored as well as medically supervised. COTI has also improved coordination with Law Enforcement so although not necessary responding in immediate crisis, the peers are able to connect with and reach out to consumers in the

county who have been struggling. START in conjunction with Ontario ARC provides limited crisis respite services. START has a 24 hour crisis hot line available for individuals in this system.

2019 planning

Crisis stabilization / intervention options remains a priority. Present services available:

Substance abuse: ACC, COTI - peers, 211-Lifeline, Open Access in Monroe county and in Wayne County

OPWDD: START

Mental health: 211-Lifeline, CPEP and Mobile, EPC adult and child respite beds, Prospect house

A regional crisis intervention plan is underway and was submitted to OMH in 2018 (with Ontario, Wayne, Seneca and Yates Counties). No feedback from OMH to date.

2020

Significant improvement in handling crises in a coordinated, collaborative manner has taken place over the past year. Our 911 dispatch works closely with CPEP and law enforcement to immediately connect with CPEP to send out Mobile crisis team when indicated. Law enforcement works hand in hand with the mental health providers. Additionally, when Substance Use disorder is the issue, Law enforcement contacts COTI to come out and work on engagement with individuals.

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

Improve coordination, access and response for crises in the community.

2019 and 2020 Planning includes

1. a regional approach to after hours crisis intervention with 3 neighboring counties (Wayne, Seneca, Yates and Ontario) The plan has been submitted to OMH.
2. Crisis Intervention training (CIT) Two Mental health professionals (1 from OCMHC, 1 CPEP) and 2 law enforcement (1 Sheriff 1 canandaigua PD) are now trained to provide additional CIT training to more local LE. This continues to enhance the interventions in the community with addressing crisis situations.
3. additional CPEP / Mobile teams via DSRIP. Additional funds have been made available via DSRIP to add the 24/7 coverage component. Staffing remains problematic however.
4. Although not specifically "crisis" in nature, we have been able to provide ASIST training to numerous county employees as well as providing abbreviated similar training (to address suicidal individuals) to all the 911 dispatch employees. The county (either Public health and/or private individuals) have offered Safe-talk and Talk saves lives to numerous individuals across the county. Both these programs address the issue of taking with individuals who express suicidal statements.

Objective Statement

Objective 1: Maximize use of Mobile Outreach

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

Objective 2: Develop a coordinated system of crisis response, regionally

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

Objective 3: Train law enforcement in understanding behavioral health conditions and subsequent responses (as well as understanding services available in the community)

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

Change Over Past 12 Months (Optional)

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

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):

2019 - 2020 Workforce remains an issue in all areas (OMH, OASAS, OPWDD). I do not have a plan / goal to address this concern. The overall change in the "system" is shifting professionals, competing for professionals to conduct the work and there are not enough to go around. This continues to be a topic in DSRIP / FLPPS discussions as the staffing shortage significantly impacts the ability to provide services.

All human services agencies are struggling with workforce issues. There are not adequate numbers of trained / educated individuals to provide the necessary services.

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

2018 - 2020

There continues to be a shortage in inpatient beds. In the OASAS field, the additional "swing" beds at the ACC have been helpful, but the limited beds across the State is problematic. OASAS will sometimes report that "beds" are "available" in NYS, yet because they are not local or sometimes within the region, folks may decline such an admission. In the OMH field, the goal is to continue to limit both (State operated) adult and child inpatient beds. This has a direct impact on the number of individuals presenting at CPEP and then unable to locate (child) beds across the State. The OPWDD closures have lead to primarily only inpatient beds for those with Forensic / legal charges.

The new HBCI program previously mentioned will hopefully begin to fill a need for such high needs children/ teens. some teens/ children presenting to the ED, yet not able to either locate a bed, or travel the distance may benefit from this intense intervention. Adult beds can be accessed but are often very short in length and thorough discharge planning and coordination is not always conducted. As previously indicated, a local hospital has closed its psychiatric beds (albeit a small unit). This has impacted our adult beds.

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):

Although advocacy should continue within the areas, there is no specific goal pertaining to inpatient beds. The decreasing of beds (OMH and OPWDD) is very clear objective of the State of NY. The State reports enhancements to the outpatient programming, but not only is this slow in coming, but also does not fit the needs for all.

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

Both the Substance Abuse Coaliton and the Suicide Prevention Coalition are / will via their community education efforts, address stigma. The OPWDD system (local ARC) strives for integration of their consumers in the work environment with ongoing employer education.

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

Decrease stigma in areas related to DD / SUD / MH via education.

Objective Statement

Objective 1: Education and awareness via Substance Abuse prevention coalition and Council on Alcoholism

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

Objective 2: Education and awareness via the Suicide prevention coalition

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

A shortage of prescribers to provide Suboxone is significant and impacts the quality of care individuals can receive. Both DSRIP as well as OASAS (UB) have been promoting and encouraging primary care physicians to participate in suboxone training. This has had limited success in locally training additional providers to date. Wayne county has opened an Open Access 24/7 program to address SUD. This program will be available for the region and will assist with triage and referral for individuals in need of accessing services. As previously indicated, a methadone clinic will be opening in the county during 2019 which will enhance the available treatment opportunities for those individuals struggling with Opioid addiction.

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)

2k. SUD Residential Treatment Services - Background Information

2019 - 2020 FLACRA has engaged in Residential Redesign for the local CRs. Additionally the 25 bed expansion will take place in 2019.

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)

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

2018

With approximately a 3x increase in Opioid related deaths in 2015. (8 in 2015, 17 in 2016, 28 in 2018) the topic of heroin and opioid use is significant. The present SUD providers in the county acknowledge the limited number of Suboxone providers, thus contributing to a "wait list" issue. The local jail works with a pharmaceutical company to provide Vivitrol to inmates with coordination to outpatient care upon their release. Methadone is not yet available within the county, but this topic continues to be explored.

2019

As previously mentioned, Ontario / Yates counties were chosen to receive COTI to enhance peer engagement, mobile clinic and mobile response.

2020

With our numbers of overdose deaths remaining consistent, we continue to focus on the prevention and treatment of opioid addiction. As previously indicated, we are awaiting the opening of the Methadone clinic locally. Additionally, as proposed by OMH Article 31 clinics are encouraged to begin to not only screen specifically for Opioid use disorders and to also provide MAT for these individuals in need.

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

Decrease deaths due to Opioid use.
Increase availability of MAT.

Objective Statement

Objective 1: Coordination with the providers chosen for the STR grant for Ontario and Yates Counties

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

Objective 2: Coordination with Wayne BH as the development of the Open Access program progresses

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

Objective 3: Coordinate with DSRIP / FLPPS as they offer suboxone training to the broader community

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

Objective 4: Support and advocate for continued education and prevention venues via Substance abuse Coalition and FL Council on Alcoholism

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

Objective 5: Explore enhancing MAT services in Article 31 clinics.

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

Change Over Past 12 Months (Optional)

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

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

2018

OCMHC provides "open access" (2 days per week) for initial screenings. This has eliminated a wait list. However, with this there remains waiting period to be seen by a prescriber for medication needs. We are unable to quickly absorb the significant influx of clients.

OCMHC has increased child psychiatry time which has decreased the wait period, yet there remains a wait. An increase in prescribers for both children and adults remains necessary.

Clifton Springs Hospital and Clinic provides clinic services for adults but has experienced a staffing shortage, thus limited the availability of service provision.

Elmira Psychiatric Center has a small outpatient clinic in Geneva and serve a limited number of adult individuals suffering from chronic mental illness.

2019

All three clinics in the county (county clinic, State clinic and the private hospital clinic) have all experienced staffing issues over the past year. Whether it is clinician or prescriber shortage, this impacts the availability of consumers being served in a timely manner. All 3 are seeking / advertising / recruiting for additional staffing.

2020

In continuing to look forward, there remains a significant shortage in prescriber hours in clinic.

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

2019-2020 Enhanced advertisement and recruitment for qualified prescriber positions.

Objective Statement

Objective 1: Enhanced advertisement and recruitment for psychiatric prescribers.

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

Change Over Past 12 Months (Optional)

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

2018 - 2020

Family support centers / now under BOCES

Community support centers

Community Resource Center (OASAS)

Mental health association
Suicide Prevention Coalition
Child Advocacy Center
Substance Abuse Coalition (OASAS)
Ontario ARC

The additional providers in our community are invaluable.

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 monitor programs for effectiveness.

Objective Statement

Objective 1: Provide resources, support and advocacy for fiscal opportunities.

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

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Ontario Co. Community Services Bd. (70340)
Certified: Diane Johnston (6/18/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to oasasplanning@oasas.ny.gov.

Background

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

Questions

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

The Plan addresses access to treatment and access to housing. It also addresses the need for increased funding and focus on SUD prevention. The suicide prevention coalition is addressing the increased suicide rate by providing education, information and training (ASIST, Safetalk, Talk saves Lives, Mental Health First Aid).

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:

We have an active suicide prevention coalition that is working on continued education and trainings in the community. We are working on development of a post-vention team. Additionally, mobile crisis and collaboration with law enforcement has had a positive impact in the community.

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:

SUD prevention coalition, Suicide prevention coalition, S2AY Rural health Network, regional planning for crisis response.

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:

Continue to provide EBP treatment including CBT, DBT, BAT within the Article 31 clinic which the LGU operates.

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 does collaborate with Public Health and we sit on many committees together.

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

- No
- Yes, please explain:

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

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

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): Various agencies (including the county Article 31 clinic), train their staff in trauma informed interventions.

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
Ontario Co. Community Services Bd. (70340)
Certified: Diane Johnston (6/18/19)

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:

There has been significant work done with the local FQHC and a SUD provider. LGU participates in PPS meetings however have not been able to benefit from specific projects.

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):

Not that I am aware of yet.

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:

THE LGU participates in a BHCC to work toward VBP.

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:

The DCS is a member of Integrity Partners / BHCC

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:

Our EHR will have some capability for outcome measures yet it will likely need enhancements. Additionally, by being a member of the BHCC we will focus on data collection.

Community Service Board Roster
 Ontario Co. Community Services Bd. (70340)
 Certified: Diane Johnston (6/18/19)

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: Richard McCaughey	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2020	Email Address: rmccaughey62@gmail.com
Name: Susan McGowan	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2023	Email Address: smcgowan@genevacsd.org
Name: Joseph Perillo	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2023	Email Address: perillodpm@gmail.com
Name: John Sharza	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2023	Email Address: johnsharza@earthlink.net
Name: Christian Smith	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2023	Email Address: christian.smith@co.ontario.ny.us
Name: Janet Starr	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Family Member	Term Expires: 12/2020	Email Address:
Name: Eileen Tiberio	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2023	Email Address: eileen.tiberio@co.ontario.ny.us
Name: Tina Hubbard	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2019	Email Address: tmhubbard925@gmail.com
Name: Mark Taylor	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2022	Email Address: mark.taylor@co.ontario.ny.us
Name: Jennifer Michael	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2023	Email Address: jennifer.michael@co.ontario.ny.us
Name: Danielle Tilden	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2023	Email Address: danielle.tilden@flacra.org

Name: Mary Beer	<input type="checkbox"/> Physician	Represents: Public Representative	Term Expires: 12/2023	Email Address: mary.beer@co.ontario.ny.us
	<input type="checkbox"/> Psychologist			
Name: Jennifer STorch	<input type="checkbox"/> Physician	Represents: Family Member	Term Expires: 12/2023	Email Address: jennifer_storch@yahoo.com
	<input type="checkbox"/> Psychologist			
Name: Mary Gleason	<input type="checkbox"/> Physician	Represents: Family Member	Term Expires: 12/2023	Email Address: rjgleason15@gmail.com
	<input type="checkbox"/> Psychologist			

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
Ontario Co. Community Services Bd. (70340)
Certified: Diane Johnston (6/18/19)

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: Christian Smith	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address:
Name: Joseph Perillo	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address:
Name: Janet Starr	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Family Member	Email Address:
Name: Eileen Tiberio	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address:
Name: Bettina Davison	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family Member	Email Address:
Name: Danielle Tilden	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address:
Name:	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:

Mental Health Subcommittee Roster
Ontario Co. Community Services Bd. (70340)
Certified: Diane Johnston (6/18/19)

Note:

- The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

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

Name: Jennifer Storch	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family Member	Email Address:
Name: Mary Beer	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Representative	Email Address:
Name: Eileen Tiberio	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Representative	Email Address:
Name: Susan McGowan	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Representative	Email Address:
Name: Bettina Davison	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family Member	Email Address:
Name: Danielle Tilden	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Representative	Email Address:

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
Ontario Co. Community Services Bd. (70340)
Certified: Diane Johnston (6/18/19)

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: Susan McGowan	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address:
Name: Melanie Nwaobia	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address:
Name: Joseph Perillo	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address:
Name: Janet Starr	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Family Member	Email Address:
Name: Jennifer Carlson	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Family Member	Email Address:
Name: Brenda Estey	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address:
Name: Mary Gleason	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Family Member	Email Address:
Name: Bettina Davison	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Family Member	Email Address:

2020 Mental Hygiene Local Planning Assurance
Ontario Co. Community Services Bd. (70340)
Certified: Diane Johnston (6/18/19)

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.