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# **2023 Interim Local Services Plan Guidelines for Mental Hygiene Services**

BACKGROUND AND PURPOSE: PROVIDE GUIDANCE ON THE REQUIREMENTS FOR THE 2023 LOCAL SERVICES PLANNING PROCESS

New York State Mental Hygiene Law (§ 41.16) requires the Office of Addiction Services and Supports (OASAS), the Office of Mental Health (OMH), and the Office for People With Developmental Disabilities (OPWDD) to guide and facilitate the Local Services Planning process in collaboration with Local Governmental Units (LGUs). For many years, each State agency conducted its own local planning process, which required LGUs to comply with three different sets of planning requirements and three separate due dates. Since 2008, however, State Agencies and LGUs have worked together to create a comprehensive planning process whereby LGUs submit one Local Services Plan to all three State agencies.

In 2022 a workgroup comprised of Directors of Community Services/LGU Planning Staff, State agency representatives, and Conference of Local Mental Hygiene Directors (CLMHD) staff revisited the Local Services Planning process to:

- Examine opportunities to streamline and simplify the process;
- Ensure it is relevant and meaningful;
- Take advantage of new technology; and
- Solicit input from new DCS'/Planning Staff and new State Agency leadership

The workgroup recommended comprehensive changes to the Local Services Planning process, including moving from submitting a new Local Services Plan (LSP) each year to creating an LSP that has a four-year timeline and submitting annual updates or addendums to the four-year plan. Acknowledging the need for time to develop the new requirements, the workgroup agreed to implement the comprehensive new changes beginning for Plan Year 2024 (starting in the spring/summer of calendar year 2023).

While understanding the need for time to implement the comprehensive changes, the workgroup also recognized the importance of collecting basic LSP information for Plan Year 2023 in calendar year 2022. The workgroup agreed that the best way to move forward with the major changes while also collecting current year information would be to require an abbreviated version of the 2023 LSP in the fall of 2022 while implementing the full transformation in the spring and summer of calendar year 2023.

These guidelines are intended to provide LGUs with an overview of the questions that will be on the 2023 Local Services Plan electronic forms so that LGUs can begin consulting with

local stakeholders and collecting the information to report in their 2023 LSPs. State agencies will release a separate LSP Guidelines document with more details on State priorities for Addiction, Mental Health, and Developmental Disability services.

#### LOCAL SERVICES PLANNING TIMELINE

Table 1 displays an overview of the timeline for the 2023 Local Services Planning process, beginning with the release of these interim guidelines. Following the release of the interim guidelines, State agencies will provide more context around State priorities to inform local plans. The electronic forms themselves may not be available until the end of August; however, this document provides LGUs with the questions that the electronic forms will ask so that LGUs can begin the local planning process.

Table 1: 2023 Local Services Plan Timeline

Process Step	Date
2023 Interim Guidelines Released	July 2022
State Agency Planning Priority Guidelines Released	August 2022
Electronic LSP Forms Available	August 2022
Due Date for Completed Plans	October 31, 2022

An overview of the Local Services Planning process for Plan Year 2024 and beyond is illustrated in Table 2. As indicated in Table 2, the planning workgroup agreed to return to the traditional June deadline for LSPs, beginning with the 2024-2027 LSP.

Table 2: Local Services Plan Overview 2024 and Beyond

Process Step	Date
2024-2027 Local Services Plan Due	June 2023
2025 Update to 2024-2027 Local Services Plan Due	June 2024
2026 Update to 2024-2027 Local Services Plan Due	June 2025
2027 Update to 2024-2027 Local Services Plan Due	June 2026
2028–2031 Local Services Plan Due	June 2027

#### FORM SUBMISSION OVERVIEW

OASAS has retired the web-based County Planning System (CPS) due to its reliance on an outdated technology platform. Beginning in 2023 LSPs will be collected using a new online system, managed by OASAS, which will allow for faster, more flexible form development and the creation of easy-to-read LSP documents that LGUs can share with constituents.

# **2023 LSP PLAN FORMS AND QUESTIONS**

The core LSP forms for the 2023 Plan year are rooted in Mental Hygiene Law and are similar both to what has been collected in recent past LSPs and what will be collected in the fouryear plans beginning in 2024.

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There are two core forms for 2023:

- 2023 Goals and Plans Form
- 2023 Needs Assessment Form

In addition to the core forms, the 2023 LSP includes:

A survey on Racial Equity, developed by the CLMHD Mental Hygiene Planning Racial Equity Subcommittee.

#### 2023 Goals and Plans Form

Per New York State Mental Hygiene Law

#### §41.16:

each local governmental unit shall. . . establish long range goals and objectives

#### § 41.18:

A local services plan is a plan for the rendition of local services. Such a plan must have been developed by the local governmental unit with the involvement of consumers, consumer groups, voluntary agencies and other providers of services. . . [and] shall contain a comprehensive proposal for annual and intermediate range plans.

To address the above requirements of Mental Hygiene Law, the 2023 Goals and Plans Form is divided into two sections:

- 1. Mental Hygiene System Goals
- 2. Annual and Intermediate Plans by Service Type

# 1. Mental Hygiene System Goals

The 2023 Goals and Plans Form first asks LGUs to briefly (in 1 to 3 sentences) describe goals for Mental Hygiene services in their service area. The form requires a minimum of 3 goals and allows for a maximum of 10 goals.

The below example approximates how this section of the electronic form will appear:

Please briefly describe 3 to 10 goals for Mental Hygiene services in your service area.

Goal 1*			
Goal 2*			
Goal 3*			
Goal 4	(Optional)		

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# 2. Annual and Intermediate Plans by Service Type

In this section, the 2023 Goals and Plans Form asks LGUs to provide a short summary of annual and intermediate plans for services for each mental hygiene service area (addiction, developmental disabilities, mental health).

The below example approximates how this section of the electronic form will appear:

In this section, please provide a short summary of your annual and intermediate plans for services for each mental hygiene service area (addiction, developmental disabilities, mental health).

Please describe your annual and intermediate plans for addiction services:\*



Addiction Services

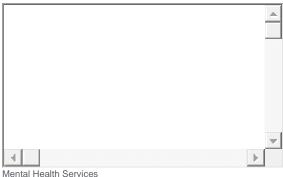
Please describe your annual and intermediate plans for developmental disability services:\*



**Developmental Disability Services** 

Please describe your annual and intermediate plans for mental health services:\*

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#### 2023 Needs Assessment Form

The Local Services Plan Redesign Workgroup agreed on the importance of including a Needs Assessment Form in both the 2023 short LSPs and the fully redesigned LSPs beginning in Plan Year 2024. Needs Assessments have been included in LSPs in various forms for many years. Beginning in Plan Year 2018, the needs assessment was combined with the goals section in an attempt to reduce duplication. The workgroup consensus was that the combined goals and needs assessment made the form too long and cumbersome and recommended separating the forms. Both the short form 2023 Local Services Plan and the complete LSPs beginning in 2024 will feature separate needs assessment forms.

In previous LSPs the Needs Assessment form typically included predefined needs categories representing common Mental Hygiene needs among LGUs. As of the 2022 Local Services Plan, there were 28 needs assessment categories. The workgroup worked to pare the number of categories down to the 19 listed below:

- Adverse Childhood Experiences
- Case Management/Care Coordination
- Crisis Services
- Cross System Services
- Employment/volunteer (client)
- Forensics
- Housing
- Inpatient Treatment
- Non-Clinical supports
- Outpatient treatment

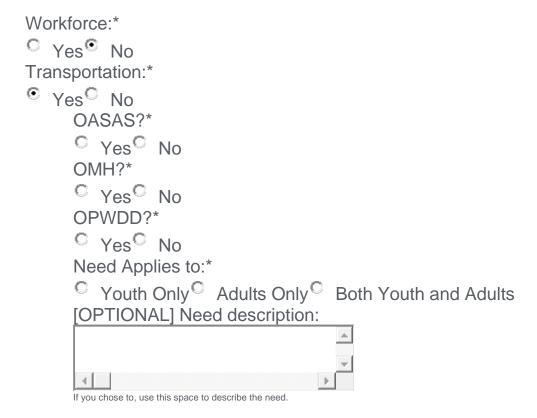
- Prevention
- **Problem Gambling**
- Refugees and immigrants
- **Residential Treatment Services**
- Respite
- Transition age services
- **Transportation**
- Workforce
- Other

On the Needs Assessment Form, LGUs will be asked to identify any of the categories above for which there is a **high** level of unmet need for the LGU and the individuals it serves. If a category is identified as high need, follow-up questions will ask about which State agency service(s) and age group(s) it applies to. Finally, there will be an optional space to allow for a short description of the need in the LGU service area.

The below example approximates how this section of the electronic form will appear:

Please select any of the categories below for which there is a **high** level of unmet need for the LGU and the individuals it serves. While we recognize that LGUs have a wide variety of needs, selecting only those for which the needs are the greatest will assist the State agencies in prioritizing efforts to assist LGUs in meeting their needs.

Once the LGU identifies a high need category, follow-up questions will ask to which agency/agencies and age group(s) the need applies. There is an optional description field to provide additional information about each need.



# 2023 LGU Equity Survey

Per discussion at the May 2021 Mental Hygiene Planning Committee (MHPC) meeting, the MHPC formed a Racial Equity subcommittee. Building on 2020 discussions and an initial survey, the goal of this group was to develop recommendations on how to best include a racial equity lens into the LSP process for the 2023 plan. The initial task was to develop shared definitions.

The Racial Equity subcommittee began meeting in June 2021 and met every three weeks through November 2021 for a total of eight meetings. LGUs participating in the discussion included Albany, Cattaraugus, Erie, Franklin, Genesee, Monroe, and New York City. CCSI assisted in this work and the State Agencies attended the initial meeting.

The following products of this subcommittee were presented at the 12/16/2021 MHPC:

- Development of guiding principles, explaining how and why we are incorporating racial equity into the LSP, and why we are starting with race; this document is meant to be used frequently as a reference.
- A racial equity survey.

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Recommendation that a survey be used in the first year to inform how to best include racial equity into planning forms.

Below is guidance for the survey along with an approximation of how the online survey will appear:

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# CLMHD Mental Hygiene Planning Racial Equity Subcommittee Guiding Principles and Definitions for the 2023 LSP

Created by the MHPC Equity Subcommittee

# Why add this issue to Local Service Plans (LSP)?

One of the primary responsibilities of the Local Governmental Units (LGUs) under Article 41 of the Mental Hygiene Law (MHL) is to develop and annually submit a Local Services Plan (LSP) to each NYS Mental Hygiene agency. The LSP establishes the local priorities, needs and outcomes for the LGU in the coming year and the metrics used to measure the outcome. The current social climate has drawn attention to the inequities within the Mental Hygiene Service System. We are committed to begin a process to document and address these inequities in the LSP and incorporate equity into statewide planning processes for the service system. While there are differences between counties, we believe we can do better with addressing the unique needs of populations that have historically and currently face discrimination.

## Value Statement

It is well documented that racism is a root cause of health inequities. To nurture and sustain healthy New Yorkers, especially members of communities who have been historically underserved and harmed by the Health and Mental Hygiene Systems, we must address inequities by first identifying the root causes of unfair and unjust health outcomes. The members of the CLMHD recognize that in order to eliminate disparities in the mental hygiene service system, we must first understand the pervasive impact of racial inequity in the development and delivery of mental hygiene services.

# Why we are starting with Race

The Government Alliance on Race and Equity leads with race, with the recognition that the creation and perpetuation of racial inequities has been backed into government, and that racial inequities across all indictors for success are deep and pervasive, most strongly impacting Black Indigenous People of Color (BIPOC).<sup>2</sup> We also know that other groups of people are still marginalized, including based on gender, sexual orientation, ability, and age, to name a few. Focusing on racial equity provides the opportunity to introduce a framework and tools that will assist us to rectify past injustices and harmful treatment practices.<sup>3</sup>

# Working definition to support focus on our work and collaboration with state partners Mental Hygiene Equity is:

the right to access whole person quality healthcare and achieve positive outcomes for all populations regardless of the individual's race, ethnicity, gender, gender identity, gender expression, sexual orientation, socioeconomic status, geographic location, immigration status, language access, and social conditions, etc. though prevention and treatment of Mental Health, Substance Use Disorders and Intellectual/Developmental Disabilities conditions.<sup>4</sup>

### The goals of the CLMHD - Racial justice and Racial Equity 5

#### Racial equity:

The condition that would be achieved if one's racial identity no longer predicted life outcomes. This includes elimination of policies, practices, attitudes, and cultural

messages that reinforce differential outcomes by race or fail to eliminate them. Racial equity is a needed component to achieve social justice.

# Racial justice:

The systematic and fair treatment of people of all races, resulting in equitable opportunities and outcomes for all. Racial justice is the process by which racial equity is achieved.

# Support for Counties moving forward

The CLMHD is committed to supporting counties through this journey.

#### **Sources**

- 1. https://www1.nyc.gov/assets/doh/downloads/pdf/dpho/race-to-justice-action-kit-cover-letter.pdf
- $^{2.}\ https://www.racialequityalliance.org/about/our-approach/race/$
- 3. https://www.psychiatry.org/newsroom/apa-apology-for-its-support-of-structural-racism-in-psychiatry
- 4. modified from https://www.samhsa.gov/behavioral-health-equity
- 5. https://www1.nyc.gov/site/doh/health/health-topics/race-to-justice.page

# **Equity Survey Questions**

One of the primary responsibilities of the Local Governmental Units (LGUs) under Article 41 of the Mental Hygiene Law (MHL) is to develop and annually submit a Local Services Plan (LSP) to each NYS mental hygiene agency. The LSP establishes local priorities, needs and outcomes for the LGU in the coming year and metrics used to measure outcomes. The current social climate has drawn attention to the inequities within the Mental Hygiene Service System. While there are differences between counties, we believe we can do better with addressing the unique needs of populations that have historically and currently face discrimination, particularly Black, Indigenous (and) People of Color (BIPOC).

Our goals for this survey include the following:

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- Get a baseline for counties across the state, including what resources and training are needed;
- Understand where racial equity is in relation to local priorities;
- Solicit ideas on how to incorporate racial equity into the local service planning process;
- Prepare for opportunities in emerging initiatives that could impact positively on minority populations;
- Support your journey as you think through issues impacting racial equity.

#### Please tell us if your county has started to address racial equity, and if so, how:

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Haven't started	Beginning a planning process	Gathering existing data	Reviewing existing data	Conducting needs assessment(s)	Making data informed planning decisions	Implementing a plan(s)
Other (please spe	ecify):					

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Do you feel that that your team or county would benefit from additional support in understanding the				
impact of this definition of racial equity on local serv	ices planning?			
Yes				
○ No				
If yes, what would additional support look like?				
In your county, what racial equity issues impacting cl	hildren are you most concerned with?			
Schools	Health			
Housing	Access to mental hygiene services			
Employment	Quality of mental hygiene services			
Criminal	Not sure/no data			
JusticeSafety	None of the above			
	Other (please specify)			
In your county, what racial equity issues impacting a	dults are you most concerned with?			
C.Ll.	TY-skl			
Schools	Health			
Housing	Access to mental hygiene services			
Employment	Quality of mental hygiene services			
Criminal	Not sure/no data			
JusticeSafety	None of the above			
	Other (please specify)			
What resources/support do you need to assist in pla	nning efforts to address racial equity in your			
community?				
County specific data from state agencies with more accessible demographics	Training or toolkits for developing a foundational understanding of racial equity			
Local data with more accessible demographics	Support for analyzing/interpreting existing data			
Toolkits such as standardized optional surveys				
Other data and/or tools that would be most helpful in understanding equity disparities? Please specify				
Do you access data to inform planning around racial	equity?			
○ Yes				
○ No				
If yes, please list the sources you use:				

If no, please explain:		
We are not aware of data sources		
We are aware data sources, but they are difficult to	to use	
Other (describe):		
Please let us know what would help you implement	t strategies	s to promote racial equity in your county:
Funding		Dashboards from state and federal agencies
Regulatory changes		Training
Better alignment of state resources		None of the above
Other - please describe		