

Priority Outcome 1: Service options for individuals in crisis will be developed/expanded.

Priority Rank: 1

Rationale: There is currently an over-reliance on the Glens Falls Hospital Emergency Care Center. Additional models of community-based crisis management services designed to reduce the need for emergency room presentation and hospitalization will be developed.

OMH Priority Focus Area: Service Capacity Expansion/Add New Service

OPWDD Priority Focus Area: Infrastructure

Sub-Focus Areas: Cross-system Collaboration; Funding Systems; Communications.

Strategy 1.1: The Office of Community Services will explore development of community-based mobile crisis services to decrease Emergency Room presentations and the need for in-patient admissions.

Metric 1.1: The Office of Community Services and the Community Services Boards, potentially in partnership with surrounding counties and multiple agency partners, will advance proposals to support a multi-county, regional approach to community-based mobile crisis services.

Applicable State Agency:

OMH

Strategy 1.2: The OPWDD Systemic Therapeutic Assessment, Respite and Treatment (NY START) program will become operationalized in Warren and Washington Counties.

Metric 1.2: NY START services will be available to individuals in Warren and Washington Counties by December 2015.

Applicable State Agency:

OPWDD

Priority Outcome 2: Individuals will have timely access to appropriate supports and services.

Priority Rank: 2

Rationale: Individuals and families impacted by mental illness, chemical dependency and/or developmental disabilities must have timely access to appropriate supports and services to improve behavioral health outcomes, to improve quality of life, and to control costs of the behavioral healthcare system. This includes a continuum of services and supports, including outpatient clinic, day programming, vocational, family support, peer advocacy and support, respite, developmental disability eligibility determinations, residential services, community-based crisis services and adequate in-patient capacity. Insurance status will not be a barrier to access.

OASAS Priority Focus Area: Service Capacity Expansion

Sub-Focus Areas: Outpatient (non-opioid) Treatment; Supportive Living Treatment; Prevention Services.

OMH Priority Focus Area: Service Capacity Expansion/Add New Service

OPWDD Priority Focus Area: Putting People First

Sub-Focus Areas: Self-direction; Access to Services/Front Door; Managed Care Transition; Other (specify): .

Strategy 2.1: Providers in the community will explore development of appropriate “transition age” services. Young adults with developmental disabilities who are transitioning from school to work need appropriate supports and services to succeed. The same is true for young adults with behavioral healthcare needs.

Metric 2.1: The Office of Community Services and local providers will actively seek out funding opportunities for services to address this need.

Applicable State Agencies:

OMH

OPWDD

Strategy 2.2: The Office of Community Services and the Community Services Boards, through the developmental disabilities subcommittee, will examine the community-wide capacity for eligibility determinations and will make recommendations regarding need.

Metric 2.2: This item will be placed on the Developmental Disabilities Subcommittee for periodic discussion and review throughout the year. Recommendations will be developed by the subcommittee.

Applicable State Agency:

OPWDD

Strategy 2.3: The Office of Community Services and the Community Services Boards, through the developmental disabilities subcommittee, will examine autism service gaps and make recommendations regarding need.

Metric 2.3: This item will be placed on the agenda for the Developmental Disabilities Subcommittee for periodic discussion/review throughout the year. Recommendations will be made by the subcommittee.

Applicable State Agency:

OPWDD

Strategy 2.4: Providers in the community will work with NYS OPWDD to develop expanded day habilitation opportunities.

Metric 2.4: Providers will actively seek opportunities for development of day habilitation services to meet the level of need in the community.

Applicable State Agency:

OPWDD

Strategy 2.5: The Developmental Disabilities Subcommittee of the Community Services Board will review the continuum of vocational services within the community and make recommendations regarding need. This will include ongoing integrated employment capacity, sheltered workshop, pre-vocational services and supported employment.

Metric 2.5: This item will be placed on the agenda for the Developmental Disabilities Subcommittee for periodic discussion/review throughout

the year. Recommendations will be made by the subcommittee.

Applicable State Agency:
OPWDD

Strategy 2.6: The Office of Community Services, through the Chemical Dependency Subcommittee, will explore options for expansion of out-patient chemical dependency services to under-served areas of our two counties.

Metric 2.6: This item will be placed on the Chemical Dependency Subcommittee agenda for periodic discussion/review throughout the year.

Applicable State Agency:
OASAS

Strategy 2.7: The Office of Community Services will pursue development of outpatient mental health clinic services within school settings.

Metric 2.7: Outpatient mental health clinic services will be developed within at least two school settings within the plan year.

Applicable State Agency:
OMH

Priority Outcome 3: Substance abuse and mental health prevention and education services will be expanded.

Priority Rank: 3

Rationale: There is a need to build upon the progress we have seen in recent years in the prevention arena. The Council for Prevention has been very responsive in addressing an increased demand for services. There is an increased recognition of the importance of integrating prevention efforts to address substance abuse and mental health issues. Heroin, other opiates and prescription drug abuse are major problems facing our local communities. We will build upon successes of a local stakeholder group, "Hometown vs. Heroin and Addiction" to continue public awareness/education, development of specialized prevention and treatment efforts, development of family support resources, and implementation of multi-stakeholder strategies to decrease opiate abuse and to lessen the resulting negative impacts.

OASAS Priority Focus Area: Service Coordination/Integration

Sub-Focus Areas: Coordinate Care with MH, DD, and/or Primary Health Services; Coordinate Care with Recovery Support Services; Coordinate Care with Other Service Systems; Integrate Care with MH, DD, and/or Primary Health Services; Integrate Care with Recovery Support Services; Cross-train Clinical Staff on Co-occurring Disorders.

OMH Priority Focus Area: Service Coordination/Integration

Strategy 3.1: The Council for Prevention will expand school and community-based behavioral health prevention services.

Metric 3.1: The Office of Community Services and the Council for Prevention will identify and secure additional resources (State Aid, DSRIP funds, etc.) to support expansion of behavioral health prevention services.

Applicable State Agencies:
OASAS
OMH

Strategy 3.2: The Council for Prevention will provide "cross-system" training and education opportunities.

Metric 3.2: Local mental health provider agencies will be approached regarding utilizing Council for Prevention staff for training/education opportunities. The Office of Community Services will explore funding to support "cross-systems" training.

Applicable State Agencies:
OASAS
OMH

Strategy 3.3: Mental Health community awareness and prevention strategies (including suicide prevention) will be advanced, including development of a local Suicide Prevention Coalition.

Metric 3.3: The Office of Community Services will explore funding to support mental health community awareness and prevention strategies and submit options to the Community Services Board and subcommittees.

Applicable State Agencies:
OASAS
OMH

Strategy 3.4: The Office of Community Services will explore opportunities for development/enhancement of early intervention strategies.

Metric 3.4: The Children and Youth Subcommittee of the Community Services Board will review this issue and make recommendations to the Office of Community Services and the Community Services Boards.

Applicable State Agency:
OMH

Strategy 3.5: The Office of Community Services and the Community Services Boards will work with the Council for Prevention and other community stakeholders to advance heroin/opiate abuse prevention strategies through a local stakeholder group that has formed to address the heroin/opiate abuse crisis occurring in our community. This stakeholder group has identified itself as "Hometown vs. Heroin and Addiction". We are convening regularly and consist of representatives from local government, District Attorneys, treatment and prevention providers, local Article 28 hospital, law enforcement, public health, probation, treatment courts, parents/NarAnon members, etc.

Metric 3.5: The community stakeholder group identified as "Hometown vs. Heroin and Addiction" will advance strategies through education, treatment, public awareness, parent support, etc. to promote prevention and treatment of heroin and opiate abuse in our community.

Applicable State Agency:
OASAS

Priority Outcome 4: Individuals will have timely access to appropriate housing options.

Priority Rank: 4

Rationale: The need for appropriate housing options exists across all three disability areas. The latest OPWDD Summary of Enrollments for Warren and Washington Counties (data as of 12/31/13) indicates that there are 70 individuals with developmental disabilities (38-Warren and 32-Washington) that have requested an out-of-home residence within the next two years. This number continues an overall upward trend, and is an increase of two individuals across the two counties over the previous year. The upward trend does appear to be slowing. While Warren County experienced an increase of four individuals, it should be noted that this is the first year in many years that we have seen a decrease in this indicator for either county, which occurred this year for Washington County (decrease of two). Access to available housing options for individuals with mental illness continues to be a need. Access to the available housing resources needs to be flexible so that individuals with varying needs can be accommodated. Eligibility restrictions on the "long-stay" supported housing beds related to Psychiatric Center discharges should be eliminated to create greater access, at least in situations where we can show we are consistently bringing out individuals referred to our counties from the Psychiatric Center. We have brought everyone back to the community that CDPC has referred to us, but still lost supported housing resources, despite having a significant waiting list for supported housing. New models of supported housing should be encouraged that provide enhanced support services (peer, medical, wellness, etc.).

OASAS Priority Focus Area: Service System Planning/Management

Sub-Focus Areas: Engage/Expand Stakeholder Involvement in Planning; Conduct Needs Assessment; Develop Data Resources/Performance Measures; Seek New Funding Sources; Improve System Management/Oversight; Collaborate with BHO/Health Home/Others on Care Management/Oversight.

OMH Priority Focus Area: Service Capacity Expansion/Add New Service

OPWDD Priority Focus Area: Housing

Sub-Focus Areas: Supported Housing; Home Ownership; Family Care/Shared Living; Rental Subsidies; Respite; Nursing Home Transition and Diversion; Institutional Transition.

Strategy 4.1: All local housing providers have indicated a willingness to pursue development of residential opportunities as funding is made available. Specific development projects will be incorporated into this plan through presentation to and approval by the subcommittees of the Community Services Board.

Metric 4.1: Each subcommittee of the Community Services Board will review provider proposals for development of residential opportunities at their quarterly meetings.

Applicable State Agencies:

OASAS
OMH
OPWDD

Strategy 4.2: Supportive housing for individuals with chemical dependence will be developed in Washington County.

Metric 4.2: Providers will explore development of supportive housing in Washington County. This item will be placed on the Chemical Dependency Subcommittee agenda for review and discussion throughout the year.

Applicable State Agency:

OASAS

Strategy 4.3: The Office of Community Services for Warren and Washington Counties will establish a process in partnership with the DDSO to review quarterly the status of individuals requesting an out-of-home residence.

Metric 4.3: At least four (quarterly) meetings/phone conferences will occur between the Office of Community Services and the DDSO to review the status of the individuals who have requested out-of-home residences.

Applicable State Agency:

OPWDD

Strategy 4.4: The Office of Community Services will partner with other Counties in the Upper Hudson River Region to advocate for change in the OMH long-stay bed eligibility requirements.

Metric 4.4: "Long-stay" Psychiatric Center requirements will be eliminated as eligibility criteria for certain supported housing options.

Applicable State Agency:

OMH

Strategy 4.5: Conversion of existing OMH Community Residence beds to Supportive Apartment beds in the community will be advanced. The Warren-Washington Association for Mental Health has begun discussion with OMH on this issue. Planning is already occurring for this conversion. It is felt that the Supportive Apartment level (with the appropriate supports available) can better serve individuals in a community setting.

Metric 4.5: The Warren-Washington Association for Mental Health will convert at least four existing Community Residence beds to Supportive Apartments in the community.

Applicable State Agency:

OMH

Priority Outcome 5: Integrated models of care will be developed and implemented.

Priority Rank: 5

Rationale: Categorical funding streams and rigid regulations have in the past prohibited the development of integrated models of care. Within the context of the changing healthcare environment, new opportunities for integration of mental health, chemical dependency, and primary care services will be encouraged and supported, including services for individuals with co-occurring behavioral health diagnoses and/or developmental disabilities.

OASAS Priority Focus Area: Service Coordination/Integration

Sub-Focus Areas: Coordinate Care with MH, DD, and/or Primary Health Services; Coordinate Care with Recovery Support Services; Coordinate Care with Other Service Systems; Integrate Care with MH, DD, and/or Primary Health Services; Integrate Care with Recovery Support Services; Integrate Care with Other Service Systems; Cross-train Clinical Staff on Co-occurring Disorders; Other (specify): .

OMH Priority Focus Area: Service Coordination/Integration

OPWDD Priority Focus Area: Health

Sub-Focus Areas: Crisis Intervention; Clinical Services; Chronic Disease Prevention.

Strategy 5.1: The Office of Community Services will explore and promote additional opportunities for integration of behavioral health services in primary care settings.

Metric 5.1: The Office of Community Services will participate in regional Delivery System Reform Incentive Payment (DSRIP) Program planning and implementation efforts around development of integrated care models. This item will also be placed on the Mental Health Subcommittee agenda for periodic review throughout the year.

Applicable State Agencies:

OASAS
OMH
OPWDD

Strategy 5.2: The Dual Recovery Council will convene quarterly meetings to promote local discussion and planning for integrated services.

Metric 5.2: The Dual Recovery Council will meet quarterly.

Applicable State Agencies:

OASAS
OMH

Strategy 5.3: The Office of Community Services will convene meetings with adult and child Health Home providers to ensure coordination of behavioral health care services within the Health Home structures, and to promote coordination/communication between the Single Point of Access (SPOA) and both adult and child Health Homes.

Metric 5.3: Monthly meetings will be held with Health Home providers/partners.

Applicable State Agencies:

OASAS
OMH

Priority Outcome 6: Optimize provider and system adaptation to the rapidly changing healthcare environment.

Priority Rank: *Unranked*

Rationale: There are currently numerous large-scale systems changes impacting on providers and individuals in need of services. These include the transition to APGs for clinics; the development of Regional Behavioral Health Organizations (BHOs); the development and implementation of Health Homes and the transition from ICM/SCM case management models to Health Home Care Management; various Medicaid Redesign Team (MRT) reforms including planning for development of Health and Recovery Plans (HARPS) and Developmental Disabilities Support and Care Coordination Organization (DISCOs); and most recently, active regional planning for development and implementation of NYS Delivery System Reform Incentive Payment Plan (DSRIP) projects. As we advance rapidly toward a capitated system for Managed Medicaid, there is a need to maintain focus on the achievement of positive individual health/behavioral health outcomes as well as achievement of cost savings. The NYS Triple Aim includes improved health, improved quality/outcomes, and reduced cost. Local Government Units, including the Office of Community Services and the Community Services Board are in a unique position to assess and monitor the impact of the numerous reforms occurring. Providers, local governments and individuals in need of services will all have to adapt to optimize opportunity and achieve all three components of the Triple Aim.

OASAS Priority Focus Area: Service System Planning/Management

Sub-Focus Areas: Engage/Expand Stakeholder Involvement in Planning; Develop Data Resources/Performance Measures; Seek New Funding Sources; Improve System Management/Oversight; Collaborate with BHO/Health Home/Others on Care Management/Oversight.

OMH Priority Focus Area: Service System Planning/Management

OPWDD Priority Focus Area: Putting People First

Sub-Focus Area: Managed Care Transition.

Strategy 6.1: The Office of Community Services and the Community Services Boards will assist providers with advocating to maintain current critical sources of funding, understand shifting sources of funding, and exploring alternative ways to provide and/or fund critical services.

Metric 6.1: This issue will be reviewed quarterly as a standing agenda item for the subcommittees of the Community Services Boards.

Any resulting recommendations will be presented to the Community Services Boards and our State agency partners.

Applicable State Agencies:

OASAS
OMH
OPWDD

Strategy 6.2: The Office of Community Services and the Community Services Board will promote dialogue within the local service system and encourage exploration and discussion of the feasibility of collaborations among contract agencies and other local providers.

Metric 6.2: The Office of Community Services and the Community Services Board will convene meetings with individual agency administrative staff and with agencies collectively to promote this discussion.

Applicable State Agencies:

OASAS
OMH
OPWDD

Strategy 6.3: The Office of Community Services and the Community Services Board will promote dialogue within the local service system and

encourage exploration and discussion of strategies related to ensuring service delivery to the highest need, highest risk populations within our community.

Metric 6.3: The Office of Community Services and the Community Services Board will convene meetings with individual agency administrative staff and with agencies collectively to promote this discussion.

Applicable State Agencies:

OASAS
OMH
OPWDD

Strategy 6.4: The Office of Community Services and the Community Services Boards will partner with The Sage Graduate Colleges to develop a dashboard monitoring system to examine and monitor the impact of system changes on local needs and the capacity of local services.

Metric 6.4: A dashboard monitoring system will be operational by December 2013.

Applicable State Agencies:

OASAS
OMH
OPWDD