



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

Franklin County Community Services
September 5, 2019

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2020 Mental Hygiene Executive Summary
Franklin County Community Services
Certified: Suzanne Lavigne (6/28/19)

Named in honor of United States Founding Father Benjamin Franklin, Franklin County is located in the “North Country” of New York State, bordering the Canadian provinces of Quebec and Ontario. Franklin County residents are largely Caucasian (84% according to the 2000 census), with 6.5% African American, 6.20% Native American, .38% Asian; perhaps not surprisingly, 31% are of French descent. Much of Franklin County is within the Adirondack Park, although areas such as Akwesasne (Saint Regis Mohawk Reservation) are also included.

Franklin County comprises 1,697 square miles, bordering Clinton and Essex Counties in the east, St. Lawrence County in the west, and Hamilton County in the south. Much of the terrain is mountainous and rural (both forest and farmland), with at least an hour of transit required to travel from the county seat (Malone in the north end) to Tupper Lake (in the southwestern corner of the county). Traditionally, industries such as farming, logging, manufacturing, and tourism have provided a source of income for Franklin County residents; more recently, penitentiaries have offered employment opportunities.

According to 2019 statistics shared by the New York State Community Action Association, the county population is 51,054, of whom 8,793 individuals (19.4%) live in poverty. Of these individuals, 2,606 are children under 18 (27%), 5,052 are adults aged 25 and older (15.8%), and 792 are senior citizens aged 65 and older (10.2%). It is estimated that 11% of Franklin County adults have no formal education degree, while 35% have a high school diploma only. Median earnings for a man with a high school diploma only are \$33,720, diminished to \$27,063 for a woman (with a high school diploma only). Over 8% of those employed have no health insurance, in addition to the nearly 17% of those unemployed who have no health insurance. More than half (54%) of school-age children and youth qualify for the free/reduced lunch program. Of those families with female heads of household and children present, more than 58% live in poverty.

As indicated in the 2018 ALICE Project report (Asset Limited, Income Constrained, Employed), 46% of Franklin County households (19,299) were identified in 2016. More specifically, these households earned more than the Federal Poverty Level, but less than the basic cost of living for the county. Although conditions have improved for some families since 2010, in 2016 the unemployment rate in Franklin County remained above the state average (8.5% as compared to 5.9%); furthermore, the percentage of households in poverty also surpassed that of the state (18% as compared to 14%) while the median household income remained below that of the state average (\$49,782 as compared to \$62,909).

There are two institutions of higher learning in Franklin County: North Country Community College (campuses in Malone-north end and in Saranac Lake-south end) and Paul Smith’s (south end). State University of New York campuses are in Clinton County (SUNY Plattsburgh) and in St. Lawrence County (SUNY Potsdam).

Significant areas of concern are supported by priorities identified in our 2020 Local Services Plan. Many Franklin County residents have unmet medical and behavioral health needs for multiple and complex reasons, including poverty and a lack of transportation. Additionally, service provider agencies (including hospitals) note a lack of qualified professionals available to meet the needs of our population.

Robin Gay (Director of Community Services at St. Joseph’s Addiction Treatment and Recovery Centers) shares that nearly two-thirds (approximately 64%) of the 353 persons served by the agency between July 01, 2018 to June 23, 2019 relied on Medicaid and/or Fidelis to pay for their services. For a variety of reasons, many of those served are dependent on public and Medicaid transportation to assist them in getting to work, to appointments, and to meet all other transportation needs. Many of those served have temporary or insecure housing.

According to Kathleen Kmen (Franklin County Deputy Director of Community Services/SPOA Coordinator), the June 07, 2019 adult SPOA meeting agenda included approximately 90 individuals seeking higher-level mental health services. Housing services offered in varying degrees of intensity comprise the bulk of the agenda time and time again; in June 2019, of the 91 individuals formally presented on the agenda, 12 were referred to community residences (13%), 72 were referred to supported housing (79%), 11 were referred to the Apartment Treatment Program (12%), and 6 (6.5%) were referred to OASAS housing. As stated in the 2019 County Health Rankings Key Findings Report, housing cost burden remains substantially higher among renters than owners, particularly for households with low incomes. Low-income renters and homeowners are most likely to be housing cost burdened, for which little improvement is noted in the years spanning 2007-2017. Severe housing cost burden affects health and is linked to barriers to living long and to living well; health outcomes are shaped by factors that are influenced by where we live. Those who allocate too much of their income toward housing are challenged to meet other expenses, such as medical, utilities, and transportation to work and/or to school.

Thomas McLane (Transportation Coordinator for Franklin County Public Transportation) shares that between January 01, 2019 and May 31, 2019, there were approximately 47,500 riders, of whom 53% were employment riders, 21% seniors, 47% disabled, and 1% students. Currently, there are 11 bus routes throughout Franklin County, with a “demand shuttle” in Saranac Lake that runs in the village from 8am until 2pm.

- Franklin County residents struggle with social determinants of health (such as socialization). Of the aforementioned 91 adults listed on the June 07, 2019 SPOA agenda, 24 (26.37%) were referred to the two psycho-social clubs; one is in the north end and one is in the south end of the county. OMH (Office of Mental Health) designated eligibility criteria include functional disability in areas such as self-care, social functioning, activities of daily living, and economic self-sufficiency. Overwhelmingly, those seeking higher-end behavioral health services noted on the Franklin County adult SPOA agenda are recipients of Medicaid (94.50% in June 2019). At the June 21 child/youth SPOA meeting, over 58% of those seeking services were Medicaid recipients. As indicated on the New York State Office of Mental Health Child and Adult Integrated Reporting System Residential Program Indicators Report (April 01, 2018-March 31, 2019), admissions to supported housing programs numbered 28, representing 106.9% occupancy during the timeframe specified.

The safety, health and well-being of Franklin County residents remain in focus for the LGU, as services and trainings are monitored

and promoted through daily operations each year. To that end, our proposed 2020 Local Services Plan features transportation, workforce recruitment and retention, as well as housing among the first priorities listed.

According to SAMHSA (Substance Abuse and Mental Health Services Administration), social determinants of health affect someone's ability to "live, learn, work, play, worship, and age... (they) affect a wide range of health, functioning, and quality-of-life outcomes and risks." More specifically, social determinants of health are varied and include the availability of resources to meet daily needs, and the social determinants of health integrate access to educational, economic, and job opportunities, access to health care services, quality of education and job training, social support, and transportation options. As indicated in the 2019 New York Report of County Health Rankings and Roadmaps, Franklin County is in the lowest quartile (ranking 47-62) in areas that drive how long and how well residents live, including health behaviors, clinical care, social and economic factors, and the physical environment.

The New York State Prevention Agenda encompasses many overlapping areas of concern that will be monitored closely in the coming year. Preliminary data as of February 2019 reveal that in Franklin County opioid overdoses (based on crude rates per 100,000 population) resulted in nearly 18 outpatient emergency department visits in 2017 and over 7 deaths, while 80 individuals were admitted to OASAS-certified chemical dependence treatment programs in January through March of 2018 (followed by 70 admitted in April through June and 67 admitted in July through September). As indicated in the May 31, 2019 Capacity and Demand Analysis by the JSI Project Team, nearly 18% of Franklin County adults reported binge drinking.

Another Franklin County population, Individuals with Developmental Disabilities receiving OPWDD services, numbered 758 in 2017, of which 151 were children, 538 were adults, and 92 were seniors. The most common diagnosis for these individuals was Intellectual Disability-Mild (290), followed by Autism Spectrum Disorders (95) and Intellectual Disability-Profound (80); 360 individuals were dually diagnosed. The vast majority of those with developmental disabilities in Franklin County are Caucasian (581). The most common OPWDD services received were Day Habilitation Services (582 recipients) and housing supports (445 recipients).

Clearly, the health and well-being of Franklin County residents may be augmented through initiatives outlined in the 2020 Local Services Plan. Members of the Integrated Sub-Committee working together with members of the Community Services Board have voiced a preference to shift the cultural values to reduce stigma, to expand recovery and support services, and to increase suicide prevention; ultimately, it is hoped that each resident of Franklin County will have what (s)he/they need to thrive, as evidenced by living, laughing, loving, and learning.

Respectfully submitted,

Kathleen Kmen
Franklin County Deputy Director of Community Services

Mental Hygiene Goals and Objectives Form
Franklin County Community Services (70710)
Certified: Suzanne Lavigne (7/2/19)

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**:

2019 Updates:

Franklin County LGU Executive Summary provides a comprehensive platform for the 2020 Local Services Plan.

A Survey Monkey instrument was utilized to collect data from Community Services Board and Integrated as well as community stakeholders. 47 surveys were distributed with 26 returned (return rate of 55%). Of these, 46% indicated unmet need had improved while approximately 31% reported unmet need had remained the same. Themes from survey responses include:

In review of the responses recipients recognize that more mental health services are available in local schools and on the North Country Community College campus. Franklin County LGU contracts with DSS to provide a dedicated LCSW-R BH Specialist to support DSS caseworkers and the individuals they serve; the team works closely to support targeted families in need and this partnership includes in-home services.

St. Regis Mohawk Tribe of Akwesasne is nearing the completion of the expansion of the health services building. All behavioral health services are now in one location which allows for improved access and integrated clinical services.

Citizen Advocates, Inc. (CAI) has secured a full time psychiatrist to support individuals at the Malone clinic and Crisis and Recovery Center (CRC). CAI participation in the CCBHC pilot has provided increased mobile treatment support as part of crisis mental health services; 19 community based contacts were supported by the mobile crisis team. The CRC has been especially helpful in meeting needs after hours, on weekends and holidays. During 2018, 765 after hour crisis calls were received at the CRC. In total, 2229 individuals benefited from the 9 core services of CCBHC while at the Center.

Community Connections will open a transitional housing/shelter for women in October 2019. CAI continues to move forward with the Harison Place project in Malone. The service will provide permanent supportive housing and low income housing with a total of 20 apartments (12 SPMI, 8 SUD and 10 low income rentals).

2018 Updates:

Citizen Advocates Inc. Crisis and Recovery Center is fully operational and serving the North Country. 486 unique individuals were served at the Center from the last week of September through December 2017; with 596 unique individuals served January - April 2018. Citizen Advocates/ North Star Behavioral Health has been without a permanent psychiatrist since the last quarter of 2017. CCBHC initiatives continue to include the long awaited implementation of the Mobile Crisis Team. St. Regis Mohawk Tribe will expand the Health Services Building which will allow for mental health, addiction and prevention services to be in one location. Community Connections continues to create additional programs, to include DSS contracts to provide an adolescent life skills and work experience training program. Community Connections is working with a local ecumenical group to establish a transitional housing program for women in Malone. Along with Lakeside House, the two providers are invested in providing services to our homeless population. All providers are challenged by workforce issues and acknowledge the significant impact on the delivery of services.

2017 Information: Several local providers have recently increased capacity to serve Franklin County residents. St. Regis Mohawk Tribe Mental Health Services has received grant funding through SAMHSA and Indian Health Services. Both grants will focus on increasing access for Native Americans, suicide prevention, SUD services, reducing the impact of trauma and promoting wellness and mental health. Citizen Advocates, Inc - North Star Behavioral Health is designated to open the Crisis and Recovery Center in summer 2017. The service will provide crisis stabilization, ambulatory detox and respite. The agency is also participating in the Certified Community Behavioral Health Clinic (CCBHC) Pilot and will launch mobile crisis team and related activities. Adirondack Medical Center, providers and law enforcement have operationalized the MAX Team as of Spring 2017. The DSRIP project supports frequent ED utilizers in an effort to avoid crisis events and decrease the need for hospitalizations in the Saranac Lake region. Community Connections/Franklin County MHA has taken the lead role in the creation of the Franklin County Connections Coalition, comprised of 18 organizations which share resources and discuss challenges in the county. It is a critical think tank to address areas of unmet needs. Community Connections continues to provide HCBS Waiver Services and has added Family Support services to HARP eligible individuals. The agency received a DSRIP award through Adirondack Health Institute which will add Peer Community Navigators in the Alice Hyde Medical Center ED. PCNs will provide coverage Monday-Sunday 3-11pm; during which they will engage individuals, conduct 24-72 hour follow up and connect individuals to services. Lakeside House opened Samaritan House in February 2017; an eight bed transitional housing program in Saranac Lake. 81% of referrals have Franklin County residents with varying mental health needs.

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

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

Recruitment and retention significantly impact provision of services throughout the provider system. Individuals continue to have limited choice in service providers. Housing, transportation and community engagement/outreach are seen as significant unmet needs. Both MH clinic providers manage the wait list by triage and availability of providers. HHCC caseloads are too large. It is very common for individuals to experience delays in accessing inpatient services and often wait in the ED until a bed is available. Lengths of stay are too short and do not stabilize the individual before being discharged to the community.

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**:

2019 Updates:

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A Survey Monkey instrument was utilized to collect data from Community Services Board and Integrated Subcommittee members as well as community stakeholders. 47 surveys were distributed with 26 returned (return rate of 55%). Of these, 46% indicated unmet need had improved while approximately 19% reported unmet need had remained the same. Themes from survey responses include:

The increase in funding to SUD providers has allowed for an increase in services and a conscientious effort to increase outreach/engagement is removing barriers to treatment. The Crisis and Recovery Center, St. Joseph's OAC/Detox, Mobile Treatment unit and housing program are examples of county wide expansion of services. There is a wider acceptance of medication assisted treatment now than ever before. St. Joseph's has recently hired a full time PA to provide additional induction services and expanded MAT access. St. Joseph's has taken the lead on introducing the CHESS App along with Adirondack Medical Center, Community Connections and Citizen Advocates; all are committed partners in this initiative. CHESS is an eRecovery phone application which provides a confidential communication system for service recipients and their support systems to include treatment professionals. Franklin County LGU is working with Community Connections and St. Joseph's to open a peer run Recovery and Outreach Center in Tupper Lake. Two grassroots coalitions have formed in the south end of the county. The Tri-Lakes Community Alliance for Addiction Prevention and Tupper Lake Cares are a result of increased recognition of the impact of SUD on our communities. Both groups are invested in developing recovery supports for the Tupper Lake, Saranac Lake and Lake Placid communities.

The Franklin County Prevention Task Force established a subcommittee to better understanding the impact of heroin, opioid and other substances on our communities. The work grew out of the significant concerns raised by the increasing number of children being placed in foster care as a result of parental substance use. As of August 2018 there were 194 Franklin County Children in foster care. Data was collected by Child Protective Services through of study of investigation conclusions from Sep-Dec 2017. The study focused on the 184 family units which included 194 children in care. Parents were in the age range of 18-28. In addition to study results, several focus groups were conducted in the community, DSS and the Franklin County Jail in October 2018. . Analysis of the data obtained included:

- There are gaps in services and lack of supports, particularly at significant transitional points such as the time between high school graduation and the "next phase" of a student's life; especially for those who choose not to attend college. Gaps are evident when an inmate is released from the Franklin County Jail.
- For many of those interviewed, it was determined that substance use is prevalent in their social environment/network, lack of adequate coping skills, self-medication and prevalence of addiction in the family.
- Lack of knowledge of how to access supports and services and what is available in the community.
- Need for prevention and intervention activities for adolescents and more educational programs in the community.

Results were used to better inform the Task Force on community forums/discussions and served as the basis for a DSRIP Innovative Fund project entitled, "Community Education and Prevention Program". The proposal was funded and work is currently underway to implement deliverables by September 2019. A primary component of the project will be preparing young adults in the transition to adulthood.

2018 Updates: Initiatives identified in the 2017 Local Services Plan continue.

Citizen Advocates Inc. Crisis and Recovery Center is fully operational and serving the North Country. 486 unique individuals were served at the Center from the last week of September through December 2017; with 596 unique individuals served January - April 2018. 33 individuals presented for detox from the last week of September - December 2017. 44 individuals have accessed detox services January - April 2018. The agency has provided 345 units of MAT services from January - April 2018. St. Joseph's Addiction Treatment and Recovery Centers have recently been awarded 24/7 Open Access Center and 10 bed Medically Supervised Detoxification Service projects. The two programs will be housed at the same location as the Outpatient Clinic in Saranac Lake; construction is slated to begin in the summer of 2018. The projects will address the increase in the number of individuals in crisis due to SUD; especially opiate/opioid disorders. In the first eight months of 2017, 97% of inpatient admissions had an opiate/opioid diagnosis. 66% of outpatient admissions had an opiate/opioid diagnosis; a 106% increase in eighteen months. These programs in addition to the CAI Malone Crisis and Recovery Center will increase support to our Franklin County residents in need of crisis SUD services. MH/SUD Treatment Services at the County Correctional Facility are provided by Citizen Advocates - North Star Behavioral Health and St. Joseph's Addiction Treatment and Recovery Centers. Services were provided to 517 individuals between the two providers; with a total of 3770 units of services provided during 2017.

2017 Information: Citizen Advocates, Inc - North Star Behavioral Health is designated to open the Crisis and Recovery Center in summer 2017. The service will provide crisis stabilization, ambulatory detox and respite. Although slated to open earlier this year, staffing has been impacted by the lack of licensed clinicians in the North Country. Franklin County residents continue to have access issues related to detox services as the only detox program in the North Country is Canton Potsdam Hospital in St. Lawrence County. The Franklin County Substance Use Prevention Task Force has convened a subcommittee to address the increasing number of children in foster care as a result of SUD related issues. 53 cases were identified during the time frame of February 1st - April 30th 2017 involving 102 children. All 53 cases were impacted by SUD: 56.6% marijuana, 43.3% alcohol and 45.28% opiates/opioids and Suboxone. The subcommittee will meet on an ongoing basis to further analyze the data and develop strategies to reduce SUD related foster care cases. North Star Behavioral Health Prevention Services recently received results from the 2017 Franklin County Prevention Needs Assessment (PNA) distributed to six of the seven school districts. Surveys were distributed to 887 participants in the 8th, 10th and 12th grades. At the time of the survey 46.9% of 12th graders had used alcohol in the past 30 days. 43 of the respondents had attended school while under the influence of either AOD. 46.5% of the respondents had used alcohol while at home with parent permission. At the time of the survey 13 students reported driving after drinking in the past 30 days.

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

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

Workforce recruitment and retention significantly impact provision of services throughout the provider system. There needs to be more sober support options available in local communities; lack of transportation limits individuals in accessing vital recovery supports. Transportation and in-community treatment options are not widely available in all areas. Many of our community members do not have the means to pay for transportation services.

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**:

2019 Updates:

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A Survey Monkey instrument was utilized to collect data from Community Services Board and Integrated Subcommittee members as well as community stakeholders. 47 surveys were distributed with 26 returned (return rate of 55%). Of these, 7% indicated unmet need had improved while approximately 31% reported unmet need had remained the same. 19% of respondents reported that unmet need had worsened in the past year.

2018 Updates: Initiatives identified in the 2017 Local Services Plan continue.

Providers are unable to move forward with the development of on site respite services due to no change in the approved rates. Very limited progress has occurred with the launch of START services in Franklin County. There have been improvements in accessing supports and services for incarcerated individuals at the Franklin County Correctional Facility who originate from the Sunmount Campus. It is hoped this recent collaboration will continue to better support individuals with intellectual and developmental disabilities during incarceration. There continues to be concerns regarding the transition of OPWDD MSC to CCO services related to workforce, delivery of services and interpretation/understanding of the services by individuals and families.

2017 Information: Reports from providers and key stakeholders indicate an ongoing need for crisis, respite and forensic services for I/DD individuals. Citizen Advocates and the Adirondack Arc are committed to developing on site respite services however approved rates will not fiscally support the services. It is hoped with the launch of START services in September 2017, I/DD individuals will have support at the time of a crisis event and while in local hospital EDs. Individuals incarcerated at the local jail need behavioral supports and assistance while in the jail environment. Correctional officers need OPWDD supports to ensure safety and overall health and wellness of I/DD individuals.

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

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

Franklin County LGU Executive Summary provides a comprehensive platform for the 2020 Local Services Plan.

A Survey Monkey instrument was utilized to collect data from Community Services Board and Integrated Subcommittee members as well as community stakeholders. 47 surveys were distributed with 26 returned (return rate of 55%). Of these, 7% indicated unmet need had improved while approximately 31% reported unmet need had remained the same. 19% of respondents reported that unmet need had worsened in the past year.

2019 Update: There continues to be difficulty in accessing OPWDD services for children and families engaged in the child welfare system. is a lack of providers affiliated with early intervention services; if available, these services would be instrumental in addressing developmental delays at an earlier age. Some comments indicate that there continues to be difficulty in navigating the determination/eligibility process for OPWDD services. Although work centers have transitioned to integrated business models, there is a community perception that individuals do not have the same levels of socialization and opportunities for success as once were available in the traditional work center model. Several respondents indicated that they were not familiar with the scope of I/DD services available in the community, especially CCO services. When an I/DD individual exercises choice and leaves a supervised program; they no longer have the supports and services afforded to them by the provider. When a crisis occurs, significant strain is placed on multiple systems such as, law enforcement, ED, and DSS.

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

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

2a. Housing - Background Information

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee members and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

Create opportunities for those in need of safe and affordable housing.

Objective Statement

Objective 1: Community Connections will open Ruth House, a women’s shelter in Malone; October 2019.

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

Objective 2: St. Joseph’s Addiction and Recovery Centers will open the Veterans Supportive Housing program on Marshall Street in Saranac Lake.

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

Objective 3: Citizen Advocates, Inc. will submit an application to secure approval for 40 beds through the Empire State Supportive Housing Initiative. The Harrison Place project will include 12 beds for individuals diagnosed as SMI and 8 beds for individuals with SUDs. CAI will improve access/utilization of MRT Health Home Supportive Housing opportunities.

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

Objective 4: Citizen Advocates, Inc. will continue the current plan to develop a new Individualized Residential Alternative (IRA) for 4 individuals in the Brushton area by summer 2019.

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

Objective 5: The North Country Regional Planning Consortium will host a roundtable discussion to develop an inventory of housing related information/supports in the counties of Essex, Clinton, Franklin, Hamilton, Washington and Warren.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee members and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

Insure transportation is available to Franklin County residents to access services and employment.

Objective Statement

Objective 1: The North Country Directors of Community Services will work with the Regional Planning Consortium (RPC) to address the statewide issue of transportation.

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

Objective 2: Franklin County Community Services, DSS and Public Transportation and community based organizations will participate in a roundtable discussion hosted by the Community Services Board Integrated Subcommittee to develop transportation strategies to support individuals with high/complex needs.

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

Objective 3: Community Connections will convene a work group to address issues and concerns related to Medicaid Transportation Services & Medicaid Answering Services; while offering supports through the Rides to Healthier Options DSRIP Project.

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

Objective 4: Community based organizations will pursue opportunities to become approved Medicaid Transportation providers.

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee membes and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

Insure crisis intervention and stabilization services are available to Franklin County residents and are supported by a skilled professional community.

Objective Statement

Objective 1: St. Joseph’s Addiction Treatment and Recovery Centers will open a 24/7 Open Access Center & 10 bed Medically Supervised Detox Center in Saranac Lake. The Saranac Lake Outpatient Clinic will be located at the same site on John Munn Road. St. Joseph’s is anticipating the completion of this project by September 2019.

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

Objective 2: CAI will engage community stakeholders to develop strategies that improve the delivery of services at the Crisis and Recovery Center. CAI will pursue funding to support non-Medicaid individuals, building renovations and expanded staffing to offer respite for children. CAI will continue to provide Certified Community Behavioral Health Clinic (CCBHC) services and streamline Mobile Crisis Team Services.

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

Objective 3: Franklin County System of Care will pursue opportunities to provide Therapeutic Crisis Intervention training to parents, caregivers and families.

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

Objective 4: Sunmount DDRO will move forward with the launch of NY START: Systematic, Therapeutic, Assessment, Resources and Treatment.

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

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee membes and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

Develop strategies to assist providers in recruitment and retention of staff.

Objective Statement

Objective 1: Franklin County Community Services Board Integrated Subcommittee representatives will establish partnerships to provide training opportunities for Franklin County agencies and staff.

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

Objective 2: Citizen Advocates will utilize State Opioid Response Funds (OASAS) to hire a CASAC for the Crisis & Recovery Center.

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

Objective 3: Franklin County LGU will encourage the growth and expansion of a comprehensive peer support service as an integral component of the Franklin County workforce.

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

Objective 4: St. Joseph's Addiction Treatment & Recovery Centers will partner with North Country Community College to provide opportunities for professional development and career growth for employees. The agency will provide tuition reimbursement and flexibility in work schedules to support employee enrollment in the Human Services Associates Degree program.

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

Objective 5: St. Joseph's Addiction Treatment & Recovery Centers will continue to offer the 350 hour CASAC Education Program. The program is open to employees and community members who seek professional development or change in their career path.

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee members and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

Create and strengthen existing prevention and engagement strategies to reduce the impact of opiate, opioid and other substance use disorders through supports of individuals, families and communities.

Objective Statement

Objective 1: Franklin County Community Services and Social Services will sponsor the 2nd Annual Substance Use Prevention Task Force Forum (August 2019).

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

Objective 2: Tri-Lakes Community Alliance for Addiction Prevention will sponsor a community wellness event at the North Country Community College Sparks Athletic Complex September 2019).

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

Objective 3: The Franklin County Substance Use Prevention Task Force will collaborate with Essex County Heroin and Opioid Prevention Coalition (ECHO) and Substance Abuse Prevention and Recovery of Clinton County (SPARCC) to create regional initiatives such as the roll out of Addicted to Hope throughout the "Adirondack Consortium". Outreach will focus on communities, agencies and school districts.

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

Objective 4: The Tri-Lakes Community Alliance for Addiction Prevention and Tupper Lake Cares will increase community awareness and recovery supports through social media.

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

Objective 5: St. Regis Mohawk Tribe Addiction Services, St. Joseph's ATRC and CAI will continue to deliver Naloxone trainings.

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

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee members and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

Provide opportunities for individuals in recovery to develop personal/professional support networks and access to services.

Objective Statement

Objective 1: Saint Regis Mohawk Tribe will establish an OASAS Recovery Center in Akwesasne.

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

Objective 2: Franklin County Community Services, Community Connections, Tupper Lake Cares and St. Joseph’s ATRC and other partners will operationalize a peer run Recovery Community & Outreach Center in Tupper Lake NY.

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

Objective 3: Saint Regis Mohawk Tribe Mental Health Services will provide early recognition and screening to children living in Akwesasne. Saint Regis Mohawk Tribe Mental Health Services will continue to provide online depression screenings with outreach and engagement strategies to better support residents of Akwesasne.

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

Objective 4: Community Connections has assigned a Family Advocate to the Saranac Lake Central School District Administrative Office as a support to the district’s Community Schools Initiative.

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

Objective 5: St. Joseph’s ATRC will outreach and engage individuals in need of SUD treatment through a Mobile Treatment Service. The initiative is funded through State Opioid Response funds.

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

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee members and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives. Survey results and information from 2017-18 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

Develop strategies to increase public understanding of behavioral health conditions to reduce the negative perception of individuals seeking help and who are in recovery.

Objective Statement

Objective 1: The Franklin County Sequential Intercept Mapping (SIM) Education Team will facilitate a series of trainings for Troop B New York State Police and local law enforcement. These trainings will focus on a variety of behavioral health topics.

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

Objective 2: Community Connections will host two Stop Stigma Community events in Malone (July 2019) and Tupper Lake (August 2019).

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

Objective 3: Franklin County Suicide Prevention Coalition will increase supports and services to community members through the implementation of a Postvention team by December 2019.

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

Objective 4: Franklin County Prevention Task Force, Tri-Lakes Community Alliance for Addiction Prevention and Tupper Lake Cares will collaborate on a county wide work plan to deliver six targeted community educational events.

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

Objective 5: The Akwesasne Coalition for Community Engagement & the Franklin County Suicide Prevention Coalition will continue to offer a variety of community trainings to include: Mental Health First Aid, ASIST, Connect, QPR and SAFE Talk.

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

Change Over Past 12 Months (Optional)

2z. Other Need (Specify in Background Information) - Background Information

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee members and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee

meeting materials, service delivery reports and discussions were used to identify goals and objectives.. Survey results and information from 2017-18 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

Expand the delivery of behavioral health and I/DD services provided at the Franklin County Correctional Facility.

Objective Statement

Objective 1: Franklin County Community Services and Sherriff, St. Joseph’s Addiction Treatment and Recovery Centers & Citizen Advocates will participate in an annual review of behavioral health and transitional services by October 2019. The review will also include opportunities for the expansion of treatment and transitional services. Implement changes by December 31, 2019.

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

Objective 2: Franklin County Community Services and Sherriff and St. Joseph’s Addiction Treatment and Recovery Centers & Citizen Advocates will develop additional Medication Assisted Treatment opportunities for inmates at the Franklin County Correctional Facility. Franklin and Essex County LGUs will collaborate on this regional strategy/initiative.

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

Objective 3: Franklin County Community Services, Sheriff, Citizen Advocates and Sunmount DDSO will continue to provide supports and services for individuals with intellectual/developmental disability needs while incarcerated at the Franklin County Correctional Facility.

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

Objective 4: Franklin County stakeholders participated in Sequential Intercept Mapping in April 2018. Franklin County LGU will convene a workgroup to evaluate and respond to report recommendations.

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

Change Over Past 12 Months (Optional)

2ac. Adverse Childhood Experiences (ACEs) (NEW) - Background Information

Franklin County LGU developed a survey tool which included the list of issues/needs identified in the 2020 LSP Guidelines. The survey was distributed to Community Services Board members, integrated subcommittee members and key community stakeholders. Subcommittee members discussed areas of unmet need and brainstormed resolution strategies. Survey results and information from 2018-19 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.. Survey results and information from 2017-18 CSB and subcommittee meeting materials, service delivery reports and discussions were used to identify goals and objectives.

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

Franklin County System of Care will continue to develop trauma responsive practices within the community to better meet the needs of children and their families.

Objective Statement

Objective 1: Franklin County Community Services and DSS will host trauma informed/trauma sensitive trainings for schools and community based organizations/providers through consultation with Coordinated Care Services, Inc. (CCSI). From ACES’s to Assets: Fostering Resilience to Improve Outcomes Initiatives will commence summer 2019.

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

Objective 2: Adirondack Birth to Three Alliance will sponsor “Bridge to School: Building School Readiness in Our Youngest Learners” on September 28, 2019. This is a half day summit focused on creating a foundation for resilience and school readiness by connecting administrators, parents, child care providers, teachers and pediatricians.

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

Objective 3: Clinton, Essex and Franklin County LGUs will develop strategies to identify children who are in need of MH & I/DD services, at the earliest age possible. The Tri-County initiative will include outreach to all stakeholders who serve young children & their families.

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

Objective 4: CAI will outreach to children and families to provide Children and Families Treatment and Support Services (CFTSS).

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

Objective 5: Franklin County Community Services and DSS will support System of Care initiatives. Stakeholders will be invited to attend a roundtable discussion to identify county-wide initiatives by September 2019.

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

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Franklin County Community Services (70710)
Certified: Suzanne Lavigne (6/28/19)

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:

Franklin County LGU has numerous initiatives underway that align with the Prevention Agenda and are reflected in the 2020 Local Services Plan.

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:

Through either participation in or administration/oversight of community initiatives the LGU is actively involved in the Franklin County Prevention Task Force, Suicide Prevention Coalition, DSRP, PHIP, Tri-County LGU Collaboration, etc. Franklin County LGU and Community Connections have been awarded a DSRIP Innovative Fund project to create a Community Education and Prevention Program. The project is funded at \$102,739.

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:
See above answer.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

- No
- Yes, please explain:

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

- No
- Yes, please explain:

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

- No
- Yes, please explain:

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

- No
- Yes, please explain:

Franklin County LGU is strongly aligned with the initiatives identified in the Community Health Improvement Plan; specifically in regard to priority area of Promoting Mental Health and Preventing Substance Abuse. The LGU is an active partner in many of the identified interventions/activities.

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:

The LGU has been an active partner in DSRIP Project 4aiii. The LGU has invested DSRIP funds to sustain ongoing work and collaborative projects.

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 checked="" type="checkbox"/> Un/Underemployment and Job Insecurity | <input checked="" type="checkbox"/> Poor Education |
| <input checked="" type="checkbox"/> Food Insecurity | <input checked="" type="checkbox"/> Poverty/Income Inequality |
| <input type="checkbox"/> Adverse Features of the Built Environment | <input checked="" 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 checked="" type="checkbox"/> Discrimination/Social Exclusion | <input type="checkbox"/> Other |

Please describe your efforts in addressing the selections above:
 Many of our county departments and community based organizations address many of the social determinants listed above. As part of the DSRIP 4aiii project, the Director of Community Services is a certified Bridges Out of Poverty trainer.

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):	There have been several community trainings offered by recognized consultants such as Elizabeth Meeker, Dave Melnick and Dr. Felletti. Many of these trainings have been sponsored by Franklin County Government or St. Regis Mohawk Tribe. Franklin County community based organizations have hosted trainings internally as part of staff development.
How many hours:	a minimum of 2 hours to a maximum of 35+; it depends on the type of agency/training
Target audience for training:	Cross-systems
Estimate number trained in one year:	Many CBOs require the entire staff to be trained and the number of training hours are set by clinical speciality/job function. Community forum attendance range from a few community members to 50 plus. The LGU has not created a data system to track this information.

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
Franklin County Community Services (70710)
Certified: Suzanne Lavigne (6/28/19)

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:

Franklin County LGU has been active in DSRIP Project 4a. Community Connections, Citizen Advocates and St. Joseph's Addiction Treatment and Recovery Centers are involved in numerous DSRIP projects. Local HD and OFA are also engaged in DSRIP initiatives.

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

a) Yes No

b) Please explain:

The LGU will pursue grant funding and leverage existing resources.

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):

Community based organizations are in contract with managed care organizations and continue to pursue additional contractual arrangements.

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

a) Yes No

b) Please explain:

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

a) Yes No

b) Please explain:

Currently, one in-lieu of proposal is being developed but has not yet been submitted for review.

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

Franklin County LGU would be open in engaging in BHCC planning process. At this time there is not an identified role for a LGU that does not provide direct services.

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

a) Yes No

b) Please explain:

Community based organizations have invested in EHRs and are in the implementation process.

Community Service Board Roster
 Franklin County Community Services (70710)
 Submitted for Approval: Kathleen Kmen (6/27/19)
 Certified: Suzanne Lavigne (6/28/19)
 Approved: Suzanne Lavigne (7/2/19)

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: Marcy Bright	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Parent/Family	Term Expires: 12/2019	Email Address: mjbright5@gmail.com
Name: Jan Fitzgerald	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Parent/Family	Term Expires: 10/2019	Email Address: janicefitzgerald@roadrunner.com
Name: Kaye Santamoor	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: School Psychologist/Malone CSD	Term Expires: 07/2019	Email Address: ksantamoor@maloneschools.org
Name: Jeff Plumley	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumer/Self Advocate	Term Expires: 03/2021	Email Address: jeffplumley@citizenadvocates.net
Name: Joe Keegan	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: North County Community College	Term Expires: 03/2021	Email Address: jkeegan@nccc.edu
Name: Kathleen Strack	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Franklin County Public Health	Term Expires: 02/2021	Email Address: kstrack@co.franklin.ny.us

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

Franklin County Community Services (70710)
Submitted for Approval: Kathleen Kmen (6/27/19)
Certified: Suzanne Lavigne (6/28/19)
Approved: Suzanne Lavigne (7/2/19)

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: Janice Fitzgerald	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services Board	Email Address: janicefitzgerald@roadrunner.com
Name: Joe Keegan	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services Board	Email Address: jkeegan@nccc.edu
Name: Katie Strack	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services Board	Email Address: kstrack@franklincony.org
Name: Claire Poirier	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Franklin County IDP	Email Address: franklincountyidp@gmail.com
Name: Kevin Mulverhill	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Franklin County Sheriff	Email Address: kmulverhill@franklincony.org
Name: Denise McLane	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Franklin County Probation	Email Address: dmclane@franklincony.org
Name: Michele Mulverhill	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Franklin County DSS	Email Address: Michele.MULVERHILL@dfa.state.ny.us
Name: Connie Thompson	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: St. Regis Mohawk Tribe Addiction Services	Email Address: conniet@regis.nashville.ihs.gov
Name: Deceil Moore	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: St. Joseph's Addiction Treatment and Recovery Centers	Email Address: dmoore@stjoestreatment.org

Mental Health Subcommittee Roster
 Franklin County Community Services (70710)
 Submitted for Approval: Kathleen Kmen (6/27/19)
 Certified: Suzanne Lavigne (6/28/19)
 Approved: Suzanne Lavigne (7/2/19)

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: Chris Hastings	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Self Advocate	Email Address: chrishastings5@aol.com
Name: Janice Fitzgerald - Subcommittee Chair	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services Board	Email Address: janicefitzgerald@roadrunner.com
Name: Lindsay Hendricks	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Citizen Advocates, Inc.	Email Address: lindsayhendricks@citizenadvocates.net
Name: April Riley	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Citizen Advocates, Inc.	Email Address: aprilrileyconto@citizenadvocates.net
Name: Marc Johnson	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Adirondack Medical Center	Email Address: mjohnson@adirondackhealth.org
Name: Donna Kissane	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Franklin County Government	Email Address: dkissane@franklincony.org
Name: Jeff Plumley	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services Board	Email Address: jeffplumley@citizenadvocates.net
Name: Lori Burke	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Citizen Advocates, Inc.	Email Address: loriburke@citizenadvocates.net
Name: Christine Venery	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: St. Regis Mohawk Tribe Mental Health Services	Email Address: cvenery@regis.nashville.ihs.gov
Name: Lee Rivers	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Connections	Email Address: lrivers@communityconnectionsfcny.org
Name: Sally Walrath	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Lakeside House	Email Address: edlakesidehouse@adelphia.net

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

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

Developmental Disabilities Subcommittee Roster
 Franklin County Community Services (70710)
 Submitted for Approval: Kathleen Kmen (6/27/19)
 Certified: Suzanne Lavigne (6/28/19)

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: Janice Fitzgerald	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services Board	Email Address: janicefitzgerald@roadrunner.com
Name: Jeff Plumley	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services Board	Email Address: jeffplumley@citizenadvocates.net
Name: Kary Johnson	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Citizen Advocates	Email Address: karyjohnson@citizenadvocates.net
Name: Letah Graff	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Berkshire Union Free School District	Email Address: lgraff@berkshireufsd.org
Name: Katie Strack	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Franklin County Public Health	Email Address: kstrack@franklincony.org
Name: Christina M. Frederick	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Franklin County Public Health	Email Address: cfrederick@franklincony.org
Name: Andrea Gertsenberger	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: OPWDD Sunmount	Email Address: Andrea.Gerstenberger@opwdd.ny.gov
Name: Ann Charette	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Adirondack Arc	Email Address: acharette@adirondackarc.org
Name: Jeremiah Pond	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Franklin County DSS	Email Address: Jeremiah.Pond2@dfa.state.ny.gov

2020 Mental Hygiene Local Planning Assurance
Franklin County Community Services (70710)
Certified: Suzanne Lavigne (6/28/19)

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.