

Mental Hygiene Planning for the Director of Community Services

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Office of Alcoholism and
Substance Abuse Services



Office of
Mental Health



Office for People With
Developmental Disabilities



The Current Planning Environment

Mental Hygiene Planning for the DCS

- Required Under Mental Hygiene Law
- “Planning is Everything” – Michael O’Leary
- Planning happens year round
- Vital in an environment of:
 - > Scarce Resources
 - > Increasing need
 - > Rapid Change
- Planning, System Monitoring & Management

Mental Hygiene Planning for the DCS

A VERY Brief History

Mental Hygiene Planning for the DCS

- “In the Beginning..... Then the earth cooled...”
- Three “O” Agencies Each had different Plan:
 - > Forms
 - > Processes
 - > Requirements
 - > Due dates
- Service Delivery and Plan Integration, Coordination of Care and the light bulb were still years away...

Mental Hygiene Planning for the DCS

- Some DCSs viewed Planning as:
 - > A “State Requirement”
 - > Of Little Local Value
 - > Plan “CSB-Viewing” only 1x per year
 - > Of Limited Local Utility (light on ACTION)
 - > Or Particular to just “Our County”
 - > The State “Never Looked at them”

Mental Hygiene Planning for the DCS

Fast Forward To Today

Mental Hygiene Planning for the DCS

- LGU Plans for OASAS, OMH and OPWDD:
 - > Use Same Forms/Format – CPS
 - > Use the same/similar processes
 - > Have similar requirements
 - > The same Due Dates
 - > Many Cross-Agency Local Priorities

Mental Hygiene Planning for the DCS

- Today DCSs Know that Good Planning:
 - Is Data Informed
 - Data illuminates the needs
 - Priorities/Strategies Address needs
 - Plan, Do, Check....
 - System Monitoring & Management
 - Local Plan used by County and State
 - Local Plan used to report goals and objectives to your County Executive
 - Local Plans used to communicate with stakeholders and for resource allocations

Planning: The County Perspective

Mental Hygiene Planning for the DCS

- “All Politics is Local” (with larger implications)
- “All Planning is Local” (but “rolls-up” too)
- The County LGU is the one place where all three O-Agencies Intersect
- The Local County Plan is the one place where all three O-Agencies act together
- Our Plans show the Impact of Local, State & Federal Initiatives

Mental Hygiene Planning for the DCS

Local Planning Process

- **Prevalence:** AKA: Demand, Potential Market
 - > (National %) x (Local Population)
 - > Local Surveys (you and/or other County Depts.)
 - > Local/State Department of Health
 - > State O-Agency Research/Sites

Mental Hygiene Planning for the DCS

- **Capacity**: Maximum that can be served by existing system.
 - > Licensed beds, slots, caseloads etc.
 - > Flow-through-system Capacity
 - > Staff/Programs/Providers Available
 - > Wait Lists

DEMAND \neq CAPACITY

DEMAND=(Utilization) + (Unmet need)

Mental Hygiene Planning for the DCS

- **Utilization:** Looked at many ways.
 - > # of Unique Individuals
 - > Units of Service, Bed Days etc.
 - > Types/Levels of Services used
 - > Frequent Service Combinations
 - > Utilization Patterns/Trends
 - > Provides Resource Allocation Data

Mental Hygiene Planning for the DCS

- Quality of Care: Beyond Satisfaction Surveys

It's All About OUTCOMES

- > Data to Validate Outcomes
- > If Positive Outcomes, Why?
- > If Poor Outcomes, Why?

- Now What...?

Mental Hygiene Planning for the DCS

- **Assemble Your Data:**
 - > Prevalence
 - > Capacity
 - > Utilization
 - > Outcome Data
- **Assemble Your Team:**
 - > CSB & CSB Subcommittees
 - > Providers, Other County Departments (if plausible)
 - > Consumers/Clients, Focus Groups etc.
- **Write Your Plan:** With your Stakeholders

Mental Hygiene Planning for the DCS

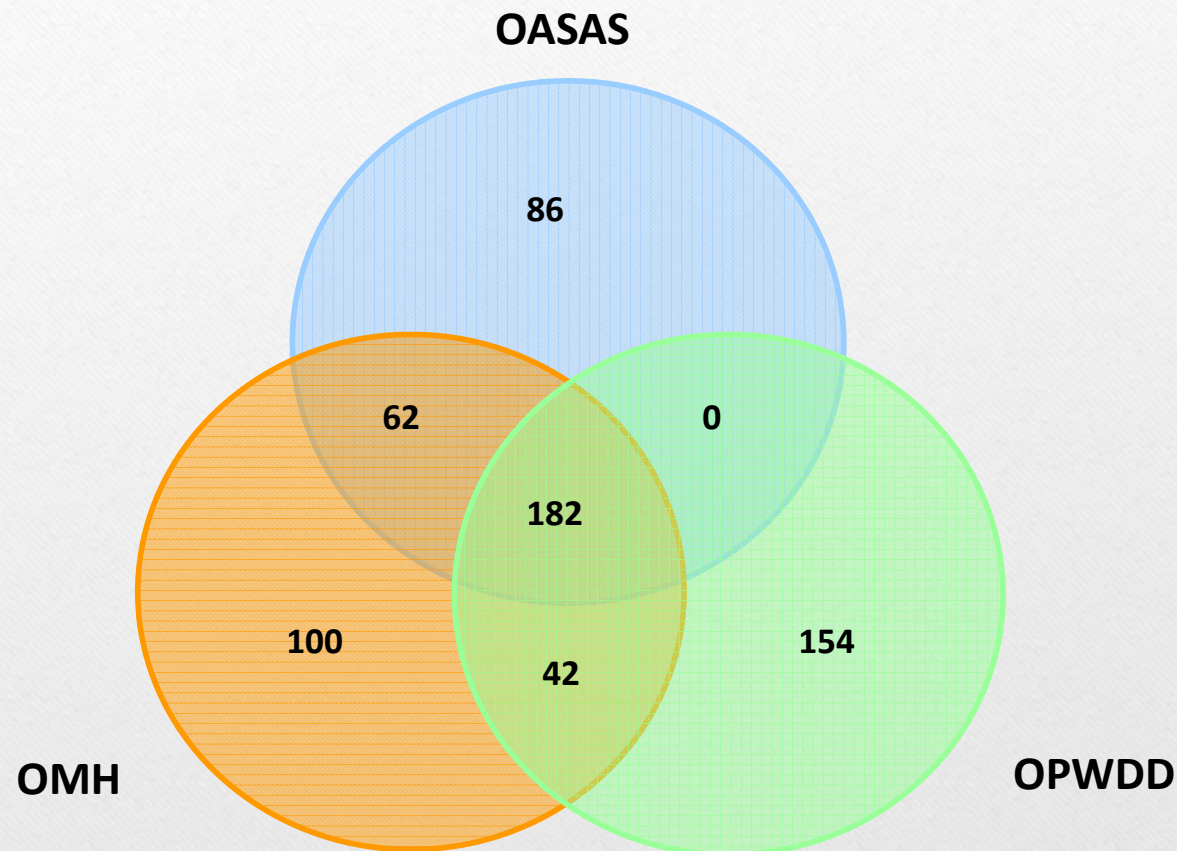
- **Use Your Plan:** Throughout the Year!
 - > To Show County Priorities
 - > Agenda for CSB Subcommittees
 - > Carry-over needs/priorities/strategies?
 - > “Zero-Based-Planning”?

Mental Hygiene Planning for the DCS

- “O-Agencies” READ YOUR PLANS!!
- They Use Your Plans to Inform theirs
- They Read and Use the Answers to those Pesky “Questions”
- They Look at Your Priorities
- They Look at Your Strategies
- They Make Changes Based on Your Feedback

One Example of How the State Uses Our Plans

2011 County Priority Outcomes by Disability Area (N=677)



Change in County Priorities by Disability (2009 LSP to 2011 LSP)

Disability Combination	2009	2010	2011	Change
OASAS Only	121	111	87	-28.1%
OMH Only	118	116	100	-15.3%
OPWDD Only	208	167	154	-26.0%
OASAS/OMH	67	57	62	-7.5%
OASAS/OPWDD	0	0	0	0.0%
OMH/OPWDD	45	45	42	-6.7%
OASAS/OMH/OPWDD	159	170	182	14.5%
Total	718	666	627	-12.7%

Ranking of Focus Areas Identified in County Priorities (2009 LSP to 2011 LSP)

Focus Area	2009	2010	2011
Service Access (Capacity)	1	1	1
Cross System Collaboration	4	2	2
Service Engagement	7	5	3
Housing	6	3	4
Health & Wellness	3	6	5
Social Connectedness/Inclusion/Support	2	4	6

Mental Hygiene Planning

General Timeline and Tasks

- **Revisions to Local Planning System –** Central Planning System (CPS), maintained by OASAS, is released in early March.
- **OASAS providers have 30 days to complete 3-4 electronic surveys and the LGU has to approve each one.** Typically due on or around April 1 (see Local Planning Guidelines).
 - *It should be noted that if the headquarters of one of your agencies is not in your county, you will not have access, and therefore not be required to approve all agency surveys for that particular agency.*
- **LGU has 90 days to complete the plan, typically early June.**

Mental Hygiene Planning General Timeline and Tasks

- **As part of completing the process the LGU has to have names and e-mails for all voting members of the sub-committees and the CSB.**
 - Keeping in mind that each committee must have three CSB members, and the mental health committee is supposed to also have two consumers, and two family members.
 - The LGU must complete emergency contact information for the purposes of the state knowing who to contact in a disaster, the Goals and Objectives survey as well as any other annual survey that any of the state agencies deem they need to have completed. The Executive Summary is optional
- **After the above is completed, and your CSB has approved, then the LGU must complete a Mental Hygiene Local Planning Assurance survey.**

Mental Hygiene Planning General Timeline and Tasks

Process Steps Dates (2018)

Ongoing planning and needs assessment conducted by counties and the Mental Hygiene Planning Committee	Year Round
LGU LSP Forms and OASAS Provider and Program Surveys available on CPS	March 2018
Due date for completed OASAS provider planning surveys in CPS	April 2, 2018
Due date for completed LGU Plans in CPS	June 1, 2018

Mental Hygiene Planning

General Timeline and Tasks

- Prior to any of the above tasks (varies by county), it is recommended that you conduct public forums - or any other type of meeting - to gather information regarding unmet needs. This information can then be combined with a review of data contained within CPS from the 3 state agencies, and any other local data you may desire to utilize.
- *Please note that the Conference of Local Mental Hygiene Directors (CLMHD) is revising their Behavioral Health Portal, which will contain helpful data to assist you with your planning. Training for all DCSs is coming soon.*

Mental Hygiene Planning

General Timeline and Tasks

- The State asks that each LGU have a minimum of three goals for each disability area, and they can be a shared goal.
- In the new Goals and Objectives section, the survey example on the next slide, opens up fillable boxes. The more you check, the more goals and objectives you need.
 - Each goal has a maximum of 5 objectives in the current version.
 - We tend to only note the top priorities that need goals and objectives. For example, while suicide prevention is extremely important to us, no new efforts are needed to be identified in the CPS process at this time.

Goals and Objectives Survey Example

Issue Category		Applicable State Agency(ies)		
		OASAS	OMH	OPWDD
a)	Housing			
b)	Transportation			
c)	Crisis Services			
d)	Workforce Recruitment and Retention (service system)			
e)	Employment/ Job Opportunities (clients)			
f)	Prevention			
g)	Inpatient Treatment Services			
h)	Recovery and Support Services			
i)	Reducing Stigma			
j)	SUD Outpatient Services			
k)	SUD Residential Treatment Services			
l)	Heroin and Opioid Programs and Services			
m)	Coordination/Integration with Other Systems for SUD clients			
n)	Mental Health Clinic			
o)	Other Mental Health Outpatient Services (non-clinic)			
p)	Mental Health Care Coordination			
q)	Developmental Disability Clinical Services			
r)	Developmental Disability Children Services			
s)	Developmental Disability Adult Services			
t)	Developmental Disability Student/Transition Services			
u)	Developmental Disability Respite Services			
v)	Developmental Disability Family Supports			
w)	Developmental Disability Self-Directed Services			
x)	Autism Services			
y)	Developmental Disability Person Centered Planning			
z)	Developmental Disability Residential Services			
aa)	Developmental Disability Front Door			
ab)	Developmental Disability Service Coordination			
ac)	Other Need (Specify in Background Information)			

Mental Hygiene Planning for the DCS

Data Sources

NYS Council on Children and Families – Kids' Well-being Indicators Clearing House

- <http://www.nyskwic.org>

NYS OASAS County Planning System (CPS)

- <https://cps.oasas.ny.gov>

New York Population by County – Total Residents

- <http://www.us-places.com/New-York/population-by-County.htm>

Conference of Local Mental Hygiene Directors (CLMHD) – Behavioral Health Portal *(*Portal is being revised to be more helpful for LGUs)*

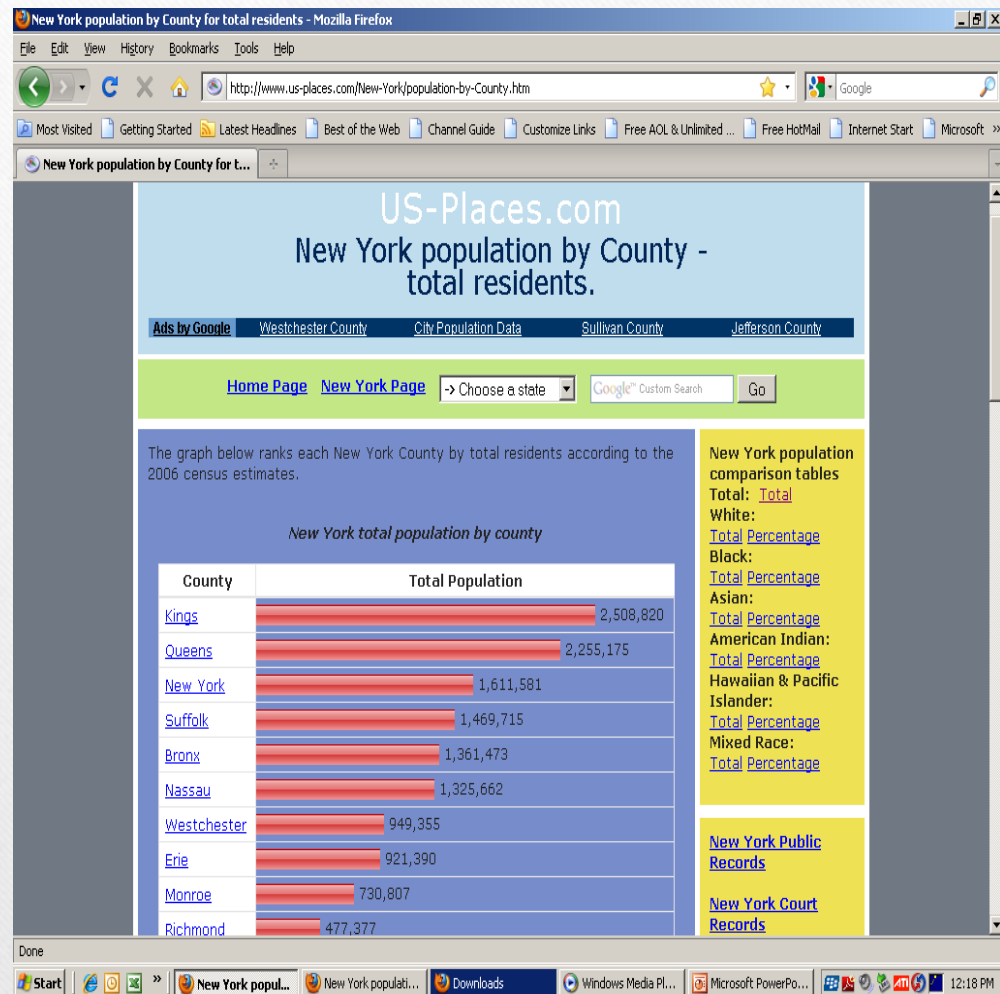
- <https://tableau.ccsi.org>

<http://www.us-places.com/New-York/population-by-County.htm>

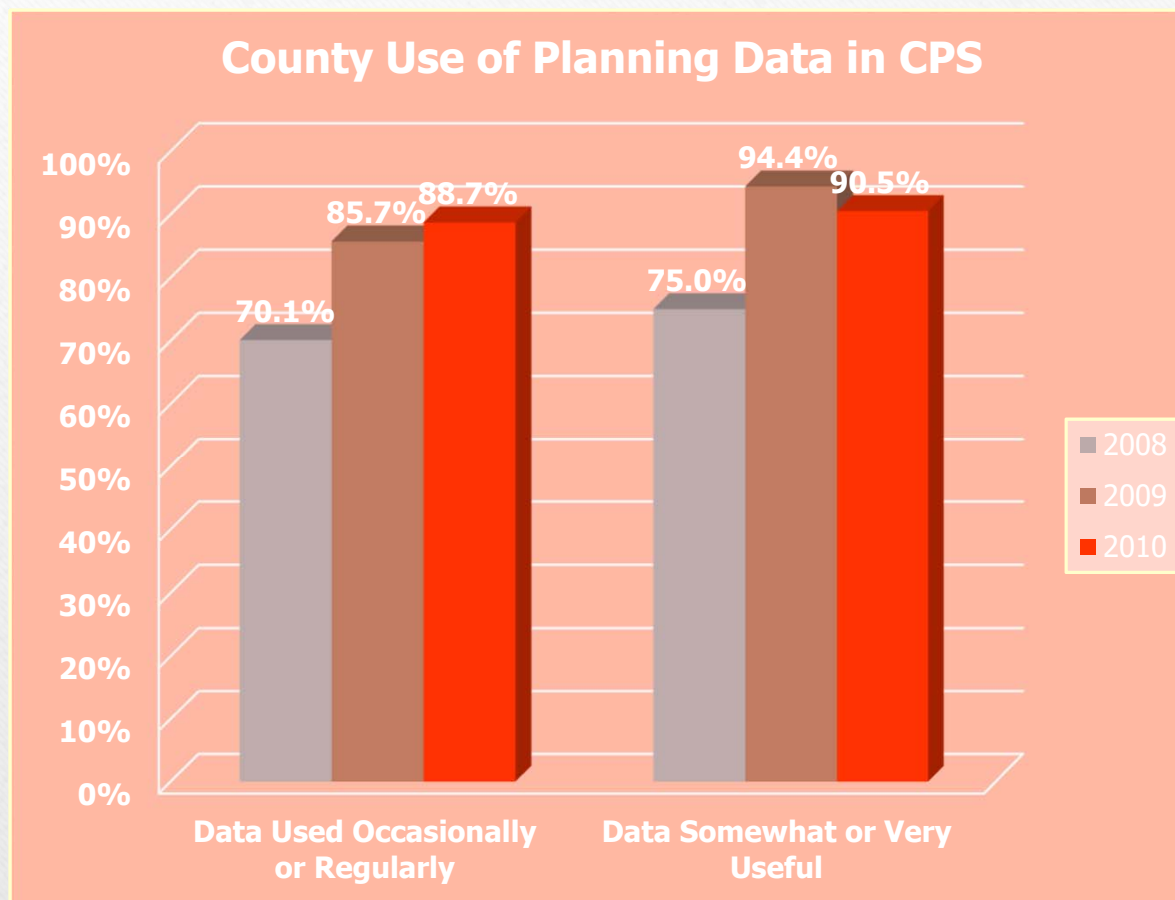
- This website allows me to compare my county to other counties by providing:

- Population
- Square Mileage
- Geographical Location
- Adjacent Counties

- From this information I can find counties that look demographically similar to my own.



Mental Hygiene Planning for the DCS



Mental Hygiene Planning for the DCS

CLMHD New Portal Design Functions

Mental Hygiene Planning for the DCS

Google News x The New York Times - E x RE: Follow up # 3 - Web x Inbox (1,845) - goldman x 16 Google Calendar - 2 da x DCS / LGU Resources | x Dashboard - x

www.clmhd.org/dcs_resources/CLMHD_Behavioral_Health_Portal_26_resource.htm

DCS/LGU RESOURCES

Planning

Post Date: April 9, 2014

[CLMHD Behavioral Health Portal](#)

[CLMHD Dialogues](#)

[CLMHD Behavioral Health Portal Login & Dialogues](#)

Link to [Portal](#) login.

***In order to access the portal, you must use the username and password which was emailed to you.*

2016

CLMHD 3.29.16 Behavioral Health Portal [Webinar](#)

2015

CLMHD 11/2015 Inquiry Report [Webinar](#) and [Chart Pack](#)

[CLMHD 10/2015 PSYCKES for LGUs Dialogue](#)

Behavioral Health Portal Helpful Links: [CLMHD Dashboard & Portal Dialogue: A One-Stop Shop for All Your Data Needs!](#)

Webinar VIII in the Dashboard Series 6.24.15 [Portal Inpatient/Outpatient Transitions here](#)

Webinar VII in the Dashboard Series 5.27.15 [The Initiative Map here](#)

[CLMHD 3/2015 Behavioral Health Portal](#)

[CLMHD 2/2015 Medicaid DSRIP Dashboard](#)

2015 TAP

CLMHD 3/2015 Jail-Health Home Connection [Webinar](#)

2014

Webinar VI in the Dashboard Series 7.25.2014 [Fiscal Dashboard here](#)

Webinar V in the Dashboard Series 6.20.2014 [CSP 2015 Output Reports here](#)

Webinar IV in the Dashboard Series 5.16.14: [Inpatient Admissions Data here](#).

Webinar III in the Dashboard Series 4.14.14: [Service Utilization Data here](#).

Webinar II in the Dashboard Series 3.21.14: [Prevalence Data here](#).

Webinar I in the Dashboard Series 3.14.14: [Overview of the Dashboard here](#).

[Overview](#)

[Children and Families](#)

[Developmental Disabilities](#)

[NYSDOH Prevention Agenda 2013-2018](#)

[LGU Role in Managed Care/CLMHD](#)

[Mental Hygiene Planning](#)

[CLMHD Portal & Dialogues](#)

[CLMHD Regional Map](#)

[State Agency Acronym Lists](#)

[CONTACT US](#)

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ChatLog CLMHD_N...rtf

Mainstream webi...pptx

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Show all



Mental Hygiene Planning for the DCS

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Secure | https://tableau.ccsi.org/views/CLMHDv3_0_LandingPage/CLMHDv3_0Landing?:embed=y&display_count=no#1

CLMHD Behavioral Health Portal

Estimated Need Service Use Use of Inpatient Care

Housing Juvenile Justice System Interface Inpatient/Outpatient Transition Other Resources

Analyzed and Developed by:
CCSI
Community Care Support Institute

Undo Redo Revert Refresh Pause View: Original Alert Share Download Full Screen

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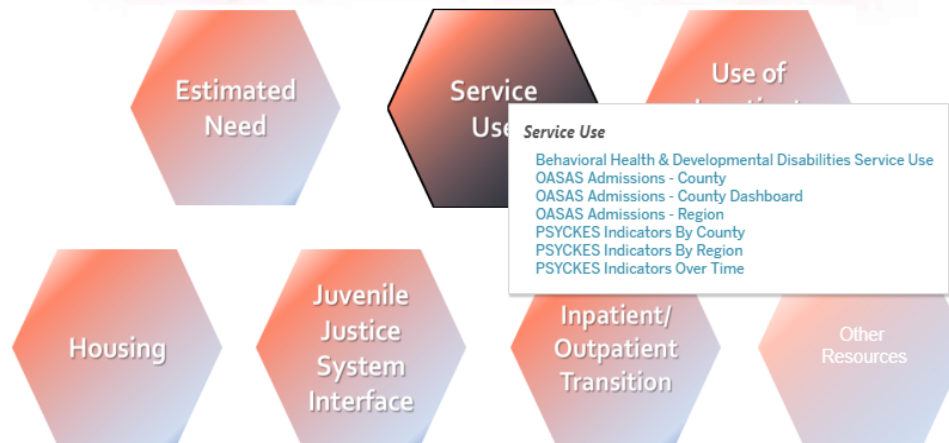
NYS Conference
of Local
Mental Hygiene
Directors, Inc.

Mental Hygiene Planning for the DCS

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Secure | https://tableau.ccsi.org/views/CLMHDv3_0_LandingPage/CLMHDv3_0Landing?embed=y&display_count=no#3 ☆ S U !

CLMHD Behavioral Health Portal



Analyzed and Developed by:
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Undo Redo Revert Refresh Pause View: Original Alert Share Download Full Screen

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Mental Hygiene Planning for the DCS



CLMHD Behavioral Health Portal

Service Use

- BH Subgroup
- PSYCKES BH QARR Indicators (County, Region, Time)
- OASAS Admissions

Estimated Need

- Local Prevalence
- Medicaid Population

Use of Inpatient Care

- Adult Inpatient Admissions By Payor
- BHA Admissions-Chronic Conditions

Housing

- Homeless Population

Additional Resources

REPORTS

MH Inpatient Census

OASAS Recipients/
Admissions

SPARCS Inpatient Rehab/
Detox

BRFSS

Community Based Services

Utilization of Hospital/ER

Medicaid Services-OMH

ARCHIVE

REFERENCE
DOCUMENTS

CONTACT

Juvenile Justice

- Detention Population
- Disproportionate Minority Contact
- Family Court Petition Placements
- County Juvenile Justice Profiles (Official)

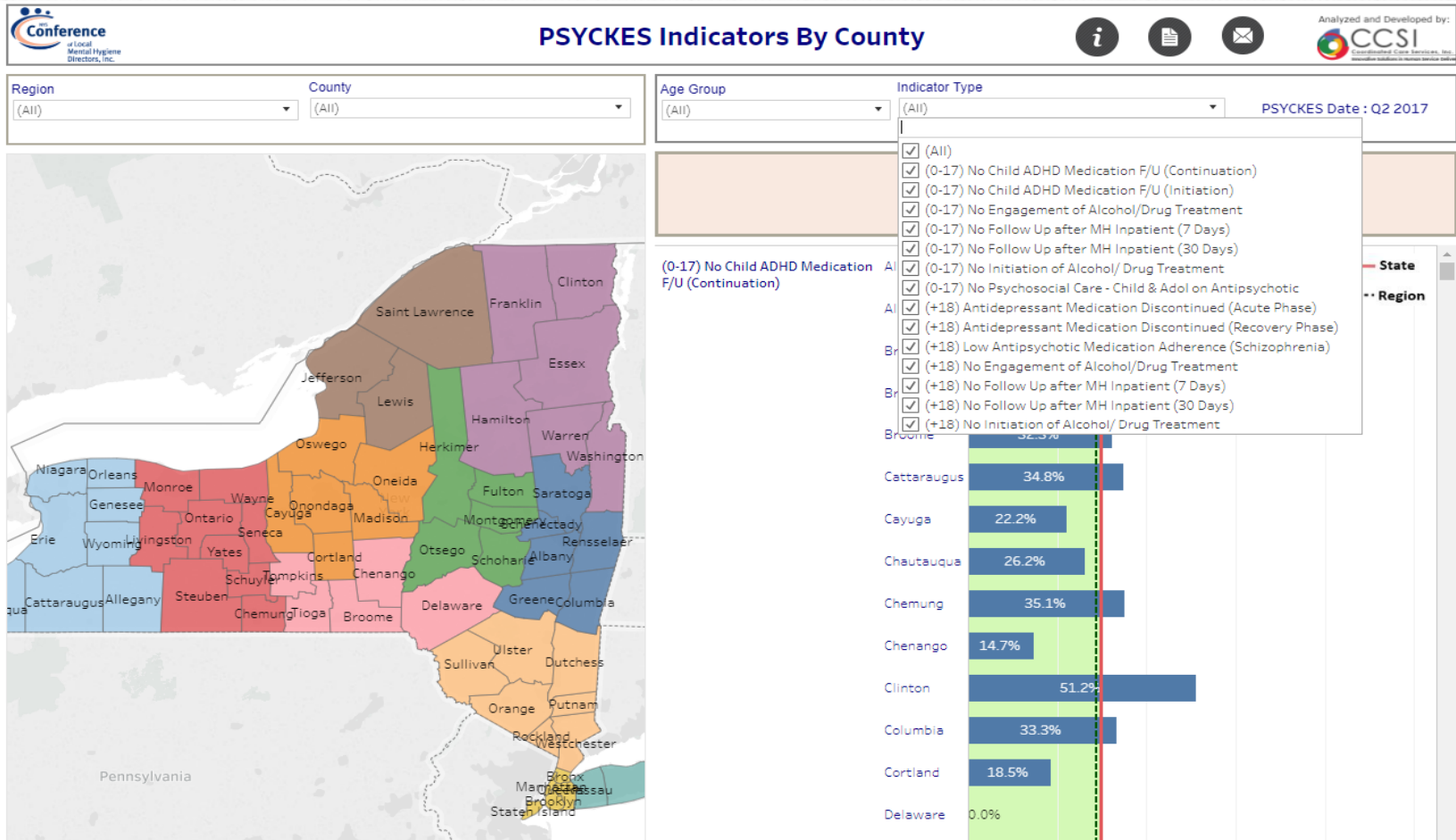
Inpatient/Outpatient Care

- Continuity of Care
- Engagement in Care
- Continuity of Medication

Resources

- County Health Rankings
- OASAS CDS
- PSYCKES

Mental Hygiene Planning for the DCS



Mental Hygiene Planning for the DCS



PSYCKES Indicators By County



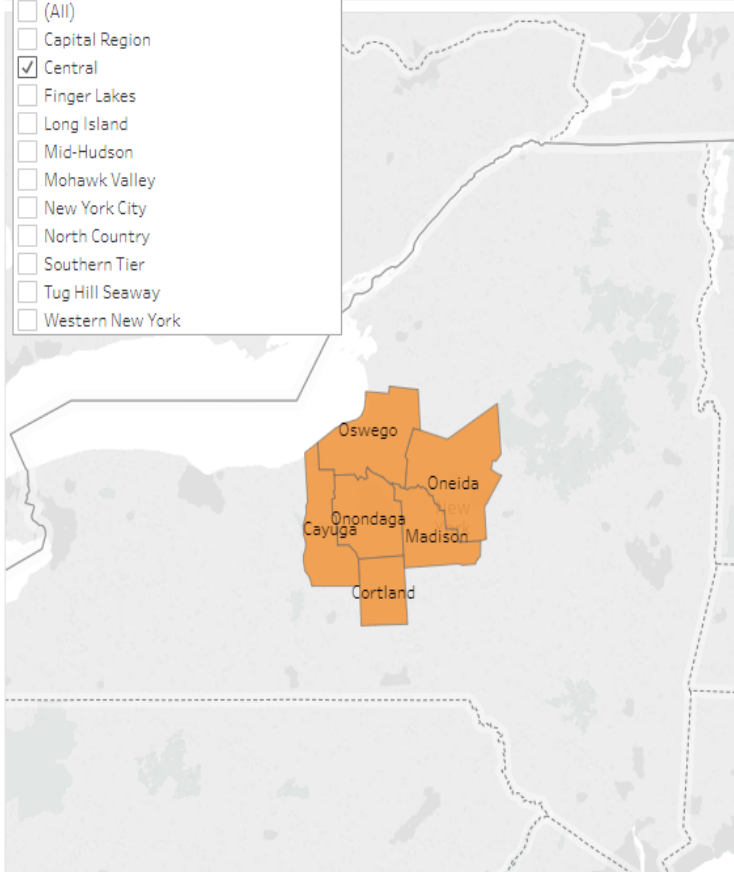
Region: Central
County: (All)

Age Group: (All)

Indicator Type: (All)

PSYCKES Date : Q2 2017

- ☐ (All)
- ☐ Capital Region
- ☒ Central
- ☐ Finger Lakes
- ☐ Long Island
- ☐ Mid-Hudson
- ☐ Mohawk Valley
- ☐ New York City
- ☐ North Country
- ☐ Southern Tier
- ☐ Tug Hill Seaway
- ☐ Western New York



Compared to Region

Compared to NY State

(0-17) No Child ADHD Medication F/U (Continuation)

Cayuga

22.2%

Cortland

18.5%

Madison

28.6%

Oneida

30.3%

Onondaga

33.1%

Oswego

33.3%

(0-17) No Child ADHD Medication F/U (Initiation)

Cayuga

24.3%

Cortland

25.8%

Madison

29.5%

Oneida

35.1%

Onondaga

38.4%

Oswego

36.5%

State

Region

Mental Hygiene Planning for the DCS

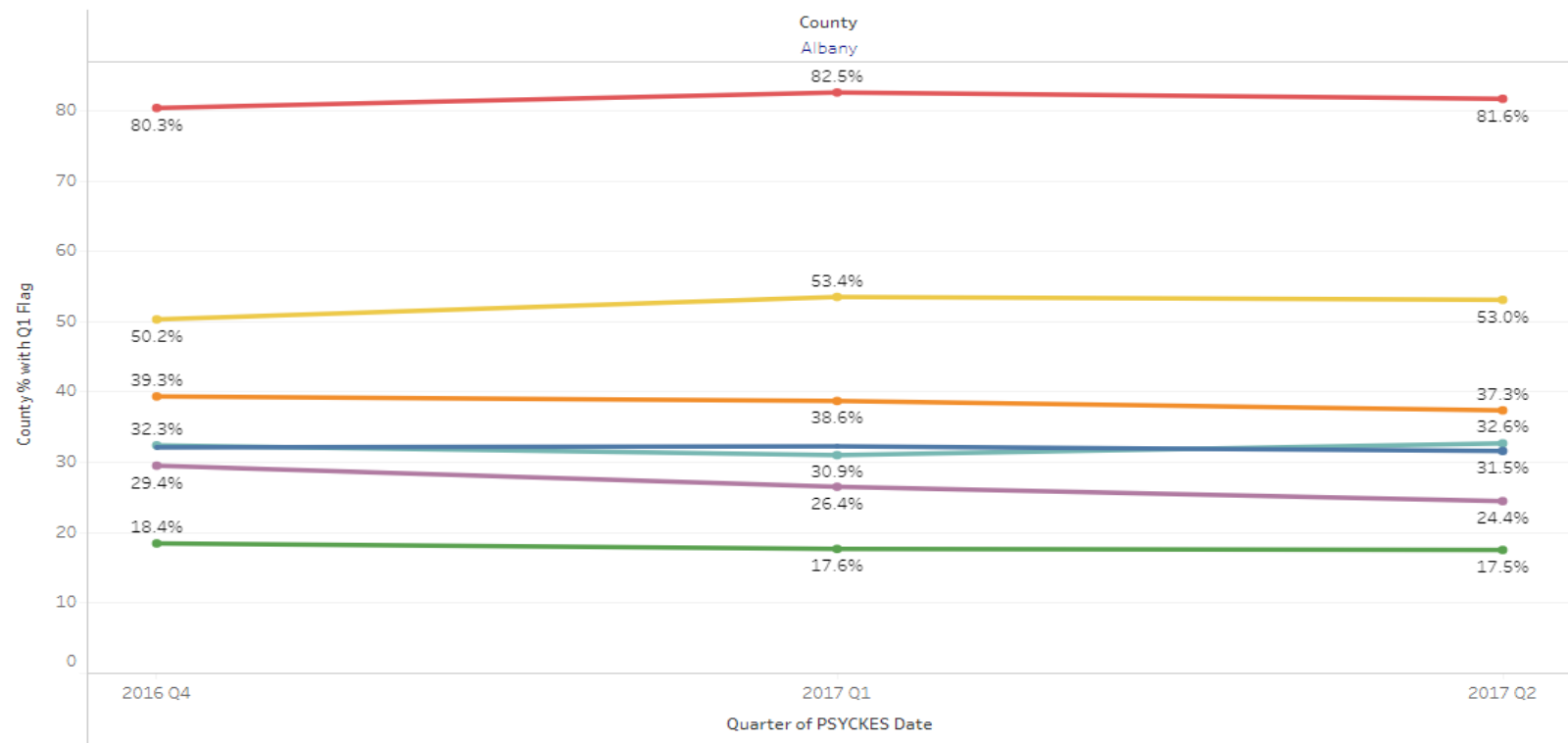


PSYCKES Indicators Over Time



Analyzed and Developed by:
 **CCSI**
 Coordinated Care Services, Inc.
innovative solutions to human service delivery

County: Albany |
 Age Group: (0-17) |
 Indicator Type: (All)



- (0-17) No Child ADHD Medication F/U (Continuation)
- (0-17) No Child ADHD Medication F/U (Initiation)
- (0-17) No Engagement of Alcohol/Drug Treatment
- (0-17) No Follow Up after MH Inpatient (7 Days)
- (0-17) No Engagement of Alcohol/Drug Treatment

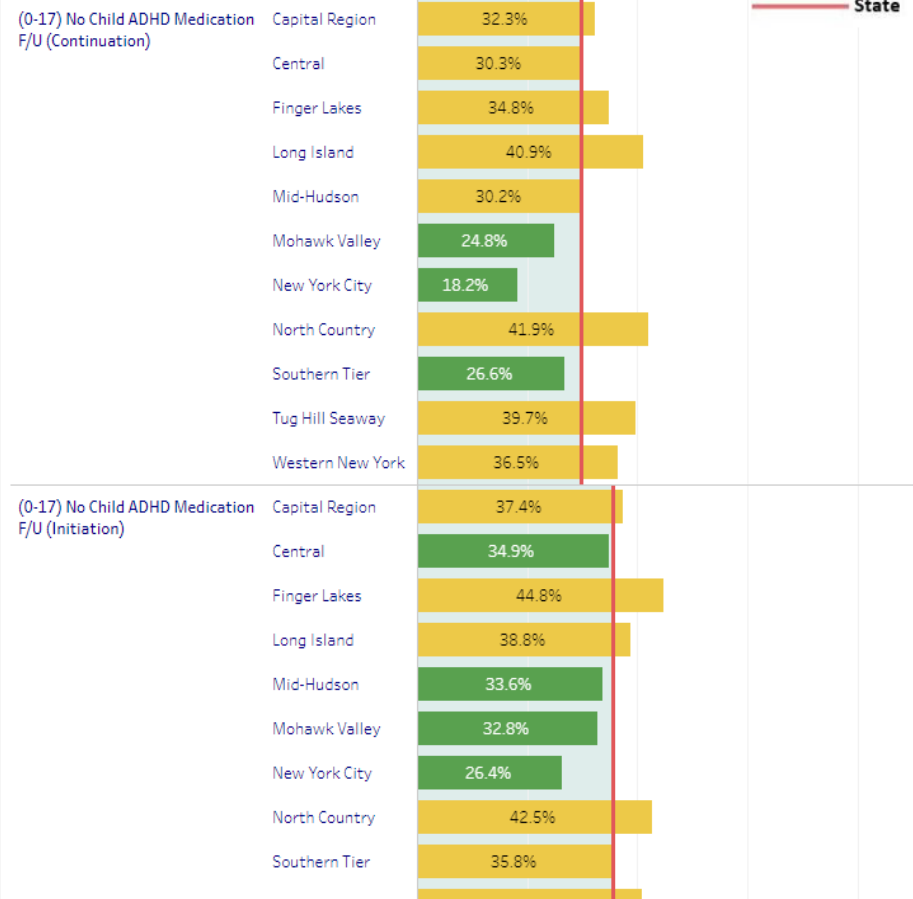
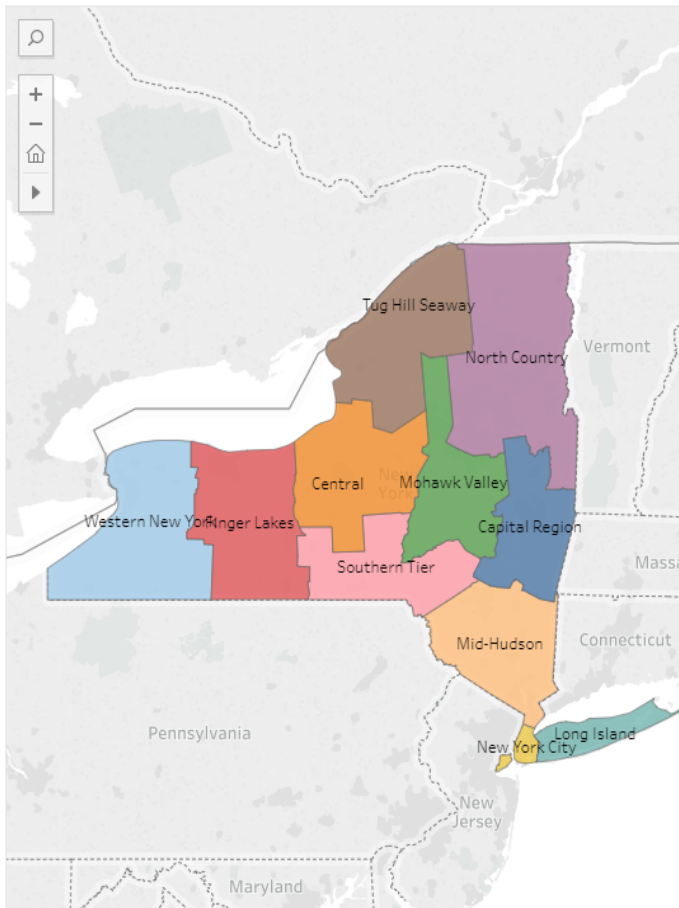
Mental Hygiene Planning for the DCS



PSYCKES Indicators By Region



Region: (All) | Age Group: (0-17) | Indicator Type: (All) | PSYCKES Date: Q2 2017



Mental Hygiene Planning for the DCS



OASAS Admissions By County

Analysed and Developed by:
CCSI
Community Care Support Institute

Choose Primary Substance

Alcohol

Program Type

Crisis

County

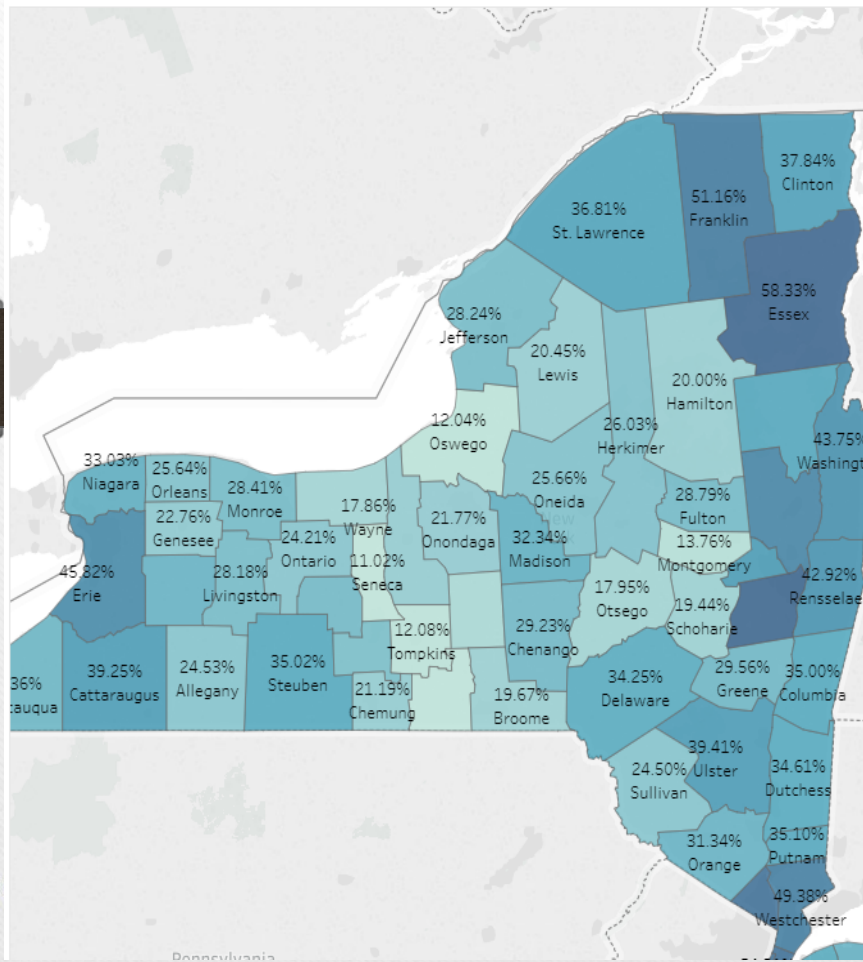
(All)

RPC Region

(All)

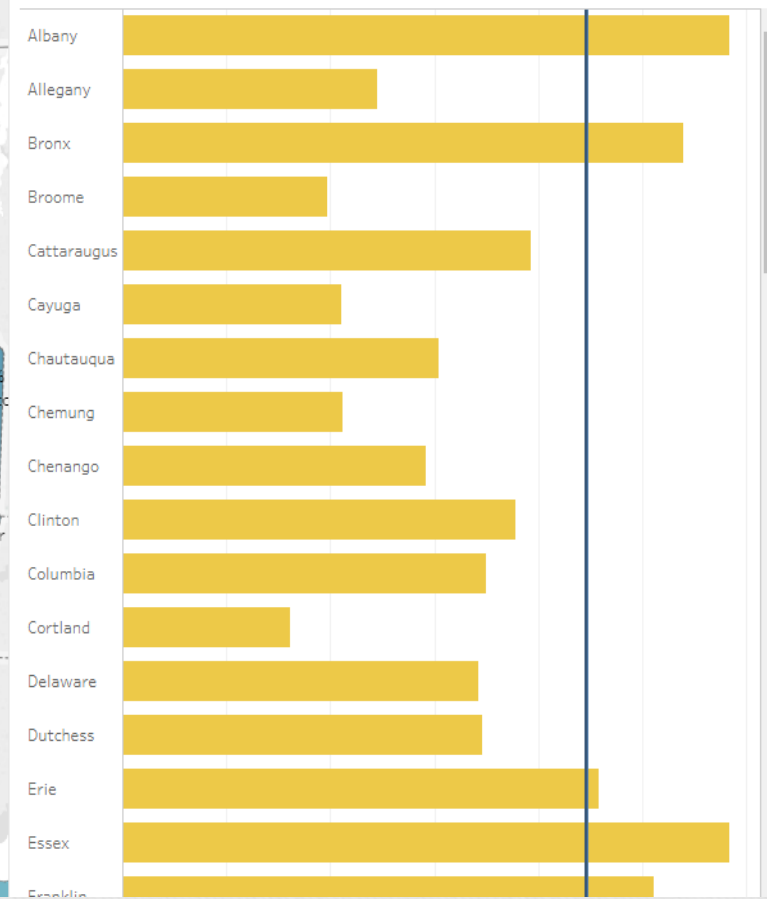
Year

2016



County with State Benchmark

Alcohol



Mental Hygiene Planning for the DCS



OASAS Admissions By Region

Analyzed and Developed by:
CCSI
Criminal Justice Institute, Inc.

Choose Primary Substance

Heroin

Program Type

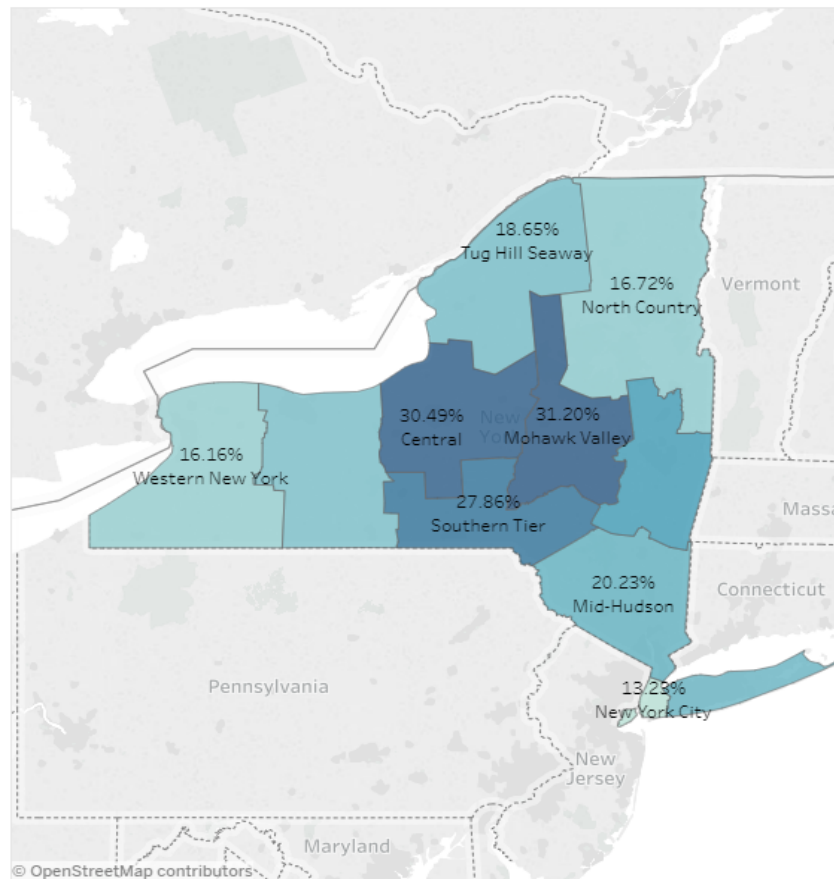
Outpatient

Year

2016

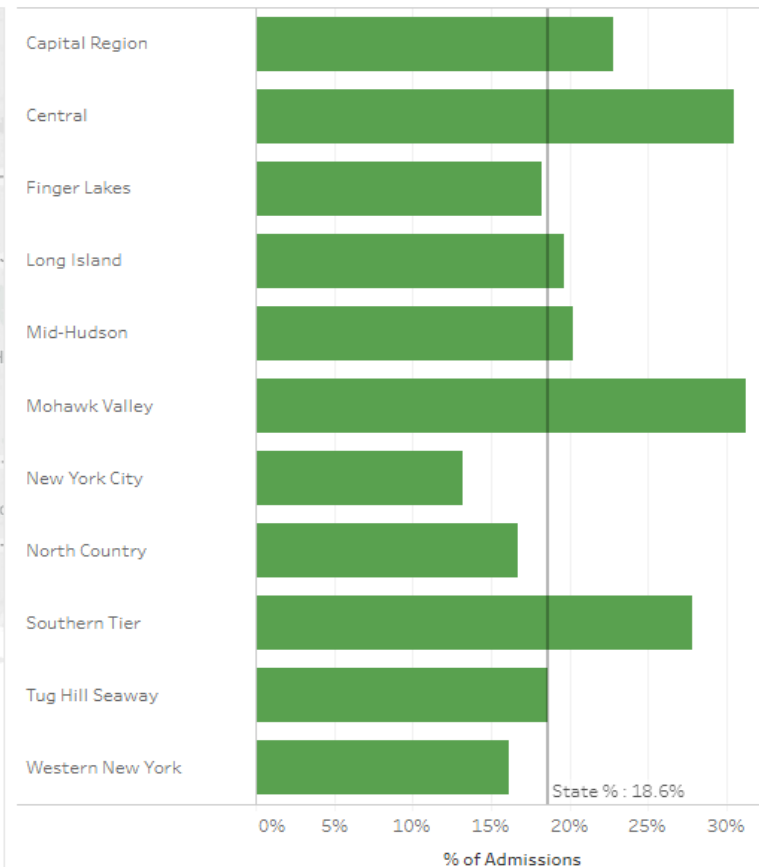


Region Map



Region with State Benchmark

■ Heroin



Mental Hygiene Planning for the DCS



OASAS Admissions - County Dashboard

Analyzed and Developed by:
CCSI
Community Care Solutions, Inc.
innovative solutions to human service delivery

County

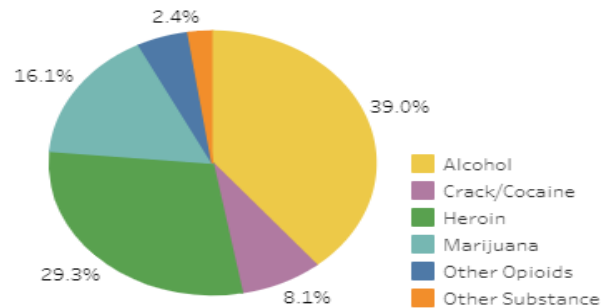
Albany

Year

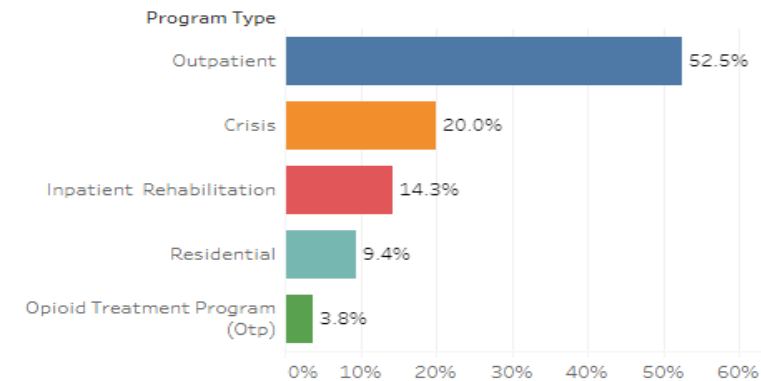
2016



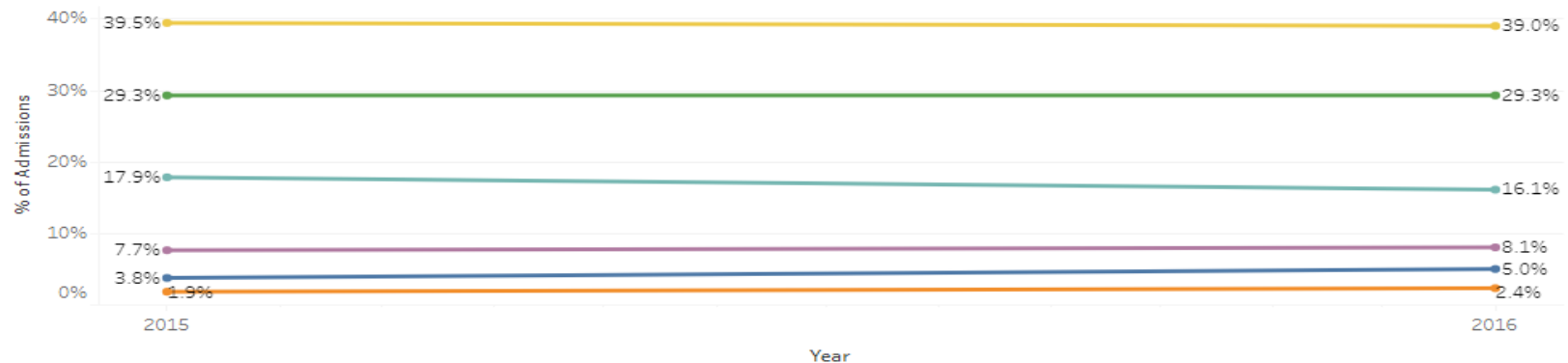
Primary Substance



Program Type



Trend



Directors, Inc.

CLMHD

Mental Hygiene

Planning Committee

The MHP Committee's Focus

- **CONTINUED IMPROVEMENT IN PLANNING INTEGRATION AT THE STATE AND LOCAL LEVELS**
- **INCREASE ACCESS TO AND USE OF DATA TO INFORM LOCAL PLANNING**
- **SUPPORT ADVANCEMENT OF LOCAL PLANNING THROUGH A “COMMUNITY OF PRACTICE”**

Improving Integrated Local Mental Hygiene Planning

- OASAS, OMH and OPWDD Planners regularly participate in the CLMHD MHP Committee meetings.
- Continue to make enhancements to the online County Planning System to improve efficiency.
- Continue work on converting CPS from data repository to dashboard.
- Continue work on the CLMHD BH Portal to include PSYCKES data, county/region/state comparisons dashboards and additional resources to provide relevant data.
- Information and/or guidance to counties on major policy/regulatory changes. (i.e. MRT)

Famous Quotes About Planning

Planning Quotes...

- “In preparing for battle I have always found that plans are useless, but planning is indispensable.”

- Dwight D. Eisenhower

- “Prediction is difficult, especially about the future.”

- Yogi Berra

- “Where there is no vision, the people perish.”

- The Bible, Proverbs (29:18)

Planning Quotes...

- “It is not the strongest of the species that survive, not the most intelligent, but the one most responsive to change.”

- Charles Darwin

- “Everyone has a plan - until they get punched in the face.”

- Mike Tyson

- “Good plans shape good decisions. That's why good planning helps to make elusive dreams come true.”

- Lester Robert Bittel

Mental Hygiene Planning for the DCS

Contact Information

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