Mental Hygiene Planning for the Director of Community Services

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The Current Planning Environment

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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

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Mental Hygiene Planning for the DCS

A VERY Brief History

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Mental Hygiene Planning for the DCS

- "In the Beginning….. Then the earth cooled…"

- Three "O" Agencies Each had <u>different</u> Plan:
  - > Forms
  - > Processes
  - > Requirements
  - > Due dates

- Service Delivery and Plan Integration, Coordination of Care and the light bulb were still years away…

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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"

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Mental Hygiene Planning for the DCS

Fast Forward

To Today

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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

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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

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Planning:

The County Perspective

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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

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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

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- **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 ≠ CAPACITY

DEMAND=(Utilization) + (Unmet need)

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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

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- **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...?**

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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

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

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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

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One Example of How the State Uses Our Plans

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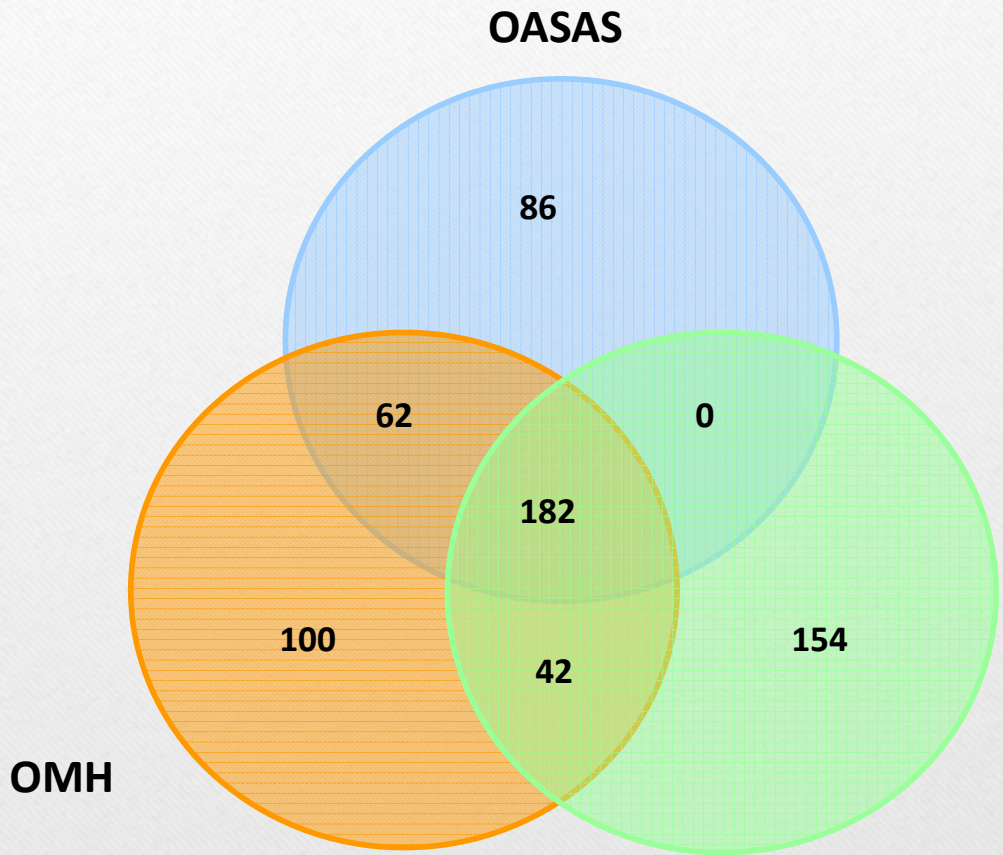
2011 County Priority Outcomes by Disability Area (N=677)



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27.7% Involve all three Mental Hygiene Agencies

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%

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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

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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**.

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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.**

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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

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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.*

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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.

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Goals and Objectives Survey Example

Issue Category		Applicable State Agenc(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

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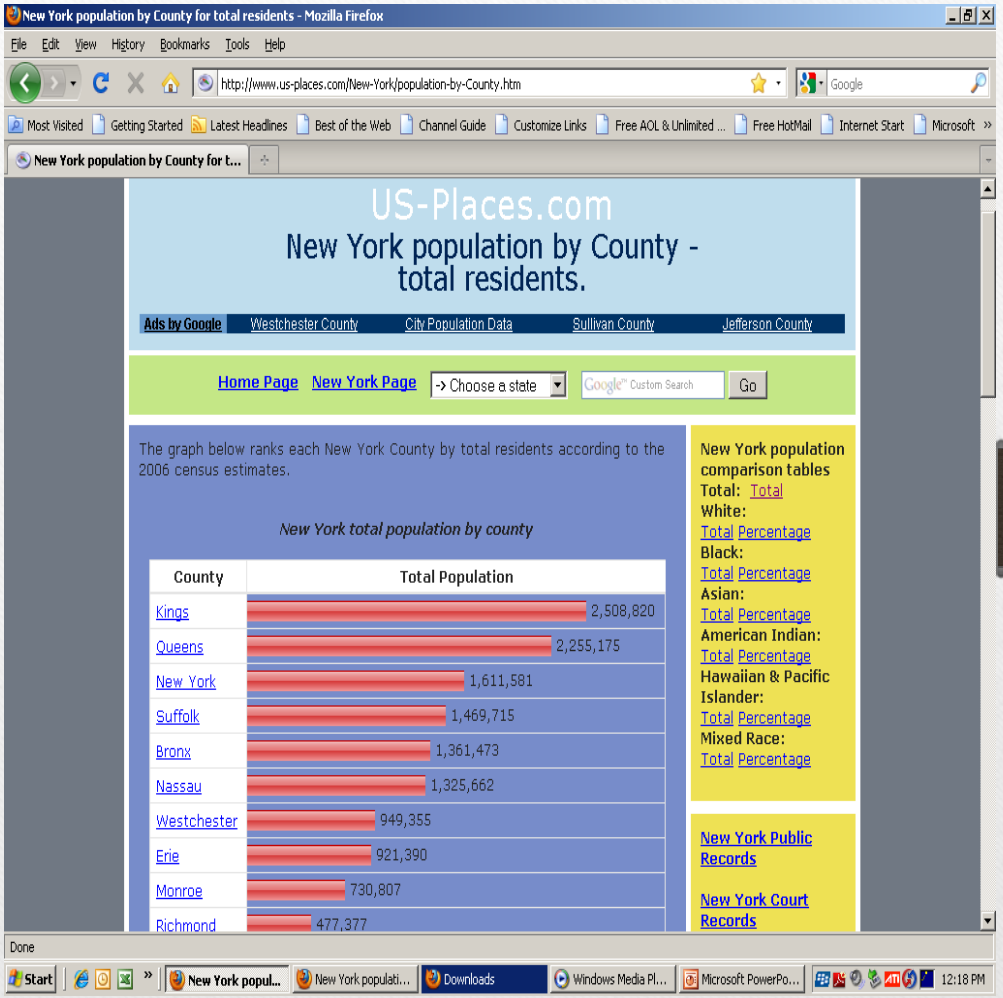
http://www.us-places.com/New-York/population-by-County.htm

- 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.



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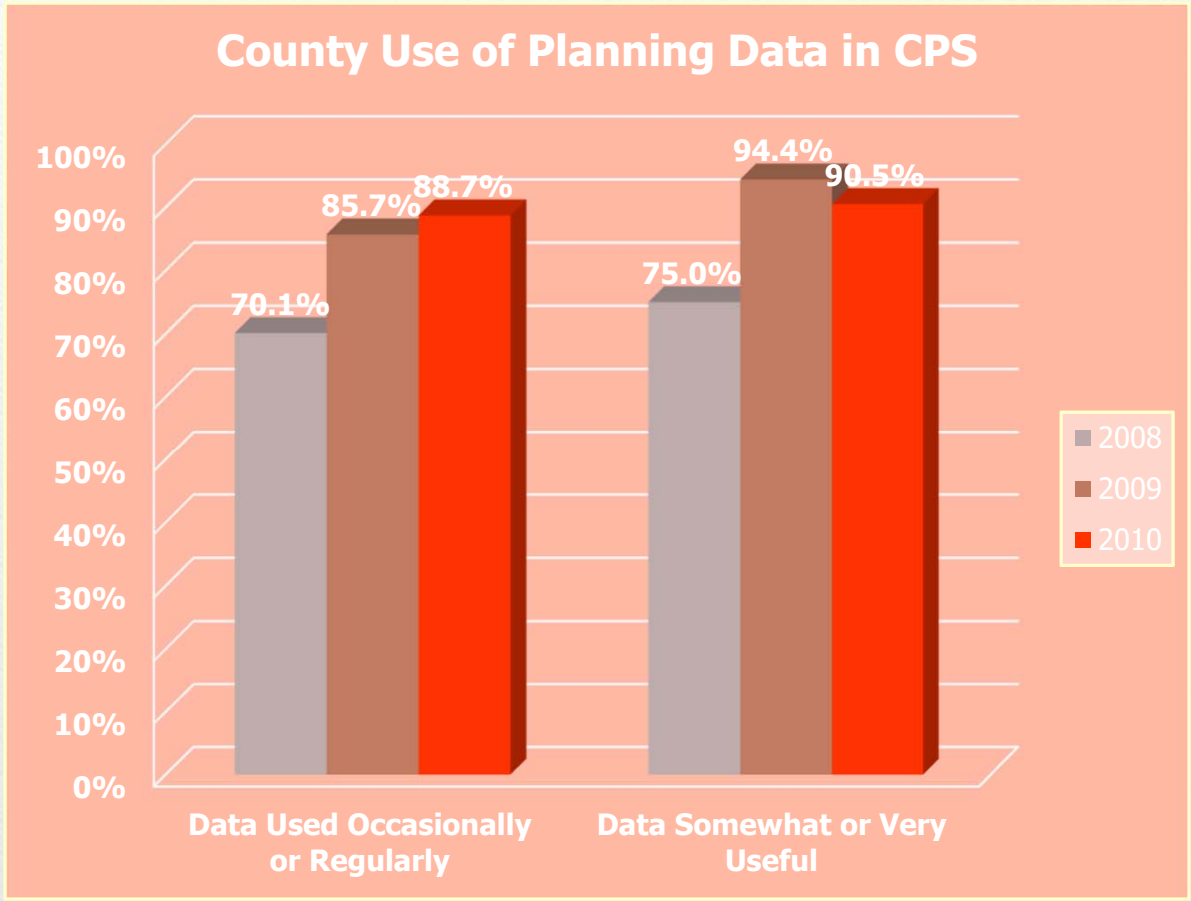

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Mental Hygiene Planning for the DCS

CLMHD New Portal Design Functions

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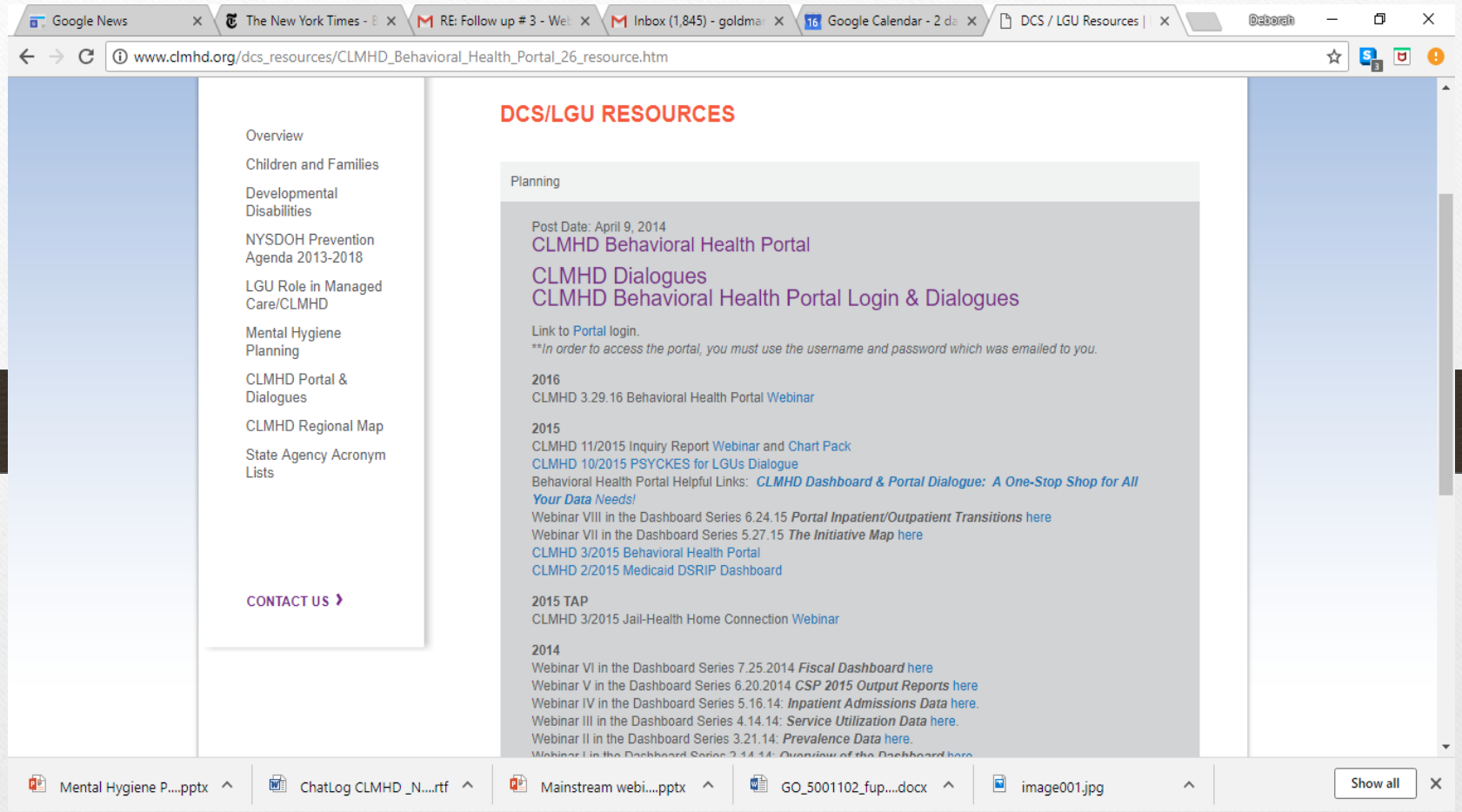

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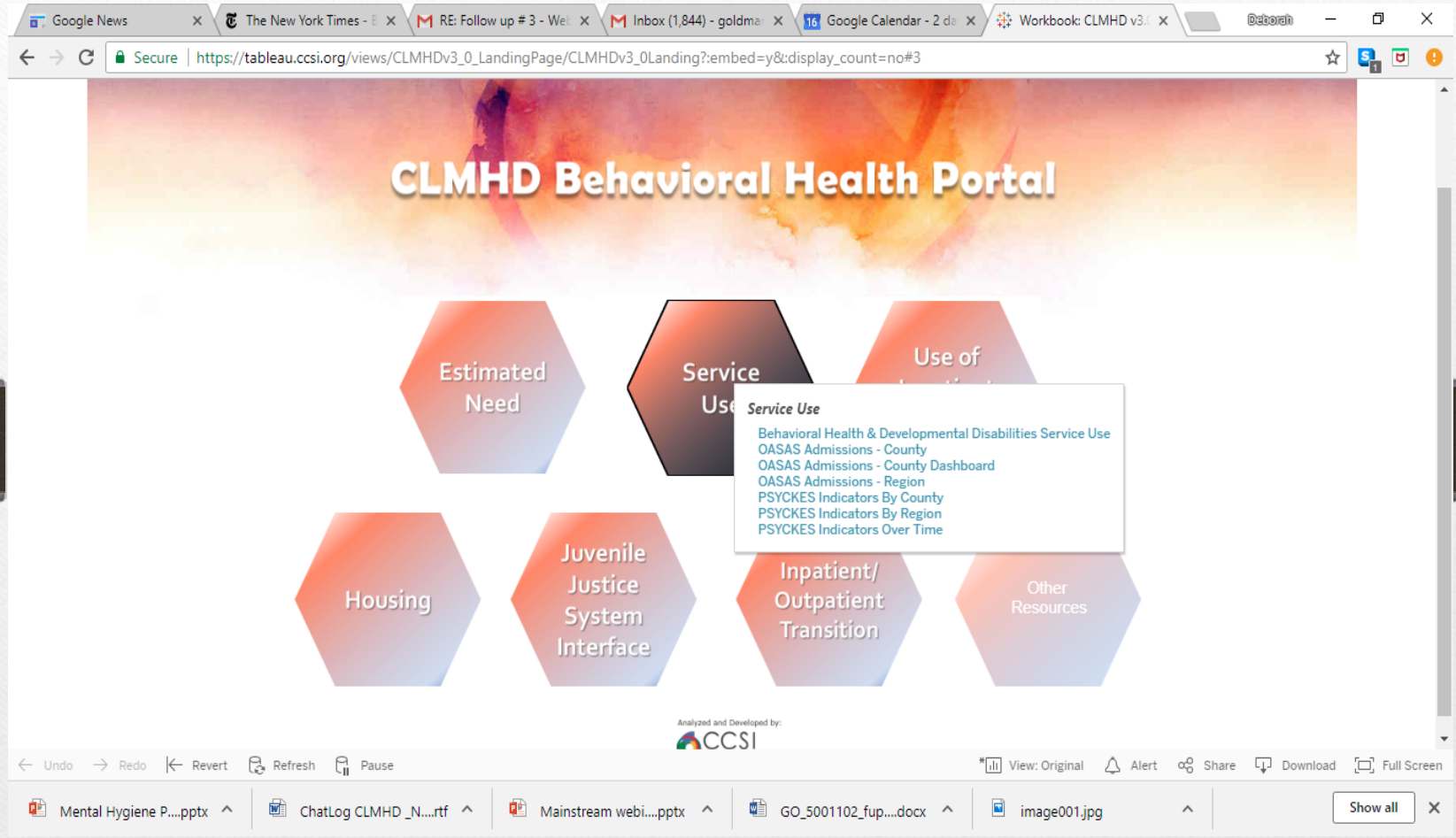

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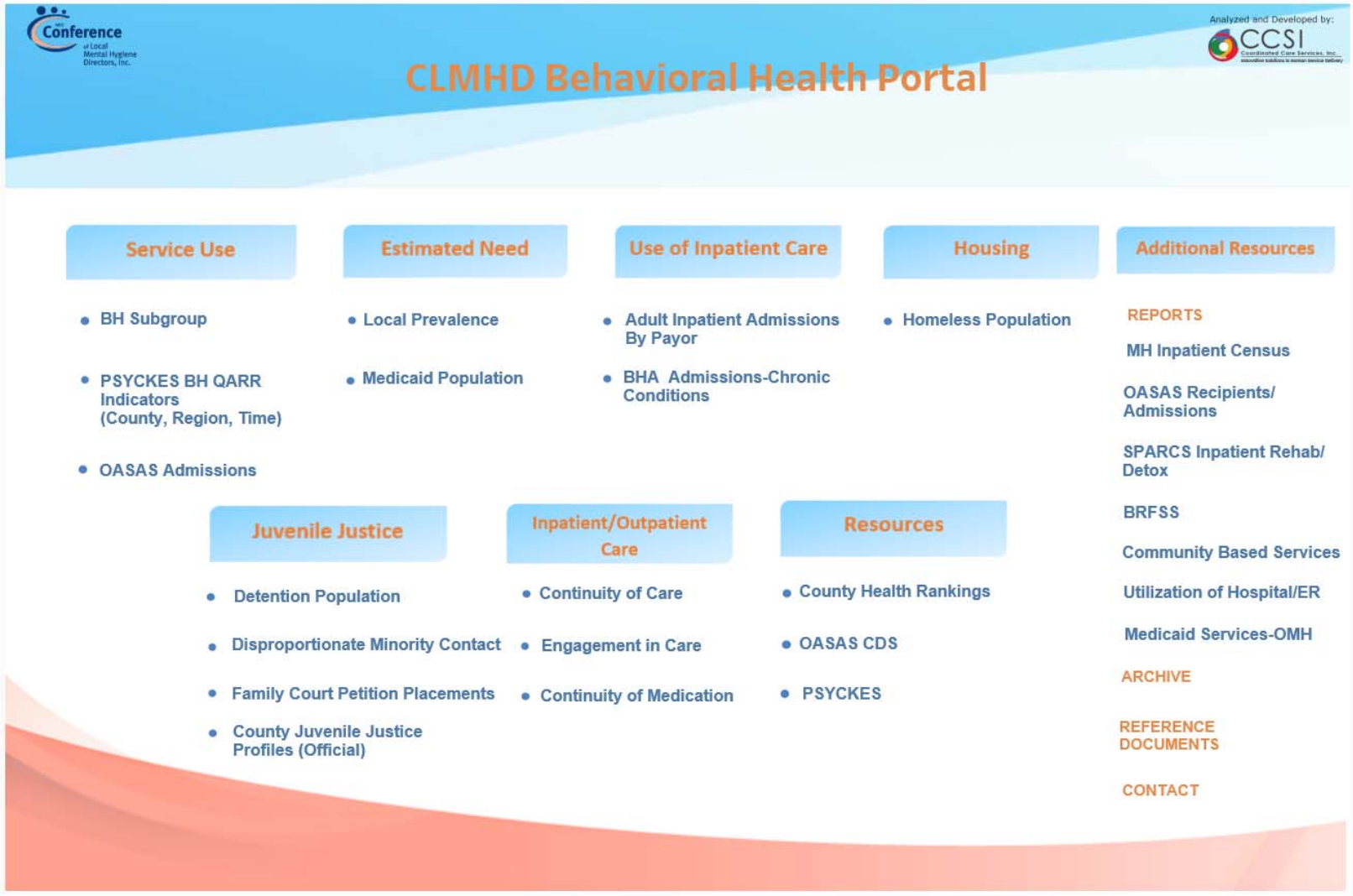

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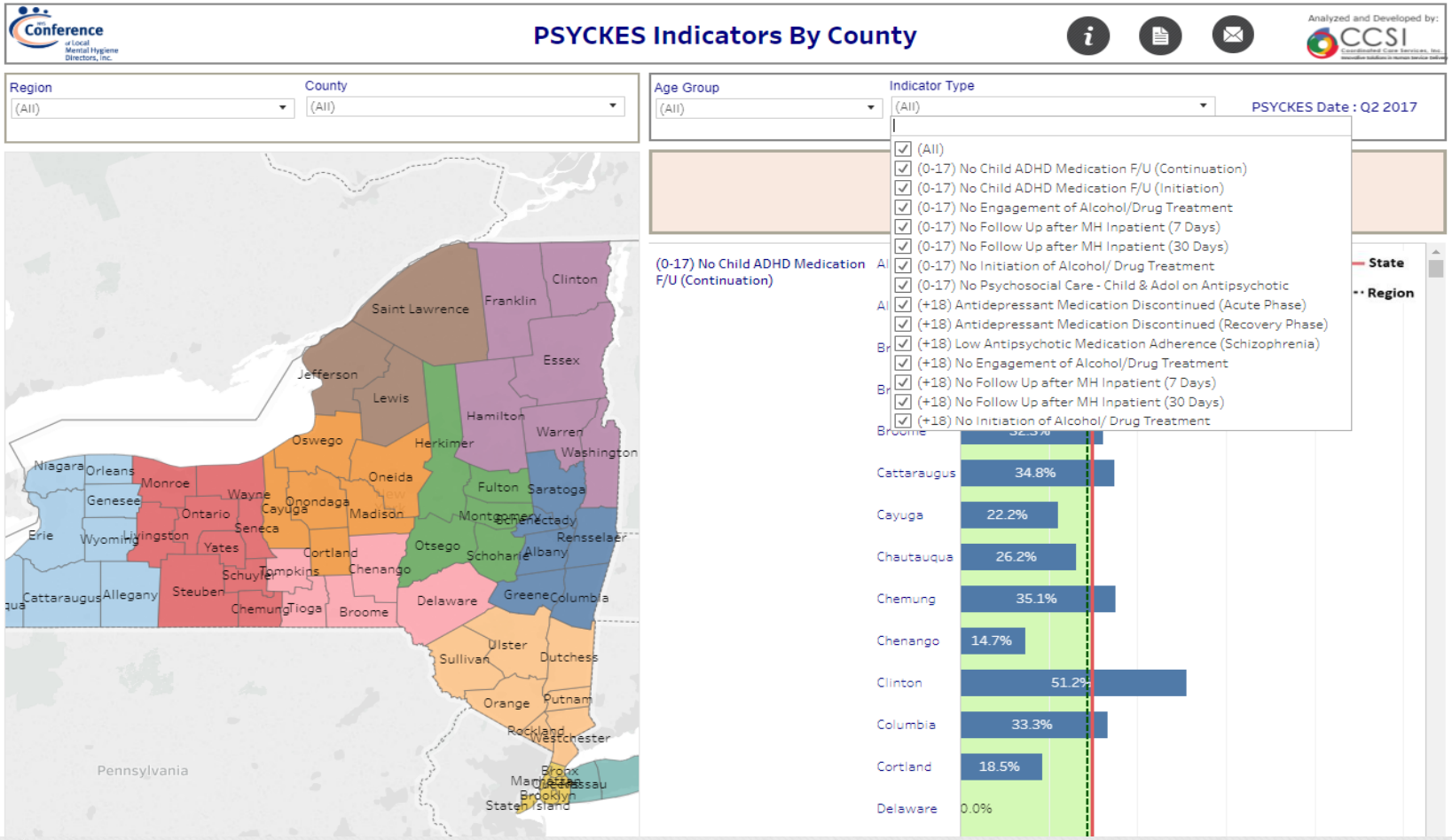

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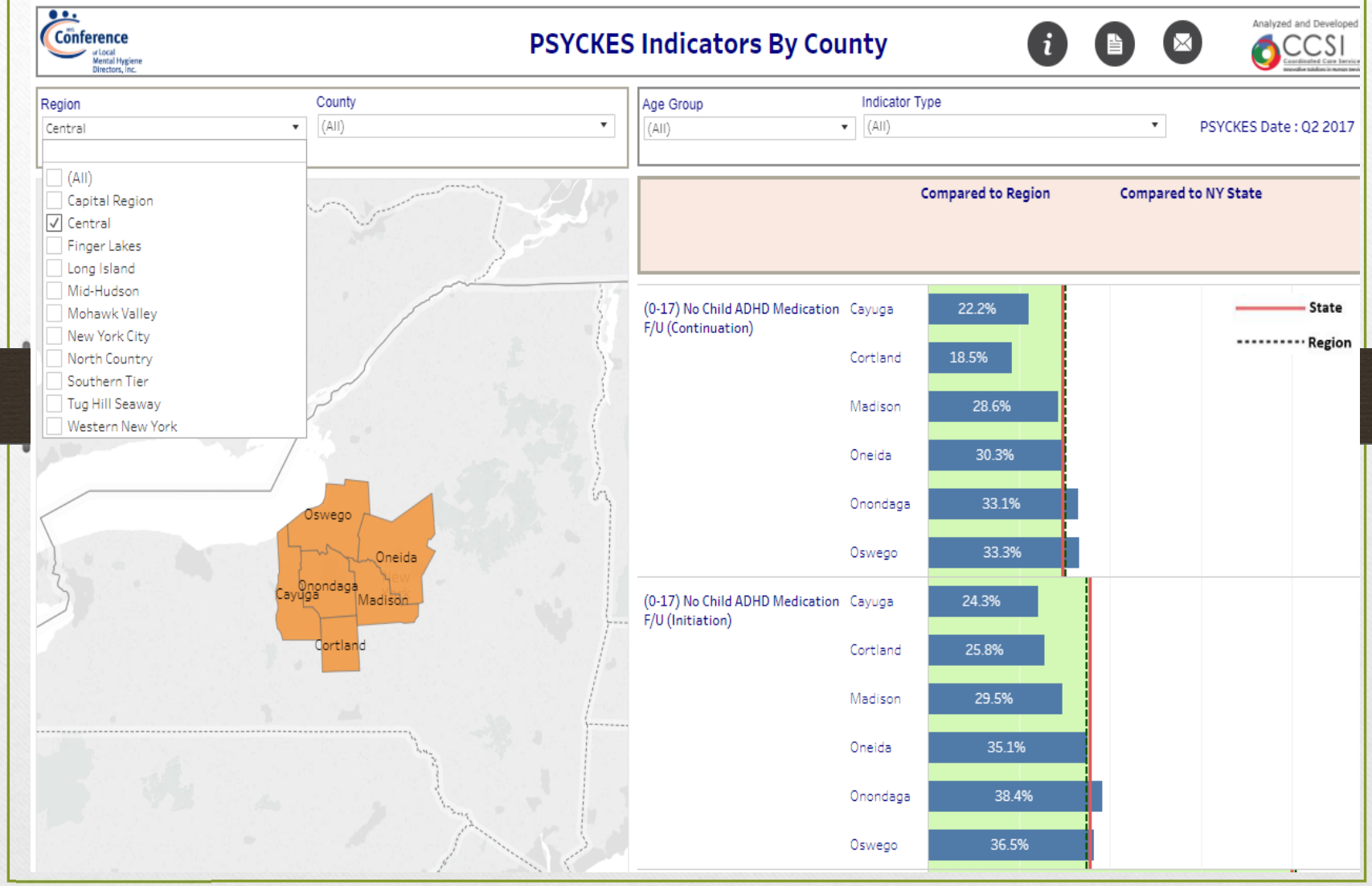

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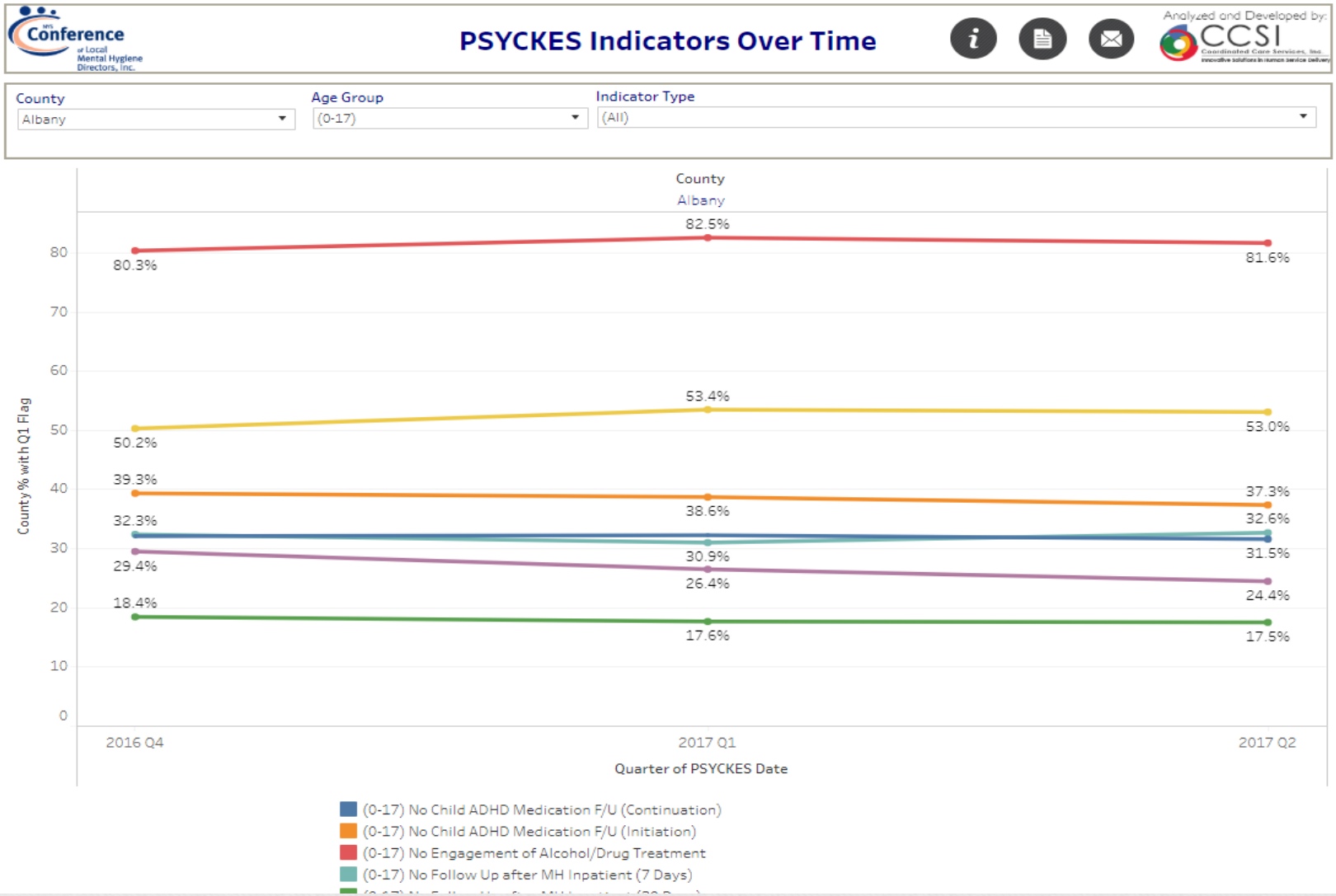

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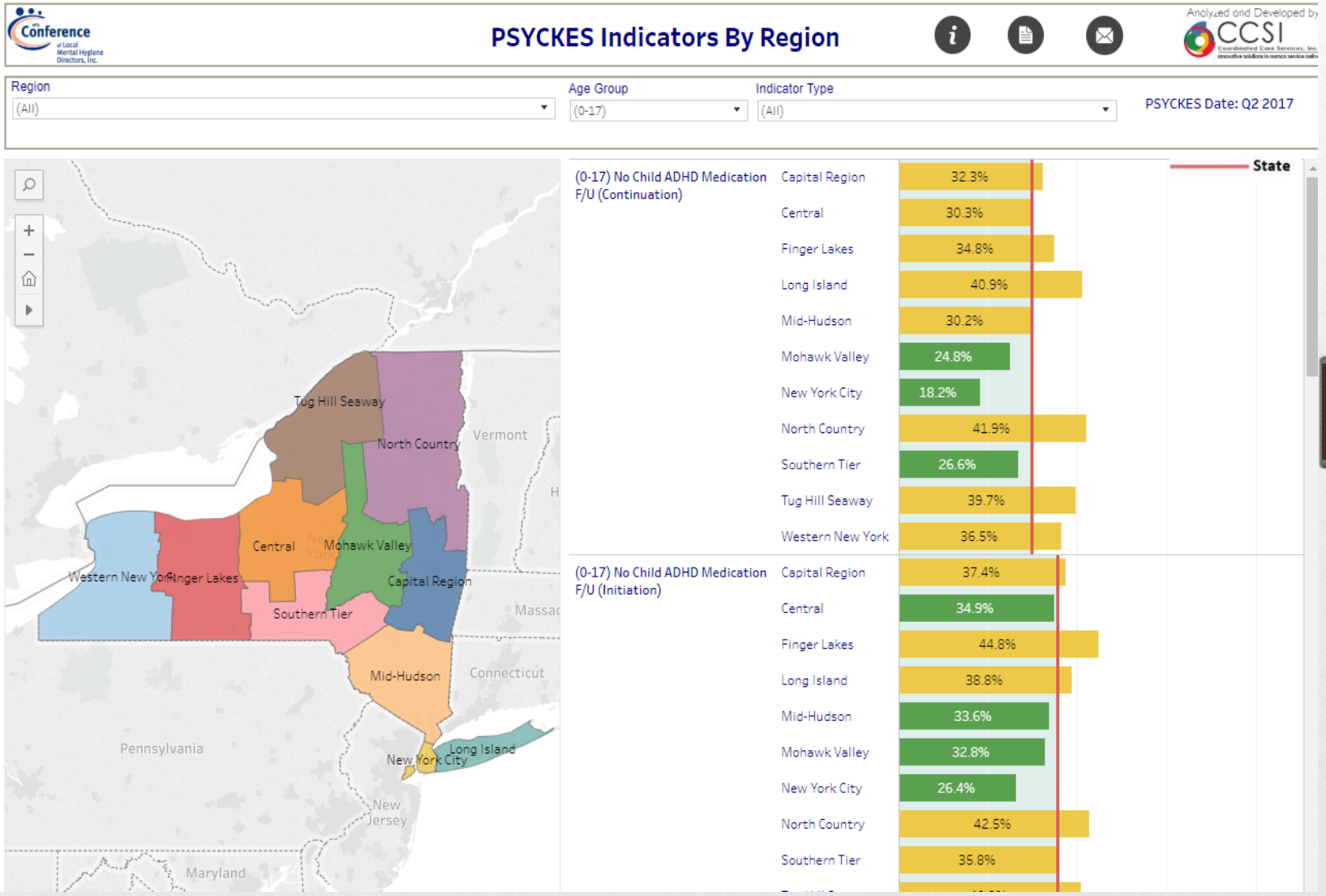

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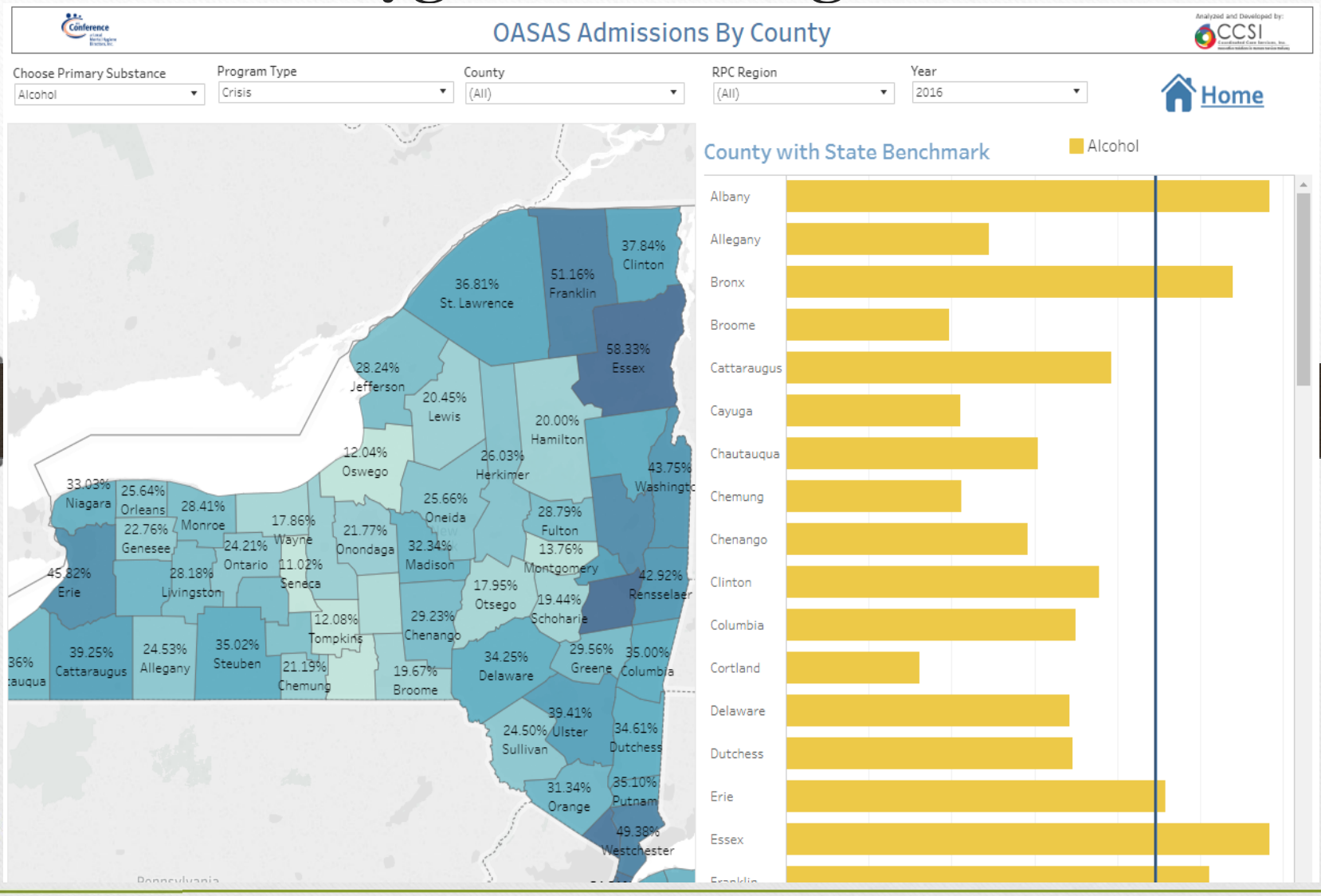

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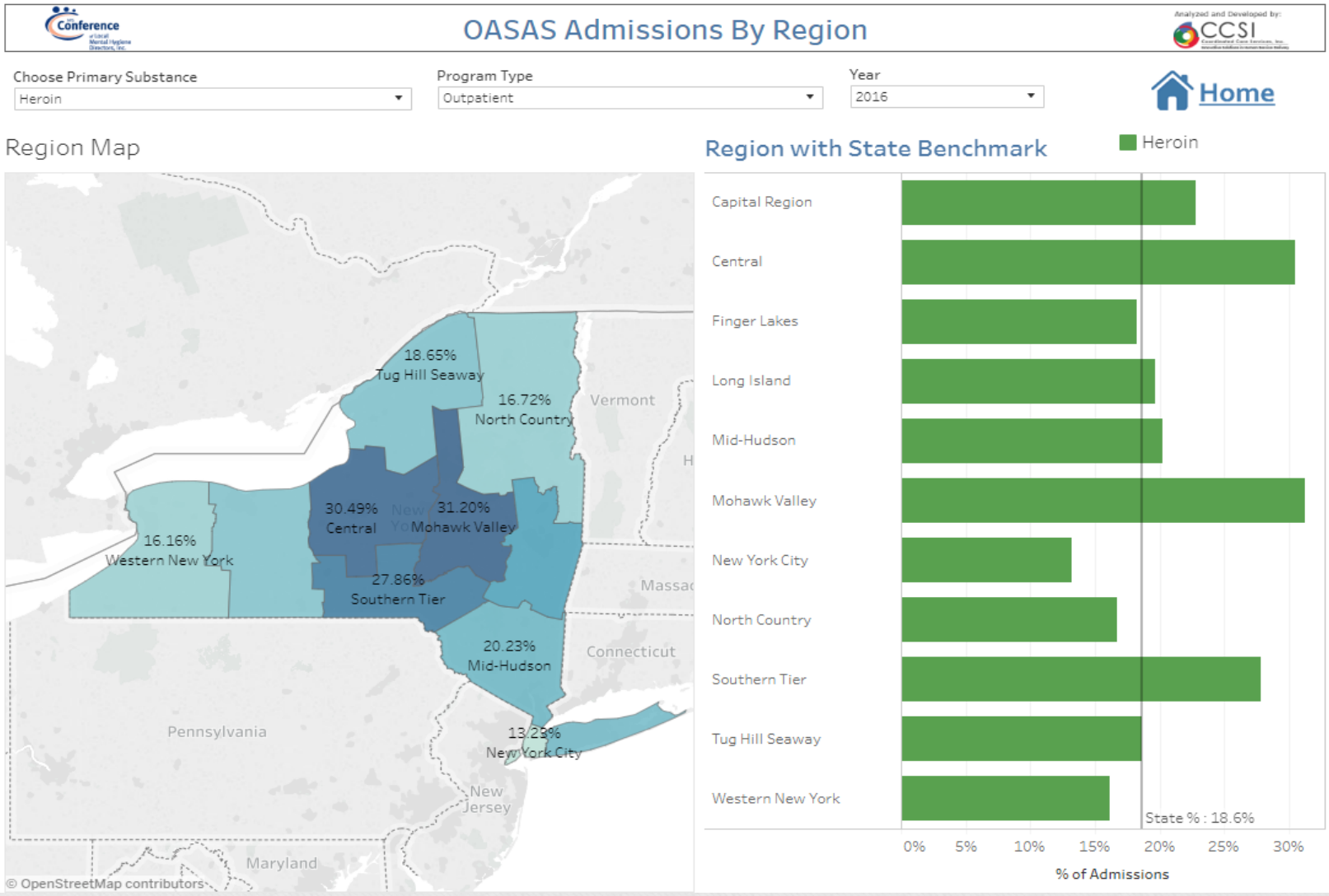


Mental Hygiene Planning for the DCS

OASAS Admissions - County Dashboard

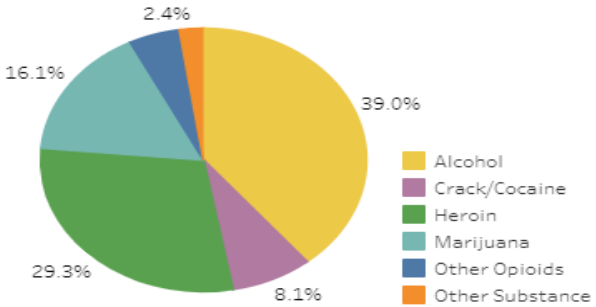
Analyzed and Developed by: CCSI

County: Albany

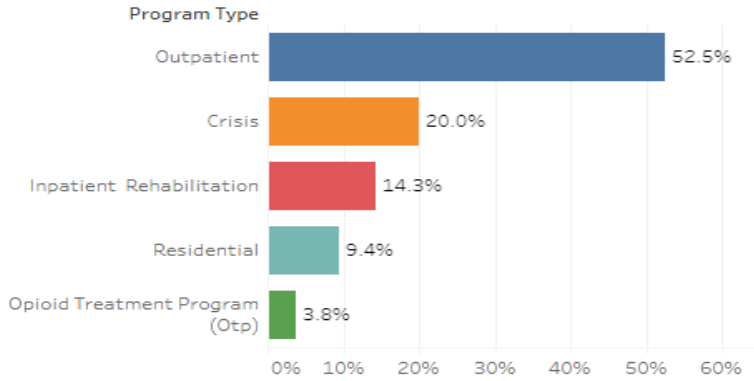
Year: 2016

Home

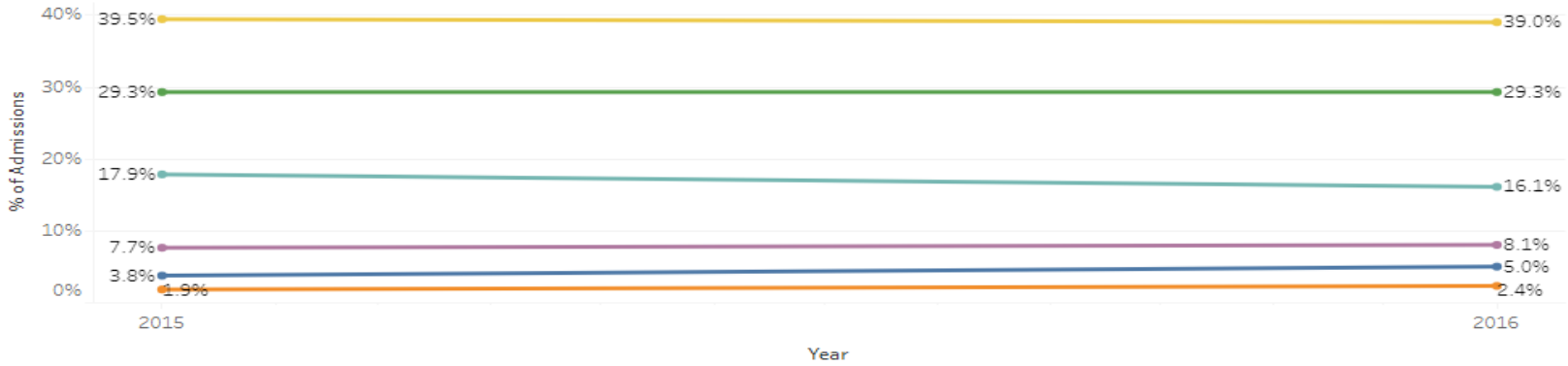
Primary Substance



Program Type



Trend



Directors, Inc.

CLMHD

Mental Hygiene

Planning Committee

NYS Conference of Local Mental Hygiene Directors, Inc.

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"**

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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)

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Famous Quotes About Planning

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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)

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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

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Mental Hygiene Planning for the DCS Contact Information

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