



WHO WE ARE

The New York State Conference of Local Mental Hygiene Directors (the Conference) is a statewide membership organization that represents the Directors of Community Services (DCS)/County Mental Health Commissioners for each of New York's 57 counties and New York City.

As the CEO of their Local Governmental Unit (LGU), DCSs/County Mental Health Commissioners have a statutory responsibility to oversee and manage the local mental hygiene system and develop, implement and plan for services and supports for adults and children with mental illness, substance use disorders, and developmental disabilities.

Katherine Alonge-Coons, LCSW-R
Chair, CLMHD
Commissioner, Rensselaer County Unified
Services Department of Mental Health

DIRECTORS OF COMMUNITY SERVICES: CONNECTING THE DOTS IN THE COMMUNITY

People with serious mental illness, substance use disorder and/or developmental disability have multiple needs – behavioral, medical and social – which need to be coordinated across other systems in the county.

This cross-system coordination between and among multiple services is a primary role of the DCS/LGU. As such, DCS/LGU is embedded in the community and have linkages that extend across all local systems, including:

- Mental health, substance use disorder and developmental disability service providers
- Local Social Service (DSS) and Health Departments
- Housing and shelter services
- Criminal justice & Law Enforcement (jail/probation, prison/parole, police, Sheriff, family and criminal courts)
- Hospitals (Emergency Departments and CPEPs) and primary care providers
- Children's services (children's residential services, foster care, juvenile justice, and school districts)
- State-operated psychiatric centers (PCs) and addiction treatment centers (ATCs)

The DCS/LGU uses these linkages to manage the local mental hygiene system including:

- **Work in partnership with the Office of Mental Health (OMH), the Office of Addiction Services And Supports (OASAS) and the Office for People with Developmental Disabilities (OPWDD).** While the three state disability agencies are separate at the state level, they intersect at the local level.
- **Administer Adult & Children's SPOA (Single Point of Access)** - a program to prioritize and coordinate multiple services for individuals with behavioral health needs. Every County has an Adult and a Children's SPOA Coordinator.
- **Manage and prioritize referrals to ACT (Assertive Community Treatment)** - a program with limited slots which provides intensive and comprehensive services to individuals with serious mental illness, delivered by a mobile, multidisciplinary treatment team. The County manages the front door, the waiting list and the back door for ACT slots to ensure individuals with the highest need for services are prioritized.
- **Administer Assisted Outpatient Treatment (AOT) program** which is court-ordered outpatient mental health treatment (also known as "Kendra's Law"). Every county has an AOT Coordinator and DCSs oversee the court process and the ongoing treatment plans.
- **Work closely with County Sheriff and local law enforcement** on ways to divert individuals from jail and into treatment when appropriate, and with Jail Administration to provide behavioral health clinical services in the jail and for discharge planning upon reentry. CLMHD developed a Criminal Justice Interactive Data Matching Tool, used in collaboration with entities within the Criminal Justice System to identify incarcerated/arrested individuals who have Medicaid coverage and who have received mental health and/or substance use treatment prior to their involvement with the system.
- **Work closely with OPWDD and their providers** to ensure adults and children with intellectual/developmental disabilities (I/DD) are receiving appropriate supports and services.
- **Directly provide clinical services** or contract with community-based providers to facilitate access to clinic treatment. Currently, 35 counties operate outpatient mental health clinics and 15 counties operate substance use disorder clinics. In rural areas, the county clinic is often the only mental health or SUD clinic provider in the county and serves as the Safety Net provider.



THE NYS MENTAL HYGIENE PLANNING COMMITTEE: COLLABORATION FOR BETTER OUTCOMES

The mission of the Mental Hygiene Planning Committee is to enhance the partnership between counties and state agencies through the development of an efficient, integrated, uniform planning system that helps to: identify and quantify current and emerging needs; support local management and coordination; promote the continued development of person-centered services; and ultimately, to inform State policy and budget decisions.

The Conference spearheaded the creation of the **NYS Mental Hygiene Planning Committee**, which is comprised of DCSs and stakeholders from OMH, OASAS and OPWDD. By statute, mental hygiene service planning is a core element of the responsibilities vested with county and NYC governments. Each county and the City of New York is required by law to develop an annual plan which identifies service priorities, needs and gaps.

The plan provides a framework for aligning available resources with identified priorities for each of the disability areas. The local plans are submitted to the state agencies and serve as the basis for which OMH, OASAS and OPWDD develop their statewide plans, referred to as the “5.07 plans” as required under Section 5.07 of the Mental Hygiene Law. The planning process allows each LGU to respond to the dynamic and ever-changing needs of the community in order to produce better outcomes for people receiving services, and better value for the mental hygiene system as a whole.

Maintaining an effective, collaborative and ongoing planning process helps to ensure that the voices of consumers, family members and policy makers *across systems* are heard (and used) to shape the service delivery.

REGIONAL PLANNING CONSORTIUM (RPC)

As New York State moves all behavioral health services into Medicaid Managed Care, it is important to take a regional and collaborative approach to provide support for the managed care implementation.

As a result, the Conference proposed the formation of **Regional Planning Consortia (RPCs)** in 11 regions in the state to bring together behavioral health, physical health, managed care organizations (MCOs), peers, youth and family, and other community stakeholders to collaborate and problem solve around the issues inherent to the transition to Medicaid Managed Care. The state accepted CLMHD’s proposal and incorporated the RPCs into the Request for Qualifications (RFQ) issued to MCOs.

The goal of the RPC is to troubleshoot issues related to adult and children’s Medicaid Managed Care implementation and the Behavioral Health Transformation Agenda. RPC participants include DCSs, community-based providers, hospitals, primary care and health homes, managed care organizations, consumers and families, and state agency representatives. This regional collaboration among stakeholders focuses on where clients access care as opposed to hard and fast county borders. The RPC functions as the vehicle through which regional issues are identified and potential resolutions are communicated with the state on a consistent basis.

RPCs problem-solve collaboratively, focusing specifically on the Medicaid Managed Care transition for adults and children, the downsizing of State psychiatric centers, behavioral health DSRIP projects, the stability and capacity of the provider system, and the interaction with social services.



The RPC is where collaboration, problem solving and system improvements for the integration of mental health, addiction treatment services and physical healthcare can occur in a way that is data informed, person and family centered, cost efficient and results in improved overall health for adults and children in our communities.

www.clmhd.org/RPC