



Education



# LOCAL GOVERNMENTAL UNITS:



## Coordinating Mental Health Services in New York's Communities

As the entire health care delivery system undergoes a transformation toward integrated, community-based, services, the role of local governmental units has remained critical to the stability and strength of the local mental health safety net.

Under the Article 41 of the New York State Mental Hygiene Law, each county – and the City of New York – is required to maintain a Local Governmental Unit (LGU) to guide the delivery of mental health, substance abuse, and developmentally disabled services in their areas. Titles of these units can be as varied as the services they provide. Some are called “county mental health departments,” others are called “community services departments.” Some larger counties contain a comprehensive array of services within their own boundaries, while smaller counties will often collaborate with their neighbors to ensure the sufficient breadth or capacity of services for all of the residents of that area.

LGU officials are the experts on their communities. They are the primary planners for all mental health services within each of the state's counties. Through their local services planning authority, they're required to identify and plan for the needs of all residents who are at-risk or in need of mental health, substance use disorder, and developmental disabilities services.

They have the specific knowledge and have developed the relationships necessary to address their residents' mental health service needs. In accordance with their level of responsibility, state law gives LGUs have a great deal of authority. LGUs operate within their county governments. They can receive and allocate state aid. They consult and collaborate with OMH, the Office of Alcohol and Substance Abuse Services (OASAS), and the Office for People With Developmental Disabilities (OPWDD) when the agencies issue licenses and direct contracts. And they can review any county psychiatric program for quality and sufficiency of service.

This is intended to encourage local governments to develop community-level preventive, rehabilitative, and treatment services offering continuity of care; improve and expand existing programs; plan for the integration of community and state services; and coordinate cooperation with other local governments and with the state to provide joint services and share resources.

Policies and standards may be set by the federal and state governments, but the local level is where everything comes together. This edition of *OMH News* looks at LGUs, their relationship to the Office of Mental Health, and some of the innovative programs they are involved in. We welcome your comments at [omhnews@omh.ny.gov](mailto:omhnews@omh.ny.gov).

# Statute: Duties and Responsibilities of LGUs



“Local governments are at the intersection between the community, providers, and state partners,” said Joseph Todora, Commissioner of the Sullivan County Division of Health & Family Services and Chair of the New York State Conference of Local Mental Hygiene Directors.

“We’re the people who know where the resources are, which programs are working well, and the areas in which we need to focus,” Todora said. Directors of community services interact with county social services departments, the courts, corrections, public health, OMH, and elected county officials. “There isn’t one local system that directors of community services don’t interact with.”

LGUs were given authority under state law to provide technical assistance and oversight of local mental health services that operate in the communities they serve. They are responsible for planning within their county and geographic areas, consistent with statewide goals and objectives. Providers and local facilities also take part in this process. (See *OMH News*, June 2017).

## Structure

Each LGU has a community services board for oversight and separate subcommittees for mental health, developmental disabilities, and alcoholism and substance abuse for local government planning and service oversight.

Depending on the LGU’s specific structure, this board may have policy-making responsibility or the specific county charter can assign this responsibility to a community services director. Twenty three of the 57 counties outside of New York City are chartered. New York City has a single LGU and is treated separately in the statute. A charter incorporates an LGU and makes the director a policy-setting position that is usually an appointment of the county executive or manager.

In non-charter LGUs, the director is appointed by the County Community Services Board. Directors must be a psychiatrist or other mental health professional. A director who isn’t a physician must designate a physician to conduct examinations.

## Services

LGUs can provide local services, or they can contract for those services with other units of local or state government, voluntary agencies, or professionally qualified individuals. They can also provide services outside their county jurisdictions or work jointly with other counties – subject to the approval of the state commissioners with jurisdiction. LGUs can apply for state aid, although applications for capital costs can also come from other voluntary or government agencies.

## Collaboration

These directors of community services collaborate through the Conference of Local Mental Hygiene Directors. The Conference is a statewide membership organization that is made up of the Directors of Community Services or Mental Health Commissioners of the 57 counties and New York City.

The Conference and its committees work closely with OMH staff in reviewing and commenting on proposed rules or regulations on local service plans and programs.

The directors have a responsibility in state law and a prominent role in oversight of services and a legal responsibility for ensuring the local, state, and federal dollars supporting the system are being used for appropriate, quality services and that limited state and local resources are being maximized to meet the needs of all residents with mental illness and substance use disorders.<sup>OMH</sup>



Joseph Todora,  
LMSW, MSW



To learn more about the Conference of Local Mental Hygiene Directors, visit: <http://www.clmhd.org>.

# Collaboration: Central New York Group Developing Regional Crisis Response System



A crucial part of the transformation of New York State's public mental health system is occurring at the local level.

"Every time a psychiatric center bed closes, whether adult or child, this funding is reinvested to provide access to services in the community to meet clients' needs and to help them avoid hospitalization," said Ray Bizzari, Director of Community Services for Cayuga County and chair of the Central New York Directors Planning Group.

The group includes representatives from Cayuga, Cortland, Madison, Onondaga, and Oneida counties, and Hutchings and Mohawk Valley psychiatric centers.

"Decisions about where to reinvest these funds require the knowledge of local officials," he said. "By collaborating with other counties, we can get a wider picture of where services are strongest in a region and pinpoint where we need to share resources to help counties that don't have the capacity."

## Connecting at all Points

For example, with the first conversion of beds from Hutchings, the counties determined the best use for the funding would be on transportation and respite programs. With funding from additional conversions, the counties expanded respite programs in residential treatment center and foster homes, and established regional crisis response teams for children. The CNY Directors Group is integrating the children's crisis response funded by OMH with the regional prospective payment system investment in adult crisis response to create one system with braided funding.

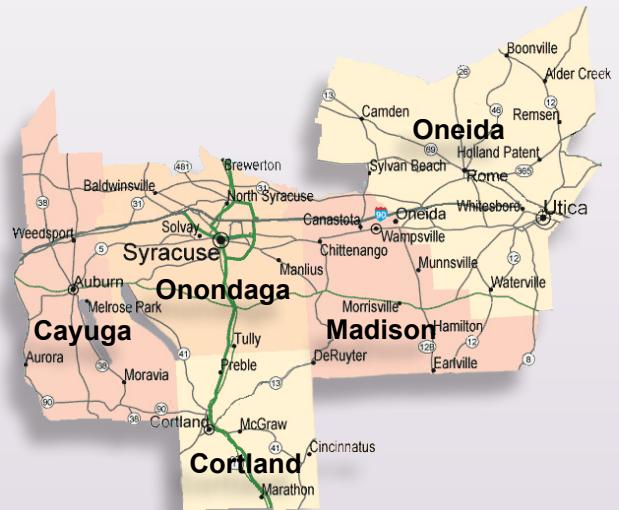
The goal is to build a response system that connects and coordinates at all crisis points – such as law enforcement, hospitals, and clinics. Information, safety plans, and follow-up strategies can then be shared with all clients so that they can quickly get the services they need and providers can get the necessary information to make the critical determination about whether individuals can be safe in the community with the right supports.

## Diverse Needs

The challenge in working with such a large geographic area is the diverse needs of its urban and rural populations. "Each county has different systems and different needs," Bizzari said. "We work together to identify different regional strategies that can work in all localities that meet the criteria of decreasing inpatient and emergency room visits. Bringing them all together can be hard to do. So our system can be considered to be a regional overlay on these local county systems, enhancing work already being done or funding a new initiative."

After their plan was approved by OMH, the CNY Directors put out a request for proposals and have selected a contractor. That agency is meeting with stakeholders throughout the counties and recruiting staff.

"We'll be operating ER diversion programs and provide access to crisis services for clinics and schools," Bizzari said. "Children in crisis, for example, don't do well in an ER, it's not the right place for them to get the kind of help they need. These teams have proven valuable in helping families manage crisis situations and avoid unnecessary ER visits." OMH



Ray Bizzari

— Photo by the Auburn Citizen

# Managed Care: Planning for a Smooth Transition



Local government units can play an important role in the transition of mental health services to managed care by providing education to stakeholders and helping them overcome obstacles, according to Rensselaer County Mental Health Commissioner Katherine G. Alonge-Coons.

Alonge-Coons is co-chair of the Capital Region Regional Planning Consortium (RPC), one of 11 regional boards through which stakeholders work closely with state agencies to guide behavioral health policy in the region. The Capital Region coalition covers Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady counties. At RPC meetings, representatives work collaboratively, solve problems, and improve the system for the implementation of redesigned mental health, addiction treatment services, and physical healthcare services.

## A Fundamental Restructuring

The transition to managed care is one of the coalition's highest priorities.

New York State has been moving Medicaid behavioral health services from a fee-for-service system into managed care for the past four years. Governor Andrew M. Cuomo laid the foundation for these changes in 2011 by calling for "a fundamental restructuring of the Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control, and a more efficient administrative structure."

Medicaid managed care plans and providers have been working together with enrollees to create a person-centered service system focused on recovery and on integrating physical and behavioral health. The focus has been on providers listening to persons receiving care, on helping them understand their choices, and on people being in control of their own lives and recovery.

"The greatest challenge is making sure that all of the parts of the system work together," she said. "Local providers, insurers, peers, and clients now have a managed care organization to work through – which is something they may not necessarily be used to. It's important that each one understand which services are available and how to access them."

She said it's helped her a great deal to have as her co-chair a representative of a managed care organization – Robert Holtz, Capital District Physicians' Health Plan Vice President of Behavioral Health Services. She said she's found it valuable to draw on his knowledge and experience.

## Meeting with Stakeholders

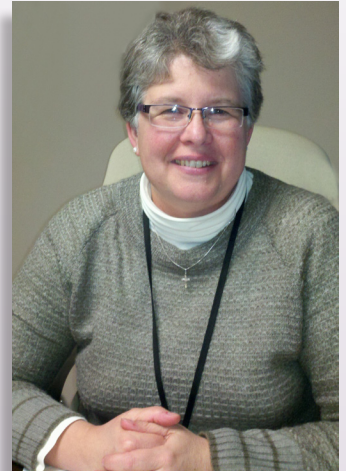
In the Capital Region, Alonge-Coons and Holtz have been meeting with a variety of stakeholder groups and coordinating public forums to provide education on the essentials of managed care, tell them how to connect client with a managed care plan, and explain how the billing system will work.

"These meetings pull together people from different walks of life and areas of the region," she said. "We're hearing from those who are receiving services about what's working, what's causing confusion, and what type of education we need to provide."

They've also heard some success stories – such as a woman who described how the service she's received have changed her life and given her back her will to live. Stories such as this are essential for stakeholders to understand the potential of managed care.

These meetings have helped to identify issues with the transition and put suggestions for solutions on the table. "The feedback we've received has helped us to understand what's happening at ground-level," Alonge-Coons said.

"We're determining which issues we can solve on our own and what may need to be kicked up to the state level. You'd be surprised at how common our issues can be and at the creative shared solutions that emerge from these meetings. They've all been interested in making this work."



*Katherine G. Alonge-Coons, LCSW-R, DCS*



# Diversity: Responding to the Needs of Urban, Suburban, and Rural Populations



Monroe County is one of the few counties in the state with dense urban areas, large suburbs, and rural communities. Each part of the county has its own set of challenges for the delivery of mental health services, which means that Monroe County's Office of Mental Health (MCOMH) must be flexible.

"It's our job to ensure that the 750,000 people who live here have access to an array of services in their community, regardless of where they live," said David Putney, Director of Mental Health for Monroe County's Department of Human Services, under which the Office of Mental Health is an administrative division.

## Reaching Out

More than 200,000 of the county's residents live in the city of Rochester. Like many urban areas, the city has a high percentage of children living in poverty. "There's a great deal of chronic stress that accompanies living in challenging neighborhoods," Putney said. "Even if families live close to health care services and institutions, it doesn't mean they access them with ease."

There can be several reasons for this. Options for care that's both available and affordable can be limited. Potential clients may have difficulty keeping appointments because they can't afford co-pays, can't take time off from work or family needs, or the trip doesn't fit in well with public transportation. Some may avoid seeking care because they have a distrust in institutions.

"Our responsibility, therefore, is to make it easier for people in such neighborhoods to get treatment and support," Putney said. This means the County Office of Mental Health has to continually look for new and innovative ways to connect with these populations – such as reaching out to neighborhood organizations and churches and ensuring that high-need individuals can access transportation.

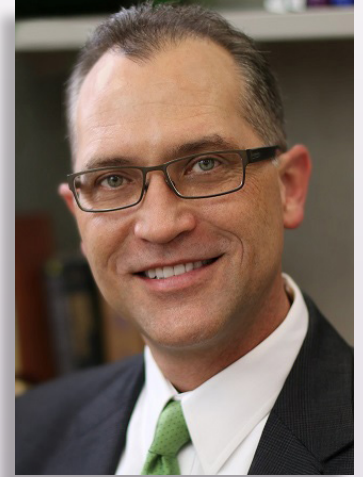
Transportation is just as a significant a problem for people in suburbs – where bus stops are less dense, or in rural areas – which may not have any public transportation.

In all areas, including suburban towns and the outskirts, a major challenge is providing preventive care. The county endorses providers locating satellite clinics in schools, in order to reach youths. "School is a natural environment for children," Putney said. "There's often less apprehension working with a provider there than at doctor's office and we can engage them more effectively."

Working through schools has proven extremely useful for the county's suicide prevention programs. With recognition about the problem growing, the county is supporting trauma and grief programs in schools in order to create safe, healthy school environments where it's acceptable to talk about and gain support for mental health issues.

## Local Initiatives

In the same manner, the county is working to have providers available for the courts system. "Society still puts a lot of pressure on people not to recognize the severity of problems, and having providers at the right place at the right time can help a lot of people."



David L. Putney, MS,  
CRC, LMHC

*The urban, suburban, and rural  
areas of Monroe County.*



Other county initiatives call for hiring mental health providers to work with local law enforcement and for making a forensic mental health specialist available to work with high need community members.

“We often see people who are in ‘personal crisis mode,’” Putney said. “We want to work with them after the crisis is over to help them examine what happened after initial contact and consider what might help in the future.”

Monroe County has put an extensive amount of information online to help steer people to services in time of

need. Users can look up providers by location, type of service, estimate of average wait time for a first appointment, or whether the provider accepts walk-ins.

“A lot of people – adults and children alike – will go to their first appointment but never come back,” Putney said. “It takes time to form an effective connection with a provider and work toward recovery. The best programs are designed to encourage people in developing trust, staying connected, and getting preferred treatment and supports.”<sup>OMH</sup>

# Local Service Plans: Assessment of Community Needs



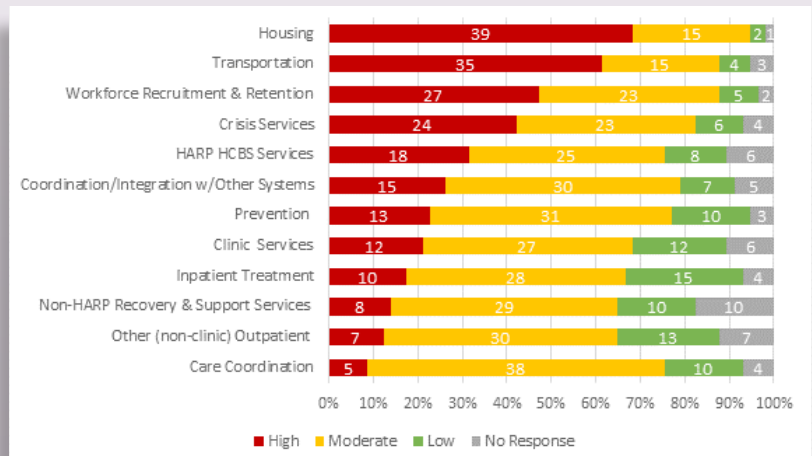
A major responsibility of Local Government Units is assessing community needs in order to develop a plan for implementing local services. LGUs develop their local service plans (LSPs) in consultation with a Community Services Board and other area advisory bodies. Many LSPs focus on improving population health, transforming health care delivery through service integration and care coordination, and eliminating healthcare disparities.

Local priorities can change from year to year, yet most often reflect statewide initiatives. In recent years, LSPs have identified an increasing need for specialty mental health providers. There is concern that many providers need more support to keep up with the changes and requirements of the healthcare delivery and payment systems of the future, in order to sustain themselves in the new health care financing environment.

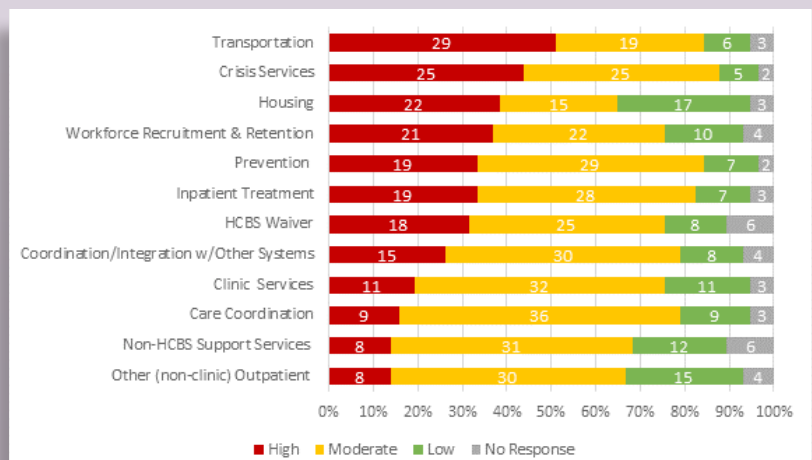
During the most-recent planning cycle, the highest needs statewide for adult services were identified to be housing, transportation, and workforce recruitment and retention. For children and youth services, they were identified as transportation, crisis services, and housing.

Priorities focused on healthcare system reform through participation in statewide initiatives such as DSRIP, the Prevention Agenda 2013-18, health homes, and managed care readiness; and local initiatives - including mental health care integration with substance use treatment, developmental disability and primary care, and collaboration with local law enforcement, departments of aging, and other local agencies.

Plans are available to the public through the New York State Conference of Local Mental Hygiene Directors website at: [http://www.clmhd.org/contact\\_local\\_mental\\_hygiene\\_departments](http://www.clmhd.org/contact_local_mental_hygiene_departments).<sup>OMH</sup>



2017 LGU assessment of adult mental health unmet service need, all of New York State.



2017 LGU assessment of children and youth mental health unmet service need, all of New York State.

