

**Tompkins County Combined CHA-CHIP-CSP  
2018 Update**

Priority	Focus Area	Goal	Objectives	Disparities	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Implementation Partner (Please select from the dropdown)	Partner Role(s)	Strengths	Challenges? How will they be addressed?
Promote Mental Health and Prevent Substance Abuse	<b>Promote Mental, Emotional, and Behavioral Well-Being</b>	<b>Goal 1.1: Promote mental, emotional, and behavioral well-being in communities.</b>	<b>Objective 1.1.1:</b> Increase the use of evidence-informed policies and evidence-based programs which are grounded on healthy development of children, youth and adults.	Rural pop. Families at risk Incarcerated pop. People in crisis Youth School teachers	<b>Expand Mental Health First Aid training to target at-risk families, rural populations, law enforcement, first responders, and schools.</b>	# of training options at venues familiar and/ or convenient to people of color within the City of Ithaca.	4 training options at venues familiar and convenient to people of color	Community-based organizations	Certified Trainers	Strong program, well received by the community	Sufficient training staff
						# of training options in rural towns and school districts.	No rural locations in 2018, but plans to facilitate in 2019.	Community-based organizations		Equity for disparate pop	Outreach to communities requires ample education as well as promotional channels.
						# of training options at times and places convenient to families.	3 training options at venues convenient to families	Community-based organizations		Equity for disparate pop	
				Rural schools and rural school districts Families in crisis	<b>Increase the number of schools providing access to family peer support through a school-based family navigator partnership to support early identification and treatment of mental health needs within normative settings among children and adolescents. See also Mailman Center for Child Development, Univ of Miami Health Systems</b>	# schools with School-Based Family Navigator Partnership navigator assigned.	No new schools committed to a school-based family navigator partnership. Discussions are in process with Lansing, Ithaca, and Dryden.	K-12 School	Schools embed the Family Navigator program.	* Model was created 5 years ago and has been successful in adjacent county. * Community-based Family Navigator in Tompkins County has supported over 200 families across all school districts and is connected to families who are referred to SPOA (Single Point of Access) * Current Team has created a training manual for new Navigators	Funding is the current challenge and several options are being explored: * Funding through a BOCES COSER * Funding through individual school districts * Exploring RFPs related to Family Engagement
						# of trained Family Navigator peer counselors.	2 Family Navigator peer counselors				

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				Families in crisis Schools	Expand implementation of the, CARE Team model as an early intervention for youth and their families in need of mental and emotional health services and support, using the principles of solution-focused therapy.	# families participating in a CARE team process	20-25 families participated in the CARE team process.	Community-based organizations	Franziska Racker Centers trains and manages the CARE Team program	* No diagnostic criteria for requesting a meeting which means intervention can occur before crises arise * No cost as many agencies agree that staff incorporate facilitation of meeting into their current positions * Incorporates system of care values (family driven, youth focused, trauma informed, integrated/individualized approach)	Lack of awareness about availability of model. Outreach will occur in 2018 to all schools, community agencies, DSS and other providers of services to youth and families.
						# family & youth services agencies with a trained CARE team facilitator	emailed Sally 1/8/19		Training, placement, SPOA administration	Youth and families have expressed satisfaction with this model.	* Need buy-in from other child serving systems (I.e. DSS, Probation, Medical Practitioners, etc) in order to increase number of facilitators. Outreach will occur to these systems in 2018. * Need additional facilitators in order to meet anticipated increased demand. A second CARE Team facilitator training is scheduled for this spring. * Need for alternative to CARE Teams facilitated by neutral parties. CARE Team trainers are currently training some staff to facilitate Solution focused meetings- facilitated by staff who are already involved with a youth/family.

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	<u>Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders</u>	<b>Goal 2.1: Prevent underage drinking, non-medical use of prescription pain relievers [and other opioids] by youth, and excessive alcohol consumption by adults.</b>	<b>Objective 2.1.1:</b> Reduce the percentage of youth in grades 9-12 reporting the use of alcohol on at least one day for the past 30 days (Baseline: 26 per 100, 2014-15 Tompkins County CTC Survey, Table 7.43, pg. 110).	Not specifically targeted	<b>Use evidence-based screening tools including, SBIRT, ASSIST, and Options to intervene in incidences of underage drinking. Reduce underage alcohol use through social norming, parental awareness, and cikkaviratuib with community coalitions including TC3's Tompkins Cortland Community Coalition and the Community Coalition for Healthy Youth.</b>	Alcohol related risk & protective factors in bi-annual high school & middle school survey. TC3 internal data.	Communities that Care survey distributed to all middle and high schools in Tompkins County in October 2018.		BOCES, Alcohol & Drug Council, County Youth Services all collaborate with district superintendents and building principals to administer the survey	Biannual comparative survey data with a consistent population sample size	Cost, staffing resources, class time, teacher and principal buy-in. Remedy: Keep the pressure on and keep working for District demand for the data.
						Related college data: Cornell Alcohol & Social Life Surveys.	Source: Cornell Health. Status: not reached				
						OASAS grant workplan requirements	#ThinkAgain social norms campaign ended Spring 2018. SAMHSA STOP Act grant funding ended in September 2018. Received OASAS College Environmental Prevention 5 year grant. 1) New social norms campaign: Best Life Campaign: alcohol and marijuana, sleep, nutrition, mental health. 2) SBIRT brief intervention, evidence-based. 3) Strengthening policy/enforcement on campus. 4) Tompkins Cortland Community Coalition - workgroups and capacity building (15 campus people and 10 community partners participate in coalition). Received 20K Recovery grant from OASAS in Dec 2018 - collegiate recovery lounge opened in 2018 and a Recovery Project Specialist was hired. TC3 Food Pantry started in 2016, partnered with the Food Bank in Summer 2018 to expand offerings.	College	TC3: Implement program as the lead agency	Senior Leadership at the College supports these initiatives	Follow through by senior leadership in providing in-kind staff time and other necessary resources not covered by the grant, including student participation and outreach channels

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						Collaborative media & social media campaigns targeting M&HS students, their parents, and college students.	Sticker Shock Campaign (Trumansburg): 4 students, 3 stores stickered, 16 stores postered. STOP Act grant funding ended in 2018.	Advocates		Annual event that the community knows and supports	Funding now that the grant has ended
						Passage of county-wide social host liability law	No progress	Advocates			kickstarting the advocacy process in midst of competing interests
					<b>Increase number trained in early intervention programs for underage drinking (e.g., BASICS) in settings that are accessible to highest risk populations such as college campuses</b>	Increase # trained in BASICS					
						Increase # BASICS referral agencies					
		<b>Goal 2.2: Prevent and reduce occurrence of mental, emotional and behavioral disorders among youth and adults.</b>	<b>Objective 2.2.1:</b> Reduce the percent of adult Tompkins County residents reporting 14 or more days with poor mental health in the last month by 10% to no more than 6.2% (Baseline: 6.9%, 2013-14 eBRFSS, Tompkins County, age-adj.)	Pops. with mental illness Rural pops.	<b>Utilize outpatient treatment programs including Assertive Community Treatment (ACT) Teams to help reduce avoidable hospital utilization and readmissions among patients with behavioral health needs. Assess feasibility, support, and implementation of the programs.</b>	Implement a focus group to establish the work plan for identifying appropriate outpatient programs.	Completed in 2017	Local governmental unit			
						# of rural communities where ACT Team referrals are accepted/ available	Access and support to all Tompkins communities, especially City of Ithaca, Trumansburg, Enfield, and Newfield	Community-based organizations		Walk-in option offers fast, same day access to MH & SA outpatient treatment programs	
						# of referrals to ACT Teams	31 referrals				

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				Adults for whom service gaps challenge their ability to successfully re-enter the community	<del>Increase Home and Community-Based Services (HCBS) for adults, to stabilize community habitation for Medicaid recipients with behavioral health conditions. [Revised]</del>	Identify service gaps that may appropriately be filled by HCBS	Completed in 2017				Working with Catholic Charities and Challenge on HCBS. Barrier: the only service offered now is employment support. HCBS lists 16 services, some of which are difficult to provide, e.g. respite care. The barriers are structural (Medicaid)
						# agencies providing HCBS	4 agencies in Tompkins: Catholic Charities, Challenge Workforce Solutions, Mental Health Association, Unity House				
				Not specifically targeted	Increase by 50% in 2018 the number of workplaces who utilize the HealthlinkNY Community Network Workplace Wellness Mental Health Toolkit. The toolkit objective is to enhance behavioral health-related offerings provided by Tompkins County employers, increase adoption of relevant employer policies, and reduce stigma associated with mental, emotional, behavioral (MEB) health. [Revised 2018]	# of organizations utilizing the toolkit	47 downloads of toolkit, 32 unique organizations, 3 organizations known to be using the toolkit. Toolkit was made available online in January 2018, postcards distributed and outreach completed			Provides a best practices based approach for work sites of all types to begin to incorporate mental health wellness activities into their workplace wellness offerings; developed through a partnership between behavioral health and marketing professionals from the Hudson Valley and Southern Tier PHIP regions; pilot-testing year in 2017 has allowed for the toolkit to be refined before a wider introduction in 2018	a) Worksites, especially those with weak or no wellness programs, are hesitant to take on activities that are outside their scope of business. Pilot-testing in 2017 has allowed for refining toolkit activities adding more supports. b) Reporting is not independent since the toolkit relies on workplaces to self-direct and self-evaluate; Southern Tier PHIP prioritized relationship building with pilot worksites, to ensure that HR and other managers are comfortable identifying both their successes and challenges in implementing the toolkit. The challenges are also an opportunity to develop additional resources for the worksites.
						# of organizations conducting self-audits of organizational culture around MEB Health	not reported, but 3 agencies are using the toolkit who did not historically have a wellness program. Can be anonymously facilitated by the PHIP.				
						# of toolkit activities undertaken by participating organizations	3 agencies are using the toolkit				

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						# of unique MEB health needs identified by participating workplaces	audit is voluntary, no obligation to report.				
					<b>Implement a Utilization Review protocol within the Behavioral Services Unit to identify alternatives to inpatient care that are, available in the community, appropriate for the individual, and cost effective, in order to limit the occurrence of patient readmissions and reduce length of stay. [New]</b>	# of patients who received UR services and were not readmitted within 30 days of being discharged.	10.8%	Hospital	Behavioral Services Unit (BSU) at Cayuga Medical Center is the inpatient facility.	With Utilization Review (UR), transition is an element of the treatment team's process in real time, rather than a new/ separate point of contact.	UR was introduced in Q3 of 2017, so many aspects of the protocol are still being worked out within BSU and in conjunction with Care Transition team members outside the BSU.
			Objective 2.2.2: By Dec. 31, 2018, reduce the number of youth grades 9-12 who felt sad or hopeless by 10% to no more than 28.5% (Baseline: 31.7%, 2014-15 Tompkins County CTC Survey, Table 7.95, pg. 134, total YES! + yes).	Families in crisis	<b>Increase access to mental health services for families in rural populations by staffing Headstart satellite locations. [New]</b>	# of families seen at outreach sites	NA				
						# client appointment slots	NA				
						# of satellite locations where MH staff see families.	NA				
				Youth with multiple diagnoses	<b>Increase enrollment by 50% of Children's Health Home Care Management to support comprehensive care for eligible Medicaid enrollees from birth through age 21. [Revised]</b>	# of enrollments	40 enrolled. The care manager resigned from the Elmira Psychiatric Center in Oct 2018 and has not been replaced.	Community-based organizations		* Children and youth are being referred by school staff and community providers for Care Management.  * SPOA Coordinator and both Care Management Agencies are working together to provide outreach to the community regarding Health Home Care Management and assisting families in enrolling efficiently and quickly.	* Lack of awareness about availability and/or confusion about the purpose of Care Management.  * Outreach by SPOA Coordinator and Care Management Agencies to occur in 2018 with all child-serving providers document.

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				Youth who are subjected to service gaps	Increase State Plan Amendment services (SPA) for youth, to stabilize community habitation for Medicaid recipients with behavioral health conditions. This is now called, Children and Family Treatment Support Services.	Identify service gaps that may appropriately be filled by SPA (renamed Children and Family Treatment and Support Services)	Progress NA; Partner (LGU) reports that the program has been and is still undergoing major changes by OMH	Local governmental unit			
						# agencies providing services	?				
				Families in crisis	Integrate SafeCare into the continuum of care to support, promote, and sustain family-based recovery. SafeCare is an evidence based (Georgia State Univ. SPH) home visitation coaching model for families with children ages 5 & under. Expand referral to SafeCare beyond single current --- parental neglect due to drug use --- to include preventive referral criteria for families at risk. [Revised]	# of trained providers	5 trained providers	Social Services	LHD is a contracted provider with Department of Social Services. Referrals are provided from Family Treatment Court and the Family Services Unit at DSS. Children 0-5 years old.	Home-based, skills focused	Currently, referrals stem from court filings against parents of child neglect due to drug use. Would like to utilize SafeCare as a prevention tool for flagged families under care of any DSS service program. Would like to utilize a new (Q4 2017) SAMHSA grant for this expansion of referrals.
						# of trained coaches.	2 coaches and annual accreditation Oct-Sept.			Trained coach on the team greatly increases referral capacity and completes requirements for accreditation.	
						# Referrals to SafeCare as preventive measure.	20 referrals, 10 completed				Retention is a challenge: drop-out, relapse, children are removed from parents

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		<b>Goal 2.4: Reduce tobacco use among adults who report poor mental health.</b>	<b>Objective 2.4.1:</b> Reduce the prevalence of cigarette smoking among adults who report poor mental health by 15%	Persons in treatment for poor mental health who use tobacco	<b>Improve Quality Assurance for utilizing evidence-based models for treating tobacco dependence in line with PHS guidelines, OMH system of care, or OASAS protocol, for organizations that provide mental health and substance abuse services.</b>	# of staff trained in the "5 A's" (Ask, Advise, Assess, Assist, Arrange) or other model	01/2018: 15 staff at the Alcohol and Drug Council of Tompkins County, 1 staff from Cayuga Medical Center Behavioral Health (2 hr. training); 04/2018: Presentation at Cayuga Medical Center grand rounds (1-hr session) at least 15 providers; 10/2018: Trained 1 staff member from Cayuga Center for Healthy Living in the 4-day Certified Tobacco Treatment Specialist Training Program; 11/2018: Trained for 4 staff members at Cayuga Medical Center Behavioral Health (2 hr-training)	Community-based organizations	Catholic Charities-T/T, CARS, CMC-BHU, F&CS-Ith, ADC-TC, TCMH, all trained & facilitated by CNY Regional Center for Tobacco Health Systems at St. Joseph's Health	Many organizations are interested in training and additional resources for staff. Many OMH connected agencies receive additional training through OMH	Many organizations have limited time available for trainings. We adjust our training to meet their needs. If we don't teach a certain topic they will still have all the resources but they must take the time to "educate" themselves on those other areas if needed.
						# of health systems properly utilizing tobacco screening system	3 added in 2018: Cayuga Med. Ctr. (CMC) Behavioral Health Unit, Family & Childrens Services of Ithaca, Drug and Alcohol Council of Tompkins	Community-based organizations		Most organizations are utilizing the 5A's in some manner within their Electronic Health Record but it varies based on the orgs and their EHR system. Our resources have been beneficial as many have requirements through their accrediting bodies to treat tobacco dependence.	There is always a concern of sustainability of a system, which is why we request them to have staff trained and a QA piece in place to monitor the system in addition to implementing the 5A's. The other challenge is that while we integrate it into one EHR, many organizations switch record systems.
						Involvement by tobacco treatment champion, system administrator, or QA officer	?			Having an onsite contact/liaison is critical to the systems success. Ensuring that staff are trained, that the QA reports are being completed and that providers are receiving follow up on the QA report is essential for sustainability of the system.	Staff turnover & changing Job Responsibilities: we do our best to keep in regular contact with an organization and if a role/ staff member leaves that was our key contact we ensure that we have a new contact/ liaison.
	Strengthen Infrastructure	<b>Goal 3.1: Support</b>	<b>Objective 3.1.1:</b> Identify and	Not specifically targeted	<b>Establish a CHIP Steering</b>	# of participating sectors	Hospital (2)	Community-based		The Health Planning Council	The HPC has only in the last



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						# of participating agencies	7 total: TCHD, TCMH, Franziska Racker Centers, Lakeview Health Services, Health Planning Council, Cayuga Medical Center, Cornell MPH	Hospital		The participating agencies were key players in developing the CHIP and CSP. This is especially vital when addressing the MH & SA goals and objectives.	It is not easy to get all of the agencies to the table at the same time. and increasing the number of stakeholders to uncover issues not currently addressed adds to the challenge. Keeping the group small for now.
						# of engaged individuals	15 individuals	Local governmental unit			
						# of Steering meetings at which CHIP updates are recorded.	March 2018: CHIP partners and County Department leadership; report outs at Health Planning Council meetings	Local health department		Successful meeting.	Need to plan far in advance.
			<b>Objective 3.1.2:</b> Identify and strengthen opportunities for implementing MEB health promotion and MEB disorder prevention with individuals	Incarcerated persons Persons hospitalized due to a mental health crisis	<b>Expand Wellness Recovery Action Plan (WRAP) training to support successful reintegration into the community after hospitalization or incarceration.</b>	# facilitators trained to deliver WRAP program	6 trained facilitators	Community-based organizations	Trained facilitators	Mental Health Association in Tompkins County (MHA) had two additional employees trained as WRAP facilitators, bringing the agency total to 6, thanks to recently received training grant.	Greater demand for the service, as it becomes more well-known... MHA will continue to send employees to trainings as they become available.
						availability of training manuals	Manuals are available to all members of the Jenkins Center and all group participants in Day Reporting, Mental Health Association, CMC, and Jail		Corrections is providing access and support to train inmates	Grants used to purchase manuals for Jenkins Center... Manuals for other locations purchased by those facilities.	Demand is on-going... MHA will continue to apply for funding, and develop partnerships with other collaborating agencies
						# of sites where WRAP is training is provided	5 sites: Jenkins Center, Youth program at Mental Health Association, Day Reporting Program, CMC, Jail		Access and support for training individuals	Continuity between locations, consistency... Some individuals are able to participate in WRAP in multiple venues, can serve as a bridge between service providers.	Would like to provide WRAP in other settings, as time and resources allow
				Persons with poor mental health	<b>Expand rehabilitation and integration programs such as PROS (Personalized Recovery Oriented Services) to serve more community members and involve more community services agencies. [Revised]</b>	# of individuals with severe and persistent mental illness who are enrolled in PROS classes	57 total at end of 2018. 41 admitted during the year, 35 discharged				

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						# PROS graduates successfully transitioned to less intensive services	22 discharged, 8 discharged with recommendation of engaging in services, 1 transfer to another County for PROS, 2 re-admissions				
						# community education presentations on the PROS/ rehabilitation model	10 hospital presentations, 20 community venues				
			<b>Objective 3.1.4:</b> Support efforts to integrate MEB disorder screening and treatment into primary care.	Rural school districts. Persons with or at risk for mental health disorders. Individuals with opioid dependency.	<b>Integrate behavioral health into the primary care setting, and/or primary care into the behavioral health/substance abuse setting, utilizing the parameters defined through DSRIP project 3.a.i</b> to improve early identification for patients with behavioral health or substance abuse concerns, and ensure appropriate access to services in a single setting. [Revised]	# of primary care practices in Tompkins County that have integrated behavioral health services	No further info available (2018) Cayuga Medical Associates (CMA) has fully implemented the project and has a social worker embedded in their internal medicine practice. (2017)	Providers		This project has proven to be helpful in identifying patients that may be at risk for developing a mental health or substance use disorder, or atrisk for exacerbation of an existing condition. Co-location of patients in a single setting is a very patient-centered, effective way to ensure that patients receive the care they need in the right setting. Most patients that are higher risk will only develop a relationship with provider/s in a single setting, so it makes sense to continue to integrate these services when feasible.	Transition period has bumps within practices as protocols, hand-offs, and management are streamlined and stumbles are smoothed out.
				disparate populations		# of behavioral health and/or substance use disorder settings in Tompkins County that have integrated primary care services.	REACH Medical: harm reduction model with a sliding fee scale. Assessments and medication management for opiate disorder. Screen for STIs, PREP/HIV, and HepC.		Harm reduction model, suboxone clinic	Word of mouth, retention rate is high, serving 22 counties	Transportation