

2017  
Local Services Plan  
For Mental Hygiene Services

Dutchess Co. Dept. of Beh & Com Health  
August 5, 2016



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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Executive Summary	Optional	<b>Not Completed</b>
Needs Assessment Report	Required	<b>Certified</b>
Multiple Disabilities Considerations Form	Required	<b>Certified</b>
Priority Outcomes Form	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
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LGU Emergency Manager Contact Information	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>
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**2017 Needs Assessment Report**  
 Dutchess Co. Dept. of Beh & Com Health (70180)  
 Certified: Margaret Hirst (6/22/16)

Consult the LSP Guidelines for additional guidance on completing this exercise.

**PART A: Local Needs Assessment**

**1. Assessment of Mental Hygiene and Associated Issues** - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

Dutchess County sits in a unique geographic location with two major highways that originate in NYC and travel through Dutchess to the northern states. Both of these highways are intersected by a major east-west thoroughfare. Additionally, there are two train lines that originate in NYC, one terminates in Dutchess and the other goes through to Canada and the other the western states. The river is the western border of the county and it is we are connected by three bridges to our western neighbors. This is a positive for many members of the community but it also allows drug trafficking to easily occur within our borders. Additionally, Dutchess was home to three state institutions in years past. One facility for the developmentally disabled and two for the mentally ill. They have all closed. Since the closure, Dutchess has continued to see high numbers of individuals with behavioral health issues in our hospital emergency department (in 2015, 6,000 visits at the 9.39 hospital for behavioral health) and we continue, despite having 40 inpatient psych beds for adults to see approx. 40 adults hospitalized outside of Dutchess and all children/youth hospitalized outside of Dutchess (in 2015 approx. 300 youth)

**2. Analysis of Service Needs and Gaps** - In this section, describe and quantify (where possible) the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

In the past two years, Dutchess has developed a comprehensive (mental health and substance abuse) prevention plan using the Strategic Prevention Framework. A Prevention Council has been formed with all key stakeholders and we continue to collect data using the Youth survey approved by OASAS with all 8,10,12 grade students since 2010. In 2015 11 of the 13 school district participated in the survey. We have trained community members in Mental health First Aide, training over 1,500 individuals in 2015. We have introduced SBIRT, Teen Intervene in multiple sectors and have three active community coalitions all of whom have been trained in SPF. We have also trained approx. 100 law enforcement officers in CIT with a goal of training all officers who are on the street and interact with the community. We have also introduced Second Step, a school based curriculum which is designed to reduce drug abuse and help students to develop more positive attitudes and beliefs. This program is designed for K-12. We have also developed environmental strategies and are working with elected officials Treatment: as the healthcare delivery system transforms, Dutchess is working to more intensive, community based services to reduce unnecessary emergency department visits and reduce inpatient hospitalization. IN addition to the community prevention work, Dutchess is designing a Stabilization center for adults and youth for individuals/families to access services, to engage and link to other resources and to help to reduce stressful situation before they become crisis. Children/youth are still a gap in community based services for both mental health and substance use. The needs are in the areas of outpatient CD treatment and while we have been able to enhance this area by introducing Seven Challenges, it does not meet the need. We also need increase access to an Partial Hospital for youth and intensive day treatment for youth Recovery: Peer services have increased slightly with the addition of two Recovery Coaches for CD and Peer Advocates in the hospital both in the ED and on the inpatient unit for the mentally ill. We have been able to open 3 respite beds that are Peer operated but again, these services do not meet the need

**3. Assessment of Local Needs** - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
<b>Substance Use Disorder Services:</b>						
a) Prevention Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
d) Opioid Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
f) Residential Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
g) Housing.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
h) Transportation.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
i) Other Recovery Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
j) Workforce Recruitment and Retention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
k) Coordination/Integration with Other Systems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
l) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Mental Health Services:</b>						
m) Prevention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
p) Clinic Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
r) Care Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

s) HARP HCBS Services (Adult)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) HCBS Waiver Services (Children)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u) <a href="#">Other Recovery and Support Services</a>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
v) Housing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) Transportation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
y) Coordination/Integration with Other Systems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
z) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Developmental Disability Services:</b>						
aa) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb) Clinical Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
cc) Children Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
dd) <a href="#">Adult Services</a>				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
ff) Respite Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
gg) Family Supports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
ii) Autism Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
jj) Person Centered Planning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
kk) Residential Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ll) Front Door	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
mm) <a href="#">Transportation</a>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
nn) Service Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
oo) Employment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
pp) <a href="#">Workforce Recruitment and Retention.</a>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
qq) <a href="#">Coordination/Integration with Other Systems.</a>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
rr) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Follow-up Questions to "Prevention Services" (Question 3a)**

**3a1.** Briefly describe the issue and why it is a high need for the populations selected.  
Please see response to question #1

**Follow-up Questions to "Crisis Services" (Question 3b)**

**3b1.** Briefly describe the issue and why it is a high need for the populations selected.  
Please see response to question #2

**Follow-up Questions to "Inpatient Treatment Services" (Question 3c)**

**3c1.** Briefly describe the issue and why it is a high need for the populations selected.  
Please see answer to question #2

**Follow-up Questions to "Opioid Treatment Services" (Question 3d)**

**3d1.** Briefly describe the issue and why it is a high need for the populations selected.  
Dutchess has experienced the highest opioid overdose death rate of any county in NYS with more than 20 deaths

**Follow-up Questions to "Prevention" (Question 3m)**

**3m1.** Briefly describe the issue and why it is a high need for the populations selected.  
Please see answer to question #1

**Follow-up Questions to "Crisis Services" (Question 3n)**

**3n1.** Briefly describe the issue and why it is a high need for the populations selected.  
Please see answer to question #2

**Follow-up Questions to "Inpatient Treatment Services" (Question 3o)**

**3o1.** Briefly describe the issue and why it is a high need for the populations selected.  
Please see answer to question #2

**Follow-up Questions to "HARP HCBS Services (Adult)" (Question 3s)**

**3s1.** Briefly describe the issue and why it is a high need for the populations selected.  
As Dutchess transforms its service delivery system, the services offered through HARP HBCS will be valuable resources to enhance our goal of reducing unnecessary hospital ED visits for a BH need

**Follow-up Questions to "HCBS Waiver Services (Children)" (Question 3t)**

**3t1.** Briefly describe the issue and why it is a high need for the populations selected.  
Same as answer to question 3s1

**Follow-up Questions to "Housing" (Question 3v)**

**3v1.** Briefly describe the issue and why it is a high need for the populations selected.  
Need for transitional housing and permanent housing for adults and youth who have become involved in the criminal justice system, youth transitioning from youth services to adults services, youth who are IDD and living at home with elderly parents. In 2015 the new housing was targeted towards individuals in state facilities and did not address the community needs

**Follow-up Questions to "Transportation" (Question 3w)**

**3w1.** Briefly describe the issue and why it is a high need for the populations selected.  
Public transportation needs to be more flexible to support the requirements of individuals who are employed in jobs with non-traditional work hours or those in rural areas

**Follow-up Questions to "Workforce Recruitment and Retention" (Question 3x)**

**3x1.** Briefly describe the issue and why it is a high need for the populations selected.  
Currently we are experiencing the lack of licensed prescribers, registered professional nurses, social workers to meet the employment needs in the county

**Follow-up Questions to "Crisis Services" (Question 3aa)**

**3aa1.** Briefly describe the issue and why it is a high need for the populations selected.  
We are attempting to decrease unnecessary hospital ED visits and need more creative resources that are available 24/7

**Follow-up Questions to "Student/Transition Services" (Question 3ee)**

**3ee1.** Briefly describe the issue and why it is a high need for the populations selected.  
Students continue to be caught between systems and cannot access services easily. Parents, schools, different disability systems and funding sources all have different criteria

**Follow-up Questions to "Respite Services" (Question 3ff)**

**3ff1.** Briefly describe the issue and why it is a high need for the populations selected.  
Individuals with IDD and their families still do not have the respite resources that they need for both adult family members and youth

**Follow-up Questions to "Family Supports" (Question 3gg)**

**3gg1.** Briefly describe the issue and why it is a high need for the populations selected.  
As the healthcare delivery system transforms, these types of supports need to be available to help families meet the needs of their family members and not rely on former institutional like services

**Follow-up Questions to "Residential Services" (Question 3kk)**

**3kk1.** Briefly describe the issue and why it is a high need for the populations selected.  
Individuals with high needs and currently living in ICF need more individualized support to enable them to live in more individualized settings

**Follow-up Questions to "Transportation" (Question 3mm)**

**3mm1.** Briefly describe the issue and why it is a high need for the populations selected.  
Individuals who are medically frail require specialized transportation with staff who are trained in this area

**Follow-up Questions to "Employment" (Question 3oo)**

**3oo1.** Briefly describe the issue and why it is a high need for the populations selected.  
As the sheltered workshops close, employment opportunities need to be created for these individuals

**Follow-up Questions to "Workforce Recruitment and Retention" (Question 3pp)**

**3pp1.** Briefly describe the issue and why it is a high need for the populations selected.  
All disability areas are experiencing the same lack of supply for licensed prescribers, RN's and social worker as well as direct care staff trained to cope with challenging behaviors

**Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3qq)**

**3qq1.** Briefly describe the issue and why it is a high need for the populations selected.  
As described above all disability groups have different criteria with different time frames, social service programs are different, insurance and funding sources, schools and adult systems are all different

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

**4.** How have the overall needs of the mental health population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

**4c.** If you would like to elaborate on why you believe the overall needs of the mental health population have worsened over the past year, briefly describe here

Closure of state facilities have been additional pressure on communities to support these individuals. They often are now being seen in the criminal justice system (jail) and when psychotic forensic hospitals are not available to them and they remain in the local jail without the care and treatment that they need to recover. Housing resources have been limited to state purposes and the economy in this area is still limiting employment opportunities. Employers are being required by their insurance carriers to do fingerprinting and background checks which can be limiting to these individuals

**5.** How have the overall needs of the substance use disorder population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

**5c.** If you would like to elaborate on why you believe the overall needs of the substance use disorder population have worsened over the past year, briefly describe here

Opiates have had a large influence in this community. Providers have struggled to provide access to care but often insurance and admission criteria have been barriers. Stigma is still an issue despite solid efforts at community education

**6.** How have the overall needs of the developmentally disabled population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

**6c.** If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have worsened over the past year, briefly describe here

Please see previous answers

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

**7.** In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?

- a. Yes
- b. No

**7a.** Briefly describe those planning activities with your Local Health Department.

We are now a partner in the Community Needs Assessment with both Health and the local hospitals and will assist in the development of the Community Health Improvement Plan

**8.** In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?

- a. Yes
- b. No

**8a.** Briefly describe those planning activities with other local government agencies and non-government organizations.

We have been active with the Conference of Local Mental Hygiene Directors and the Regional Planning Consortiums, the two PPS in our county and the Health Homes

**9.** In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?

- a. Yes
- b. No

**9a.** List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

Regional meetings PPS meetings HH meetings

**9b.** Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

- a. Yes
- b. No

**9c.** Did the counties in your region reach a consensus on what the regional needs are?

- a. Yes
- b. No

**2017 Multiple Disabilities Considerations Form**  
Dutchess Co. Dept. of Beh & Com Health (70180)  
Certified: Margaret Hirst (3/28/16)

Consult the LSP Guidelines for additional guidance on completing this form.

**LGU:** Dutchess Co. Dept. of Beh & Com Health (70180)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

- Yes  
 No

If yes, briefly describe the mechanism used to identify such persons:

Initial phone contact through HELPLINE utilizes a mental health professional to identify multiple disabilities. First comprehensive assessment also completes more in depth assessment. All diagnoses are identified on intake and entered into electronic medical record.

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

- Yes  
 No

If yes, briefly describe the mechanism used in the planning process:

The Department of Behavioral and Community Health, Mental Health Division, designates staff to work with local providers, families and consumers to identify needs for individuals with mental health, chemical dependency and intellectual and developmental disabilities. Through provider meetings, Public Forums, key stakeholder meetings and other committee assignment, local needs are identified and a Local Governmental Plan is developed.

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

- Yes  
 No

If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

There are local memorandum of understanding for dispute resolution. However, it is difficult to come to immediate resolution with changing state priorities and eligibility requirements.



**Mental Hygiene Priority Outcomes Form**  
Dutchess Co. Dept. of Beh & Com Health (70180)  
Plan Year: 2017  
Certified: Margaret Hirst (6/22/16)

Consult the LSP Guidelines for additional guidance on completing this form.

**2017 Priority Outcomes** - Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.

**Priority Outcome 1:**

Dutchess County continues to believe that prevention is the most powerful tool to help us become the healthiest county in New York State.

**Progress Report: (optional) \*new**

Dutchess County follows the Strategic Prevention Framework to inform all prevention activities including using data to identify the risk and protective factors and evidence based curriculums to address these factors. We have identified three specific areas of need- suicide prevention, substance abuse prevention, especially opioid abuse and promote mental health and decrease mental illness. The Prevention Council, consisting of key stakeholders in the fields of behavioral and community health, prevention, Office for the Aging, Community and Family Services, education, domestic violence and community services, worked together to develop logic models specific to substance abuse prevention, promotion of behavioral and physical health and suicide prevention. The "Communities that Care" surveys were administered by The Council on Addiction Prevention and Education to students in the 8th, 10th and 12th grades in 2013 and 2015. Once the 2015 data becomes available it will be analyzed and used to inform our prevention planning going forward.

**Priority Rank: 1**

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** \*new

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- Combat Heroin and Prescription Drug Abuse
- Talk2Prevent
- Fully Integrated Duals Advantage Program (FIDA)

**Is this priority also a Regional Priority?** \*new Not Sure

**Strategy 1.1**

Continue to follow the SAMSHA Strategic Prevention Framework model to guide all prevention activities which utilizes research and data to inform our work plan. The Council on Addiction Prevention and Education will again administer the "Communities that Care" survey in 2017.

**Applicable State Agencies:** OASAS OMH

**Strategy 1.2**

Continue to promote the implementation of evidence-based programs in the schools (Pre-K-12) that will address the risk and protective factors identified in the youth surveys. (Progress: Second Step, an evidence based program that teaches youth good coping skills, problem solving skills, and builds empathy and self-esteem, is being utilized in at least 17 schools in Dutchess County as well as in all Head Start programs. The Council on Addiction Prevention and Education student assistance counselors are utilizing evidence-based programs in schools including "Too Good for Drugs", "Too Good for Violence", "Project Success", and "Teen Intervene", which is a therapeutic intervention for teens exhibiting risky substance use behaviors.)

**Applicable State Agencies:** OASAS OMH

**Strategy 1.3**

Efforts will continue to support broad based community coalitions to rally the community around substance abuse prevention including the Southern Dutchess Coalition, which has a Drug-Free Communities Grant, the Northern Dutchess Community Coalition and the recently reformed Eastern Dutchess Coalition, which has expanded to include the Pine Plains, Webatuck and Dover schools. (Progress: The three coalitions have been active in different ways. The Southern Dutchess Coalition has developed a robust media campaign as an environmental strategy and is organizing a Youth Rally in the fall at Dutchess Stadium. All 9th graders in Dutchess County will be invited to the youth rally which will focus on health and provide sober messages. The Northern Dutchess Coalition has been trained in the Strategic Prevention Framework, Narcan and Youth Mental Health First Aid. They have a number of events planned, including a community Narcan training and resource day. The Eastern Dutchess Coalition had four public forums with Narcan training provided that were extremely well received.)

**Applicable State Agencies:** OASAS OMH

**Strategy 1.4**

Continue to develop and implement strategies to decrease prescription opioid and heroin abuse by 5%. (Progress: The Dutchess County Substance Abuse workgroup has created a work plan to address opioid and heroin abuse, which includes increasing public awareness around the process of addiction, treatment resources and the hope for recovery through community forums, and a preventing substance abuse website. The Council on Addiction Prevention and Education has been very successful in organizing forums in schools where students are given information on resources and are able to hear from other students in recovery from addiction on the dangers and consequences of addiction. The use of evidence based interventions in schools which address prevention of substance abuse has already been mentioned in Strategy 1.2. Training has been provided to Astor Services for Children and Families staff on use of Teen Intervene, which is evidence based intervention for adolescents with risky substance use behavior geared towards helping the youth look at this behavior and decide to change. Two presentations were given to primary care physicians about opioid. These efforts will be strengthened.)

**Applicable State Agencies:** OASAS OMH

### Strategy 1.5

Continue to develop and implement suicide prevention strategies targeting the high risk groups of youth, veterans, and older adults. (Progress: To date, 1500 people have been trained in Mental Health First Aid (Adult or Youth version,) which has a strong suicide prevention component. Talk or Text and the Suicide Prevention app are promoted at every public event, forum health fair, etc. Police throughout Dutchess County are being trained to identify those at risk of suicide, as well as ways to intervene during the 40 hour Crisis Intervention Training course. We continue to offer the 2 day ASIST training, which is an evidence based intervention for suicidal individuals. We received a \$3500 grant from the New York State Suicide Prevention Center, which can be used to train more staff as trainers in a brief bystander suicide prevention training, as well as to attend and make a presentation at the New York State Suicide Prevention Conference.)

**Applicable State Agencies:** OASAS OMH

### Strategy 1.6

Continue to promote texting and other social media modalities as a method of communication through HELPLINE (Progress: We have developed multiple modes of advertising that are teen friendly, including colorful cards, water bottles and glow in the dark bracelets. We have distributed 6000 bracelets to date. Some of the funds received in the grant from the New York State Suicide Prevention Center were earmarked to buy more promotional materials to advertise texting. Currently, we have attained laminated Talk or Text cards, which are being placed in high school bathrooms around the county.)

**Applicable State Agencies:** OASAS OMH

### Strategy 1.7

Continue to educate our community about the needs of individuals struggling with mental health and substance abuse issues to decrease the stigma and to increase help seeking behavior. Continue to train in Mental Health First Aid and for the police in Crisis Intervention Training or Brief Crisis Intervention Training. The goal is to train 25% of the police in the 40 hour CIT and the other 75% in the BCIT. (Progress: We have trained over 1500 people in Mental Health First Aid (Youth and Adult version) including many staff from the Department of Community and Family Services, Grace Smith House, Hudson River Housing, Probation, school personnel and the community at large. To date, we have trained 77 of the 168 officers identified to be trained in CIT (just over 45%) and 46 of the 504 officers identified to be trained in BCIT (just over 9%.) These numbers are reflective of all local and county officers.)

**Applicable State Agencies:** OASAS OMH

### Strategy 1.8

Train staff on the Mobile Team, Stabilization Center, Hudson Valley Mental Health, primary care and emergency department staff in Screening, Brief Intervention, Referral to Treatment (SBIRT). Train staff working with adolescents in Teen Intervene. (Progress: Training was offered to Astor supervisory staff in Teen Intervene. They are now thinking of having all of their staff trained in this model. Teen Intervene is being used extensively by PINS diversion staff at Probation and by Council on Addiction Prevention and Education Student Assistance Counselors in schools. SBIRT trainings are scheduled to begin this summer.)

**Applicable State Agencies:** OASAS OMH

### Strategy 1.9

Continue to promote the use of Narcan by community members, families, law enforcement and first responders, and individuals leaving rehabilitation programs, participating in recovery groups and leaving jail who have a history of opiate abuse (Progress: Narcan training has been ongoing and picking up speed. School nurses have now been legally permitted to administer Narcan and have been receiving the training. The Council on Addiction Prevention and Education hosted three public forums where Narcan training was offered to community members. The number of requests for training have outstripped the availability of the Narcan.)

**Applicable State Agency:** OASAS

### Strategy 1.10

Promote continuing education of licensed prescribers, especially primary care physicians, on the use of opioid medications, addiction as a brain disease and surrounded public health issues surrounding this disease. (Progress: At least two presentations were given in 2016. One to an audience of primary care physicians totaling 200 physicians and one to a regional consortium of physicians.)

**Applicable State Agencies:** OASAS OMH

### Strategy 1.11

Promote a comprehensive approach to health. Providers will incorporate a pre-diabetes screen into the intake for new patient procedures to better inform both the behavioral health provider and the health provider of the interaction between physical health and Medication Assisted Treatment in behavioral health. (Progress: a pre-diabetes screen is being developed and will be beta tested this year for implementation in 2017.)

**Applicable State Agencies:** OASAS OMH

### Strategy 1.12

Providers will encourage smoking cessation and provide access to NRT and cessation support groups. (Progress: The providers are currently developing education about smoking for staff to encourage them to support smoking cessation. Once the training is developed and staff trained, providers will begin to develop nonsmoking policies and services.)

**Applicable State Agencies:** OASAS OMH

### Priority Outcome 2:

There is sufficient mental health, chemical dependency, and services for intellectually and developmentally disabled persons to meet the need of the individuals in Dutchess County. All care should have sufficient access to evidence based services and meet Quality of Care standards for those seeking behavioral health treatments.

#### **Progress Report: (optional) *\*new***

Healthcare delivery is moving towards an integrated system of care, including primary healthcare and behavioral health. The Departments of Mental Hygiene and Health have merged to become the Department of Behavioral and Community Health to reflect these changes. Emphasis will be on strengthening access of care through all avenues to healthcare and ensuring comprehensive assessment and engagement in identified treatment needs.

#### **Priority Rank: 2**

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- Combat Heroin and Prescription Drug Abuse
- Talk2Prevent
- Fully Integrated Duals Advantage Program (FIDA)

**Is this priority also a Regional Priority?** *\*new* Not Sure

#### Strategy 2.1

LGU and behavioral health treatment providers will work closely with Behavioral Health Organizations, Managed Care Organizations, Health Homes, DSRIP PPS and primary care providers, to ensure that the network of service providers is robust and meets the needs of the individuals seeking care in the Dutchess County community by regularly participating in planning and governance meetings with these entities. (Progress: Community based agencies are engaged with both PPSs and actively participating in Crisis Stabilization, Integration, Tobacco projects. The Dutchess County Stabilization Center is a major focus of work with both of these PPSs. Managed Care Organizations will be engaged to potentially add this level of care as part of the benefit package and/or HARP services.)

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 2.2

Ensure that individuals have immediate access to care. (Progress: Many community based agencies have Open Access to service, but there is no one 24 hour access to care. The Stabilization Center will provide immediate access 24/7 but efforts will be made to expand all access to treatment at least 7 days per week. Open Access, collaborative documentation and Just in Time scheduling will also be explored, expanded and improved. Advocate with MCO and insurance companies for authorization to treatments that meet the presenting needs of the individual and ensuring responsible practices by these companies.)

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 2.3

Diversion services will be enhanced and expanded to 24/7/ to serve adults and children to strive to decrease emergency department visits for MH/CD/DD services, reduce inpatient hospitalizations and reduce length of stay in inpatient hospital programs. (Progress: Mobile Team services were enhanced to 24/7 in 2016. The Stabilization Center will further enhance access to services 24/7, resulting in a decrease in avoidable emergency room visits, especially for individuals who have multiple visits ( 4 or more) in a quarter.)

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 2.4

Develop, in collaboration with OPWDD and Mid-Hudson Regional Hospital, a diversion strategy for developmentally disabled individuals to be diverted from hospitalization and/or incarceration with crisis supports in their residential opportunity IDD Providers will offer training to the Mobile Team, Stabilization Center & Mid- Hudson Regional Hospital to increase understanding of the IDD population. (Progress: The DBCH Diversion Team staff and other CBO staff have met with OPWDD to become familiar with the Transformation Agenda and the START Team services.)

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 2.5

START to develop a Resource Center to provide respite for individuals with intellectual and developmental disabilities. The Resource Center for this region will be identified this year.

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 2.6

Strengthen the support available to the Diversion Services Program (HELPLINE, Mobile Team, Stabilization Center) to assist persons who may need extra supports to remain out of inpatient care by increasing coordination between these services and care management, increasing availability of respite services for both adults and youth, and expanding transitional recovery housing

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 2.7

Increase availability of Opioid Treatment Program services (Progress: Renovations are underway to allow for expansion of services. A request for an additional 50 slots will be made to NYS OASAS.)

**Applicable State Agency:** OASAS

#### Strategy 2.8

Develop inpatient psychiatric beds for adolescents (Progress: Westchester Medical Center is developing a proposal.)  
**Applicable State Agency:** OMH

### Strategy 2.9

Develop crisis respite beds for youth.  
**Applicable State Agency:** OMH

### Strategy 2.10

Develop a second elementary Intensive Day Treatment class for increased number of referrals. (Progress: A plan has been developed, but not yet implemented.)  
**Applicable State Agency:** OMH

### Strategy 2.11

Explore need for children's Partial Hospital program.  
**Applicable State Agency:** OMH

### Strategy 2.12

Increase availability of outpatient chemical dependency treatment services for adolescents. (Progress: Lexington Center for Recovery, Inc. has increased the availability of outpatient adolescent CD series in the areas of Poughkeepsie, Dover and Beacon through use of Seven Challenges.)  
**Applicable State Agency:** OASAS

### Strategy 2.13

CD/MH Providers will identify the two most prevalent chronic physical diseases in the behavioral health population to address in a comprehensive wellness treatment plan. (Progress: Community based providers are developing a pre-diabetes screen to identify a person at risk for diabetes. Once instituted, this will foster greater communication between primary care/behavioral health providers to improve overall health of patients served.)  
**Applicable State Agencies:** OASAS OMH OPWDD

### Strategy 2.14

Ensure access to CD and MH services, especially Medication Assisted Treatment. Seek regulatory relief for Nurse Practitioners to be authorized to sign treatment plans, increase the availability of licensed prescribers, and reduce requirements for a rapid re-admission to a treatment program (Progress: Vivitrol has been initiated for individuals who have been incarcerated with a history of opioid addiction. Further research will continue to ensure that all Medication Assisted Treatments are available.)  
**Applicable State Agencies:** OASAS OMH

### Priority Outcome 3:

Recovery: Increase the number of persons successfully managing their mental illness, addiction and intellectual developmental disability within a recovery-oriented system of care.

#### Progress Report: (optional) *\*new*

It is recognized that support services such as Peer Supports, housing, care management, vocational, day habilitation, transportation and physical healthcare, etc. are essential components of a complete treatment approach to care for individuals with behavioral health needs.

#### Priority Rank: 3

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse
- Talk2Prevent
- Fully Integrated Duals Advantage Program (FIDA)

**Is this priority also a Regional Priority?** *\*new* Not Sure

### Strategy 3.1

Increase the availability of Recovery Coaches, Peer Advocates and Recovery Peer Advocates (Progress: Funding has been received for 2 Recovery Coaches.

Recovery Peer Advocates and the Peer Advocates (mental health) are now utilized on the inpatient mental health unit and on the second shift in the emergency department in the 9.39 hospital.)

**Applicable State Agencies:** OASAS OMH

### **Strategy 3.2**

Advocate for the Recovery Center in Dutchess. (Progress: The proposal was submitted, awaiting NYS OASAS determination of the award.)

**Applicable State Agency:** OASAS

### **Strategy 3.3**

Seek funding for short term transitional living housing for individuals who are homeless, recently discharged from jail or prison or recently discharged from inpatient settings.

**Applicable State Agencies:** OASAS OMH

### **Strategy 3.4**

Seek funding for supported housing for youth, 16-24 years old, who are involved in the criminal justice system, youth who have dropped out of school, youth who have transitioned out of residential placement, and youth who are homeless who are chemically dependent and/ or mentally ill.

**Applicable State Agencies:** OASAS OMH

### **Strategy 3.5**

Develop a community housing and treatment strategy for individuals who are seriously mentally ill and chemically dependent which is safe, affordable and supports long term recovery.

**Applicable State Agencies:** OASAS OMH

### **Strategy 3.6**

Agencies serving individuals with intellectual & developmental disabilities to develop integrated housing opportunities in the community. Abilities First will develop uncertified integrated affordable housing options for people with Self-Direction Plans. New Horizons will develop a 4-5 person IRA for people graduating from residential schools or on OPWDD's Priority One list. Greystone will pursue the development of IRA's and Supportive Apartment opportunities for those aging out of residential schools. Anderson Center will create less restrictive housing options for individuals currently residing in ACA IRA's and for individuals aging out of residential schools.

**Applicable State Agency:** OPWDD

### **Strategy 3.7**

IDD providers will develop employment opportunities in integrated settings and expand day habilitation programs. The ARC of Dutchess will submit a plan to OPWDD to transform their workshop to an integrated business. Anderson Center, Taconic Innovations & Cardinal Hayes will expand their Day Habilitation programs.

**Applicable State Agency:** OPWDD

### **Strategy 3.8**

Seek funding for service dollars to assist individuals in obtaining and maintaining necessary support services not otherwise funded by entitlements

**Applicable State Agencies:** OASAS OMH

### **Strategy 3.9**

Promote increased job opportunities by 10% for individuals with MH/CD.

**Applicable State Agencies:** OASAS OMH

### **Strategy 3.10**

Improve availability of resource directory for parents by developing a web-based parent resource directory/platform to assist parents in finding available resources, understanding eligibility and assisting in building comprehensive supports and services for an individual. (Progress: the web based platform has been designed, content is being imputed.)

**Applicable State Agencies:** OASAS OMH OPWDD

### **Strategy 3.11**

To identify individuals who are currently living with ageing families and survey future needs in order to develop strategies to meet these needs

**Applicable State Agency:** OPWDD

**2017 Community Service Board Roster**  
 Dutchess Co. Dept. of Beh & Com Health (70180)  
 Certified: Margaret Hirst (5/26/16)

Consult the LSP Guidelines for additional guidance on completing this form.

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

**Chairperson**

**Name** Carol Pickering  
**Physician** No  
**Psychologist** No  
**Represents** Provider  
**Term Expires** 12/31/2017  
**eMail**

**Member**

**Name** John R. Ashburn Jr, Ph.D.  
**Physician** No  
**Psychologist** Yes  
**Term Expires** 12/31/2019  
**eMail**

**Member**

**Name** Elizabeth Quinn, Ph.D.  
**Physician** No  
**Psychologist** Yes  
**Represents** Provider  
**Term Expires** 12/31/2019  
**eMail**

**Member**

**Name** Ronald Lehrer, LMSW  
**Physician** No  
**Psychologist** No  
**Represents** Family  
**Term Expires** 12/31/2017  
**eMail**

**Member**

**Name** Susan Haight, RN  
**Physician** No  
**Psychologist** No  
**Represents** Family  
**Term Expires** 12/31/2017  
**eMail**

**Member**

**Name** Joan Cybulski, LMHC  
**Physician** No  
**Psychologist** No  
**Represents** Provider  
**Term Expires** 12/31/2019  
**eMail**

**Member**

**Name** Maria Bernal-Robasco  
**Physician** No  
**Psychologist** No  
**Represents** Family  
**Term Expires** 12/31/2019  
**eMail**

**Member**

**Name** Rosemary Thomas  
**Physician** No  
**Psychologist** No  
**Represents** Family  
**Term Expires** 12/31/2019  
**eMail**

**Member**

**Name** Terry Schneider  
**Physician** No  
**Psychologist** No  
**Represents** Consumer  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** Benjamin S. Hayden, Ph.D.  
**Physician** No  
**Psychologist** Yes  
**Represents** Family  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** Karen Lynch  
**Physician** No  
**Psychologist** No  
**Represents** Provider  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** Ed Koziol  
**Physician** No  
**Psychologist** No  
**Represents** Family  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** Mara Farrell  
**Physician** No

**Member**

**Name** Jamie Cevetillo  
**Physician** No

**Psychologist** No  
**Represents** Family  
**Term Expires** 12/31/2018  
**eMail**

**Psychologist** No  
**Represents** Provider  
**Term Expires** 12/31/2017  
**eMail**

**Member**  
**Name** Jennifer Ayers, LCSW  
**Physician** No  
**Psychologist** No  
**Represents** Provider  
**Term Expires** 12/31/2017  
**eMail**

**OMH Transformation Plan Survey**  
Dutchess Co. Dept. of Beh & Com Health (70180)  
Certified: Margaret Hirst (3/28/16)

Consult the LSP Guidelines for additional guidance on completing this exercise.

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" \$59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, \$15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

- a) Yes
- b) No
- c) Don't know

**If "Yes":**

Please briefly describe any impacts the reinvestment resources have had since implementation, particularly as it relates to impacts in State or community inpatient utilization. If known, identify which types of services/programs have made such impacts.

Dutchess has received funding for supported beds. However, they were targeting to individuals being discharged from State Psychiatric facilities, not all from Dutchess. These are difficult to serve individuals who often relapse. The impact in the community has been a flooding of the crisis services that are offered, increased impact on the law enforcement community, increase in individuals becoming incarcerated and continued high volume of emergency department visits.

2. Please provide any other comments regarding Transformation Plan investments and planning.

There is a need for increased support for these high risk/high need individuals including assistance with integrated electronic medical record between CD/OMH services , providers and social determinant services/supports to better communicate, coordinate and support these individuals, lack of workforce , no licensed psychiatric prescribers to provide medication assisted treatment and face to face assessment, no respite services and a lack of understanding on part of State of local community impact on trying to serve these individuals who are resistant to support but also have no internal controls.



**2017 Mental Hygiene Local Planning Assurance**  
Dutchess Co. Dept. of Beh & Com Health (70180)  
Certified: Margaret Hirst (6/22/16)

Consult the LSP Guidelines for additional guidance on completing this form.

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2017 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2017 Local Services planning process.