

2016
Local Services Plan
For Mental Hygiene Services

Schenectady Co Office of Comm Services
July 14, 2015



Table of Contents

Planning Form	LGU/Provider/PRU	Status
Schenectady Co Office of Comm Services	70440	(LGU)
Executive Summary	Optional	Not Completed
Needs Assessment Report	Required	Certified
Warm Line and Mobile Crisis Capacity Survey	Required	Certified
Priority Outcomes Form	Required	Certified
Multiple Disabilities Considerations Form	Required	Certified
Community Services Board Roster	Required	Certified
ASA Subcommittee Membership Roster	Required	Certified
Mental Health Subcommittee Membership Roster	Required	Certified
Developmental Disabilities Subcommittee Membership Roster	Required	Certified
2016 Mental Hygiene Local Planning Assurance	Required	Certified

2016 Needs Assessment Report
 Schenectady Co Office of Comm Services (70440)
 Certified: Mary LaFountain (6/26/15)

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. Provide documentation, where available.

Feedback from community needs assessments involving broad range of participants identified high priority concerns related to increased need for withdrawal services, improved integration between primary care and mental, emotional, and behavioral care providers, further assessment of the high rates of teen pregnancy and infants born exposed to illicit drugs, and the ongoing need for case management services to support successful community based care for clients with high acuity care needs. Schenectady County, like many other regions, provides care in communities impacted by abject poverty, underground economies, and gang violence. One of the significant indicators impacted by these socio-economic factors is the limited access to safe, affordable housing fundamental to resiliency, risk reduction, stability and long term recovery. In addition to continued efforts to provide suitable housing with appropriate supports, there is a need for further development of safe social activity centers to strengthen and cultivate social capital. This is particularly critical to provided safe places for children in at risk communities and environments.

2. Analysis of Service Needs and Gaps - In this section, describe and quantify 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 and quantify the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Use this section to identify specific underserved populations or populations that require specialized services. Provide documentation, where available.

Schenectady County, through CAPIT/BOCES prevention program offers prevention education in the Schenectady County School District. While OCS's county budget line for 2014 totaled \$5,316,647, the gross budgets of all agencies under OCS's auspice total over \$20 million and include a wide variety of services: outpatient clinic treatment, inpatient hospitalization, residential treatment, intensive and supportive case management, assessment, supportive residential services, psychosocial activities, crisis intervention, prevention and recreational activities. OCS contracts with 19 service agencies, and collaborates with numerous others, to provide the direct client services stated above. The NYS Office of Mental Health, The NYS Office of People with Developmental Disabilities, the NYS Office of Alcoholism and Substance Abuse Services, and the NYS Office of Children and Family Services certify these agencies. OCS serves as the central intake unit for all pre-sentenced jail inmates requiring mental health treatment in State-operated Forensic Psychiatric Centers. OCS also coordinates all court-ordered examinations for person's charged with a crime that are in need of criminal competency testing to determine if they: understand the charges against them, can assist in their own defense and understand the court process. At times this Identified gaps in the system include: shortage of psychiatric medical providers in both the adult and children's service systems causing waitlists for services, limited number of MAT providers, particularly in OMH provider agencies, and limited number of psychiatric providers cross trained in addiction medicine. In order to address these existing barriers to accessing needed services OCS, in conjunction with local and state partners, and DSRIP planning committees, are working towards improved cross system integration. Local provider agencies are also utilizing locum supports and appointment scheduling techniques to reduce and/or eliminate waitlists. Transportation is an ongoing barrier to accessing needed services for many of our high acuity care population. As service models and support are increasingly trending towards linkage to least costly services, individuals with high needs but not fitting specific criteria or those waiting for eligible processes to be completed, experience hardship in meeting appointments and/or provisional needs.

3. Assessment of Local Issues Impacting Youth and Adults - For each issue listed in this section, indicate the extent to which it is an area of need at the local (county) level for each disability population listed on the right. For each issue that you identify as either a "High" or "Moderate" need, answer the follow-up questions to provide additional detail.

Issue Category	<u>Youth (Under 21 years)</u>			<u>Adults (Over 21 years)</u>		
	CD	MH	DD	CD	MH	DD
a) Access to Prevention Services	Moderate Need	Moderate Need	Low Need	Moderate Need	Moderate Need	Low Need
b) Access to Crisis Services	Moderate Need	Moderate Need	Low Need	High Need	High Need	Low Need
c) Access to Treatment Services	Low Need	Moderate Need	Low Need	Moderate Need	High Need	Low Need
d) Access to Supported Housing	High Need	High Need	Low Need	High Need	High Need	Low Need
e) Access to Transportation	Low Need	Low Need	Low Need	Moderate Need	High Need	Low Need
f) Access to Home/Community-based Services	Low Need	Low Need	Low Need	Low Need	Low Need	Low Need
g) Access to Other Support Services	Low Need	Low Need	Low Need	Low Need	Low Need	Low Need
h) Workforce Recruitment and Retention	Moderate Need	Moderate Need	Low Need	Moderate Need	High Need	Low Need
i) Coordination/Integration with Other Systems	Moderate Need	Moderate Need	Moderate Need	Moderate Need	Moderate Need	Moderate Need
j) Other (specify):	0	0	0	0	0	0
k) Other (specify):	0	0	0	0	0	0

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

4a1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

The prevention services available are primarily focused on substance use prevention in the education system and do not have a focus on overall improvement of emotional well-being to promote improved mental health/ emotional wellness.

4a2. Identify strategies that could potentially be pursued to address this local issue.

The newly formed Schenectady County Substance Use Prevention Coalition will be focusing on identifying opportunities to provide and support further development of strengths based activities that promote resiliency and protective factors as part of the prevention platform. Working with State partners and local community partners to enhance access to safe social activities to reduce risks associated with early onset of substance use.

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

4b1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Access to Crisis Services Youth Moderate: In Schenectady County we have access to an adolescent chemical dependency crisis unit, and inpatient psychiatric unit, however adolescents with mental health care needs that cannot be safely managed on the adolescent unit but who do not meet criteria for psychiatric hospitalization may have reduced access to care within the county. Adults with co-occurring crisis needs also have limited care options, and there are no crisis SUD units. Adolescent Mobile Crisis services are available however length of time for Schenectady response at times impedes utilization of these services. Adult Mobile Crisis team is being developed. Populations with high needs for crisis services include individuals with co-occurring disorders and individuals with high acuity behavioral and functional care limits who refuse services from MH System and remain just below the clinical threshold for involuntary services.

4b2. Identify strategies that could potentially be pursued to address this local issue.

Development of Act style Service Model for individuals in need of safety and treatment supports who are resistant to agency based care models. Urgent Care and/or Para-medicine type models that support crisis response in the community to address medical/mental health emergent needs Ongoing collaboration with community support services, adult protective services, and department of social services.

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

4c1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Access to treatment issues are a combination of limited medical providers, increasingly higher case loads for children's service providers, low staff retention in some agencies, and access issues for individuals with co-occurring disorders particularly for individuals with active substance use disorders, significant mental health impairments, and behaviors identified as personality based.

4c2. Identify strategies that could potentially be pursued to address this local issue.

Peer to Peer trainings for providers, particularly trainings for medical providers both primary care and psychiatric. Regulatory oversight that promotes and reflects best of models of practice for individuals with co-occurring disorders to help maximize culture change within the medical model. Improve retention and clinical capacity through use of technological advances to enhance efficiency and reduce redundancy work while supporting expertise and skill development through training and supervision

Follow-up Questions to "Access to Supported Housing" (Question 3d)

4d1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Housing needs include housing specific to transitional age youth to help foster and further develop living skills. Housing first models of care for individuals who are not yet progressed to abstinence. Specialized housing supports for individuals whose are at risk of causing substantial damage to housing units and as a result face eviction and chronic homelessness. Increased supporting housing units to minimize waitlists.

4d2. Identify strategies that could potentially be pursued to address this local issue.

Increase number of housing units available for transitional age youth that provide skill building and educational supports. Explore housing models that reduce risk of chronic homelessness based on addiction issues. Incorporate behavior modification specialists to explore interventions for individuals who cause intensive home damage.

Follow-up Questions to "Access to Transportation" (Question 3e)

4e1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

High need transportation issues are related to high acuity care need clients who rely on Medicaid transportation and have a difficult time picking up prescriptions, getting to the supermarket, or following guidelines for usage when setting up appointments or meeting spend downs.

4e2. Identify strategies that could potentially be pursued to address this local issue.

Clarify processes for obtaining Medicaid transportation and barriers Work within DSRIP projects to identify opportunities to minimize gaps

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

4h1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

As noted earlier, there is a need for psychiatric medical practitioners in both child and adult services. Retention of clinical staff

4h2. Identify strategies that could potentially be pursued to address this local issue.

Identify incentives for service to areas in need

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

4i1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Individuals with care needs across specialty service areas such DD, MH, and SUD are obfuscated by terminology differences, criteria for eligibility, models of care, and philosophies of practice.

4i2. Identify strategies that could potentially be pursued to address this local issue.

Continued efforts to coordinate case planning and systems planning. Utilize opportunities within DSRIP initiative to further integration and cross systems efficacy.

5. Please indicate how useful each of the following data resources is for your planning, needs assessment, and system management work.

Data Resource	Very	Somewhat	Not Very	Never
	Useful	Useful	Useful	Used
a) CLMHD Data Dashboard	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) OASAS Client Data Inquiry Reports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) OMH County Mental Health Profiles	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) OMH PSYCKES Medicaid Portal	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) BHO Performance Metrics Portal (on OMH Website)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) New York Employment Services System (NYESS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
g) DSRIP Dashboard (on DOH Website)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Health Data NY (DOH Health Data Portal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
i) Open NY (New York's Open Data Portal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

6. In addition to the data resources listed in #5 above, identify other data resources that you found helpful in your planning and needs assessment work and why they were helpful.

County Annual Reports Trackers maintained by OCS OASAS Surveys Schenectady Coalition for a Health Community Mental Health and Substance Abuse Subcommittee Committee Meetings Provider Meetings Community Forums Peer Meetings Client Satisfaction Surveys and Discussions The above noted means for gathering information promotes real time awareness of issues and ability to identify trends and patterns across systems and within systems of care

PART B: Regional Needs Assessment

The 2016 Local Services Plan Guidelines describe planning regions of the Public Health and Health Planning Council (PHHPC) that the Population Health Improvement Program (PHIP) and Regional Planning Consortiums (RPC's) will operate in. Unless otherwise indicated, responses to these questions should be made based on the PHHPC planning regions.

7. Collaborative Planning Activities - Counties are strongly encouraged to work with other counties in their region to identify the major issues that have a regional impact. In this section, describe the planning and needs assessment activities that your agency participated in during the past year with other counties within your PHHPC region. Identify the other counties that were involved in the collaborative planning activities.

Regional planning has largely occurred through the CLMHD Regional Director's meeting. This meeting occurs monthly and is comprised of representatives from the following counties: Warren, Washington, Saratoga, Schenectady, Rensselaer, Albany, Columbia and Greene. At these meetings Counties have shared results of their needs assessments and areas of overlap were identified. Such as the need for a regional adult mobile crisis team (in development). The regional mobile team planning involved Saratoga, Warren, Washington, Rensselaer and Schenectady Counties. A smaller subgroup - Albany, Rensselaer and Schenectady Counties has met to develop crisis respite services for children and adolescents.

8. Assessment of Regional Issues Impacting Youth and Adults - For each issue listed in this section, indicate the extent to which it is an area of need at the regional level for each disability population listed on the right. For each issue that you identify as either a "High" or "Moderate" need, answer the follow-up questions to provide additional detail.

Issue Category	Youth			Adults		
	CD	MH	DD	CD	MH	DD
a) Access to Prevention Services	Low Need	Low Need	Low Need	Low Need	Low Need	Low Need
b) Access to Crisis Services	0	0	0	0	0	0
c) Access to Treatment Services	0	0	0	0	0	0
d) Access to Supported Housing	0	0	0	0	0	0
e) Access to Transportation	0	0	0	0	0	0
f) Access to Home/Community-based Services	Low Need	Moderate Need	0	0	0	0
g) Access to Other Support Services	0	0	0	0	0	0
h) Workforce Recruitment and Retention	0	0	0	0	0	0
i) Coordination/Integration with Other Systems	0	0	0	0	0	0

j) Other (specify):	0	0	0	0	0	0
k) Other (specify):	0	0	0	0	0	0

Follow-up Questions to "Access to Home/Community-based Services" (Question 8f)

9f1. Briefly describe the issue and why addressing it at the regional level is needed.

9f2. Identify strategies that could potentially be pursued to address this regional issue.

10. In addition to collaborating with other counties in your PHHPC region, has your agency collaborated with counties outside your PHHPC region on any planning and needs assessment activities in the past year?

- a. Yes
- b. No

If "Yes", identify the counties that you collaborated with and briefly describe the collaborative activity.

Warm Line and Mobile Crisis Capacity Survey
Schenectady Co Office of Comm Services (70440)
Certified: Mary LaFountain (6/26/15)

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

The questions below were developed out of OMH regional planning discussions in which areas of need were identified across the State. Existing data do not provide a clear picture of current capacity for the two program areas referenced below. Therefore LGUs are being asked to provide some basic information. All questions related to this survey should be directed to Jeremy Darman at Jeremy.Darman@omh.ny.gov or at (518) 474-4403.

1. Does your county have access to a local or regional mental health [warm line](#) ?

- a) Yes
- b) No

6. Does your county have access to a mobile crisis intervention program or mobile crisis team?

- a) Yes
- b) No

7. What is the phone number for the mobile crisis intervention program/team?

Program Directors phone number is 292-5497. Calls to the mobile crisis team are managed via Child Guidance Clinic at 381-8911 or Ellis Crisis 243-4331

8. What is the name of the operator/provider of the mobile crisis intervention program/team??

Parsons

9. What are the days and hours of operation of the mobile crisis intervention program/team??

Waiting for confirmation from Joanne Schneider

10. Additional Comments?

Do you want to add in the potential start date for the regional adult mobile crisis team

Mental Hygiene Priority Outcomes Form
Schenectady Co Office of Comm Services (70440)
Plan Year: 2016
Certified: Mary LaFountain (6/26/15)

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

2016 Priority Outcomes

Priority Outcome 1:

Ensure access to required care and service needs for individuals with significant clinical care needs or functional impairments that cause reliance on specialized health care services and or social supports

Priority Rank: 1

Applicable State Agencies:

OASAS Priority Focus: Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with Recovery Support Services

OMH Priority Focus: Service Coordination/Integration.

OPWDD Priority Focus: Putting People First . **Sub-focus Area(s):** Access to Services/Front Door

Strategy 1.1

As changes continue to occur within the NYS health care system, OCS continues to work with state and local partners to develop and implement an increasingly coordinated system of care responsive to the mental hygiene needs of our most vulnerable residents. The Medicaid Redesign Team (MRT) ushered and advanced movement towards integration of behavioral and physical health care service systems. As changes and improvements in integration of care continue, OCS will continue to work with partners to enhance infrastructures and action plans toward improving efficacy and effectiveness of services while continuing to ensure high acuity care needs are met.

Metric: Meeting notes from committee, subcommittee, and program meetings with respective organizations, cross system forums and training events, ad hoc special care conferences, and scheduled task force and sub-committee meetings. To include but not limited to:

1 DSRIP Project Meetings and involvement on subcommittees and workgroups

2 Participate in Schenectady Coalition for a Health Community meetings and Substance Abuse Mental Health work group

3 SPOA 2015 redesign included completion of new application updated to reflect system changes and better capture needs 2016 will include utilization of new tools to better monitor and manage daisy chain process and bed utilization.

4 Enhance re-entry coordination and monitoring infrastructure via Justice/Mental Health Committee initiated in 2015 will continue to develop and grow 2016

5 OCS will continue to serve as a liaison and lead coordinating agency when restrictive barriers are prohibitive to meeting care needs for individuals with cross system high acuity concerns

State Agencies:

OASAS

OMH

OPWDD

Strategy 1.2

Coordinate across systems, including educational and forensic services, to promote collaborative planning processes and community of care methodologies

Metric: OCS will sustain and further develop comprehensive teams of stakeholders able to develop action oriented response networks and offer provision of multi-disciplinary committees to reduce isolation and fragmentation.

Current Teams include:

1. Bi monthly High Risk Clinical Meeting and High Risk Administration Meeting.

2. Bi-Weekly Children's SPOA

3. Bi-Weekly Adult SPOA

4. Quarterly Dual Recovery Task Force

5. Children's Mobile Crisis Team

6. Start Team

Newly Developed Teams:

1. Justice Mental Health Committee

2. Adult High Risk Committee

3. Schenectady County Prevention Coalition

OCS will also be working with community partners in development of:

1. Regional Adult Mobile Crisis Program

2015 OCS hosted 2 cross system forums 1)Access to Services across OASAS and OMH Provider Agencies, 2) Transitional Age Youth Forum

Plans for 2016 include the development of Transitional Age Committee to support transition and warm hand off between coordinators.

State Agencies:

OASAS

OMH

OPWDD

Strategy 1.3

OCS will continue to work with state and local partners to seek out opportunities for additional housing and case management resources through grants, state funding, redesign activities. As a result of feedback from Community Needs Assessment, the need for additional resources as well as case management were identified as a high priority. It was noted through needs assessment while care coordination services exist functions of case managers is still needed.

Metric: Safe, affordable housing is fundamental to stability and long term recovery. Feedback from committee meetings and community forums has identified the need for more housing solutions and case management supports. In response to this OCS will continue to work toward expanding these crucial services.

Currently, OCS procured 7 Supported Housing beds funded by the OMH Article 28 reinvestment plan for Schenectady County. 3 of these new beds are expected to be dedicated to the forensic population who have a mental illness.

OCS will work collaboratively with DePaul and Schenectady Community Action Program to implement 25 new supportive housing beds.

Local housing providers pilot projects include stabilization and support respite program and post discharge transition program, both involving peer components. OCS will hold discussion at least 3 x a year with program directors to monitor success and provide support towards sustainability for efficacious programs.

OCS will meet with community and provider agencies to monitor need, efficacy of current policies, and explore opportunities via participation in various forums including:

1. Adult SPOA
2. Re-entry Task Force
3. Community Housing Committee
4. Executive Leadership Committee

State Agencies:

OASAS
OMH

Strategy 1.4

Improve outcomes for justice involved youth via implementation of effective behavioral health interventions

Metric: 1. OCS will continue collaboration with JMAP program, which originated in 2014, with implementation of behavioral health screening and provision of targeted case management involving a peer family advocate.
2. OCS will meet at least quarterly with Child Welfare, Juvenile Justice, Public Health, and Department of Social Services to engage in cross-system collaborative planning processes.

State Agencies:

OASAS
OMH
OPWDD

Priority Outcome 2:

Sustain system readiness and expand networked crisis response capacity to maintain effective critical incident management structures

Priority Rank: 3

Applicable State Agencies:

OASAS Priority Focus: Service System Planning/Management. **Sub-focus Area(s):** Conduct Strategic Planning Process

OMH Priority Focus: Service System Planning/Management.

OPWDD Priority Focus: Infrastructure. **Sub-focus Area(s):** Cross-system Collaboration

Strategy 2.1

Provide training and networking/information sharing forums to maintain responsive network and support ongoing development of effective and efficient critical incident management.

Metric: Schenectady County OCS and community partners have responded to a series of critical community incidents over the past several years involving social, environmental, and health crisis triggers with each affecting vulnerable members of the mental health population. While not a day to day focus of the office, the need for organized, rapid response to critical incidents to minimize harm and impact is an important component to service and the OCS community response. In order to sustain capacity and monitor outcomes OCS will:

1. Provide at least 1 psychological first aid training
2. Update volunteer responder list
3. Explore development of Community Trauma Task Force

State Agencies:

OASAS
OMH
OPWDD

Strategy 2.2

Continue efforts to prevent violence, including suicide prevention, through information sharing and improved monitoring capacity

Metric: OCS will host the following meetings:

1. Children's High Risk Administration Meeting
2. Children's High Risk Clinical Meeting

OCS will collaborate with the following organizations to maintain awareness and accurate data:

1. Schenectady County Substance Abuse Prevention Committee
2. National Guard Task Force

OCS will participate in weekly Gang Violence Intelligence Meetings held during the school year.

State Agencies:

OASAS
OMH
OPWDD

Strategy 2.3

Maintain current capacity to ameliorate crisis situations with least restrictive and re-triggering response to help support maintaining impacted individuals linkage to community and community supports.

Metric: Regional Adult Mobile Crisis Unit

Children's Adult Mobile Crisis Unit
EDPRT

MH Respite Beds (Northern Rivers/RSS)

State Agencies:

OASAS
OMH
OPWDD

Priority Outcome 3:

Promote person centered recovery oriented system of care through knowledge sharing and monitoring of innovative programing.

Priority Rank: 2

Applicable State Agencies:

OASAS Priority Focus: Service Improvement/Enhancement . **Sub-focus Area(s):** Implement/Expand Best/Promising Practices

OMH Priority Focus: Service Improvement/Enhancement.

OPWDD Priority Focus: Putting People First . **Sub-focus Area(s):** Self-direction

Strategy 3.1

Provision of trainings focused on Trauma Informed Care. In 2015, OCS in partnership with the Sidney Albert Research Institute, provided 2 Trauma Informed Care (TIC) trainings to the Schenectady County School District. In addition a community TIC training was held at the Schenectady County Library, with 25 participants in attendance. Trainings were also provided to The Bridges out of Poverty Training consortium, Ellis Hospital Staff, and staff at Schenectady Community Action Program. As we move into planning for 2016 cycle of the grant trainings will continue to be offered to community members and family and child serving agencies.

Metric: At least 3 additional trainings provided in 2016.

State Agencies:

OASAS
OMH
OPWDD

Strategy 3.2

Coordinate trainings and facilitate forums designed to increase understanding of eligibility, criteria, and service structures within OMH, OASAS, and DD services systems as a means to support linkage and successful tranistions through increased understanding of eligibility, criteria, and service structures within OMH, OASAS, and DD services systems. Update: OCS organized 2 access to services trainings in 2015, an adult systems forum and a transitional age youth forum. Next steps for 2016 include the formation of a Transitional Age Youth Committee to support adolescents successful maturation into the adult care system.

Metric: 1. Transitional Age Youth Committee work group formed
2. Provision of at least 3 LOCADTR 3.0 trainings completed

State Agencies:

OASAS
OMH

Strategy 3.3

Monitor and evaluate pilot programs utilizing peer expertise to support enhanced outcomes

Metric: Hold discussions with providers and, when possible, service recipients to assess program strengths and areas of improvement:

1. Peer Bridger Program
2. Addiction Treatment Program incorporating after care with built in peer support
3. Stabilization Housing Program
4. Children's Health Home Peer Component

State Agencies:

OASAS
OMH

Strategy 3.4

Increase awareness around the use of Screening, Brief Intervention and Referral to Treatment (SBIRT)

Metric: OCS will work collaboratively with North East Parent Child as implementation of SBIRT moves forward at the Child Guidance Clinic.

State Agencies:

OASAS
OMH

Priority Outcome 4:

Enhance community of care infrastructure to promote wellness and reduce risks associated with addiction

Priority Rank: 4

Applicable State Agencies:

OASAS Priority Focus: Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with Recovery Support Services , Coordinate Care with Other Service Systems

OMH Priority Focus: Service Coordination/Integration.

Strategy 4.1

Partner with stakeholders to plan and implement action steps around response to current opiate use trends and impact of addiction related barriers to health and

wellness

Metric: Participation on Schenectady County Substance Abuse Prevention Coalition
Development of Schenectady County Opioid Overdose Prevention Policy
Coordination of the 6th Annual Schenectady County Celebrates Recovery Recognition Breakfast
Participation on Schenectady Coalition for a Healthy Community

State Agency:
OASAS

Strategy 4.2

Utilize established committee meetings and network relationships to provide cross system planning and evaluation of trends impacting care needs in public mental health services

Metric: 1. Meetings notes from Dual Recovery Task Force, Mental Health Subcommittee, Executive Leadership Committee
2. Maintain record of all incident reports and case conference activities

State Agencies:
OASAS
OMH

2016 Multiple Disabilities Considerations Form
Schenectady Co Office of Comm Services (70440)
Certified: Mary LaFountain (6/26/15)

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

LGU: Schenectady Co Office of Comm Services (70440)

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:

Because Schenectady County does not offer direct care services, we do not have a dedicated staff member who evaluates individuals with multiple disabilities. Schenectady County contracts for mental health, substance abuse and developmental disability services. A clause in each agency contract requires agency participation in all County planning activities, including efforts to improve services for individuals with multiple disabilities. In Schenectady County, all OASAS certified facilities are providing dual diagnosis services.

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:

Schenectady County Office of Community Services has several mechanisms for establishing planning priorities. The following committees and planning bodies are responsible for the planning and monitoring of the emerging needs of individuals with multiple disabilities Schenectady County: the Executive Leadership Committee, the Combined Subcommittee of the Community Services Board, Schenectady County Dual Recovery Task Force, Schenectady County Drug Court Treatment Team, Schenectady County Family Treatment Court Team, Schenectady County Juvenile Treatment Court Planning Team, Schenectady County Mental Health Court Team.

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:

The Office of Community Services resolves disputes among service providers through processes of negotiation, collaboration, innovation and compromise. The Office provides a neutral environment and a constructive process for disputing providers and collateral resources, including the Capital District Developmental Disabilities Services Office. Agencies present recommendations at provider case conferences and collaboratively develop a care plan that addresses client need and agency and system-wide limits. We foster a culture that values collegiality and flexibility in accommodating clients with complex needs, and our agencies negotiate creative care plans that respect each agency's strengths and limits.

When disputes cannot be resolved at clinical and managerial levels, the Office convenes special case conferences at which administrators review case records, work with intake workers or other parties familiar with the client's needs, discussion appropriate level of treatment and develop a proposed care package. Special case conferences focus on coordinating the best possible array of services from resources available in the county for identified clients. The role the Office of Community Services plays in this process is to facilitate case conferences as needed and often to develop a service agreement outlining services after meetings. This is an inclusive process with all the parties participating in the development of the service agreement. We use these processes to identify and to inform and design interventions to address access, quality, culture, capacity and workforce needs.

2016 Community Service Board Roster
 Schenectady Co Office of Comm Services (70440)
 Certified: Mary LaFountain (6/26/15)

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 Kathryn Martin
Physician No
Psychologist No
Represents Public Agency
Term Expires 12/31/2015
eMail kmartin@gw.neric.org

Member

Name Roy Neville
Physician No
Psychologist No
Represents NAMI/Family Member
Term Expires 12/31/2015
eMail rneville@nycap.rr.com

Member

Name Paul Stephens
Physician No
Psychologist No
Term Expires 12/31/2015
eMail paulanns@netzero.com

Member

Name Patrick Carrese
Physician No
Psychologist No
Term Expires 12/31/2015
eMail pcarrese@sphcs.org

Member

Name Robert Corliss
Physician No
Psychologist No
Term Expires 12/31/2015
eMail robertcorliss3@gmail.com

Member

Name Joseph Mancini
Physician No
Psychologist No
Term Expires 12/31/2015
eMail joseph.mancini@schenectadycounty.com

Member

Name Ricard Garnett
Physician No
Psychologist Yes
Term Expires 12/31/2015
eMail

Member

Name Al Tompkins
Physician No
Psychologist No
Term Expires 12/31/2015
eMail havenfc@gmail.com

Member

Name Christine Parsons
Physician No
Psychologist No
Term Expires 12/31/2015
eMail

Member

Name Robert Winchester
Physician No
Psychologist No
Term Expires 12/31/2015
eMail

Member

Name Betty Barlyn
Physician No
Psychologist No
Term Expires 12/31/2015
eMail

Member

Name Michael Petta
Physician No
Psychologist No
Term Expires 12/31/2015
eMail

2016 ASA Subcommittee Membership Form
 Schenectady Co Office of Comm Services (70440)
 Certified: Mary LaFountain (6/26/15)

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

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson

Name Kathryn Martin
eMail kmartin@gw.neric.org
Is CSB Member Yes

Member

Name Joanne Egnaczyk
Represents Conifer Park
eMail jegnaczyk@libertymgt.com
Is CSB Member No

Member

Name Laura Combs
Represents BOCES-CAPIT
eMail lcombs@gw.neric.org
Is CSB Member No

Member

Name Pat Woodward
Represents BOCES-CAPIT Program
eMail
Is CSB Member No

Member

Name Nancy Luther
Represents Northeast Career Planning
eMail nluther@northeastcareer.org
Is CSB Member No

Member

Name Kevin Pausley
Represents Schenectady County Probation
eMail kevin.pausley@schenectadycounty.com
Is CSB Member No

Member

Name Susan Frohlich
Represents NYS OASAS
eMail
Is CSB Member No

Member

Name Dennis Bassat
Represents Father Young Industries
eMail dennisb59@aol.com
Is CSB Member No

Member

Name James Wolff
Represents County Probation
eMail james.wolff@schenectadycounty.com
Is CSB Member No

Member

Name Laura Smith
Represents County Family Court
eMail lasmith@courts.state.ny.us
Is CSB Member No

Member

Name Ronald Butler
Represents Schenectady County Drug Court
eMail rbutler@courts.state.ny.us
Is CSB Member No

Member

Name Stuart Rosenblatt
Represents New Choices Recovery Center
eMail srosenblatt@newchoicesrecovery.org
Is CSB Member No

Member

Name Patrick Carrese
Represents St Peter's Recovery Center
eMail pcarrese@sphcs.org
Is CSB Member Yes

Member

Name Christine Parsons
Represents Schenectady City Mission
eMail
Is CSB Member Yes

2016 Mental Health Subcommittee Membership Form
 Schenectady Co Office of Comm Services (70440)
 Certified: Mary LaFountain (6/26/15)

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

Note: The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Member		Member	
Name	Art Payeur	Name	Audrey LaFrenier
Represents	Parent Advocate	Represents	Parsons Child & Family Center
eMail		eMail	lafrena@parsonscenter.org
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Bill Dickson	Name	Cindy Damrocia
Represents	Capital District Psychiatric Center	Represents	Schenectady ARC
eMail	cdfmwjd@omh.state.ny.us	eMail	cindydamrocia@arcschenectady.org
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Claire Wieman	Name	Jodi Kovach
Represents	Ellis Hospital Mental Health Services	Represents	ACT Team -- Mohawk Opportunities
eMail	wiemanc@shine.org	eMail	jkovach@mohawkopportunities.org
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Joseph Gallagher	Name	Kiki Garg
Represents	Mohawk Opportunities	Represents	Northeast Career Planning
eMail	jgallagher@mohawkopportunities.org	eMail	kgarg@northeastcareer.org
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Lynne Davidson	Name	Mark Sheehan
Represents	Peer Advocacy Program	Represents	ARC Schenectady
eMail	DavidsonLA@ellishospital.org	eMail	MarkSH@arcschenectady.org
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Pat Goins	Name	Roy Neville
Represents	Family Advocate	Represents	NAMI/Family Advocate
eMail	dpgoins@nycap.rr.com	eMail	rneville@nycap.rr.com
Is CSB Member	No	Is CSB Member	Yes

Member		Member	
Name	Tricia Brownell	Name	Karyn Watson
Represents	Union Street Residence	Represents	Mohawk Opportunities
eMail	cdretlg@omh.state.ny.us	eMail	kwatson@mohawkopportunities.org
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Kim Hostig	Name	Cheryl Bradt-Hyland
Represents	Franklin Street Clinic	Represents	Family & Child Services of the Capital Region
eMail	cdiskah@omh.state.ny.us	eMail	cbhyland@fscapitalregion.org
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Denise Pross	Name	Judy Zuchero
Represents	Northeast Career Planning	Represents	Capital District Center for Independence
eMail	dpross@northeastcareer.org	eMail	jzuchero@cdciweb.com

Is CSB Member No
Member Name Kimarie Sheppard
Represents Bethesda House of Schenectady
eMail ksheppard@bethesdahouseschenectady.org
Is CSB Member No

Member Name Maia Betts
Represents Rehabilitation Support Services
eMail mbetts@rehab.org
Is CSB Member No

Member Name Robert Corliss
Represents NAMI
eMail robertcorliss3@gmail.com
Is CSB Member Yes

Is CSB Member No
Member Name Lou Magliocca
Represents Capital District YMCA
eMail lmagliocca@cdymca.org
Is CSB Member No

Member Name Sandy Cohen
Represents Northeast Career Planning
eMail scohen@northeastcareer.org
Is CSB Member No

Member Name Joseph Mancini
eMail joseph.mancini@schenectadycounty.com
Is CSB Member Yes

2016 Developmental Disabilities Subcommittee Membership Form
 Schenectady Co Office of Comm Services (70440)
 Certified: Mary LaFountain (6/26/15)

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

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson

Name Kathryn Martin
eMail kmartin@gw.neric.org
Is CSB Member Yes

Member

Name Joseph Mancini
eMail joseph.mancini@schenectadycounty.com
Is CSB Member Yes

Member

Name Joseph Morelli
Represents Living Resources Corp.
eMail joe.morelli@livingresources.org
Is CSB Member No

Member

Name Kathy Lupi
Represents Schenectady City Schools
eMail lupik@schenectady.k12.ny.us
Is CSB Member No

Member

Name Toni Wakefield
Represents Family & Child Services of Sch'dy
eMail twakefield4@verizon.net
Is CSB Member No

Member

Name Chris Schelin
Represents Center for Disability Services
eMail schelin@cfdnsny.org
Is CSB Member No

Member

Name Mark Sheehan
Represents Schenectady County ARC
eMail MarkSH@arcschenectady.org
Is CSB Member No

Member

Name Sheila Brazie
Represents Capital District DDSO
eMail sheila.brazie@omr.state.ny.us
Is CSB Member No

Member

Name Alan Krafchin
Represents Center for Disability Services
eMail krachin@cfdnsys.org
Is CSB Member No

Member

Name Donna Lamkin
Represents Center for Disability Services
eMail lamkin@cfdnsys
Is CSB Member No

Member

Name Janine Kruiswijk
Represents Autism Society, Albany Chapter
eMail jkruiswijk@albanyautism.com
Is CSB Member No

Member

Name Judy Zuchero
Represents Capital District Center for Independence
eMail housing@cdciweb.com
Is CSB Member No

Member

Name Larry Fuld
Represents Catholic Charities Disabilities Services Unit
eMail larryf@ccdservices.org
Is CSB Member No

Member

Name Laurie Lichtel
Represents Capital District Center for Independence
eMail development@cdciweb.com
Is CSB Member No

Member

Name Mary Ann Allen
Represents Wildwood Programs
eMail mallen@wildwood.edu
Is CSB Member No

Member

Name Richard Johnson
Represents Child & Adolescent Mobile Team
eMail johnsor@parsonscenter.org
Is CSB Member No

Member

Name Danielle Mazza
Represents Wildwood
eMail dmazza@wildwood.edu
Is CSB Member No

Member

Name Laura Taylor
Represents Center for Disability Services
eMail l_taylor@cfdnsny.org
Is CSB Member No

Member	
Name	Robert VanZetta
Represents	Family & Child Services of Schenectady
eMail	bvanzetta@familyandchildservice.com
Is CSB Member	No

2016 Mental Hygiene Local Planning Assurance
Schenectady Co Office of Comm Services (70440)
Certified: Mary LaFountain (6/26/15)

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 2016 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 2016 Local Services planning process.