

2018
Local Services Plan
For Mental Hygiene Services

Westchester Co. Dept of Community MH
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Planning Form	LGU/Provider/PRU	Status
Westchester Co. Dept of Community MH	70270	(LGU)
Executive Summary	Optional	Certified
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Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

2017 Local Plan - Executive Summary

Westchester County's 2018 Local Plan Executive Summary reflects the continued transformation agenda from all mental hygiene areas and the ongoing managed care planning for both behavioral health and developmental disabilities. Westchester County LGU has significant concerns of the many challenges the public behavioral health system is experiencing including timely and appropriate access and adequate services for individuals with behavioral health issues and their families. The challenges include reduction of access to sometimes critical State Psychiatric Hospitalization for those children/adults with significant mental health issues; adequate housing options for individuals with serious mental health issues; inadequacy of Health Home Care Management for children and adults with serious mental health issues (compared to ICM/SCM) and lack of access to outpatient treatment due to issues of insurance, capacity and fiscal strain on providers. Even with new OMH Reinvestment funding, and opportunity to expand outreach, respite, peer support and housing, these resources often do not meet the needs and capacity to serve youth/individuals with serious mental health issues, and often have complex needs. There continues to be questions, and concern, about adequate services for individuals and what resources will be available for communities to implement, as part of the local planning process, in a managed care environment and how will the managed care entities be held accountable for ensuring access and quality at the community level. This has been the role of county government since Article 41 was established. Westchester County strongly believes that the maintenance of this planning role is critical to the successful implementation of managed care. Westchester County has been an active participant in working with our Regional County partners and the NYS OMH, OASAS, OPWDD to plan and prepare for the change in the service delivery system. This includes active participants in Regional Planning Consortiums (RPC) as well as SPOA/Health Home committees for children and other important planning bodies.

Background - The Plan

For the past several years, Westchester's Local Plan was developed to align with our System of Care principles and values established by the department and key stakeholders including service providers, consumers, family members, advocates, community organizations and systems partners. Our system of care infrastructure supports local community and county planning and identified the strengths, needs and challenges in our system and allows us to do comprehensive planning and address various needs. The system of care principles, which include peer and family driven, person-centered/wraparound services, racial/cultural and linguistic competent care, access, service choice and needs driven care, continue to drive the planning of the department and influence our approach of the transformation agenda and managed care implementation. There is growing concern that some of the recent changes in the transformation agenda, such as implementation of Health Home/Care Management for children and adult, do not support person-centered planning, and not place value on relationships or connectedness. This appears to be evidence in shrinking resources for children and adults who require "more intensive services" for period of time such as hospitalization, higher level of residential care and more intensive case management.

Highlights

DCMH Psychological Response Team continues to provide a coordinated psychological response to victims, their families, the community and emergency workers. The DCMH Psychological Response team is comprised of 15 mental health professionals with the knowledge and skills to respond adequately and efficiently to the mental health needs of individuals, communities, organizations during the times of a disaster, crisis or other critical incidents.

Over the past several years, Westchester County, as with many other counties, has faced the rise of opioid deaths, especially young adults. In response to this problem, Westchester County Executive has charged DCMH to take the lead, in partnering with Westchester County Dept of Health and Public Safety to take implement Project W.O.R.T.H.Y (Westchester Opioid Response Teams Helping You). The initiative will be launched on June 7, 2017 and include a multi-faceted response in addressing the complex issues of opioid addiction. This includes coordinating efforts with all key stakeholders and providing education-prevention-help and integration in a comprehensive and coordinated way.

Westchester County's Children and Adult SPOA continue to play an important role in managing the system and coordinating timely and appropriate access to those children and adults with serious mental health issues and often have complex needs. Westchester, as with most other counties, has seen the negative consequences of Health Home/care management referrals not being coordinated through the local SPOAs. People have been underserved, inappropriately placed, on pending lists and do not have access to the comprehensive opportunities as they would accessing the SPOA. Furthermore, there is not the same accountability (across the board county-providers-etc) that SPOA offers. This is a major gap.

DCMH has created a new Performance Outcome Measures (POMS) system that will include all providers of services that are contracted by DCMH. The POMS web-based system will track data, utilization and performance measures and will be part of the overarching monitoring and oversight of services and contracts.

Westchester Autism Advisory Committee has expanded its scope of responsibility and reach and has dedicated a position with DCMH for planning and coordination of efforts. The committee, consisting of providers, advocates, and family members has focused on expanding opportunities for young adults including social supports, vocational/employment opportunities and other services.

Workforce Training and Awareness

Westchester DCMH continues to provide multiple Crisis Intervention Training (CIT) for police and first responders. The CIT training is offered 2-3x per year and sponsored by DCMH and Public Safety.

Westchester DCMH continues to partner with various organizations in providing Youth and Adult Mental Health First Aid Training. A Learning Collaborative was created to support and coordinate efforts between the organizations and trainers.

DCMH continues to co-chair our Suicide Prevention and Awareness Task Force. In 2016, Westchester received a small planning grant from the Suicide Prevention Center of NY for planning. The Task Force has been active in providing training, education as well as examining local data to target efforts and interventions. The Task Force also created a College Behavioral Health Learning Collaborative to collaborate with colleges, county departments, providers, advocacy groups and JED Foundation to provide support to all 13 local colleges.

DCMH, in partnership with County Autism Advisory Committee and County Public Safety trained 500 police officers in a 2-hour stand alone Autism course. The focus of the course was on teaching de-escalation strategies of those who are in crisis and have Autism.

Mental Hygiene Goals and Objectives Form
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (6/1/17)

1. Overall Needs Assessment by Population (Required)

Please explain why or how the overall needs have changed and the results from those changes.

a) Indicate how the level of unmet **mental health service needs**, in general, has changed over the past year: Improved Stayed the Same Worsened

Please Explain:

As other counties are experiencing throughout the state, Westchester County has been challenged with recent changes to the mental health system that has resulted in an increase in unmet service needs and concerns regarding appropriate access, intensity of services and appropriate support for both adult and children with serious mental health issues. Specifically changes in clinic funding, health home implementation/care management (from ICM/SCM) intensity of service, lack of access to state hospital and children's RTF services has led to many of the unmet needs.

Westchester's Adult SPOA, which oversees residential, care management, and ACT services, has seen a significant increase in need in all of these areas. Residential Services, are all at capacity and are operating on significant waitlists. The waitlist for residential placement in Westchester is currently 950. There are individuals who have been waiting for years for housing. Our most intensive level of housing, Community Residence (CR), is licensed by OMH and is at a premium, often designated for individuals who are court-mandated for treatment or coming out of state hospitals. This level of housing has a set capacity of beds and there is clearly a need for expansion for this important level of care for individuals. The push to reduce state hospital beds has also led to tremendous pressure to place individuals coming out of Rockland Psychiatric Center (RPC) rather than individuals already in the community. With an increasing cohort of individuals who are living with aging parents who are no longer able to provide for their care, SPOA are faced with the issue of not being able to serve our population equitably. The majority of new Supported Housing beds are designated for individuals coming out of RPC or local inpatient units, as well as the justice-involved population. These individuals invariably have a variety of complex needs, and the very independent level of care is often not appropriate for many. We have received OMH State Aid funding for, and have created, several support services, such as Mobile Outreach Team, Transitional Outreach Team and enhanced Peer and Respite supports, but these programs quickly fill to capacity, and even with the intense supports, individuals are often unable to obtain a level of self-sufficiency necessary to remain safely in the community. There is a significant need for Single Room Occupancy (SRO) with on-site support staff. This level of care has proven extremely successful in stabilizing individuals with high-needs and assisting in maintaining a safe community. Westchester has one SRO. Staff are on-site, and this residence has minimal turnover and tremendous level of success with its residents maintaining their recovery in the community.

Adult Mental Health Services has also been impacted by transition from ICM/SCM to Health Home Care Management, and lack of intensity and services. The LGU/SPOA has experienced a significant increase in calls from individuals and providers who are dissatisfied with the services they are receiving. We also receive frequent calls from Care Management providers who are frustrated that they are unable to provide sufficient quality of care under the new system and not meeting individual's needs.

The LGU is experiencing an increased need for Assertive Community Treatment services (ACT). Westchester County is currently at capacity and individuals are decompensating and experiencing re-hospitalization as they are placed on a waiting list for ACT services. ACT teams remain fiscally viable by Medicaid, however the county has had a significant increase of individuals referred who are not Medicaid eligible. This is also placing a great strain on our ACT programs.

Children's Mental Health services has been impacted by Health Home implementation. Specifically those children and families who had been served under Intensive Case Management and were reduced to Health Home Care Management level of care. These are children with serious mental health issues whose needs were met by intensity of ICM visits and services. Health Home Care Management is not able to meet their level of service need and respond in a timely and efficient way. In addition to change from ICM to HH/CM, the roll-out of health homes have impacted children as well. Providers, many who have absolutely no experience in children's mental health, are assigned to children with serious mental health issues with no experience in local system of care including practices and resources. The absence of SPOA has led to lack of accountability, appropriate placement of services and denies access to additional resources and support including family support and respite services. The children's system has also experienced lack of access to RTF placements. As PACC has limited eligibility and become more rigid children with serious emotional challenges are not gaining access to this often important resource. There has also been significant impact of access to RCPC State Hospital.

There continues to be challenges serving individuals (adults and youth) with co-occurring mental health and substance use issues. On a positive note providers are more eager, have created capacity and best practices to serve this population of individuals who often are sent back and forth to each system. While there has been interest to provide more integrated services, regulations continue to be a barrier in achieving an integrated model of care.

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, in general, has changed over the past year: Improved Stayed the Same Worsened

Please Explain:

The level of unmet SUD need has increased due to a variety of factors. The increase use of heroin and the resulting consequences, combined with health care system reforms has highlighted existing weaknesses and gaps in our SUD service delivery system.

The number of Westchester County SUD treatment admissions in 2015 was 10,006; this represents admission to all level of care. The average daily enrollment by services type is – Crisis Services 50; Inpatient Rehabilitation 139; Residential 64 and Outpatient Services (clinic and rehab) 1,892. The primary drug of choice was alcohol with 38.9% followed by heroin at 23.4%. In 2015, the number of deaths due to opioid overdose was 83, up from 59 deaths in 2014, the number of emergency room visits was 130 and there were 422 Narcan saves.

Data from SAMHSA, National Survey on Drug Use and Health indicates that the percentage of Westchester County residents with dependence or abuse of illicit drugs or alcohol is above the State average at 5.43 for youth ages 12 to 17 and 19.83 for young adults ages 18 to 25.

While Westchester County is not designated a federally designated health professional shortage area for SUD professionals the area has a high prevalence of alcoholism and substance use, and this translates into an increased need for SUD professionals.

As identified in the Mid-Hudson DSRIP Region Needs Assessment, less than 27% of individuals engage in AOD treatment within 30 days after initiation-73% of clients are not engaged in treatment 30 days after initiation. Additionally, data obtained from the NYS OASAS Client Data System presented below indicates the need for continued support for the use of evidence based programs to improve client outcomes-to increase treatment retention and success rate for clients.

20% of discharged clients do not achieve their goals related to alcohol-1% improvement over 2015;

19% of clients are discharged against clinical advice-12% improvement over 2015;

26.5% of clients are discharged without having met any treatment goals- no change over 2015;

29% of discharged clients do not achieve their goals related to drug- no change over 2015;

40.5% of clients are discharged unemployed-1.5% decrease over 2015;

No discharge referrals are made for 39.8% of discharged clients-1.2% improvement over 2015;

30.4% of Social Functioning goals are not met-.6% improvement over 2015;

25.9% of Emotional Functioning goals are not met-1.1% improvement over 2015;

25.4% of Family Situation goals are not met-2.6% improvement over 2015;

21.6%of clients did not participate in individual counseling sessions and 63.9% participated in 1 to 9 sessions, compared to 19% and 67% respectively in 2015.

Resources are not only needed to support providers in improving client outcome but to also assist in adopting and implementing more effective business practices.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, in general, has changed in the past year: Improved Stayed the Same Worsened

Please Explain:

DCMH has expanded Westchester's Autism Advisory Committee and has added a DCMH staff person to assist with these efforts.

Individuals have been served by the Front Door and there has been an increase in services being approved to individuals from previous years.

Westchester has seen a negative impact since OPWDD has taken over regional responsibility of housing vacancy management. DCMH had previously worked in partnership with OPWDD DDRO in managing the vacancies. DCMH staff would provide priority referrals to the housing providers and limite vacancies. Unfortunately, since DCMH role was abolished, and Hudson DDRO is managing housing opportunities, there has been a significant increase in vacancies. This is concentering considering the need and lengthy waiting list.

There continues to be a significant need for crisis/stabilization services for individuals with developmental disabilities. While the START model is an effective approach, it is so limited in it's scope as a small program covering an entire region. There also continues to be a need for out of home respite opportunities for individuals.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

The highest level of unmet need in our County is housing services for individuals. Our Adult SPOA, which oversees residential services, reports a waitlist of 950 individuals. There are individuals who have been waiting for years for housing. Many of the "priority individuals", individuals with significant mental health issues, trauma, and other complex issues/needs, are often unable or not successful in transitioning out of state hospital/or other restrictive settings, into lower levels of community care.

We are working closely with our systems partners (Dept of Social Services) and Continuum of Care (COC) Housing committee to maximize and better coordinate our resources and options. However in the absence of expanded appropriate levels of care (CR, SRO) and the reality that many individuals with SMI do need support/services of high-levels of care we continue to struggle to meet the demand for appropriate housing. There is concern that there is an increase of individuals with SMI placed in local county drop-in centers, homeless shelters and frequent users of emergency departments (based on local county planning data and survey, 2016).

- SUD

Currently Westchester County has 58 residential beds-47 community and 11 supportive beds. Under the residential redesign it is anticipated that all 58 beds will be converted to the "Reintegration" designation. There are 86 homeless housing units- 66 HUD units and 20 MRT units.

In 2016, 842 homeless clients were admitted to treatment. Of those 38 were younger than 22 years old and 83 were between the ages of 22 to 25 years. At discharge, 608 clients were discharged homeless. Of those 26 clients were younger than 22 years old and 43 between the ages of 22 to 25 years. (OASAS Client Data System)

7.8 % of all 2016 discharges are discharged homeless.

Our existing 58 residential beds have an average UR of over 95%. Westchester proposes the development of additional beds, with a specific residence targeted to those ages 16 to 21 years.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

To increase the number of beds targeted to the SUD population
To support the use of a Housing First model
To maximize participant housing retention

Objective Statement

Objective 1: Working in partnership with the Westchester County Continuum of Care, including WC DSS the LGU seeks to maximize current funding and to support new funding/programs targeted to the SUD population.

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: The Retention Housing Committee facilitated by the LGU provides technical assistance, support and guidance to housing providers who are providing services to high need clients.

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

We are working closely with our systems partners (Dept of Social Services) and Continuum of Care (COC) Housing committee to maximize and better coordinate our resources and options. As always, we are trying to provide person-centered, wraparound planning for individuals with complex needs and utilizing services such as peer-peer, respite, outreach to support a community plan.

2c. Crisis Services - Background Information

Westchester has seen an increase (based on DSS, DCMH data sources, 2016) in individuals with serious mental health issues using drop-in centers, placed in shelters and in/out of emergency departments. This is attributed to inappropriate/failed hospital discharge plans, access to outpatient treatment (payment/insurance, capacity), less intensive care management, and other life stressors (housing, lack employment, economy, etc)

SUD Services

Westchester County has a population of 946,646, and there are no Medically Monitored Withdrawal Services in the County.

In reviewing 2016 treat and release ER data for patients presenting with BH issues from St. John's Riverside Hospital and St. Joseph's Hospital, chemical dependency was the most frequent BH visit type. BH visits were 2.5% of total ER visits for St. John's Riverside Hospital 18% off total ER visits for St. Joseph's Hospital.

St. John's Riverside Hospital-adults comprise 92% of all BH related ED visit; 88% were residents of Westchester and 49% were Medicaid patients.

St. Joseph's Hospital- adults comprise 89% of all BH related ED visit; 86% were residents of Westchester and 22% were Medicaid patients.

High utilizers defined as three (3) or more ED visits in a year were identified as SUD clients.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Westchester has been working with DSRIP PPS, planning partners in an effort to create a "triage hub" to better assess, stabilize and direct appropriate services to individual who are in immediate need (and often end up in emergency rooms or shelters). To date, we have not been able to identify the necessary resources to establish a triage hub.

St. John's Riverside Hospital in partnership with the LGU, DSRIP PPS, NYS OASAS and OMH will open a 13 bed crisis unit.

Objective Statement

Objective 1: To identify and secure operational funding by determining and obtaining the appropriate operating license.

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

2d. Workforce Recruitment and Retention (service system) - Background Information

While Westchester County is not designated a federally designated health professional shortage area for SUD professionals the area has a high prevalence of alcoholism and substance use, and this translates into an increased need for SUD professionals. Data from SAMHSA, National Survey on Drug Use and Health indicates that the percentage of Westchester County residents with dependence or abuse of illicit drugs or alcohol is above the State average at 5.43 for youth ages 12 to 17 and 19.83 for young adults ages 18 to 25.

The current health care environment amplifies the need for better trained staff at all levels of services delivery. The fields' ability to attract and retain qualified staff is hampered by low salaries, stressful work environment and high work load. This is also reflected in the workforce survey completed by providers

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

To increase staff effectiveness in providing quality EB services resulting in positive client outcome.
To improve effective business practices

Objective Statement

Objective 1: To provide and support trainings in EB programs, including implementation support to ensure fidelity.

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: To provide and support trainings in effective business practices.

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

Westchester sponsored a Crisis Stabilization forum early 2017 with the goal of creating a blueprint for a comprehensive, system-wide, child/family centered, system of care that reduces the trauma, use of emergency rooms and avoidable involuntary hospitalizations and coercive treatment and overall promotes mental well-being of children in Westchester County. This includes shared principles for approaching crisis service delivery, share Westchester County preliminary mapping process and PPS work group findings as well as explore areas of opportunity to create a continuum of crisis stabilization response. A full day was spent involving county planners, law enforcement, providers, advocates, schools, crisis responders, and other key stakeholders for children system and full day for adult system.

There continues to be overall an "over dependence" on hospitalizations, often unnecessary due to lack of continuum of services/crisis response as well as need for more education to providers and community on addressing crisis and risk/tolerance.

There is also concern on restricted/limited access to State Hospitals when indicated and desperately needed. This has led to inappropriate and often unsafe discharge plans of youth/adults back into the community, or shelter and drop-in centers.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Continue planning from Crisis Stabilization Forum - work with DSRIP PPS, Providers and county departments to enhance continuum of services and provide education on addressing crisis situations

Advocate for access to state hospital when essential

Objective Statement

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

With a County population of 946,646, there is no adult recovery center located in Westchester.

40.5% of clients are discharged unemployed-1.5% decrease over 2015

30.4% of Social Functioning goals are not met-.6% improvement over 2015

25.9% of Emotional Functioning goals are not met-1.1% improvement over 2015

25.4% of Family Situation goals are not met-2.6% improvement over 2015

The data cited speaks to the need for additional community supports. In addition to treatment providers being more effective, a Recovery Center can build upon the therapeutic process started in treatment. This service is a needed relapse prevention support and provides a cost effective way of supporting and enhancing the treatment continuum.

Do you have a Goal related to addressing this need? Yes No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

The need for additional financial resources is crucial to the development of services

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

Access to outpatient mental health services continues to be of concern to the county LGU. Providers have been challenged by clinic restructuring rates as well as low rates for most commercial insurances. Most public mental health providers do not accept a many commercial insurances and this has led to a gap of outpatient services as panel providers are often limited and do not provide the quality of services our outpatient clinics offer. Westchester continues to struggle with significant waiting lists throughout the county and lack of psychiatrist. This has been a major obstacle especially when discharging from psychiatric hospitals.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Unfortunately LGU has limited, if any, influence on commercial insurance rates and clinic rates. We have tried to coordinate efforts with providers and explore waiting lists and for children's clinics explore expansion of school-based satellite clinics.

Objective Statement

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

As previously noted, Westchester County has felt loss of ICM/SCM for both adult and children's mental health system. There are serious concerns about the lack of intensity of Care Management for children and adults with serious mental health issues and the lack of understanding the value of relationships and connectedness that ICM/SCM model offered and effectiveness of the intervention. There are further concerns about establishment of Care Management programs that are "enrolling" individuals and lack skills, experience and training to serve this population. There is limited/no accountability of the system by not having a SPOA process and individuals and children are "falling though the cracks". This often results in unmet needs, increased hospitalization or emergency/crisis needs and other systems becoming "default system".

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Objective Statement

Change Over Past 12 Months (Optional)

Westchester, along with many other counties, continue to work with state agencies, Health Homes and Care Management providers to better coordinate efforts, "train" in local systems of care and try to hold each other accountable as much as possible in the absence of a state comprehensive, system of care plan.

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3a. Medicaid Redesign - Background Information

The redesign affected the fiscal survival of some programs. Some programs did not possess the business infrastructure to effectively adapt to the new environment and were unable to keep their programs open. This occurred despite the availability of technical assistance.

The ability of providers to reinvent excess revenue "not to apply" back into their program was beneficial to the system, allowing provider to strength their fiscal infrastructure.

The challenge ahead now for providers lies with the transition towards value based payment. The formation of IPA or other types of associations, the use of data to drive clinical and fiscal decisions, the need to employ revenue cycle management strategies are all new clinical and business models that mist now be employed.

Additionally, the development of HH and HCBS services has amplified the need for service coordination and collaboration. Due to the limited data currently available it is difficult for the LGU to determine at this time how effectively the SUD population is being served.

Do you have a Goal related to addressing this need? Yes No

Goal Statement- Is this Goal a priority goal? Yes No

To ensure the continued availability of SUD services

Objective Statement

Objective 1: To conduct site/program visit and monitor data to determine program efficacy on a clinical and fiscal level

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: To provide technical assistance and support where necessary and as appropriate.

Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

Do you have a Goal related to addressing this need? Yes No

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (5/31/17)

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

1. For Criminal Procedure Law 730 Chargeback Budgeting: Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted

Budget is based on historical costs and projected individuals served under CPL 730 with our budget department.

Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

2. For Local Administration of the Assisted Outpatient Treatment Program:

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment.

Every individual that is admitted to an inpatient unit in Westchester is screened for AOT. Outpatient programs and treatment providers contact DCMH AOT Coordinator if they have an individual that meets criteria for an AOT petition.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

Referrals for housing and case management/ACT come through the SPOA for services. Each Friday, representatives from DCMH, including SPOA, forensic liaison and AOT team meet to discuss priority access to services. Once services are put into place, the AOT coordinator receives weekly reports to ensure that services are being provided as outlined in the court order. Quarterly meetings with the individual and/or outpatient treatment provider are scheduled to review progress and troubleshoot any issues.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

The providers include Phelps Hospital, St Vincent's Hospital, St Joseph's Hospital, Montefiore Mt Vernon Hospital, Mental Health Association of Westchester, CHOICE, Human Development Services of Westchester, MHA ACT, St Vincents ACT, Westchester Medical Center ACT and Montefiore Mt Vernon ACT

Questions regarding this survey item should be directed to Rebecca Briney at Rebecca.Briney@omh.ny.gov or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System, please contact the OASAS Planning Unit at 518-457-5989 or by email at oasasplanning@oasas.ny.gov

Community Service Board Roster
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (5/30/17)

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

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 Susan Wayne
Physician No
Psychologist No
Represents Family Services of Westchester
Term Expires 12/31/2017
eMail swayne@fsw.org

Member

Name Mark Herceg
Physician No
Psychologist Yes
Represents DCMH
Term Expires
eMail msh9@westchestergov.com

Member

Name Claus Von Schorn
Physician Yes
Psychologist No
Represents Montifiore
Term Expires 12/31/2017
eMail evonchorn@sshsw.org

Member

Name Grant Mitchell
Physician Yes
Psychologist No
Represents Mt Sinai Hospital
Term Expires 12/31/2018
eMail grantmitchell@gmail.com

Member

Name Steven Shainmark
Physician Yes
Psychologist No
Represents St Vincent's Hospital
Term Expires 12/21/2016
eMail sshainmark@svwjmc.org

Member

Name William Mautner
Physician No
Psychologist No
Represents Advocate
Term Expires 12/31/2018
eMail wrmautner@gmail.com

Member

Name Patricia Edelstein
Physician No
Psychologist No
Represents Advocate
Term Expires 12/31/2018
eMail pate1391@verizon.net

Member

Name Robert Berman
Physician No
Psychologist No
Represents Advocate
Term Expires 12/31/2018
eMail

Member

Name Barbara Waltman
Physician No
Psychologist No
Represents NY Hospital
Term Expires 12/31/2018
eMail bwaltman@nyp.org

Member

Name Richard Swierat
Physician No
Psychologist No
Represents WARC
Term Expires 12/31/2018
eMail rswierat@arcwestchester.org

Alcoholism and Substance Abuse Subcommittee Roster
 Westchester Co. Dept of Community MH (70270)
 Certified: Dahlia Austin (6/1/17)

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

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 Ellen Morehouse
Represents Student Assistance Services Corp.
eMail sascorp@aol.com
Is CSB Member Yes

Member

Name Brian Kaley
Represents Sr. John's Riverside Hospital
eMail bkaley@riversidehealth.org
Is CSB Member No

Member

Name Amy Gelles
Represents The Guidance Center of Westchester
eMail agelles@theguidancecenter.org
Is CSB Member No

Member

Name Adrienne Marcus
Represents Lexington Center for Recovery
eMail amarcus@lexingtonctr.org
Is CSB Member No

Member

Name Judy Burns
Represents Northwell Health
eMail jburns7@northwell.edu
Is CSB Member No

Mental Health Subcommittee Roster
 Westchester Co. Dept of Community MH (70270)
 Certified: Michael Orth (5/30/17)

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

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.

Co-chairperson

Name Ashley Brody
Represents Public Representative
eMail abrody@searchforchange.com
Is CSB Member Yes

Co-chairperson

Name Susan Wayne
Represents Public representative
eMail swayne@fsw.org
Is CSB Member Yes

Member

Name Kerry Megley
Represents Family
eMail kmegely@familytieswestchester.org
Is CSB Member No

Member

Name Claus von Shorn
Represents Public Representative
eMail cvonscho@montefiore.org
Is CSB Member Yes

Member

Name Andrea Kocsis
Represents Public representative
eMail akocsis@hds.org
Is CSB Member Yes

Member

Name Jeff Apotheker
Represents Public Representative
eMail japotheker@wjcs.com
Is CSB Member No

Member

Name Amy Colesante
Represents Advocate
eMail amymh@comcast.net
Is CSB Member No

Member

Name John Francis
Represents Public representative
eMail jfrancis@svwsjmc.org
Is CSB Member No

Member

Name Ellen Morehouse
Represents Public Representative
eMail sascorp@aol.com
Is CSB Member Yes

Member

Name Sharon McCarthy
Represents NAMI Westchester
eMail sharonm@namiwestchester.org
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Westchester Co. Dept of Community MH (70270)
 Certified: Michael Orth (5/31/17)

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

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.

Co-chairperson

Name Mark Herceg
Represents Public Representative
eMail msh9@westchestergov.com
Is CSB Member Yes

Co-chairperson

Name Pat Edelstein
Represents Family
eMail pate1391@verizon.net
Is CSB Member Yes

Member

Name Naomi Brickel
Represents Family
eMail nbrickel@wihd.org
Is CSB Member No

Member

Name Shelly Klein
Represents Family
eMail accwest@aol.com
Is CSB Member No

Member

Name Barbara Masur
Represents family
eMail b.measure@verizon.net.
Is CSB Member No

Member

Name John Maltby
Represents family
eMail maltyby@wihd.org
Is CSB Member No

Member

Name John Porcella
Represents Public representative
eMail jep@communitylivingcorp.org
Is CSB Member No

Member

Name Ric Swirat
Represents Public representative
eMail rswirat@westchesterarc.org
Is CSB Member Yes

Member

Name Sheri Muth
Represents Public Respresentative
eMail sheri.muth@jawonio.org
Is CSB Member No

Member

Name Amy Coccodrilli
Represents Public representative
eMail amy.coccodrilli@opwdd.ny.gov
Is CSB Member No

Member

Name Judith Ovidvaran
Represents Family
eMail judyomid@aol.com
Is CSB Member No

2017 Mental Hygiene Local Planning Assurance
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (6/1/17)

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

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 2018 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 2018 Local Services planning process.