

2017  
Local Services Plan  
For Mental Hygiene Services

Yates County Dept of Community Service  
August 17, 2016



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Yates County Dept of Community Service</b>	<b>70390</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Needs Assessment Report	Required	<b>Certified</b>
Multiple Disabilities Considerations Form	Required	<b>Certified</b>
Priority Outcomes Form	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
OMH Transformation Plan Survey	Required	<b>Certified</b>
LGU Emergency Manager Contact Information	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**2017 Needs Assessment Report**  
 Yates County Dept of Community Service (70390)  
 Certified: George Roets (6/10/16)

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

**PART A: Local Needs Assessment**

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

Yates County an increased demand for mental health and drug and alcohol services that has been reflected in wait times for service and decompensating and relapses due to unavailability of outpatient services for adults and adolescents. This reflects several issues; the heroin epidemic, state psychiatric center downsizing, lack of public transportation, lack of adequate/affordable, housing for the chronically mentally ill, lack of job opportunities, lag in implementation of new state community based services and expanding poverty. In addition to the above the availability of healthy outlets for the chronically mentally ill, emotionally disturbed youth and youth in general add to the above noted problems.

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

The service needs are many and include lack of adequate prevention services for all age groups and disabilities. There are some services at the schools for children and youth but those are noted to be only a fraction of the need. Prevention services for adults are minimal, scattered and due to lack or underfunding woefully insufficient. Community based treatment is reflected in a lack of psychiatrists, and other professional staff, waiting lists for services, long waits for psychiatric evaluations and assessments. Psychiatric inpatient treatment is available in the community but out of community resources are utilized to meet the need. Short term treatment is adequate, however intermediate and long term is not. Substance abuse outpatient services are available in the community at one site, but wait times do exist for treatment and detoxification requires out of town or out of area treatment as does rehabilitation. Residential level treatment for the mentally ill has limited available for adults, family care, transitional and short term crisis options are available with waiting lists at times. Substance abuse residential options are limited and out of town. Children and adolescents treatment options at the residential side include out of town crisis, in town respite, and out of town residential. HCBS is available as is home support and case management services with an ongoing waiting list for services. Each of the school districts has on site mental health clinics, which at time have waiting lists. There is a significant lack of psychosocial services and psychiatric rehabilitation in the community. There is a psychosocial club which serves a very small number of the identified population. Transportation remains a significant barrier to service access. The lack of outreach services leaves the elderly and the chronically mentally ill and addicted without options. The excellent coordination with social services and ambulatory behavioral health services maximizes what is available. The same goes for the residential providers, hospital and the mental health providers. Crisis and emergency services suffer from a lack of mental health professionals and psychiatrists. The local ED provides the 24/7 coverage and a C-PEP that is out of town does provide limited services. There is not mobile capacity, response capacity or community assessment capacity. The sheriff staff are the front line and use the mental hygiene law effectively. the deficiency here has been underscored with the current Heroin epidemic with overdoses and a lack of local hospital services. Case management and Care management is available for the Medicaid population. there is minimal case management available to the uninsured and insured. Unfortunately some of the new wave of care managers come unprepared to deal with the mentally ill and especially the chronically mentally ill. Individuals waiting for engagement are seen as emergency cases as they were passed over following minimal contact and no follow up. Transitional case management has been excellent and willing to manage very difficult cases. the management from some of the care managers has been sketchy. Care managers attached to the local alcohol and drug abuse treatment program have been exceptional in coordinating care. Concern is growing regarding the shift to only care managers with the question about who will provide services to the chronically behavioral health population. The lack of integration and sometimes competitive relationship with the FQHC in the county at time duplicates and complicates efforts to maximize the local resources.

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

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

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

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

**3a1.** Briefly describe the issue and why it is a high need for the populations selected.  
Prevention services to all populations are minimally funded yet are the best efforts for long term success. The lack of access for all populations at times is another critical problem as elevation in need is often the results.

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

**3b1.** Briefly describe the issue and why it is a high need for the populations selected.  
There is a minimal crisis capacity for these populations focusing on the medical Emergency department and the sheriff's department for most of the hours in the week. The availability of specific population expertise is limited as is the access to specific emergency plan information.

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

**3d1.** Briefly describe the issue and why it is a high need for the populations selected.  
There is limited opiate treatment access in the county at the outpatient level with other treatment available out of county but not always immediately available. Outreach and in county residential is not available.

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

**3g1.** Briefly describe the issue and why it is a high need for the populations selected.  
Housing continues to be an issues for the low income and disabled. The mentally ill and substance abuse population are especially difficult to place in adequate housing. There are options available in the region for specialized housing and some within the county but the need outstrips the availability. This is significant as it leads to decompensation and relapse.

#### Follow-up Questions to "Transportation" (Question 3h)

**3h1.** Briefly describe the issue and why it is a high need for the populations selected.

This is an ongoing one that continues to reduce access to treatment and care and work. For the mentally ill or substance abuse population it is restricting of options for individuals with a restricting illness. The results usually are decompensating, relapse and higher levels of care.

#### Follow-up Questions to "Recovery Support Services" (Question 3i)

**3i1.** Briefly describe the issue and why it is a high need for the populations selected.

Recovery support services for the Chronically mentally ill and the substance abuse population are critical to surviving in the community and rehabilitating with improvement in quality of life.

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

**3m1.** Briefly describe the issue and why it is a high need for the populations selected.

Prevention services are the back bone of future success and promote early identification and help create an atmosphere for accepting treatment.

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

**3n1.** Briefly describe the issue and why it is a high need for the populations selected.

Current crisis services are often medical oriented and directed with mental health expertise available by phone or after the fact. there is no out reach capacity of ambulatory crisis response.

#### Follow-up Questions to "Clinic Treatment Services" (Question 3p)

**3p1.** Briefly describe the issue and why it is a high need for the populations selected.

There exists a waiting list for treatment and to see the psychiatrist for treatment. the leads to lack of treatment and higher levels of care.

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

**3v1.** Briefly describe the issue and why it is a high need for the populations selected.

The mentally ill have a limited housing option and often require higher levels of support than available. Specialized MH housing is available out of county and there often is a wait. That housing is predominately supportive. Supportive does not have support services at the level many need.

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

**3w1.** Briefly describe the issue and why it is a high need for the populations selected.

for the severely ill, and the poor who have few transportation options access to services and follow up suffers and so does treatment and recovery.

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

**3kk1.** Briefly describe the issue and why it is a high need for the populations selected.

There are aging out parents whom have no option for thier loved one as well as individuals who need residential services now.

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

**3oo1.** Briefly describe the issue and why it is a high need for the populations selected.

Work remains the number one request from the disabled and there is not enough work or variety of work opportunities.

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

**3qq1.** Briefly describe the issue and why it is a high need for the populations selected.

There remains a lack of coordination with other systems regarding who will be served and where.

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

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

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

4c. If you would like to elaborate on why you believe the overall needs of the mental health population have worsened over the past year, briefly describe here demand has increased as insurance availability which has been added to by the economy and the downsizing of the psychiatric centers.

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

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

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

The Opioid epidemic has nearly overwhelmed the local services but also the hospital emergency department and the local law enforcement.

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

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

6d. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have been a mix of improvement and worsening over the past year, briefly describe here

The DD system is in flux and with that there have been both improvement and declines.

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

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

- a. Yes
- b. No

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

Involved with ongoing local, regional and annual planning related to the prevention agenda, process improvement and needs assessment.

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

- a. Yes
- b. No

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

Involved with the regional FLHSA, FLPPS, local NOCN, Housing Providers and the FLDCS group as well as the OMH regarding downsizing.

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

- a. Yes
- b. No

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

As part of the FLPPS, PC downsizing, RPC development, Regional behavioral health planning.

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

- a. Yes
- b. No

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

- a. Yes
- b. No

9d. Briefly describe the consensus needs identified by the counties in your region

1. act lite services 2. family support services 3. residential services 4. use of peers 5. transportation support 6. children crisis beds



**2017 Multiple Disabilities Considerations Form**  
Yates County Dept of Community Service (70390)  
Certified: George Roets (6/10/16)

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

**LGU:** Yates County Dept of Community Service (70390)

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:

SPOA/E process in conjunction with the Department of Social Services and provider agencies

**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:

SPOE/A process working with DSS and provider agencies

**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:

Discussions with LGU and SPOE/A

**Mental Hygiene Priority Outcomes Form**  
Yates County Dept of Community Service (70390)  
Plan Year: 2017  
Certified: George Roets (6/10/16)

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

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

**Priority Outcome 1:**

Need for safe, affordable housing for individuals with mental illness, individuals in recovery from substance abuse, and developmentally delayed individuals residing with aging parents/other family

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

**Priority Rank: 2**

**Applicable State Agencies:** OASAS OMH OPWDD

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

**Is this priority also a Regional Priority?** *\*new*

**Strategy 1.1**

Collaborative state and local planning for the downsizing of the Elmira Psychiatric Center has paid off with the development of crisis housing for children and youth, additional supportive beds and the opening of two crisis transitional apartments in Penn Yan for individuals exiting a hospital psychiatric unit or someone (with MH or ASA) at risk for homelessness. During the past year, the housing coalition made progress in the development of emergency housing options and temporary housing options. The LGU works closely with Keuka Housing Council (KHC) which periodically secures grants for housing. In addition, the Office of Mental Health has provided transitional beds for individuals exiting inpatient care, and provided funding related to downsizing of psychiatric center beds. Yates county in coordination with other finger lakes Counties purchased adult and children and youth crisis beds, adult transition beds and additional support staff, and transportation to better utilize existing bed resources. FLACRA has applied for additional supportive beds and crisis beds with support from Yates County. Yates ARC has expanded residential options with support from Yates county, under the OPWDD bed reduction planning.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 1.2**

LGU advocacy with OASAS, OPWDD and OMH regarding housing needs of consumers of services from each agency. OASAS: 1) advocacy to approve Schedule C for purchase of a structure to run a supportive housing program 2) Finger Lakes Addiction Counseling and Referral Agency (FLACRA) partnered with the Canandaigua Veterans Administration Medical Center to develop the Cadence Square Housing program for veterans in recovery; there are community residence to supported apartments level of care. OMH: Yates County is a partner in the RFP for SOSCR. OPWDD: Yates County is a partner in the START initiative which hopefully will enhance respite options. The LGU supports ARC of Yates to develop unlicensed housing options. OPWDD needs to put funds into housing options.

**Applicable State Agencies:** OASAS OMH OPWDD

**Priority Outcome 2:**

Lack of public transportation

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

**Priority Rank: 1**

**Applicable State Agencies:** OASAS OMH OPWDD

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

**Is this priority also a Regional Priority?** *\*new*

**Strategy 2.1**

The local transportation planning continues to move forward with legislative backing and universal local agency support. The Arc and the County government are in lockstep moving for a launch in 2016 with a local route, followed by linkage with the surrounding systems. We continue to advocate and provide continued information about the need and the potential benefits for the three populations regarding service access, improved efficiency for treatment and care providers and quality of life for the three disability groups. This is a priority for the FLPPS and Yates is the remaining local county without public transportation.

**Applicable State Agencies:** OASAS OMH OPWDD

**Priority Outcome 3:**

Prevention: adequate funding for MH, ASA and DD populations

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

This is a new outcome and one born out of the recognition that prevention is the only way to meet future needs in the three populations. The initiation of population based education and skills training to equip, encourage and empower anyone interested to be able to reduce stigma, identify needs and act to help the population member obtain services.

**Priority Rank: 3**

**Applicable State Agencies:** OASAS OMH OPWDD

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

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation

**Is this priority also a Regional Priority?** *\*new* Yes

### Strategy 3.1

Engagement with Public health and other local providers in implementing the prevention agenda across the county and engaging and educating the community in prevention activities and awareness.

**Applicable State Agencies:** OASAS OMH OPWDD

### Priority Outcome 4:

Access to outpatient clinical treatment for all MH,ASAand DD populations

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

Access to outpatient clinical services has worsened during 2015, with waiting lists and individual patients dropping out of service or needing higher levels of care and treatment.

**Priority Rank:** 4

**Applicable State Agencies:** OASAS OMH OPWDD

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

- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan

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

### Strategy 4.1

Following an analysis of the history and trend in access in Yates county as well as a review of capacity of existing services it was determined that there had been an increase in need due to a variety of factors including the prior downsizing of the hospital based outpatient mental health program. We engaged with the hospital provider to consider their current capacity, space and operational approach. We explored the possibility of developing other provider options given a single clinic in the community. this led to the following proposals; the hospital initiated an expansion in the current hospital based clinic. The Children and youth clinic Services provided with a license that could support adult treatment initiated adult treatment capacity. The local Drug assessment and treatment clinic initiated a request to add an outpatient mental health clinic capacity. We will be monitoring these initiatives along with wait times and waiting list data as we move forward.

**Applicable State Agencies:** OASAS OMH OPWDD

### Strategy 4.2

Workforce issues are a part of the problem with access to care as turnover and recruitment is difficult in the region and the county. Psychiatrists are the most difficult to attract and retain, nurse practitioners in the three disability field and social workers and nurses are difficult to attract and retain. We plan to work with the FLPPS workforce planning group, the local Finger Lakes Planning Agency and local providers on this issue.

**Applicable State Agencies:** OASAS OMH OPWDD

### Priority Outcome 5:

Jail clinical support services for the MH, ASA,DD populations

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

Current jail services are sparse despite an uptick in the % of inmates with MH,ASA and DD issues. The opiate crisis has been the biggest increase on the jail population.

**Priority Rank:** 5

**Applicable State Agencies:** OASAS OMH OPWDD

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

- Population Health Improvement Plan (PHIP)

- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse
- OPWDD People First Transformation

**Is this priority also a Regional Priority?** *\*new* Yes

#### **Strategy 5.1**

LGU will continue to advocate with state agencies for resources, work with the local services to provide more support and the local coalition to support services.  
**Applicable State Agencies:** OASAS OMH OPWDD

**2017 Community Service Board Roster**  
 Yates County Dept of Community Service (70390)  
 Certified: George Roets (6/10/16)

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

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

**Chairperson**  
**Name** Michelle Jensen  
**Physician** No  
**Psychologist** No  
**Represents** community  
**Term Expires** 12/31/2017  
**eMail** mjensen@arbordevelopment.org

**Member**  
**Name** Lauren R. Snyder  
**Physician** No  
**Psychologist** No  
**Represents** family/consumer  
**Term Expires** 12/31/2016  
**eMail** laurensnyder@gmail.com

**Member**  
**Name** Susan Thomas  
**Physician** No  
**Psychologist** No  
**Represents** health care/social work  
**Term Expires** 12/31/2016  
**eMail** smartOox55@gmail.com

**Member**  
**Name** Stephanie Washburn  
**Physician** No  
**Psychologist** No  
**Represents** school district/counseling  
**Term Expires** 12/31/2016  
**eMail** swashburn@dundeecs.org

**Member**  
**Name** Antonia Gridley  
**Physician** No  
**Psychologist** No  
**Represents** Law enforcement  
**Term Expires** 12/31/2016  
**eMail** agridley@yatescounty.org

**Member**  
**Name** Becky Bennett-Tears  
**Physician** No  
**Psychologist** No  
**Represents** OFA  
**Term Expires** 12/31/2017  
**eMail** Bennett-TearsB@proactioninc.org

**Member**  
**Name** vacancy  
**Physician** No  
**Psychologist** No  
**Term Expires**  
**eMail**

**Member**  
**Name** John H. Cooley MD  
**Physician** Yes  
**Psychologist** No  
**Represents** community member  
**Term Expires** 12/31/2019  
**eMail** jhcooley@aol.com

**Member**  
**Name** Richard Hoyt  
**Physician** No  
**Psychologist** Yes  
**Represents** Community  
**Term Expires** 12/31/2019  
**eMail** drrichardhoyt@gmail.com

**OMH Transformation Plan Survey**  
Yates County Dept of Community Service (70390)  
Certified: George Roets (6/10/16)

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

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

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

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

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

**If "Yes":**

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

We received supportive beds which we are using, two transitional crisis supportive apartments which we are using, Access to children and adolescent crisis beds which we have utilized and SOCR crisis beds for adults that we have used on occasion. We have also received peer support for some of the individuals downsized out of the Elmira Psychiatric Center.

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

We have not had access to professional staff from the MIT team as they positions have not been filled. We await the family support service program which as of today has not been available.

**2017 Mental Hygiene Local Planning Assurance**  
Yates County Dept of Community Service (70390)  
Certified: George Roets (6/10/16)

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

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

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

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

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

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