

2017  
Local Services Plan  
For Mental Hygiene Services

Wayne Behavioral Health Network  
August 17, 2016



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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Executive Summary	Optional	<b>Not Completed</b>
Needs Assessment Report	Required	<b>Certified</b>
Multiple Disabilities Considerations Form	Required	<b>Certified</b>
Priority Outcomes Form	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
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>
 <b>Wayne Behavioral Health Network</b>	 <b>70540/70540</b>	 <b>(Provider)</b>
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**2017 Needs Assessment Report**  
Wayne Behavioral Health Network (70540)  
Certified: James Haitz (6/1/16)

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.

We continue to need for additional safe, affordable housing which supports the mental health & substance using populations. This also includes added residential care for children/youth. We would like to develop urgent care services to serve all populations and funding is needed for this. Rates for services are not sufficient to cover costs. Despite increased units of service being delivered, revenues a lower than prior years. The mental hygiene system is struggling to address the demand and need and is not able to cover associated costs. Demand for services in growing and given goals of initiatives such as DSRIP & Health Homes, the outpatient arena needs to be better funded. The funding is not making its way to providers and being utilized for costly infrastructure associated with organizations coordinating those initiatives. Also, the LGU to have increased funding resources in order manage the increased responsibilities and burdens placed upon it by these state initiatives. Billions of dollars are going to PPS's and Health Homes when the LGU's have the statutory responsibility to plan for and meet community behavioral health needs. The LGU should receive the funding to address the issues on the local level.

**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.

**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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Opioid Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
g) Housing.	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Workforce Recruitment and Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Coordination/Integration with Other Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Mental Health Services:</b>						
m) Prevention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
n) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Clinic Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) Care Coordination	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y) Coordination/Integration with Other Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

z) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Developmental Disability Services:</b>						
aa) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb) Clinical Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc) Children Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
dd) <a href="#">Adult Services</a>				<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
ff) Respite Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
ii) Autism Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
jj) Person Centered Planning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
kk) Residential Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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) <a href="#">Transportation</a>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
pp) <a href="#">Workforce Recruitment and Retention.</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
qq) <a href="#">Coordination/Integration with Other Systems.</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
rr) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**3a1.** Briefly describe the issue and why it is a high need for the populations selected. We need additional funding to provide additional services. We can not fully provide these services at an appropriate level in the related appropriate settings, i.e. schools. Also, OMH ERS program/funding is being discontinued. This initiative is aimed at early detection and preventing more serious development of a problem later in life and intervening earlier.

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

**3b1.** Briefly describe the issue and why it is a high need for the populations selected. In order to avoid homelessness and higher use of emergency rooms, we will need additional crisis housing to be available. This will require additional funding.

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

**3c1.** Briefly describe the issue and why it is a high need for the populations selected. Because in-patient units are allowed to reduce and not utilize their certified capacity despite significant need and presentation in ER's. Many clients in need of hospitalization are quickly returned to the street.

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

**3f1.** Briefly describe the issue and why it is a high need for the populations selected. current levels are not sufficient.

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

**3g1.** Briefly describe the issue and why it is a high need for the populations selected. there is not enough housing available to meet the demand/need.

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

**3h1.** Briefly describe the issue and why it is a high need for the populations selected. Public transportation system is limited in this county.

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

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

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

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

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

**3o1.** Briefly describe the issue and why it is a high need for the populations selected.

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

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

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

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

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

**3aa1.** Briefly describe the issue and why it is a high need for the populations selected.

**Follow-up Questions to "Clinical Services" (Question 3bb)**

**3bb1.** Briefly describe the issue and why it is a high need for the populations selected.

**Follow-up Questions to "Children Services" (Question 3cc)**

**3cc1.** Briefly describe the issue and why it is a high need for the populations selected.

**Follow-up Questions to "Adult Services" (Question 3dd)**

**3dd1.** Briefly describe the issue and why it is a high need for the populations selected.

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

**3ee1.** Briefly describe the issue and why it is a high need for the populations selected.

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

**3ff1.** Briefly describe the issue and why it is a high need for the populations selected.

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.

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

**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.

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

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.

6a. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have stayed about the same over the past year, briefly describe here

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.

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.

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.

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

- a. Yes
- b. No

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

- a. Yes
- b. No

**2017 Multiple Disabilities Considerations Form**  
Wayne Behavioral Health Network (70540)  
Certified: James Haitz (4/6/16)

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

**LGU:** Wayne Behavioral Health Network (70540)

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:

Individuals with multiple disabilities are identified through through the County SPOA process and via the intake/assessment process of the County's operated behavioral health agency: Wayne Behavioral Health Network (WBHN). Additionally, the County LGU has a team referred to as the "Clinical Operations Team" who monitors and assesses clients who are passing through various systems including WBHN, Wayne County Jail, and the local hospital, Newark Wayne Community Hospital's in-patient psychiatric unit and the emergency department, where high risk as well as multiple disability clients are identified that are in need of various services for multiple disabilities. That team, along with other stakeholders, then ensures that those clients are referred & linked to the proper services to address those varying needs and/or if needed, appropriate outreach and engagement services are provided to address linkage and engagement issues.

**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:

Planning for persons with multiple disabilities at an LGU level is done so through our Community Services Board and along with the DCS's participation on committees and Boards of several other community stakeholder organizations within the County and the Region.

**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 process generally includes the LGU and providers in our county coordinating team meetings as needed to address and resolve issues, challenges or even differences that may related to persons with multiple disabilities. Providers and organizations in the county, have a candid and positive working relationship for the most part. We have also taken steps to create formal communications including developing an on-going forum between the LGU and our local hospital as well as our LGU with other key county departments and stakeholders.

**Mental Hygiene Priority Outcomes Form**  
Wayne Behavioral Health Network (70540)  
Plan Year: 2017  
Certified: James Haitz (6/1/16)

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:**

Continue Efforts to Develop, Improve, and Increase Access to Services for all Behavioral Health Groups in Need, and in Particular Those Dually Diagnosed.

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

The has made significant progress in developing immediate access for mental health and substance abuse services. The County agency Wayne Behavioral Health Network is a VAP provider and immediate access is the goal related to this initiative.

**Priority Rank: 1**

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** \*new

- The Prevention Agenda 2013-2018
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse
- OPWDD People First Transformation
- Other (specify): OMH VAP

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

**Strategy 1.1**

1. To work with county providers to strategically plan for our role in the changing health care environment and changing systems. 2. Continue to further develop the on-going communication forum with the local hospital emergency department and psychiatric inpatient unit. 3. Further enhance collaboration and coordination of care with Primary Care Providers and other health care partner organizations. 4. Work in collaboration with Mobile Integration Teams. 5. Develop immediate access services and brief intervention strategies through the OMH Vital Access Provider (VAP) initiative. 6. Also work to support the efforts of DSRIP & Finger Lakes PPS. 7. The LGU will also explore and work towards developing & providing its own urgent level of care behavioral health services.

**Applicable State Agencies:** OASAS OMH OPWDD

**Priority Outcome 2:**

Develop Additional Safe & Affordable Housing

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

Significant progress has been made regarding this goal. The LGU, along with Lakeview Mental Health, OMH, the Town of Macedon, and other State agencies & stakeholders, has started construction of a 60 unit one bedroom apartment building in Wayne County. This will significantly add to the available housing stock for the mental health population and provide additional safe & affordable housing, which is severely lacking in Wayne County and the Finger Lakes Region. The resource will be a regional resource. The building is due to be completed by January 2017. Also, the newly developed Crisis Apartments & Crisis Respite Services have been strongly utilized and have been proven to be a valuable resource in preventing readmission and ED visit, addressing homelessness and avoiding/averting higher levels of care. We will continue to supports for expansion in this area for all disability populations (OMH, OASAS, OPWDD).

**Priority Rank: 2**

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** \*new

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- OMH Transformation Plan
- OPWDD People First Transformation

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

**Strategy 2.1**

1. To work in partnership with a town or village governments willing to accept a housing project as described in partnership with the Lakeview Health Services, one of our provider agencies, and secure funding for the project. 2. We recently launched a Crisis Apartment service in partnership with DePaul through the Transformation plan. 3. Continue to increase Crisis Respite services.

**Applicable State Agencies:** OASAS OMH OPWDD

**Priority Outcome 3:**



## Continue to Expand Community Support Services for Teens to Increase Positive Outcomes

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

All of the noted activities and initiatives continue with respect to this priority. We did add the two new school clinics and are in the process of adding two more. The school based clinics have proven to be an extremely effective strategy in working to meet the needs of children/youth and families. We are sad to see OMH end the Early Recognition Screening Program as this has been very successful in Wayne County. We will attempt to continue with this despite the end to the state funding for this. The LGU was successful in applying and receiving an OMH grant to launch a Suicide Prevention Coalition. The initiative is in the beginning stages. Youth (and Adult) Mental Health First Aid training has been extremely successful and continues with strong demand. We now have several providers offering training in the County with over 1500 individuals being trained to date.

### **Priority Rank: 3**

**Applicable State Agencies:** OASAS OMH OPWDD

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

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

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

### **Strategy 3.1**

We will continue our efforts in schools to provide mental health emotional wellness screenings of children. We will continue to identify schools that demonstrate a significant number of children in need of mental health services and respond by creating licensed mental health clinics in those schools within the county and advocate for the creation of OASAS licensed clinics in schools as well. We will partner with other providers of teen services to benchmark areas of need and work toward addressing those needs in collaborative efforts. Our Home & Community based Waiver services will continue and expand this year. Our Crisis Respite Services will be expanded to include 6-respite beds available at EPC. We have added 2 new satellite clinics in school districts (Gananda & Marion) and plan to add 1-2 more this year. We plan to add a Mobile Integration Team for youth and families through the EPC Transformation Plan. We will continue to participate with DCJS on the Finger Lakes Youth Justice Team. Also will continue to participate in youth arrest diversion team for Wayne County. We will develop in partnership peer and family training program through the EPC Transformation plan. We have provided Youth Mental Health First Aide through a number trainings and will continue efforts with this initiative. One other goal is to increase and add an OMH child/youth community residence in Wayne County. The LGU will be working with OMH to repurpose an OMH licensed CR located in Macedon NY as the current use for adults will end with the addition & operation of the new OMH/Lakeview apartment building. The county has need for CR level of care for children/youth. The LGU in partnership with the Wayne County Sheriffs Office had launched "Project Lifesaver". This initiative provides an ability for a family with a radio detection device that can be used with vulnerable individuals who may elope or wonder off. Authorities can better locate the missing child/adult sooner with the radio transmitting equipment. This is provided at no cost to families and is a voluntary service.

**Applicable State Agencies:** OASAS OMH OPWDD

### **Priority Outcome 4:**

Collaboration with Our Community Partners, Including Law Enforcement and Others, to Increase Training & Education Regarding Working Together With MH/CD/DD Populations and The Behavioral Health Professionals Working With Those Populations

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

The LGU/WBHN in concert with the Combat Heroin initiative has become a certified Opioid Prevention Training Site and will provide training to the community population. The Public Health Dept & Sheriff's Office have also become certified trainers and the efforts of all combined are working to train the professional community, law enforcement community and now the general public in preventing opioid overdose. Also our collaborative group of community agencies (Wayne County Coordinating Council) has worked to sponsor community summits on Heroin. Also the LGU has participated in local school educational meetings for the students and families. In order to increase awareness and knowledge about available resources, we are developing a wallet/palm size quick reference guide of available resources in Wayne County for many health & human services and this guide will be made readily available to the public in many locations. The LGU & Sheriff's Office are partnering to launch a Vivitrol intervention. Mental Health First Aid Adult & Youth will continue and has had strong interest in the community with over 1500 individuals trained to date and several addition trainings scheduled throughout 2016.

### **Priority Rank: 4**

**Applicable State Agencies:** OASAS OMH OPWDD

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

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse
- Talk2Prevent

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

### **Strategy 4.1**

As described in the outcome, we will continue to engage with law enforcement related organizations and other stakeholders by expanding on training and support in the areas of mental illness, chemical addiction and abuse, and developmental disabilities, mental hygiene law, etc. We will continue to increase activities aimed at addressing the rise in Heroin use and participate in holding a summit on heroin use to educate and draw awareness to this issue and also expand Narcan training. Law enforcement will continue to be trained and equipped with first responder emergency medication to provide care in Heroin overdose situations, and also expand to more individuals in the public. We will advocate to restore and increase funding related to behavioral health services within jails and the associated population. Mental Health First Aide for adults & youths will continue and will partner along with schools on project AWARE and with the Wayne County Rural Health Network. Will continue with the various partners for ongoing youth justice services.

**Applicable State Agencies:** OASAS OMH OPWDD

**Priority Outcome 5:**

Assess Needs & Plan for Services for the Geriatric Population

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

**Priority Rank:** 5

**Applicable State Agencies:** OASAS OMH OPWDD

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

- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

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

**Strategy 5.1**

Through a wealth of community survey data, providers, partners and consumers we will continue to evaluate the needs and identify the concerns related to the geriatric population. Based on this process, we will begin to construct models of support, strategies, and services that will address the issues facing the geriatric population. We will begin to form new relationships with agencies that specialize in providing services to the elderly such as Lifespan, Life Time Care, etc. so that we can gain increased understanding from these experts of the special needs associated with this population so that we can be better prepared to work with and assist these individuals. We will also continue with work with our County Nursing Home to assist them in addressing the behavioral health needs of their residents. We will also be mindful of the Nurse Family Partnership initiative associated with the DSRIP initiative.

**Applicable State Agencies:** OASAS OMH OPWDD

**2017 Community Service Board Roster**  
Wayne Behavioral Health Network (70540)  
Certified: James Haitz (4/7/16)

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.

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Paul Pfrommer	<b>Name</b>	James Haitz, LCSW-R
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Public & Families	<b>Represents</b>	County of Wayne DCS, Public, Families, Consumers
<b>Term Expires</b>	12/31/2016	<b>Term Expires</b>	
<b>eMail</b>	pep@rochester.rr.com	<b>eMail</b>	jhaitz@co.wayne.ny.us
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Linda Michielson, NP	<b>Name</b>	Josh McCrossen
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Families & Public	<b>Represents</b>	Commissioner Wayne Cnty DSS & Families
<b>Term Expires</b>	12/31/2018	<b>Term Expires</b>	12/31/2018
<b>eMail</b>		<b>eMail</b>	
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Rebecca Wadsworth, MD	<b>Name</b>	Frank Quinn
<b>Physician</b>	Yes	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Families, Consumers & Public	<b>Represents</b>	Families & Public
<b>Term Expires</b>	12/31/2018	<b>Term Expires</b>	12/31/2018
<b>eMail</b>		<b>eMail</b>	
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Penny Shockley	<b>Name</b>	Rebecca Remington
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Director Wayne Cnty Aging & Youth / Families	<b>Represents</b>	Consumers & Families
<b>Term Expires</b>	12/31/2018	<b>Term Expires</b>	12/31/2016
<b>eMail</b>		<b>eMail</b>	
<b>Member</b>		<b>Member</b>	
<b>Name</b>	LaVaughn Rynearson	<b>Name</b>	Barry Virts
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Consumers & Families	<b>Represents</b>	Sheriff Wayne Cnty & Public & Families
<b>Term Expires</b>	12/31/2016	<b>Term Expires</b>	12/31/2016
<b>eMail</b>		<b>eMail</b>	
<b>Member</b>		<b>Member</b>	
<b>Name</b>	J. Mark Reynolds, PhD	<b>Name</b>	Kenan Baldrige
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	Yes	<b>Psychologist</b>	No
<b>Represents</b>	Wayne County MH & Families	<b>Represents</b>	Wayne County Board of Supervisors Health & Medical Comm Chair & Public
<b>Term Expires</b>	12/31/2018	<b>Term Expires</b>	12/31/2018
<b>eMail</b>		<b>eMail</b>	
<b>Member</b>		<b>Member</b>	

**Name** Scott Bischooping  
**Physician** No  
**Psychologist** No  
**Represents** SuperIntendent Wayne Finger Lakes BOCES,  
Schools, Families & Public  
**Term Expires** 12/31/2018  
**eMail**

**Name** William Sorrels, RN  
**Physician** No  
**Psychologist** No  
**Represents** Public & Families  
**Term Expires** 12/31/2018  
**eMail**

**Member**  
**Name** Edward Hunt  
**Physician** No  
**Psychologist** No  
**Represents** Deputy Director Wayne Cnty Dept MH &  
Consumers & Public  
**Term Expires**  
**eMail**

**OMH Transformation Plan Survey**  
Wayne Behavioral Health Network (70540)  
Certified: James Haitz (6/1/16)

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.

Most valuable have been the MIT teams, Crisis Apartments that were developed, and Crisis Respite Services.

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

This funding and these services must continue. They have been significant in avoiding hospitalization or other higher levels of care and have reduced costs and negative outcomes.

**2017 Mental Hygiene Local Planning Assurance**  
Wayne Behavioral Health Network (70540)  
Certified: James Haitz (6/1/16)

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.