



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Wayne County Community Services Board
July 20, 2018

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Planning Form	LGU/Provider/PRU	Status
Wayne County Community Services Board	70540	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning Survey	Required	Certified
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
 Wayne County Community Services Board	 70540/70540	 (Provider)
 Wayne Substance Abuse Services OP	 70540/70540/4168	 (Treatment Program)

Mental Hygiene Goals and Objectives Form
Wayne County Community Services Board (70540)
Certified: James Haitz (6/8/18)

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:

Greater numbers of people in general continue to present to outpatient behavioral health services who appear to have more complex and serious symptoms and needs than ever before. The clients have a variety of social & economic related needs in addition to their behavioral health needs. Over the past year we have seen an increase in the number of children who have behavioral health needs and they experience more serious & complex symptoms and needs. In general, we can say that we are seeing people who are more seriously ill and have multiple complexities associated along with their mental health problems. Also, people who mental health related needs are presenting with substance use needs. As a result, there are greater needs and demands for co-occurring mental health & substance abuse services. We also have seen an increase in opioid and drug overdose related incidents and deaths. The outpatient behavioral health system has a greater level of demand for services along with greater expectations from the community to manage the individuals presenting with these problems, all while the system continues to move forward with its goal to reduce the number of emergency room visits and the number of psychiatric inpatient stays and this has created greater demands on community clinics. Therefore, by default and by design, the outpatient system is relied upon more, and is expected to manage the patients who are perhaps in need of higher levels of care, yet outpatient services have not received any significant funding increases or have additional or appropriate current levels of funding to develop services and resources to respond appropriately to these increased demands and complex needs. The most recent State plan for the behavioral health system, which includes the system evolving and reinventing itself by moving into a redesigned system of Value Based Payments (VBP) based on performance and outcomes, contributes to the added strain and stress on an already stretched system of care that has been trying to manage through a number of other system reforms including the Medicaid Redesign Team Delivery System Reform Incentive Payment Program (DSRIP), the Health Home Care Management Initiative that replaced OMH Targeted Case Management, the development of Behavioral Health Care Collaboratives (BHCC), the Performing Provider Systems (PPS), and other transformations related to the Behavioral Health System of Care. Clients within the system have struggled to navigate through the evolving system of change that is consistently under revision. Providers also have struggled to maintain continuity of services, financial viability, and their resources have been stretched and strained in order to keep up with the demands placed upon them by the system.

- 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:

We have seen an increase in the number of individuals who are struggling with alcohol and drug related problems, particularly with heroin & other opioids. We have seen increased numbers of people who have had a drug overdose, ER and/or hospitalization, and/or a death related to the overdose. The increasing number of deaths that have occurred over the past couple of years is significant, and this has impacted all age ranges and socio-economic levels. It has been difficult at times to find available in-patient detox and/or in-patient rehab/stabilization services at the time they are needed, and there appears to be a greater demand/need for these levels of care. Heroin & Opioid related problems continue to be a serious & primary concern, and the more serious drugs such as Fentanyl and Carfentanil, not unlike many other areas in the state and the country, have had an impact in our local community as well.

- 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:

The OPWDD system at times has been a difficult system to navigate through, can be difficult to enter, and is known to have extremely long delayed processes on a number of levels (i.e. referral, evaluations, forensic related transfers, etc.).

During the course of this past year, the Wayne County LGU continues to be involved with challenging and complex cases with individuals from the OPWDD system and within our county mental hygiene forensic system. We have seen greater numbers of OPWDD clients get arrested & jailed, and with more increasing serious crimes, which increases their involvement within the criminal justice system. We have found that the process for the OPWDD system regarding taking custody of these individuals, as a result of a court order, to be very slow and cumbersome given the very limited number of state OPWDD facilities available to take these clients into their services. We have found ourselves devoting increased staff resources and time in managing these cases and mitigating the issues with the Public Defender's office, the District Attorney's office, the Court system and the Sheriffs Office, while we navigate with the OPWDD system to expedite their process for taking custody of individuals who can not return to the community, but rather are placed in their care by a court. These challenges and difficulties places the LGU and the clients in a precarious position while they await the OPWDD system to take appropriate action.

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 checked="" 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 checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

There is a disparity in Wayne County with the adequate amount of available, safe and affordable housing for those with low income and who are coping with one or more of the disability areas. People who receive services in this county have been known to live in unsafe, poorly maintained rental housing that have serious plumbing issues, at time no running water, inadequate-unsafe electrical systems, poorly run heating systems, to name just a few of some of the types of issues people contend with. Although these are issues more for the local inspecting authorities to address, it also speaks to the level of housing many of our clientele must contend with living in. With limited income and limited selection of appropriate housing resources, there are very few options available to the clientele. Some individuals we serve, along with their families, have been forced to live in tents, campers, former migrant camp shacks or make-shift shacks in the woods, or to live in a car.

All individuals, regardless of mental illness, struggles with addiction, or low socio-economic standing deserve to reside in safe, affordable housing, and not to be encumbered and further stigmatized by being faced with and having to endure living in substandard housing, forced to struggle to maintain their stability as it relates to their overall health well-being. We clearly recognize that this is one of the primary social determinants of health, and is a related issue given the relationship of the economic and social conditions and their distribution within our population and how they relate in the overall health status of individuals. The goal of creating more safe & affordable housing options is absolutely essential.

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

Goal: To Develop and support efforts related to increasing additional safe and affordable housing options population in Wayne County.

Objective Statement

Objective 1: To work in partnership with a town or village governments willing to consider and accept housing projects and to assist in secure funding for the project.

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

Objective 2: To expand residential support program housing options snf crisis housing options.

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

Objective 3: To expand crisis housing options to enable those in crisis or early in their recovery to stay in a safe place during periods of transition.

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

Change Over Past 12 Months (Optional)

From a historical perspective and following over a 10+ year period of advocating and exploration, the LGU, in close collaboration with Lakeview Health Services, nearly two years ago realized our vision with the opening of a 60 unit one-bedroom apartment building in the county. The building was designed to provide safe and affordable housing to people of the county who receive mental hygiene services, as well as to those residents of the county who have moderate to low income. This was a tremendous accomplishment, however there still continues to be a significant gap in available, safe, affordable housing for those who receive mental hygiene services and for those that have income below the poverty level. There is more work for the LGU, Community Services Board, community providers, and other local governments, to do in this area.

In addition, with the down-sizing of State OMH facilities, Wayne County received state-aid funding, and utilized that funding to contract with DePaul Community Services to provide short-term transitional crisis housing. DePaul now operates 3 apartments that we utilize to place people in who are in crisis with regards to a housing problem. This has been an extremely successful initiative, and is a much-needed resource. That said, often we are presented with those in need of crisis housing while our occupancy in the crisis apartments is full. This is a housing resource well worth expanding. We first launched this initiative with 2 apartments, and fortunately we discovered we had adequate funding available to add one more apartment for a total of 3 apartments. Although we have seen a slight increase in resources for this, as previously noted this is still not adequate to meet all the needs.

2c. Crisis Services - Background Information

In addition to above noted issue related to crisis housing, we have a number of issues related to crisis services. One issue relates to the opioid epidemic. We have seen an increase in opioid related overdoses and deaths. Wayne County statistically is above the State average in terms of number of opioid related incidents. Fortunately, the County's proposal to develop an Open Access Center was approved by OASAS and work is currently underway with regards to this and we are planning to launch the opening of the center in Summer 2018. Also, the County was designated as a Center of Treatment Innovation (COTI) and awarded a Strategic Targeted Response (STR) grant which will allow us to respond into our community with mobile clinic services, peer related services, telehealth, among many other services. We also are planning to supplement these services with the addition of mental health staff in order to also address those who may have mental health related problems. We want to take a comprehensive approach to being able to address those in crisis for either or both mental health and/or substance use disorders.

Suicide Prevention also is a significant focus for the County. Last year we launched our Wayne County Suicide Prevention Coalition and have had great success in developing a strong collaborative network of stakeholders. We have made great progress with our prevention agenda and efforts and have held a variety of community related events to promote greater awareness about suicide prevention and where public can obtain information and how to get help. In addition to our community activities we believe our Open Access Center, in addition to helping those with substance abuse related issues, will likely play an important role as well in assisting those who are struggling with suicide or mental health problems.

We are also partnering with our neighboring counties (Seneca, Ontario & Yates), including a number local community agencies and other mental hygiene related services (i.e. CPEP, MIT, COTI-STR, etc.), to develop a comprehensive crisis response plan. The plan will include the ability to triage those in crisis and if necessary, include the ability for a face-to-face mobile response within 3 hours of determining that is an appropriate intervention. Our local CPEP is expanding to include 24/7 capability for mobile response. Also, the County Mental Health Department is working closely with the law enforcement community and other stakeholders to develop a Crisis Intervention Team (CIT). CIT is aimed at promoting community collaboration using the CIT program to assist people living with mental illness and/or addiction who are in crisis. The model promotes a safe and humane response to those experiencing a mental health crisis. We are currently midway through our development and training process in order to prepare and adopt this program.

Access to services, in other immediate access into receiving services and/or treatment is a priority and an essential level of service needed. The County remains committed to providing this level of service to our community and our programs offer this and we are pleased to be further expanding this to 24/7 in 2018.

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 continue to develop plans and services that address needs of those coping with a crisis.

Objective Statement

Objective 1: The County will continue to address community needs related to the opioid crisis and suicide prevention and further expand its crisis response services.

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

Objective 2: The County will launch its Open Access and COTI-STR Programs and provide 24/7 access.

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

Objective 3: The County will continue to offer immediate access into its treatment programs and work with local providers to do the same.

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

Objective 4: The County will launch a CIT Program

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

Objective 5: The County will provide crisis mobile response services

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

Change Over Past 12 Months (Optional)

See above 2c. description which includes information related to this section.

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

The County and other local providers across the region have been struggling with the recruitment and hiring of qualified licensed health professionals (i.e. LMSW, LCSW, CASAC, MD, NP, RN). There clearly is a shortage of professionals within the workforce and it has been challenging for employers to hire qualified professionals in order to meet service delivery needs.

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): This was not designated a top priority item by the LGU or Community Services Board this year. Although, many providers are significantly challenged with recruitment and/or retention of professionally licensed staff. We will continue to try to provide what ever incentives we can in order to attract potential candidates, however as a government, the additional types of incentives such as those the private sector can offer are limited. We will also work closely with local area colleges/universities to provide internship field work experiences to students who could potentially become viable employment candidates. In addition, we will support and work with state authorities and local work force development offices to address this issue.

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

The LGU & CSB would like to see additional financial resources dedicated to prevention services for SUD & MH issues. Although some resources have been dedicated by OASAS, those resources have remained fairly flat for the past several years, and prevention resources from OMH are virtually non-existent.

We work very closely with each Wayne County School District and their Superintendents in providing SUD preventions services and referral to treatment (and have mental health clinics in schools). We have along standing history of providing SUD prevention education and counseling programs in our schools. This year we were able to provide every school district (12 districts in all) with an array of Evidenced Base Programs of SUD Prevention Education Programs. We will again bring this programming forth in the next school year and will add an additional EBP.

Suicide prevention is also a focus for us in our community. Last year we launched our Wayne County Suicide Prevention Coalition. The coalition sponsored a confrence on the topic aimed toward professionals and also held a community presentation. The featured speaker at both events was Kevin Hines and both events were extremely well attended. The coalition also has a number of other community events and activities planned geared to increase awareness about suicide prevention and how to get help. We also will be providing additional training to schools on the topic.

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

Resources for providing prevention services for substance abuse and mental health issues are very limited and a need. We will advocate with OMH & OASAS for their commitment to provide additional financial resources for prevention services in order to better develop a proactive approach rather than only offer a reactive strategy to SUD & MH issues.

The County will continue to work closely with local school districts to provide prevention services. We have a long history of providing SUD prevention education and counseling services in our schools. This past year we were able to provide every school district with an Evidenced Based Program of prevention education services. We are continuing those efforts in the next upcoming school year. We also have been engaged in Youth Mental Health First Aid training and will continue to provide and expand training with regards to this. Our Suicide Prevention Coalition is working closely with schools in order to offer training on recognizing a student who might be struggling with thoughts of suicide or another mental health issue. This year we will reach our goal to have an OMH licensed mental health clinic for every school in every school district in Wayne County. Not only do we consider these activities as direct delivery of services, but we equally consider them to be prevention initiatives.

Objective Statement

Objective 1: Host additional community events regarding suicide prevention

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

Objective 2: Host additional community education forums on heroin and opioid addiction

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

Objective 3: Provide training to schools and other organization re suicide prevention, addiction, YMHFA/MHFA

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

Objective 4: Advocate for additional funding and expansion of school SUD prevention services

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

Objective 5: Advocate with OMH to fund prevention services

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

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

Locating an available in-patient treatment bed for SUD service has been a challenge at times. Finding available detox & rehab beds can be time consuming, staff intensive, and difficult to locate. Although OASAS has a bed availability website that providers should be reporting their bed availability into on a daily basis, they often do not enter accurate data or don't enter data at all. Therefore, the bed availability is not accurately listed. The local Regional Planning Consortium has developed a sub-committee that is addressing and working on this issue.

Being able to admit a child/youth from an emergency department into a Children's OMH licensed in-patient bed can be a challenge at times and long waits periods with children in ED's can occur between beds becoming available.

With the closure of local OPWDD Developmental Centers, the clients who were once in need of residing at the Developmental Center, are now residing in the community. For some clients it has been a struggle to make a successful transition into the community setting and to maintain stability. We have seen an increase in arrests, incarcerations, and court involvement for OPWDD clients including for both minor and serious violent crimes. In some cases, following the conclusion of the court process and a commitment order has been issued, it has been a challenge for OPWDD to facilitate getting the client admitted to one of only two remaining secure OPWDD facilities.

Overall, the mental hygiene system has become strained, and the demand for services is high as a result of the various initiatives aimed at decreasing the number of in-patient beds in the OMH & OPWDD systems, as well as other initiatives aimed at reducing ER & in-patient hospitalizations. One consequence of this is we have seen an increase of arrests and incarcerations of people connected with the mental hygiene system (in particular OMH & OPWDD clients), and many of those individuals have an increased involvement in the criminal justice system, including an increase in CPL 730 court ordered competency examinations along with the resulting commitment orders.

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 LGU and the Community Services Board have not designated this area as a priority. Other objectives in our plan make mention of our coordination with hospitals and law enforcement. This may be an area to monitor more closely and to consider for future planning. However, in response we have increased the number of staff resources on our forensic services team by expanding the clinical treatment team in the County Jail, we have expanded our Medication Assisted Treatment capability in the clinics and the jail, and have increased the number of forensic trained medical staff. We are also developing additional diversion and alternatives to incarceration strategies (i.e. crisis services, Open Access, SUD & MH jail treatment services and linkage to outpatient services, we provide a staff liaison to County Drug Court, additional AOT staff, etc) to help link those in need of treatment to services vs. going to jail (when appropriate).

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

We certainly recognize the importance and the role that recovery and support services provide and the effectiveness and benefits of this service to the consumers.

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

We will support and employ peer support and family navigation services for mental health & substance abuse services. We will work with providers and other stakeholders to enhance and further develop these services within our local programs and the community at large, and hire peers into these roles.

Objective Statement

Objective 1: Increase the number of peers hired and working in OMH & OASAS programs

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

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

Stigma in our community remains a problem. Individuals from all three disability areas are faced with stigma and the impacts of this within the community. We will continue to advocate and combat stigma, and to provide education to the community about the mental hygiene system and those served by it.

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

Our goal will be to combat, reduce and eliminate stigma in our community and provide education in order to increase understanding and acceptance of those who have a mental health or addiction problem or a developmental disability.

Objective Statement

Objective 1: Host educational & public awareness activities in the community to inform and combat stigma.

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

There remains a strong demand and need for SUD out-patient services. We have seen an increase in the number of individuals suffering from addiction, including heroin and opioid addiction. The County fortunately has been able to meet the demand for services by providing immediate access for services, and there is no waiting list.

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

The County will continue to meet the demand and need for out-patient treatment services and will dedicate sufficient staff resources as necessary. We will expand access to services by launching an Open Access Center with 24/7 capacity as well as by providing COTI-STR services including mobile clinic and peer services. We will continue to reach out to our community to inform them about the available services and how to access these services. We will also continue to provide Medication Assisted Treatments including; Vivitrol in our clinic and our Jail, Suboxone, and soon we will provide injectable Sublocade Buprenorphine extended-release medication in our clinic. We want to have the most effective and up to date treatments available and to have our medical staff trained with the competencies needed in order to provide them.

Objective Statement

Objective 1: Launch the Open Access Center & COTI-STR Summer 2018

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

Objective 2: Continue to meet demand and need for out-patient services and provide immediate access.

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

Objective 3: Provide the most up to date MAT treatment interventions available.

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

We have identified an ongoing need for additional services with respect to supportive living services, stabilization, and rehab beds. Also, providers have noted concerns related to the residential redesign initiative that include concerns about insurance payments and the associated delays and/or denials in receiving payments for services provided. There is no mechanism to "back-pay" or make a retroactive payment from the start/admission date the client began in the program and the time the benefits were activated. In many cases, the client has completed treatment before the benefits have become active, and the provider can not back-bill for the services they delivered.

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 LGU and the Community Services Board has not designated this area as a priority area. However, we do make mention of the need for the Residential Redesign initiative to address the rules regarding insurance & payment time frames. Also, the system will require additional beds in the areas noted above in order for those in need of residential services to be able to access them timely when needed. This is particularly important in order for Open Access Centers and COTI-STR initiatives to be successful and able to link people into the appropriate level of care. All levels of care must have an adequate number of beds available in order to place people in need with the appropriate service.

Change Over Past 12 Months (Optional)

2l. Heroin and Opioid Programs and Services - Background Information

This remains a primary and important area of focus. A number of points related to this area have previously been highlight in this plan. Our community continues to struggle with this issue and we continue to see individuals overdose and die from heroin and opioids, including deaths related to overdoses from fentanyl and carfentanyl which is 10 to 100 times more potent and deadly than heroin. It is our understanding that in 2017 approximately 3000 individuals in NY died of an opioid related overdose. In Wayne County, the latest DOH statistics show that emergency room visits for opioid related overdose, opioid related hospitalizations, and deaths involving any opioid all have been increasing in recent years. We also know that only 1 in 10 people with a substance use disorder receive treatment, and according to the CDC 46 people die every day from overdoses involving prescription drugs, and 115 Americans die every day from an opioid overdose (including prescription and illicit opioids). The rise in opioid overdose deaths is dramatic and has been happening since 1999 with the first wave related to prescription opioid (natural & semi-synthetic opioids like oxycodone and hydrocodone) overdose deaths, followed by the rise in Heroin overdose deaths beginning in 2010, and the third wave beginning in 2013 with the rise in synthetic opioid (like fentanyl) overdose deaths. We continue to see this trend of rising overdoses & deaths.

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

We have a number of goals and objectives listed below related to combating this problem. The law enforcement community has clearly stated that they can not arrest their way to resolving this issue. It takes a much broader approach with many stakeholders and community involvement. Some of the strategies we are and will take include the following:

- The CSB has created a Heroin-Opioid Coalition and we will partner with other stakeholder coalitions in efforts to address this issue.
- The Department of Mental Health, Public Health and the Sheriff's Office will continue working together on this issue and facilitate the involvement of community stakeholders and providers within our respective fields to partner with us in combating this issue.
- We will continue working closely with schools on school prevention substance abuse related issues.
- We will continue to participate with other government leaders who are leading or coordinating activities related to addressing this issue (i.e. OASAS Round Table Discussion held in June 2017, Senator Hemings' Heroin Crisis Round table Discussion held in Nov. 2017, etc.).
- We will launch the 24/7 Wayne County Finger Lakes Open Access Center and COTI-STR Program in the Summer of 2018.
- We will develop and deploy mobile clinic services and crisis response services, including certified peer services.
- We will expand addiction medical professional staff resources and capacity, also with expanded hours for services.
- We will continue to provide education and hold public forums regarding Opioids and Heroin.
- We have established a Wayne County prescription medication disposal site and we will publicize this and inform the public about this resource.
- The County will continue to provide and expand addiction services in our Jail and SUD Clinic, including providing injectable medication assisted treatments and linkage to outpatient follow-up care.
- We will work to secure funding from DCJS, and any other funder entity, to add a Cognitive Behavioral Treatment intervention service program and other SUD related services & programs to our SUD treatment program in our Jail.

Objective Statement

Objective 1: see objectives above

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

Change Over Past 12 Months (Optional)

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

The County Dept of Mental Health & the LGU has a long standing working relationship with the Sheriff's Office and other local law enforcement departments. We also have an equally long standing working relationship with the criminal justice system including our County Drug Court and Criminal Court. We provide a court liaison from our office to participate on the Drug Court Team. We work closely with other local providers including Pre-Trial Services, the Public Defenders Office, DSS, Probation & Parole. We work very closely with each Wayne County School District and their Superintendents in providing SUD preventions services and referral to treatment (and have mental health clinics in schools). Our CSB and LGU has strong involvement and participation, coordination and representation with a variety of other health and human service organizations representing a number of other systems including the Aging/Elderly, Children and Youth, Hospital & Health Systems, Education, Public Health, etc.

We will continue to work closely with these systems and stakeholders to maintain, enhance and foster efforts towards coordination and integration of services for SUD clients involved with multi-systems.

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):

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

We have worked diligently to provide and expand mental health screening, education and treatment to the youth of our county. This work serves as an investment in our county's younger population and has a direct impact on the overall health and well being of children and our community as a whole. The LGU has a responsibility to assure that access to mental health treatment is readily available to this population as well as to the adult population. We are committed to meet the presenting needs and demands for mental health services in our community and we are committed to providing immediate access to care within all our services. The demand for services remains strong with approximately 325-350 new referrals in the County programs alone per month, and we pleased to report there is no waiting period to access services. The need and demand for school base MH clinic services also remains strong and we are responding to that with added staff resources and additional clinics.

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

Our goal is to expand services and to maintain immediate access to mental health clinic services for both youth and adult populations in an effort to improve the over mental health wellness in our community and increase positive outcomes.

Objective Statement

Objective 1: We will continue our efforts in schools to provide mental health emotional wellness screenings of children

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

Objective 2: We will continue to identify schools that demonstrate a significant number of children in need of mental health services and respond by creating licensed satellite clinics in those schools and/or increase resources in existing school clinics.

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

Objective 3: We will continue to increase capacity in our clinics for both adult and C&Y populations and maintain the availability for immediate access to services including crisis services.

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

Objective 4: We will have a voice by participating with the DCJS and the Finger Lakes Youth Justice Committee Team

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

Objective 5: Our developing Suicide Prevention Coalition will have an educational focus for youth and for those who work with youth within the educational community and we will equally address the needs of the adult population.

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

Change Over Past 12 Months (Optional)

Our Early Recognition Screening state funding ended in the previous year, however we still remain committed to this work and will continue to provide screenings in schools and other locations. We have screened well over 2,000 children since its inception, many of whom had indicators that suggested the recommendation for linkage to more formal treatment and or assessment. This work addresses the mental health needs of the children in our community and promotes a healthier community, and in spite of the the funding being discontinued, we would be remiss not to continue to deliver this vital service to our county.

We are licensed/certified by the Office of Mental Health to provide treatment in 26 satellite clinics located in school buildings within our county. We anticipate that by September 2018 will be located in and able serve every school building (31 schools) within Wayne County, placing us in all of the 12 School Districts within the County. Without this service, many of the youth we have treated may otherwise likely not have had access or opportunity to receive mental health treatment. This is any area in which expansion is necessary in order to foster healthier children, a healthier community, and a safer school environment.

As we begin to realize the effects of the State's "raise the age" initiative, our role on the DCJS Finger Lakes Youth Justice Team has become more vital than ever. This is where we learn about the implications of the change in the law, and we have a voice and an opportunity to be a contributing member of the regional team and effort. We also have been proactively involved with other stakeholders including our County DSS & Probation Departments to plan for this initiative and the needs of the youth.

2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

Fostering appropriate relationships with other stakeholder groups such as the criminal justice and law enforcement community, the educational community, other County Govt. Dept's., is essential to fostering a healthier community and for receiving the expertise and input of these other groups, and to bring the process of addressing MH (as well as SUD & I/DD) needs within the County. Other MH related supports such as housing, respite, crisis services, care management services, psychosocial programs, peer services, SPOA, MIT, AOT, ACT, Court related support services, etc., are essential and play an important role in helping to maintain stability of a individual with mental illness.

Our goal will include continuing to support providers, programs and services that provide their services to the MH population. The LGU & CSB will work closely with law enforcement and other criminal justice related entities to provide training, education, and supports related to mental hygiene law and mental hygiene related services including LGU & DCS related services. We will continue to provide education and training on suicide prevention, the opioid & heroin epidemic, narcan overdose prevention, Youth and Adult Mental Health First Aid, and other similar non-clinic mental health out-patient services.

We will also continue to support and expand our Project Lifesaver Program. In partnership with the Wayne County Sheriffs Office, we will continue to provide support to this program which is aimed at assisting law enforcement in locating missing persons who are at risk and vulnerable due to their disability, and involves attaching an electronic radio transmitter device to the ankle or wrist of the individual at risk of wandering. The radio signal transmitter can be picked up by a receiver operated by a public safety officer and assist law enforcement in locating the missing person.

We also intend to work towards developing greater enhanced capacity and competency related to working with the elderly population and to better coordinate with the community and regional providers who specialize in services for the elderly.

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

see above goals

Objective Statement

Objective 1: We will work to address, enhance and/or maintain each of the areas noted above

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

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

We are going to utilize this section to comment on a number of areas. As mentioned previously, the closing of the Developmental Centers has had a significant impact on the community and the OPWDD population. Obviously, as a result, a reduction in available services is a given. During the closing process, individuals with a long history of being confined with in-patient stays were suddenly deemed appropriate to live in less structured/un-secure community settings. We have since seen a significant increase in OPWDD clientele involvement in the criminal justice system, increased arrests and incarcerations, and court ordered evaluations and commitments.

We also are aware clients in need of clinical services sometimes have long wait periods before being able to get into an Art 16 clinic.

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):

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

Our local ARC provider agency is seeking an opportunity to expand housing (apartments) for the OPWDD population, and we support that effort. There seems to be a lack of appropriate available housing for those wanting independent or supported living arrangements. Advocacy support towards efforts to increase housing options for the OPWDD population will be provided by the LGU as deemed appropriate by LGU, however the need for housing exists.

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

Wayne ARC will develop and construct a new affordable housing project to serve the OPWDD population.

Objective Statement

Change Over Past 12 Months (Optional)

2ab. Developmental Disability Service Coordination - Background Information

The transition from MSC to Health Home Care Coordination has been a slightly bumpy journey. The transition from the current structure to the new one has had an impact on the work force and many staff have left their employment for more secure arrangements, which has caused a shortage and disruption in the service delivery and the work force. We anticipate that this will improve and even out over time, but it has caused some clients to fall through the cracks at this point.

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): This is a state driven initiative and outside the control of the LGU. Also, we recognize that transitions and system changes often encounter difficulties and take time to settle down and resolve. We anticipate this will resolve over time.

Change Over Past 12 Months (Optional)

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3a. Medicaid Redesign - Background Information

We are participating in readiness activities for the VBP, as well as participation with and providing leadership in a BHCC.

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

Change Over Past 12 Months (Optional)

3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information

We will continue to work closely with and be involved with the FLPPS and in particular with the Behavioral Health Subcommittee. We will also work to enhance collaboration with Primary Health Care Providers and other health care provider groups to coordinate and integrate services with behavioral health services. We will continue to provide barrier free immediate access services for all those in need. We work closely with FLPPS and our local CPEP to support the initiative to expand CPEP staffing in order to reach 24/7 capacity.

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

Change Over Past 12 Months (Optional)

3c. Regional Planning Consortiums (RPCs) - Background Information

Access to mental health and substance abuse disorder services must be accessible, barrier free and immediate when an individual is ready to ask for help. Too often, people in need are faced with barriers and systems that are not ready to receive them when the individual is ready to get help. Systems can be cumbersome and lack the ease of a user friendly approach. The self-made barriers of providers and systems should not impede the ability of an individual to access to care. The Wayne County LGU is committed to a barrier free approach to treatment.

The DCS will continue to be involved and participate in the RPC initiative. The DCS is Board Member on the Finger Lakes RPC.

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):

Change Over Past 12 Months (Optional)

3d. NYS Department of Health Prevention Agenda - Background Information

We participate in the Public Health Dept's Wayne County Community Health Improvement Plan Process and we also work closely with and provide representation to the regional S2AY Rural Health Network which addresses DOH Health Improvement Plan initiatives including behavioral health related goals for mental health and SUD including the opioid problem.

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

The general population is aging and therefore we have a responsibility to assure that the mental hygiene/behavioral health needs of this population are being addressed.

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

Goal Statement- Is this Goal a priority goal (Only 5 goals can be selected as priority goals)? Yes No

To Assess and Plan for Services for the Geriatric Population

Objective Statement

Objective 1: Develop enhanced coordination with community and regional providers who specialize in services for the elderly

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

Objective 2: Include elder services providers and other interested community members in the LGU Suicide Coalition initiative

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

Objective 3: Expand our Project Life-saver, a collaboration between the LGU and Sheriff office, to the elderly community

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

Objective 4: Utilize the Mobile Integration Team for elderly community members with a known or suspected mental illness for outreach, assessment and engagement

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Wayne County Community Services Board (70540)
Certified: James Haitz (5/11/18)

1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issue
Psychiatrist	5	1	
Physician (non-psychiatrist)	n/a	n/a	
Psychologist (PhD/PsyD)	3	1	
Nurse Practitioner	3	2	
RN/LPN (non-NP)	2	1	
Physician Assistant	5	n/a	this title/position is limited or difficult because they are not able to fully prescribe unless certain circumstances are met. Allow them to practice as they do in any other specialty
LMSW	4	1	
LCSW	5	1	
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	3	1	the experiential requirement needed post graduate degree is time consuming and new graduates lack licensure with nearly a 2 year wait period before qualifying.
Peer specialist	n/a	n/a	none hired at this time. limited indiv who are certified
Family peer advocate	n/a	n/a	none hired at this time. limited indiv who are certified.

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.
one. There is only one OMH licensed clinic in the County.

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman jeremy.darman@omh.ny.gov. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
Wayne County Community Services Board (70540)
Certified: James Haitz (4/20/18)

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 Paul Pfrommer
Physician No
Psychologist No
Represents Public & Families
Term Expires 12/31/2016
eMail pep@rochester.rr.com

Member

Name James Haitz, LCSW-R
Physician No
Psychologist No
Represents County of Wayne DCS, Public, Families, Consumers
Term Expires
eMail jhaitz@co.wayne.ny.us

Member

Name Josh McCrossen
Physician No
Psychologist No
Represents Commissioner Wayne Cnty DSS & Families
Term Expires 12/31/2018
eMail

Member

Name Frank Quinn
Physician No
Psychologist No
Represents Families & Public
Term Expires 12/31/2018
eMail

Member

Name Penny Shockley
Physician No
Psychologist No
Represents Director Wayne Cnty Aging & Youth / Families
Term Expires 12/31/2018
eMail

Member

Name Rebecca Remington
Physician No
Psychologist No
Represents Consumers & Families
Term Expires 12/31/2016
eMail

Member

Name Barry Virts
Physician No
Psychologist No
Represents Sheriff Wayne Cnty & Public & Families
Term Expires 12/31/2016
eMail

Member

Name Kenan Baldrige
Physician No
Psychologist No
Represents Wayne County Board of Supervisors Health & Medical Comm Chair & Public
Term Expires 12/31/2018
eMail

Member

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

Member

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

Member

Name Edward Hunt
Physician No

Member

Name Haidee Pidor, MD
Physician Yes

Psychologist No
Represents Deputy Director Wayne Cnty Dept MH & Consumers & Public
Term Expires 12/31/2019
eMail ehunt@co.wayne.ny.us

Psychologist No
Represents Families, Consumers & Public
Term Expires 12/31/2019
eMail hpidor@co.wayne.ny.us

Member
Name Vacant - temporary
Physician Yes
Psychologist Yes
Represents community/families
Term Expires
eMail

Alcoholism and Substance Abuse Subcommittee Roster
Wayne County Community Services Board (70540)
Certified: James Haitz (4/20/18)

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 Barry Virts
Represents Sheriff, law enforcement, public, families
eMail bvirts@co.wayne.ny.us
Is CSB Member Yes

Member

Name Kenan Baldrige
Represents Wayne County, Public
eMail
Is CSB Member Yes

Member

Name Edward Hunt
Represents Wayne County, Public, Consumers, Families
eMail ehunt@co.wayne.ny.us
Is CSB Member Yes

Member

Name Marty Teller
Represents Consumers
eMail marty.teller@flacra.org
Is CSB Member No

Member

Name Carl Hatch-Feir
Represents Consumers
eMail chatch-feir@delphi.org
Is CSB Member No

Member

Name Tim VanDamme
Represents Consumers, Public
eMail tvandamme@twcmetrobiz.com
Is CSB Member No

Member

Name Kristie Elias, LCSW
Represents Consumers
eMail kelias@cfcrochester.org
Is CSB Member No

Member

Name James Haitz, LCSW-R
Represents Wayne County, Public, Consumers, Families
eMail jhaitz@co.wayne.ny.us
Is CSB Member Yes

Member

Name Josh McCrossen
Represents County DSS, Families
eMail jmccrossen@co.wayne.ny.us
Is CSB Member Yes

Mental Health Subcommittee Roster
Wayne County Community Services Board (70540)
Certified: James Haitz (4/20/18)

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.

Chairperson

Name Paul Pfrommer
Represents Public & Families
eMail pep@rochester.rr.com
Is CSB Member Yes

Member

Name Frank Quinn
Represents Families & Public
eMail
Is CSB Member Yes

Member

Name Rebecca Remington
Represents Consumers & Families
eMail
Is CSB Member Yes

Member

Name Ed Hunt
Represents Families, Public & Consumers
eMail ehunt@co.wayne.ny.us
Is CSB Member Yes

Member

Name Haidee Pidor, MD
Represents Consumers & Families
eMail hpidor@co.wayne.ny.us
Is CSB Member Yes

Member

Name Penny Shockley
Represents Families
eMail pshockley@co.wayne.ny.us
Is CSB Member Yes

Member

Name Patti DiNardo
Represents Consumers & Families
eMail pdinardo@flpn.org
Is CSB Member No

Member

Name Sharon Clovis
Represents consumers
eMail sharon.clovis@waynecap.org
Is CSB Member No

Member

Name Deborah Turner
Represents Consumers
eMail dturner@goodwillfingerlakes.org
Is CSB Member No

Member

Name James Haitz, LCSW-R
Represents County of Wayne DCS, Consumers, Public & Families
eMail jhaitz@co.wayne.ny.us
Is CSB Member Yes

Developmental Disabilities Subcommittee Roster
 Wayne County Community Services Board (70540)
 Certified: James Haitz (4/20/18)

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 William Sorrels, RN
Represents Families, Consumers & Public
eMail
Is CSB Member Yes

Member
Name Edward Hunt
Represents Consumers & Families, Public, Wayne County
eMail ehunt@co.wayne.ny.us
Is CSB Member Yes

Member
Name David Calhoun
Represents Families & Consumers
eMail david.calhoun@waynearc.org
Is CSB Member No

Member
Name Dr. H. Pidor
Represents Consumers
eMail hpidor@co.wayne.ny.us
Is CSB Member Yes

Member
Name James Haitz, LCSW-R
Represents County of Wayne DCS, Public, Families, Consumers
eMail jhaitz@co.wayne.ny.us
Is CSB Member Yes

Member
Name Penny Shockley
Represents Families, Consumers & Public
eMail pshockley@co.wayne.ny.us
Is CSB Member Yes

Member
Name Scott Bischooping
Represents Schools, Families, Public
eMail sbischooping@wflboces.org
Is CSB Member Yes

2019 Mental Hygiene Local Planning Assurance
Wayne County Community Services Board (70540)
Certified: James Haitz (5/31/18)

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 2019 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 2019 Local Services planning process.