

2016  
Local Services Plan  
For Mental Hygiene Services

Westchester Co. Dept of Community MH  
July 15, 2015





## Table of Contents

<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Westchester Co. Dept of Community MH</b>	<b>70270</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Certified</b>
Needs Assessment Report	Required	<b>Certified</b>
Warm Line and Mobile Crisis Capacity Survey	Required	<b>Certified</b>
Priority Outcomes Form	Required	<b>Certified</b>
Multiple Disabilities Considerations Form	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
ASA Subcommittee Membership Roster	Required	<b>Certified</b>
Mental Health Subcommittee Membership Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Membership Roster	Required	<b>Certified</b>
2016 Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>



## **2016 Local Plan - Executive Summary**

Westchester County's 2016 Local Plan Executive Summary reflects the continued transformation agenda from all mental hygiene areas and the start of managed care planning for both behavioral health and planning for developmental disabilities. While much progress has been made over the past year, there is still uncertainty about the future of the service delivery system and impact on individuals, services providers and resources. Key questions include adequate services for individuals and what resources will be available for communities to implement as part of the local planning process in a managed care environment and how will the managed care entities be held accountable for ensuring access and quality at the community level. This has been the role of county government since Article 41 as established. Westchester County strongly believes that the maintenance of this planning role is critical to the successful implementation of managed care. Westchester County has been an active participant in working with our Regional County partners and the New York State Office of Mental Health, Office for Alcohol and Substance Abuse and Office for People with Developmental Disabilities Regional Offices to plan and prepare for the change in the service delivery system.

## **Background - The Plan**

For the past several years, Westchester's Local Plan was developed to align with principles and values established by the department and key stakeholders including service providers, consumers, advocates, community organizations and systems partners. These key principles, which include peer and family driven, person-centered services, racial/cultural/linguistic competent care, access, service choice and needs driven care, continue to drive the planning of the department and influence our approach to the transformation agenda and managed care implementation.

## **Highlights**

Some of the specific highlights for each mental hygiene area are detailed below.

### **DCMH Psychological Response Team**

DCMH Psychological Response Team continues to be very active. The team is available to provide a coordinated psychological response to victims, their families, the community and emergency care workers. The DCMH Psychological response team is comprised of 15 mental health professionals with the knowledge and skills to respond adequately to the mental health needs of individuals and communities during times of disaster, crisis or other critical incidents. The DCMH Team partners with other organizations such as Red Cross and mental health agencies. In 2015, the DCMH Psychological Response team assisted as part of Westchester's response to the tragic Metro-North train accident on February 3rd. The Team activated a call-line for counseling services and support as well as coordinating efforts with all planning agencies involved. DCMH Psychological Team participated in numerous First Responders Forums providing support and resources to workers.

Over the past 12 months, Westchester County DCMH, Alcohol and Substance Abuse Services has faced many challenges—from the rise in heroin use and the deaths of our young adults, to the challenges faced by our system of care as we roll out the implementation of Medicaid Managed Care.

In responding to the increase use of heroin in our communities, the LGU has worked with our provider system to become certified Narcan training sites. Narcan trainings have been conducted in a number of our communities—we have trained police officers, coalition members and clinical staff. We have saved lives. In addition, our drug and alcohol coalitions in collaboration with prevention and treatment providers have sponsored a number of community forums, educating the public about the misuse of prescription medications and the rise in heroin use. The LGU also testified before the NYS Joint Task Force on Heroin and Opioid Addiction.

The LGU was successful in facilitating the reopening of an opiate treatment program in Peekskill, NY; and the development of an adolescent treatment program in Southern Westchester, which is targeted to open in the fall of 2015. The County also saw an increase in the number of providers licensed to provide chemical dependency treatment services to Westchester County residents. All these efforts will increase access to treatment for Westchester County residents.

As DCMH embarks on the rollout of DSRIP, HARPS and Medicaid managed care; our system looks to develop new and solidify old collaborations with primary health, mental health and managed care entities. DCMH recognizes the need to change the way we do business by being more holistic, providing integrated services and focusing on quality performance outcomes. To assist with this new way of doing business, DCMH's new contract with CCSI will increase our capacity to monitor our system—fiscally and programmatically—and to make recommendations for future action in a timely manner, whether it's at a system or provider level.

As DCMH and its partners move forward in this ever changing health care environment, we continue to strive to ensure that the behavioral health care needs of all residents are met and that we are able to provide quality services while being fiscally prudent.

### **Developmental Disabilities:**

For the past several years OPWDD has begun planning for its efforts to reform its system of supports and services for people with developmental disabilities. The OPWDD transformation agenda includes systems movement towards standardized processes and procedures across the state in preparation for managed care implementation. Over the past two years, DCMH has monitored the implementation of the "Front Door" intake process which is intended to create consistent, streamline, statewide access to individualized service options. DCMH continues to work with individuals, families, advocates and service providers and the Region 3 DDRO to define its role in helping individuals and family's access services, connect to the Front Door process, and share the service delivery system and policy changes.

DCMH collects, maintains and manages data and information identifying the needs of Westchester residents with developmental disabilities, and advocates for services to address unmet needs. Strategic, local planning is done at monthly Westchester County Developmental Disabilities Committee meetings, co-chaired by DCMH and a parent advocate and membership includes DDRO, services providers and advocates. DCMH continues to provide assistance to the school districts and families and to OPWDD in planning for students who will be transitioning students from the school to the adult service systems. In addition, DCMH's role in providing assistance to schools and families regarding the OPWDD eligibility process allows us to have a clear sense of the numbers of individuals coming into the OPWDD system, which again has proven invaluable for planning purposes to identify future needs.

DCMH has acted as the Single Point of Access for residential referrals by managing vacancies and referrals for residential opportunities. DCMH staff sit on the Committee on Services (COS), which in addition to DCMH staff, included OPWDD staff, provider and family representatives. More recently with declining residential resources available, DCMH and member of the COS have focused on prioritizing referrals, managing the limited vacancies for residential opportunities, maintaining the residential waiting list and facilitating the placement of individuals on the waiting list by making referrals to providers as openings occur. The current system in place is about to change to a state-driven, regional process that excludes county and family representation. The new process which OPWDD refers to as the Certified Residential Opportunities Protocol (CRO) will be instituted in Westchester County on or before August 1st, 2015. This new process does not allow for county representation and therefore raises question about equitable resource distribution and accountability to Westchester County residents. Commissioner of DCMH along with appropriate staff are in on-going conversation about these changes and are recommending that county and family representation are included in the new, OPWDD -CRO process.

While these changes are in process, the department continues to provide information and resources to individuals, parents and family members who have developmental disabilities by offering training and orientation sessions on the service system. DCMH DD staff collaborate with other units to provide quarterly cross-systems training and provider support around complex cases.

The Westchester County Autism Advisory Committee, led by DCMH, continues to meet monthly, exploring increasing employment opportunities for adults with autism spectrum disorders and expanding mental health resources for both children and adults.

The Department continues to provide person-centered, quality care coordination through Medicaid Services Coordination program. The program services as a "safety net" for Westchester by primarily serving individuals with developmental disabilities and experience complex needs or other challenges.

### **Children's Mental Health Services**

Children's Mental Health has provided leadership in partnering with other county departments and community agencies in a multi-tiered "system of care" planning and service design that has focused primarily on children who experience serious emotional, behavioral and social challenges. Single Point of Access (SPOA) is the means by which children with serious mental health issues receive services such as intensive case management, Home and Community Based Waiver, mobile mental health, community residential services and respite. In keeping with our cross-systems approach, SPOA works closely with our "Cross Systems Unit (CSU)", in essence creating a "No Wrong Door" approach for children and families to best



identify needs and most appropriate services.

DCMH Children's Mental Health continues to provide leadership in a county-wide initiative to help the county become more trauma informed. The initiative involves a county planning committee that has promoted evidence-based practices, sponsored several training initiatives and helps to transform system-wide practices and culture that is trauma informed and builds on the strengths and inherent resilience of individuals and local communities.

DCMH Children's Mental Health continues to lead an effort to partner with school districts and providers. A wide-array of service models exist including school-based mental health satellite clinics, on-site school consultation and support, training, and consultation to staff at early childhood sites, and School-Wide Positive Behavioral Intervention and Supports (SWPBIS) approach which exists in over 60 school buildings. In 2015, Westchester County launched a new initiative building on the work of cross-systems efforts. The County child-serving systems will work closely with school districts Committee on Special Education (CSE) in an attempt to maximize resources and coordinating efforts to prevent CSE residential placements. DCMH is in the process of hiring a full-time coordinator for the initiative and lead wraparound planning, training and access to needed cross-systems services. Westchester's Early Step Forward (ESF), collaboration between early childhood and children's mental health, provides support, training and consultation to all of the staff at selected early Childhood sites throughout the county, ESF reaches over 1,200 children and has expanded county-wide capacity through multi-year workforce enhancement.

#### **Adult Mental Health Services**

DCMH Adult Mental Health continues to coordinate services for Westchester County through SPOA process as well as provide leadership in other specialized areas focusing on individuals with serious mental health issues and other risk factors. Several new community-based services have been funded by NYS Office of Mental Health including increased supportive housing beds, respite beds, increased peer support services as well as a mobile support team for individuals discharged from Rockland State Hospital.

DCMH Adult Mental Health operates several programs providing services for people with serious mental health concerns and criminal justice histories. Westchester County is one of five counties throughout New York State to receive a technical assistance grant through NY State Division of Criminal Justice Services, Office of Probation and Correctional Alternatives. The technical assistance has provided an opportunity for DCMH to examine current efforts and develop strategies to improve outcomes.

Westchester County continues its partnership with police departments in the cities of White Plains and Yonkers to offer services through a Specialized Police Response for those who may be at risk for emotional or behavioral crisis. Two police officers and onementla health clinician comprise the specialized police response team. DCMH has provided 2, 40-hour Crisis Intervention Training (CIT) programs for Westchester County police departments throughout Westchester County. The training was in high demand and DCMH will offer 2 more CIT trainings in the future. DCMH has also facilitated several 8 hour training courses to police departments on Mental Health issues and response.

DCMH and Department of Corrections received a \$50,000 grant from NY State Office of Mental Health (OMH) to support transition services form the Correct Care Solutions (the correctional mental health provider in the County DOC) to the community. DCMH, in partnership with Correct Care Solutions and Department of Corrections, have transformed a new unit to provide mental health and other rehabilitative supports for inmates with serious mental health concerns and co-occurring disorders. The program, in existence since November, 2014, has shown positive outcomes and has been well received by the inmates. In 2015, DOC and DCMH plan to partner to provide a similar program for 16-18 year old inmates in county corrections.

#### **Workforce Training and Awareness**

DCMH, under the County Executive's Safer Communities Initiative, has led efforts to provide enhanced workforce training for systems and communities. DCMH launched Youth Mental Health First Aid training for multi-stakeholders and has trained over 250 individuals who connect directly with youth throughout Westchester County. DCMH partnered with mental health provider Westchester Jewish Community Services and Putnam/Northern Westchester BOCES who received a SAMHSA 2-year, \$100,000 Project Aware Youth Mental Health First Aid training grant. The grant will target training for schools.

Under Safer Communities, DCMH has partnered with Department of Public Safety to offer Crisis Intervention Training (CIT) for several police officers and other first responders. More CIT trainings will be offered in 2015-2016.

DCMH created a Suicide Prevention and Awareness Task Force in 2015. The Task Force includes all of the major county systems and several systems partners and advocacy groups. The Task Force will conduct a needs assessment of Westchester County, help coordinate efforts and resources as well as offer targeted training programs and implement best practices approaches for the county.

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

**PART A: Local Needs Assessment**

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

CD Services: The number of Westchester County residents accessing treatment services decrease from 9,761 admissions in 2010 to 8,314 in 2014. The opening of The Counseling Center at Yorktown Heights, Lexington Center for Recovery opening of the outpatient opioid and clinic treatment in Peekskill, NY, the opening of Inter-Care Westchester and the reestablishment of adolescents services projected to open in September of 2015, should increase access to services for all segments of the population. The ability to provide off site services under the new Part 822 regulations will also aid in increasing access while also addressing the lack of transportation for adolescents and young adults. Data obtained from the NYS OASAS Client Data System presented below indicates the need for continued support for the use of evidence based programs to improve outcome and the increase the treatment success rate for clients. Over that past few years the LGU has provided training in various EB programs-Seeking Safety, Thinking for a Change, Motivational Interviewing, Trauma informed services. The LGU will continue its efforts to provide training and implementation support to individual programs to assist in improving clinical outcomes. 23% of discharged clients do not achieve their goals related to alcohol; 35% of clients are discharged against clinical advice or were unlikely to make any further clinical gains 27% of clients are discharged without having met any treatment goals 32% of discharged clients do not achieve their goals related to drug 41% of clients are discharged unemployed No discharge referrals are made for 50% of discharged clients 33% of Social Functioning goals are not met. 28% of Emotional Functioning goals are not met. 30% of Family Situation goals are not met. The LGU will continue to work with providers to implement evidence based programs, increase clinical outcomes, monitor and track various performance targets.

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

CD Services: Housing Currently Westchester County has 58 residential beds-47 community and 11 supportive beds. Under the residential redesign it is anticipated that all 58 beds will be converted to the "Reintegration" designation. In 2013, 592 homeless clients were admission to treatment. Of those 71 were younger than 21 and 126 were between the ages of 22 to 25 years. At discharge, 530 clients were discharged homeless. Of those 33 clients were younger than 21 years old and 57 clients between the ages of 22 to 25 years. In 2014, 780 homeless clients were admission to treatment. Of those 52 were younger than 21 years old and 112 were between the ages of 22 to 25 years. At discharge, 494 clients were discharged homeless. Of those 32 clients were younger than 21 years old and 49 between the ages of 22 to 25 years. Our existing 58 residential beds have a UR of 94% or better. Westchester proposed the development of an additional beds, with a specific resident targeted to those ages 16 to 21 years. • Medically Monitored Withdrawal Services: Westchester County has a population of 972,634, with minorities-African Americans and Hispanics-comprising 39%. 10% of the population lives below the poverty level and 87% completed high school. Of the residents 16 and older 35% are not in the workforce. 56% of renters spend 30% or more of the household income on housing. 11% of the population does not have health insurance and 26% of those with coverage have public insurance. There are no Medically Monitored Withdrawal Services in the County. The medically managed detox service operated by St. John's Riverside Hospital services Westchester clients who are—homeless-18%; 26% have not completed high school; 49% unemployed; 71% are self referral; 90% with no criminal charge pending; 73% started using before the age of 21 years; 45% older than 46 years and 20% having not met any treatment goals. We estimate that in 2014, 384/5400 (7%) of detox patients and 72/1444 (5%) of inpatient rehab patients who were being discharged could have benefitted from having a medically monitored bed available to them upon discharge. We also estimate that in 2014, 666/1332 (50%) of patients who were screened but not admitted to our inpatient services could have benefitted from having a medically monitored bed available. This data speaks to the high chronicity and high service need of the population and the average length of stay of 4 days indicate that more services and supports are needed. Case management support alone is not sufficient to meet the needs of this population. A multi-pronged approach is needed and the establishment of a Medically Monitored Withdrawal Services would add support and provide a critically needed crisis stabilization period and the add time to connect to community treatment and supports. O Recovery Support Services--Recovery Center There are no Recovery Centers located in Westchester County. o 43% of clients are discharged against clinical advice or were unlikely to make any further clinical gain; o 27% are discharged without having met any treatment goals and 30% with some goals met; o 41% discharged unemployed and no referrals are made for 53% of the population o Social Functioning goals 33% are not met. o Emotional Functioning goals 28% are not met. o Family situation goals 30% are not met. o Vocational goals 66% are not met or described as not applicable. The data sited speaks to the need for additional community supports. A Recovery Center can build upon the therapeutic process started in treatment. This service is a needed relapse prevention support and provides a cost effective way of supporting and enhancing the treatment continuum. OPWDD Services: Primary service gaps within the OPWDD system include need for additional appropriate housing options, increased opportunities for employment and better cross system collaboration and resources for individuals with co-occurring diagnoses. There are approximately 150 individuals currently actively seeking housing with approximately another 450 people anticipating the need for housing within the next 3-5 years. Employment statistics for persons with developmental disabilities have risen slightly over the past year, however 80% of those on the autism spectrum remain unemployed. NYSTART pilot has been initiated in this region in an effort to provide therapeutic supports to individuals with complex psychological, behavioral, psychiatric and developmental needs. As of 5/30/15, 150 referrals to the NYSTART team have been made since October, 2014.

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

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

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

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

CD Services: The communities of Yonkers, Mount Vernon, Port Chester and Peekskill face increased risk factors associated with substance use. Poverty, Low attachment to School, Community disorganization, Lack of pro social involvement, Gang involvement and Family conflict. Yonkers • Population of 199,055 with the average house hold income below the State medium at 54,469; 13% of the population is below the poverty level. • Education 2014 data (NYS Education)-enrolled 24,967 Limited English-12%; Student with disabilities 16%; Economically disadvantaged 75%; Dropout Rate 7%; Suspension 17% Graduation rate 69%. (State average 76%) • Criminal Activity-Juvenile Arrest 2014 data (NYS DCJS) Robbery 27; Aggravated Assault 14; Burglary 10; Larceny 19; Motor Vehicle Theft 6. • Criminal Activity-Adult Arrest 2014 data (NYS DCJS) Murder 4; Forcible Rape 28; Robbery 422; Aggravated Assault 679. Mount Vernon • Population of 68,482 with the average house hold income below the State medium at 50,455; 11.9% of the population is below the poverty level. • Education data (NYS Education)-enrolled 8,060 Limited English-8%; Student with disabilities 19%; Economically disadvantaged 73%; Dropout Rate 10%; Suspension 14%; Graduation rate 48%. (State average 76%) • Criminal Activity-Juvenile Arrest 2014 data (NYS DCJS) Robbery 6; Aggravated Assault 6; Burglary 1; Larceny 5. • Criminal Activity-Adult Arrest 2014 data (NYS DCJS) Murder 10; Forcible Rape 14; Robbery 225; Aggravated Assault 364. Port Chester • Population of 28,042 with the average house hold income below the State medium at 51,652; 11.5% of the population is below the poverty level. • Education data (NYS Education)-enrolled 4,412 Limited English-25%; Student with disabilities 12%; Economically disadvantaged 66%; Dropout Rate 5%; Suspension 5%; Graduation rate 74%. (State average 76%) • Criminal Activity-Juvenile Arrest 2014 data (NYS DCJS) Robbery 2; Larceny 10. • Criminal Activity-Adult Arrest 2014 data (NYS DCJS) Murder 2; Forcible Rape 1; Robbery 44; Aggravated Assault 20. • Peekskill • Population of 24,406 with the average house hold income above the State medium at 59,123; but 12.9% of the population is below the poverty level. • Education data (NYS Education)-enrolled 3,077 Limited English-19%; Student with disabilities 18%; Economically disadvantaged 79%; Dropout Rate 5%; Suspension 10%; Graduation rate 67%. (State average 76%) • Criminal Activity-Juvenile Arrest 2014 data (NYS

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

CD Services: Over the course of the year, the LGU plans to work with each community, funded providers and OASAS to 1). Maximize the use of existing funding 2). Develop new funding source and resources including the addition of new State Aid

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

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

CD Services: The medically managed detox service operated by St. John's Riverside Hospital services Westchester clients who are—homeless-18%; 26% have not completed high school; 49% unemployed; 71% are self referral; 90% with no criminal charge pending; 73% started using before the age of 21 years; 45% older than 46 years and 20% having not met any treatment goals. We estimate that in 2014, 384/5400 (7%) of detox patients and 72/1444 (5%) of inpatient rehab patients who were being discharged could have benefitted from having a medically monitored bed available to them upon discharge. We also estimate that in 2014, 666/1332 (50%) of patients who were screened but not admitted to our inpatient services could have benefitted from having a medically monitored bed available. OPWDD Services: Individuals with developmental disabilities who have co-occurring psychiatric disabilities have difficulty obtaining quality crisis services. Due to limited understanding of the complexity of the psychiatric presentation as well as concerns about appropriate step down services available within the county, hospital and other crisis services often will not admit or work with individuals with developmental disabilities. MH: Both youth and adults with serious mental health issues often experience psychiatric emergencies/crisis which do not necessarily always involve need for psychiatric hospitalization. While there are a few services such as a Crisis Prevention And Response Team as well as some crisis stabilization options, they are not 24 hour/7 day a week and provide immediate access.

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

OPWDD Services: NY START pilot project could potentially assist in facilitating appropriate crisis services and plans for step-down supports. On-going training for clinical staff regarding the adaptations needed in working with people with co-occurring disorders need to be continued as well as the development of therapeutic respite supports in situations where hospitalization is not warranted, yet a change in environment could help to decrease the intensity of the psychiatric/behavioral emergency. MH: Expand on existing services such as Crisis Prevention and Response Team, provide enhanced Children and Adult "Crisis Stabilization services with immediate access as well as "housing/residential options" for respite/stabilization.

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

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

OPWDD Services: Limited number of service providers willing to work with individuals with developmental and psychiatric/emotional disorders. Providers who do offer treatment to this special population often develop wait lists as treatment intervention strategies often take longer than with the non- DD/ID population. MH: While agencies have engaged in best practice models and open access initiatives, there still is a significant waiting list for outpatient treatment in many parts of the county. There is also a significant gap in services for individuals with private, commercial insurance.

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

OPWDD Services: In 2014 LGU provided workshops on specific topics regarding the adaptations needed in working with people with co-occurring disorders to over 150 providers from a cross section of settings (case management, school, CPS, DSS). Quarterly training needs to be continued to increase awareness and skill set of available providers. Cross-systems committee to address needs of this special population to meet quarterly to identify on-going or specific needs. MH: Explore satellite treatment programs in alternative settings where youth/adults would have greater access to treatment. Need for medication management (limited treatment) for those individuals who could benefit from this approach. Issue of individuals with commercial/private insurance is a great challenge as public mental health agencies don't accept due to limited private pay fees.

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

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

CD Services: In 2013, 592 homeless clients were admission to treatment. Of those 71 were younger than 21 and 126 were between the ages of 22 to 25 years. At discharge, 530 clients were discharged homeless. Of those 33 clients were younger than 21 years old and 57 clients between the ages of 22 to 25 years. In 2014, 780 homeless clients were admission to treatment. Of those 52 were younger than 21 years old and 112 were between the ages of 22 to 25 years. At discharge, 494 clients were discharged homeless. Of those 32 clients were younger than 21 years old and 49 between the ages of 22 to 25 years. Within the OPWDD system in Westchester County there are currently approximately 150 adults seeking residential opportunities, all over the age of 21. There has been no new development of housing options except for those young adults transitioning out of residential settings. An additional 450 people anticipate needing some level of housing support within the next 3-5 years. MH: There is a significant waiting list for housing services for adults with SMI in Westchester County. There continues to be a need for alternative levels of care as many individuals are not successful in lower levels of care such as supportive housing.

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

CD Services: County stake holders-LGU and Providers have identified 3 potential sites to locate residential services. These sites are zoned appropriate and community opposition would not be encountered. The sites would need capital improvements and state aid to support operation expenses. OPWDD: LGU staff to participate in Housing Navigator training to help guide at least XXX individuals or their family members in identifying non-certified housing options. MH: To address housing situations, affordable housing rent is needed as well expanded housing resources.

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

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

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

**Follow-up Questions to "Access to Home/Community-based Services" (Question 3f)**

**4f1.** Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

CD services: In Westchester there is a high percentage of clients who will be potential eligible for HARPS. And with services being potentially provided by non OASAS providers there is a need to effectively monitor the delivery of services. Since service development/delivery is in its early stages this mechanism and coordination has not yet been developed, but the LGU remains concerned about implementation and ongoing monitoring.

4f2. Identify strategies that could potentially be pursued to address this local issue.

CD Services: Continued collaboration with NYS OASAS and where necessary NYS DOH.

**Follow-up Questions to "Access to Other Support Services" (Question 3g)**

4g1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

MH: Many youth and adults could benefit from other services such as respite, recreation, vocational/employment opportunities.

4g2. Identify strategies that could potentially be pursued to address this local issue.

MH: Continue to explore opportunities to fund these types of services that are essential for individuals to be successful in the community. Explore managed care - home and community waiver options/HARP for individuals.

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

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

CD Services: With the implementation of the new OASAS treatment and residential regulations and especially the new Medicaid managed care payment structure, treatment and program staff are now required to learn a new way of doing business and providing services. Program-contract negotiations, Utilization Management, Utilization Cycle Management, Treatment-delivering treatment by using more evidence based program with fidelity, coordination of services with more stake holders and systems-Health Homes, PPS. Providers are required to develop new skill sets while ensuring fiscal viability. OPWDD Services: As part of state plan, OPWDD is working towards developing staff training programs to increase quality of care. Via Front Door process, XX services approved however only XXX services provided due to workforce shortages.

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

CD Services: Through local State Aid savings, allowing the LGU the flexibility to provide local technical assistance to address an identified local need. This can and should be done without duplication of existing TA provided by MCTAC.

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

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

As services seem to shrink, and more of the services become "time limited" it will be essential to improve coordination of services for individuals and systems.

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

SPOA models help to facilitate communication and coordination and LGU often plays a lead role in local systems accountability.

**Follow-up Questions to "Recovery Center" (Question 3j)**

4j1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

CD Services: There are no Recovery Centers located in Westchester County. o 43% of clients are discharged against clinical advise or were unlikely to make any further clinical gain; o 27% are discharged without having met any treatment goals and 30% with some goals met; o 41% discharged unemployed and no referrals are made for 53% of the population o Social Functioning goals 33% are not met. o Emotional Functioning goals 28% are not met. o Family situation goals 30% are not met. o Vocational goals 66% are not met or described as not applicable

4j2. Identify strategies that could potentially be pursued to address this local issue.

The ability to reinvest local State Aid and/or reinvestment of State savings under Medicaid redesign.

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

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

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

**PART B: Regional Needs Assessment**

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

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

The Hudson River Region has been meeting regularly for shared planning and coordination purposes. Discussion includes managed care readiness, county resources/services and shared resources/needs regionally.

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

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

**Follow-up Questions to "Access to Crisis Services" (Question 8b)**

**9b1.** Briefly describe the issue and why addressing it at the regional level is needed.

MH: With DSRIP, Managed Care and maximizing resources, regional planning for crisis services will be critical.

**9b2.** Identify strategies that could potentially be pursued to address this regional issue.

Potential for pooled resources, maximizing service delivery and models by using Regional approach.

**Follow-up Questions to "Access to Treatment Services" (Question 8c)**

**9c1.** Briefly describe the issue and why addressing it at the regional level is needed.

**9c2.** Identify strategies that could potentially be pursued to address this regional issue.

**Follow-up Questions to "Access to Supported Housing" (Question 8d)**

**9d1.** Briefly describe the issue and why addressing it at the regional level is needed.

**9d2.** Identify strategies that could potentially be pursued to address this regional issue.

**Follow-up Questions to "Coordination/Integration with Other Systems" (Question 8i)**

**9i1.** Briefly describe the issue and why addressing it at the regional level is needed.

**9i2.** Identify strategies that could potentially be pursued to address this regional issue.

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

- a. Yes
- b. No

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

Planning discussions with counties that are similar in population and service needs especially around SPOA, best practice models and crisis services

**Warm Line and Mobile Crisis Capacity Survey**  
Westchester Co. Dept of Community MH (70270)  
Certified: Michael Orth (6/5/15)

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

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

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

- a) Yes
- b) No

2. What is the phone number for the mental health warm line?

1-800-MHEPINC

3. What are the days and hours of operation of the mental health warm line?

Monday-Friday 9-5 with exploration of expansion

4. Is the warm line operated/staffed by peers (current and/or former recipients of mental health services)

- a) Yes
- b) No
- b) Don't Know

5. Additional Comments?

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

- a) Yes
- b) No

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

914-925-5959

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

St Vincent&apos;s Hospital Crisis and Prevention Response team

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

24/7 telephone and onsite assessment Mobile Mon-Fri 9-6pm

10. Additional Comments?

**Mental Hygiene Priority Outcomes Form**  
Westchester Co. Dept of Community MH (70270)  
Plan Year: 2016  
Certified: Michael Orth (6/5/15)

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

## 2016 Priority Outcomes

### Priority Outcome 1:

DCMH will provide leadership, and help to guide, transition from a Medicaid fee for services model to a Managed Care/Health Home approach.

#### Priority Rank: 1

Applicable State Agencies:

**OASAS Priority Focus:** Service Improvement/Enhancement . **Sub-focus Area(s):** Implement/Expand Best/Promising Practices , Implement/Expand Recovery Supports , Recruit/Retain Workforce , Train Workforce , Improve Outreach to a Target Population (specify population):

**OMH Priority Focus:** Service Capacity Expansion/Add New Service.

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

#### Strategy 1.1

DCMH will retrieve data from the PSYCKES system to track access to services in the new managed care environment.

**Metric:** DCMH will review data and report on a monthly basis. These reports will shared with the state to ensure access and quality.

**State Agency:**

OMH

#### Strategy 1.2

DCMH will take a lead and active role in program and service monitoring, data collection and reporting. DCMH, in partnership with CCSI, has created a new portal system to track outcomes and monitor services in Westchester County.

**Metric:** Provide effective outreach and engagement to all clients utilizing EB techniques such as MI. Establish base line for enrollment of clients into HH. Ensure maximization of Medicaid billing, including proper documentation. Develop tracking, monitoring, reporting of performance measures.

**State Agencies:**

OASAS

OMH

OPWDD

#### Strategy 1.3

As the OPWDD system moves towards a managed care system, shifts in the provision of how individuals access services and type of services offered have occurred. OPWDD is attempting to standardize processes across the state for better monitoring and with the intent of equitable access to services for all New Yorkers with developmental disabilities who meet OPWDD criteria. In that effort, OPWDD is using their Front Door process for purposes of intake, identification of needs and to create an immediate mechanism for consistent, statewide access to services. Self-directed services (formerly CSS) is being stressed as a process to develop the most individualized, person-centered service plan.

**Metric:** Monthly meetings with stakeholder groups including OPWDD/DDRO representatives, individual/family advocates and providers on impact of changes and recommendations.

**State Agency:**

OPWDD

#### Strategy 1.4

DCMH will continue to utilize the SPOA process for community and legacy referrals.

**Metric:** SPOA applications will be processed in a timely manner.

**State Agency:**

OMH

#### Strategy 1.5

Review performance measures to monitor outcomes for those affected by substances

**Metric:** Quarterly review of data

**State Agency:**

OASAS

### Priority Outcome 2:

Expand access to safe, affordable and appropriate housing

#### Priority Rank: 2

Applicable State Agencies:

**OASAS Priority Focus:** Service Capacity Expansion. **Sub-focus Area(s):** Crisis Services , Community Residential Treatment , Supportive Living Treatment , Housing , Other Recovery Support Services

**OMH Priority Focus:** Service Capacity Expansion/Add New Service.

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

#### Strategy 2.1

To work with OASAS, community providers and Westchester County HUD Continuum of Care.

**Metric:**

Working in partnership with OASAS and St. John's Riverside Hospital, The Guidance Center and Volunteers of America Westchester anticipates submitting a proposal which reflects the new residential redesign- community integration beds and crisis stabilization medically monitored beds.

**State Agency:**

OASAS

### Strategy 2.2

The NYS OMH continues to provide supported housing units to help build a continuum of housing options for individuals in the most restrictive settings. In 2012, DCMH created a housing re-design workgroup. This work group reviewed barriers to moving individuals into different levels of care and then to independent living. In addition to the lack of housing overall, barriers continue to be access to services that will allow those with the highest needs to maintain community living. The Department will work closely with the respective health home to also ensure access to the newly distributed MRT beds.

**Metric:** DCMH is working with the providers to move those with long lengths of stay in CRs into different levels of care. DCMH hopes that providers will move 10 individuals in 2014.

**State Agency:**  
OMH

### Strategy 2.3

Committee on Services (COS), a collaborative process between Westchester County Department of Community Mental Health and the DDRO is being replaced by a state driven residential referral process (Certified Residential Opportunities Protocol) with the expectation that this will standardize and streamline the referral process for least-restrictive, most appropriate level of care. If this new process moves forward as is currently presented by OPWDD there will be no way for County LGU staff to monitor the placement data, capacity issues, equitable resource distribution to county residents in need of residential services. County LGU is meeting regularly with OPWDD staff to explore at minimum options in maintaining LGU monitoring role.

**Metric:** DCMH, in collaboration with DDRO, will monitor vacancy for housing opportunities and target 90% capacity at all times.

**State Agency:**  
OPWDD

### Strategy 2.4

The Office of Mental Health plans made new housing resources available in 2015. DCMH continues to work with providers to ensure access to housing beds in appropriate levels of care.

**Metric:** DCMH will work with OMH to ensure that new housing is targeted to those in most need. The new units will be filled by the end of 2013.

**State Agency:**  
OMH

### Strategy 2.5

DCMH to participate in NYSACRA Housing Initiative to train at least 1 staff person to be certified as a Housing Navigator, "train-the trainer" to expand non-certified housing options for people with DD/ID in Westchester County. This model fits within the self-directed plan of services being emphasized by OPWDD.

**Metric:** Once training is completed, DCMH certified Housing Navigator will provide training to at least 50 individuals/family members or other MSC providers within the calendar year.

**State Agency:**  
OPWDD

### Priority Outcome 3:

Create and maintain diversion from jail or prison for individuals with mental health, alcohol/substance abuse or developmental disabilities. This will include the need for services to help individuals stay out of the criminal justice system.

#### Priority Rank: 3

Applicable State Agencies:

**OASAS Priority Focus:** Service Improvement/Enhancement . **Sub-focus Area(s):** Implement/Expand Best/Promising Practices , Implement/Expand Recovery Supports , Recruit/Retain Workforce , Train Workforce

**OMH Priority Focus:** Service Coordination/Integration.

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

### Strategy 3.1

DCMH Developmental Disabilities Services will provide outreach to the various systems that serve individuals who are at risk/or involved in the criminal justice system and have a developmental disabilities. DCMH designated MSC staff will assist in exploring OPWDD eligibility and provide MSC intensive services if eligible.

**Metric:** DCMH DD will provide MSC services for 5 new individuals who are high-risk/or already engaged with the criminal justice system.

**State Agency:**  
OPWDD

### Strategy 3.2

Westchester has been delivering training to police officers and new recruits on how to assist individuals in crisis in the community. This includes Crisis Intervention Training (CIT) as well as understanding of mental health, substance abuse and developmental disabilities and resources.

**Metric:** DCMH will train 90 police officers and 25 new recruits in 2015.

**State Agencies:**  
OASAS  
OMH  
OPWDD

### Strategy 3.3

DCMH has implemented two crisis intervention teams. One in White Plains and one in Yonkers. These programs have been successful in preventing injuries to officers and individuals in crisis. It has also been an opportunity to refer individuals for services instead of being taken directly to jail. In White Plains there has been a 40% drop in criminal activities.

**Metric:** DCMH will serve over 2,000 individuals in this program.

**State Agency:**  
OMH

### Strategy 3.4

DCMH is working with OMH, Mid-Hudson Psychiatric Center, Westchester Corrections Department and the DA's Office to improve processes associated with individuals on a 730 status. Often times individuals are restored to competency and wait in the hospital waiting for transfer back to the jail. Once individuals are returned to the jail, they wait long periods of time for

court dates. By the time this occurs individuals have likely decompensated and need treatment. Not only is this poor treatment for individuals, it costs the county approximately \$1,000,000 per year. In 2013, DCMH, the NYS Office of Mental Health and St. Vincents Hospital Division of St. Josephs Hospital implemented a 730 diversion program for those with misdemeanor violations. These individuals go to the local hospital versus Rockland Psychiatric Center. The County believes that this helps both the locality and the state.

**Metric:** DCMH will track 100% of the individuals who are sent to the psychiatric center to be restored to competency. DCMH will track how many individuals are diverted from RPC.

**State Agencies:**  
OMH  
OPWDD

### Strategy 3.5

Treatment Alternative to a Safer Community will provide alternative to incarceration case management services to defendants referred by all 32 county and local courts in Westchester County

**Metric:** TASC will provide case management services to 3,000 defendants

**State Agency:**  
OASAS

### Strategy 3.6

DCMH will work with the Reentry Taskforce and Lexington Center for Recovery to implement Thinking for a Change, an EB CBT program.

**Metric:** Two (2) T for C groups will be offered.

**State Agency:**  
OASAS

### Priority Outcome 4:

Increase access and capacity for appropriate mental health and substance use services for children and their families

**Priority Rank:** 5

Applicable State Agencies:

**OASAS Priority Focus:** Service Capacity Expansion. **Sub-focus Area(s):** Crisis Services , Outpatient (non-opioid) Treatment , Community Residential Treatment , Supportive Living Treatment , Prevention Services , Housing , Other Recovery Support Services , Services for a Target Population (specify population):

**OMH Priority Focus:** Service Capacity Expansion/Add New Service.

### Strategy 4.1

DCMH will work with mental health agencies and alternative settings (schools) to increase mental health service capacity.

**Metric:** Westchester County will increase the number of school-based or communit-based mental health services by 10 schools/sites annually.

**State Agency:**  
OMH

### Strategy 4.2

Adolescent Substance treatment services to be established in Southern Westchester

**Metric:** RFI to be issued and a provider identified.

**State Agency:**  
OASAS

### Priority Outcome 5:

Increase the number of providers offering evidence based treatment

**Priority Rank:** *Unranked*

Applicable State Agencies:

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

**OMH Priority Focus:** Service Improvement/Enhancement.

**OPWDD Priority Focus:** Relationship Development and Community Supports . **Sub-focus Area(s):** Direct Support Workforce

### Strategy 5.1

Offer training and technical/implementation assistance to providers

**Metric:** Increase the number of treatment sites offering evidence based treatment by 2

**State Agency:**  
OASAS

### Priority Outcome 6:

Westchester will implement strategies and practices to promote fiscal viability, positive clinical outcomes, provide more culturally, racially and linguistically competent and person centered care.

**Priority Rank:** *Unranked*

Applicable State Agencies:

**OASAS Priority Focus:** Workforce Development. **Sub-focus Area(s):** Recruit/Retain Workforce , Train Workforce (Cultural Competency) , Train Workforce (Treating Co-occurring Disorders) , Train Workforce (Evidence-based Practices) , Train Workforce (General/Other Topic Areas) , Improve Workforce Salaries/Benefits , gender specific

### Strategy 6.1

Westchester Children's System will organize a committee charged with addressing issues of DMR, focusing on training, best practice approaches and policy.

**Metric:** A cross-systems community partnership committee will be created consisting of at least 15 partners. The committee will meet a minimum of 9 times annually.

**State Agency:**

OMH

### Strategy 6.2

Children's system will organize 5 "Undoing Racism" workshops, facilitate by People's Institute For Survival and Beyond, and train over 250 providers, community members, parents and young adults.

**Metric:** A minimum of 200 providers, parents and young adults will be trained.

**State Agency:**  
OMH

### Strategy 6.3

Supporting providers to access MCTAC training focused upon effective business practices-revenue cycle management, contract negotiation. Development of EMR system. Organizational change.

**Metric:** Attending 3 MCTAC trainings. Completion of the Medicaid Managed Care Readiness Checklist and address 3 indicators.

**State Agency:**  
OASAS

### Priority Outcome 7:

Provide trauma informed care to improve outcomes.

**Priority Rank:** *Unranked*

Applicable State Agencies:

**OASAS Priority Focus:** Service Improvement/Enhancement . **Sub-focus Area(s):** Implement/Expand Best/Promising Practices , Implement/Expand Recovery Supports , Recruit/Retain Workforce , Train Workforce

### Strategy 7.1

Increase the number of programs sites offering evidence based trauma specific services

**Metric:** Increase the number of sites offering trauma specific services from 4 to 5

**State Agency:**  
OASAS

### Strategy 7.2

DCMH will provide leadership in organizing a training initiative throughout Westchester in providing trauma informed care and practices. This will be done in collaboration with agencies and peer/family support.

**Metric:** Westchester County will provide a minimum of 4 training/technical assistance opportunities to education providers and peer/family support on trauma informed care and practices. Over 250 will be trained.

**State Agencies:**  
OASAS  
OMH  
OPWDD

### Strategy 7.3

DCMH will coordinate a Trauma Informed Committee that will be charged with creating a "trauma informed and trauma driven" County. The committee will consist of cross-systems partners and meet monthly.

**Metric:** A committee is established and consists of representatives from all of the major systems including DCMH (Sub Abuse/Alcohol Services, Dev. Dis, Adult/Children's MH); DSS, Juvenile Justice, community partners. The committee will hold a minimum of 9 annual meetings.

**State Agencies:**  
OASAS  
OMH  
OPWDD

### Priority Outcome 8:

Improve outcomes and access to services for individuals with co-occurring disabilities.

**Priority Rank:** 4

Applicable State Agencies:

**OASAS Priority Focus:** Service Improvement/Enhancement . **Sub-focus Area(s):** Implement/Expand Best/Promising Practices , Implement/Expand Recovery Supports , Recruit/Retain Workforce , Train Workforce , Improve Outreach to a Target Population (specify population):

### Strategy 8.1

DCMH will identify and report to the state those individuals who are unable to access services because of policies and practices. DCMH and the state will work collaboratively to make it possible for those in need to get services.

**Metric:** The state agencies and DCMH will help 5 individuals with co-occurring disorders to obtain treatment when other options have failed.

**State Agencies:**  
OASAS  
OMH  
OPWDD

### Strategy 8.2

Work with providers to obtain integrated licensure

**Metric:** One (1) provider will obtain an integrated license

**State Agency:**  
OASAS

**Priority Outcome 9:**

Increase use of person-centered planning, wraparound care for individuals with complex, multiple needs.

**Priority Rank:** *Unranked*

Applicable State Agencies:

**OASAS Priority Focus:** Service Capacity Expansion. **Sub-focus Area(s):** Crisis Services , Community Residential Treatment , Supportive Living Treatment , Housing , Other Recovery Support Services

**OMH Priority Focus:** Service Improvement/Enhancement.

**OPWDD Priority Focus:** Relationship Development and Community Supports . **Sub-focus Area(s):** Clinical Workforce , Public Education and Training

**Strategy 9.1**

Work with stake holders to develop capacity to provide family networks to families affected by substance use.

**Metric:** Convene meeting with stakeholders to develop a process for referral and to review new OASAS Part 822 regulations to review how the new changes will support the facilitation of networks.

**State Agency:**  
OASAS

**Strategy 9.2**

DCMH will provide training and technical assistance opportunities on using a person-centered/wraparound approach for providers and family/peer members.

**Metric:** DCMH will promote system of Care "Core Competence" training 2x annually and include practice approaches on wraparound/person-centered planning to over 150 providers and family/peer partners.

**State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 9.3**

DCMH will identify and report to the state those individuals who are unable to access services because of systems policies or practices. DCMH and the state will work collaboratively to make it possible for those in need to get services.

**Metric:** DCMH, DD staff will participate on the Advisory Committee of the NY START pilot to advise/assist in making program connections for individuals having difficulty accessing services with the assistance of NY START staff.

**State Agency:**  
OPWDD

**Priority Outcome 10:**

Improve outcomes for individuals transitioning from school-age to adult services.

**Priority Rank:** *Unranked*

Applicable State Agencies:

**OMH Priority Focus:** Increase Access to Services.

**OPWDD Priority Focus:** Employment. **Sub-focus Area(s):** Supported Employment , Competitive Employment

**Strategy 10.1**

DCMH's children and adult services units will work with providers to identify how transition can be made within the existing system.

**Metric:** DCMH will meet with providers monthly to discuss transition needs.

**State Agencies:**  
OMH  
OPWDD

**Strategy 10.2**

DCMH Children's Mental Health SPOA will collaborate with Adult SPOA and meet monthly to review all children being served by SPOA programs to assist with possible transition into Adult Services.

**Metric:** DCMH Children and Adult SPOA will review 100% of children being served by SPOA programs and discuss with Adult MH SPOA for possible services into adulthood.

**State Agency:**  
OMH

**Strategy 10.3**

DCMH LGU staff will facilitate coordination between parents, school districts, other state agencies and OPWDD for appropriate transition planning.

**Metric:** DCMH LGU staff will monitor transition planning for a minimum of 110 students annually.

**State Agency:**  
OPWDD

**Strategy 10.4**

DCMH LGU staff with local partners in facilitating opportunities to help educate individuals/family members/school personnel/employment support staff regarding the complexity of developing appropriate transition plans.

**Metric:** At least 100 individuals/family members or providers will participate.

**State Agency:**

OPWDD

**Priority Outcome 11:**

Increase the number of program obtaining 3 year license

**Priority Rank:** *Unranked*

Applicable State Agencies:

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

**Strategy 11.1**

Conduct program chart review and audits

**Metric:** Conduct 4 program and chart audits, and providing technical assistance to address any deficiencies.

**State Agency:**

OASAS

**Priority Outcome 12:**

DCMH will participate in the County Emergency Management Initiative to address needs of individuals with disabilities.

**Priority Rank:** *Unranked*

Applicable State Agencies:

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

**Strategy 12.1**

DCMH will work with DDRO and providers and county office for emergency management to coordinate planning

**Metric:** Stakeholders will have established communication chain and procedures in event of emergency

**State Agency:**

OPWDD

**2016 Multiple Disabilities Considerations Form**  
Westchester Co. Dept of Community MH (70270)  
Certified: Michael Orth (6/5/15)

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

**LGU:** Westchester Co. Dept of Community MH (70270)

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:

Westchester DCMH LGU have both a Children and Adult SPOA that determine eligibility for mental health services. DCMH Developmental Disabilities LGU receives and reviews eligibility packets for OPWDD as well as manages the housing vacancy and priority list. Department has included substance abuse unit in planning as part of integration of behavioral health planning. This includes looking at screening instruments, service delivery and workforce development.

**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:

DCMH disability services units have begun to meet monthly to discuss persons with multiple disabilities. The team then attempts to put a plan in place using resources from each disability area. The state also participates in this process. Sometimes the plans are difficult to implement given state policies and procedures.

**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:

DCMH works with providers serving individuals with multiple disabilities. The County convenes meeting with providers and the individual to put a plan in place. Many of the providers understand that they need to be flexible.

**2016 Community Service Board Roster**  
 Westchester Co. Dept of Community MH (70270)  
 Certified: Michael Orth (6/5/15)

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

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

**Chairperson**

**Name** Susan Wayne  
**Physician** No  
**Psychologist** No  
**Represents** Certified Social Worker  
**Term Expires** 12/31/2017  
**eMail** swayne@fsw.org

**Member**

**Name** Barbara Waltman  
**Physician** No  
**Psychologist** No  
**Represents** Voluntary Sector  
**Term Expires** 12/31/2017  
**eMail** bwaltman@nyp.org

**Member**

**Name** Steven Shainmark  
**Physician** Yes  
**Psychologist** No  
**Represents** licensed physician  
**Term Expires** 12/31/2016  
**eMail** sshainmark@svwsjmc.org

**Member**

**Name** Stamatia Pappas  
**Physician** No  
**Psychologist** No  
**Represents** consumer  
**Term Expires** 12/31/2016  
**eMail** stamatiap@namiwestcheser.org

**Member**

**Name** Grant Mitchell  
**Physician** Yes  
**Psychologist** No  
**Represents** Psychiatric  
**Term Expires** 6/1/2019  
**eMail**

**Member**

**Name** William Mautner  
**Physician** No  
**Psychologist** No  
**Represents** Consumer  
**Term Expires** 6/1/2019  
**eMail**

**Member**

**Name** Alfreda Williams  
**Physician** No  
**Psychologist** No  
**Represents** Board of Legislators  
**Term Expires** 1/1/2019  
**eMail**

**Member**

**Name** Mark Herceg  
**Physician** No  
**Psychologist** Yes  
**Represents** Commissioner DCMH  
**Term Expires** 1/1/2019  
**eMail** msh9@westchestergov.com

**Member**

**Name** Claus von Schorn  
**Physician** Yes  
**Psychologist** No  
**Represents** Psychiatrists  
**Term Expires** 12/31/2016  
**eMail** cvonschorn@sshsw.org

**Member**

**Name** Jessica Grimm  
**Physician** No  
**Psychologist** No  
**Represents** Consumer  
**Term Expires** 12/31/2016  
**eMail** JGrimm@familytieswestchester.org

**2016 ASA Subcommittee Membership Form**  
Westchester Co. Dept of Community MH (70270)  
Certified: Dahlia Austin (6/1/15)

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

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

**Chairperson**

**Name** Susan Anderson  
**Represents** Yonkers Area  
**eMail** susan.anderson@saintjosephs.org  
**Is CSB Member** No

**Member**

**Name** Ellen Morehouse  
**Represents** Central Westchester  
**eMail** sascorp@aol.com  
**Is CSB Member** No

**Member**

**Name** Adrienne Marcus  
**Represents** N. Westchester  
**eMail** amarcus@lexingtonctr.org  
**Is CSB Member** No

**Member**

**Name** Brian Kaley  
**Represents** Yonkers Area  
**eMail** BKaley@riversidehealth.org  
**Is CSB Member** No

**Member**

**Name** Amy Gelles  
**Represents** Southern Area  
**eMail** agelles@theguidancecenter.org  
**Is CSB Member** No

**Member**

**Name** Judy Burns  
**Represents** N. Westchester  
**eMail** jburns@pmhc.us  
**Is CSB Member** No

**2016 Mental Health Subcommittee Membership Form**  
 Westchester Co. Dept of Community MH (70270)  
 Certified: Michael Orth (6/5/15)

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

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

**Co-chairperson**

**Name** Ashely Brody  
**Represents** Search for Change  
**eMail** Abrody@searchforchange.com  
**Is CSB Member** No

**Member**

**Name** Doris Schwartz  
**Represents** MHA  
**eMail** schwartzd@mhawestchester.org  
**Is CSB Member** No

**Member**

**Name** John Francis  
**Represents** St. Vincents Hospital  
**eMail** jfrancis@svwsmc.org  
**Is CSB Member** No

**Member**

**Name** Tricia Hollister Doyle  
**Represents** Search for Change  
**eMail** tdoyle@searchforchange.com  
**Is CSB Member** No

**Member**

**Name** Andrea Kocsis  
**Represents** HDSW  
**eMail** andreakhds@aol.com  
**Is CSB Member** No

**Co-chairperson**

**Name** Annette Peters-Ruvolo  
**Represents** DCMH  
**eMail** apr5@westchstergov.com  
**Is CSB Member** No

**Member**

**Name** Jeff Apotheker  
**Represents** WJCS  
**eMail** japotheke@wjcs.com  
**Is CSB Member** No

**Member**

**Name** Patricia Hammil  
**Represents** Rockland Psychiatric Center  
**eMail** Patricia.Hamill@omh.ny.gov  
**Is CSB Member** No

**Member**

**Name** Polly Kerrigan  
**Represents** FSW  
**eMail** pkerrigan@fsw.org  
**Is CSB Member** No

**Member**

**Name** Stamatia Pappas  
**Represents** NAMI  
**eMail** stamatiap@namiwestchester.org  
**Is CSB Member** Yes

**2016 Developmental Disabilities Subcommittee Membership Form**  
 Westchester Co. Dept of Community MH (70270)  
 Certified: Michael Orth (6/5/15)

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

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

**Co-chairperson**  
**Name** Mark Herceg  
**Represents** DCMH  
**eMail** msh9@westchestergov.com  
**Is CSB Member** Yes

**Member**  
**Name** Barbara Masur  
**eMail** b.masur@worldnet.att.net  
**Is CSB Member** No

**Member**  
**Name** Gayle Cratty  
**Represents** Ferncliff Manor  
**eMail** gayle.cratty@ferncliffmanor.org  
**Is CSB Member** No

**Member**  
**Name** John Porcella  
**Represents** Community Living  
**eMail** jep@communityliving.org  
**Is CSB Member** No

**Member**  
**Name** Lesli Cattan  
**Represents** DCMH  
**eMail** lsc1@westchestergov.com  
**Is CSB Member** No

**Member**  
**Name** John Porcella  
**Represents** Community Living  
**eMail** jep@communityliving.org  
**Is CSB Member** No

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

**Member**  
**Name** Bill Melville  
**Represents** Keon  
**eMail** william.melville@keoncenter.org  
**Is CSB Member** No

**Member**  
**Name** Steven Riordan  
**Represents** Abbott House  
**eMail** sriordan@abbotthouse.net  
**Is CSB Member** No

**Co-chairperson**  
**Name** Patricia Edelstein  
**Represents** Parent  
**eMail** pate1391@verizon.net  
**Is CSB Member** Yes

**Member**  
**Name** Esther White  
**Represents** Jawonio  
**eMail** esther.white@jawonio.org  
**Is CSB Member** No

**Member**  
**Name** Jackie Fowler  
**eMail** jfowler8@verizon.net  
**Is CSB Member** No

**Member**  
**Name** Jean Catave  
**Represents** Leake and Watts  
**eMail** kcucinell@leakandwatts.org  
**Is CSB Member** No

**Member**  
**Name** Tibisay Guzman  
**Represents** Westchester ARC  
**eMail** tguzman@westchesterarc.org  
**Is CSB Member** No

**Member**  
**Name** Mary Newhard  
**Represents** OPWDD  
**eMail** Mary.Newhard@opwdd.ny.gov  
**Is CSB Member** No

**Member**  
**Name** Steve Yellen  
**Represents** WARC  
**eMail** syellen@westchesterarc.org  
**Is CSB Member** No

**Member**  
**Name** John Maltby  
**Represents** WIHD  
**eMail** jmatlbywidh.org  
**Is CSB Member** No

**Member**  
**Name** Mary Zingaro  
**Represents** Parent  
**eMail** mzin@optonline.net  
**Is CSB Member** No

**2016 Mental Hygiene Local Planning Assurance**  
Westchester Co. Dept of Community MH (70270)  
Certified: Michael Orth (6/5/15)

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

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2016 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2016 Local Services planning process.