

2017
Local Services Plan
For Mental Hygiene Services

Schenectady Co Office of Comm Services
August 16, 2016



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Schenectady Co Office of Comm Services	70440	(LGU)
Executive Summary	Optional	Not Completed
Needs Assessment Report	Required	Certified
Multiple Disabilities Considerations Form	Required	Certified
Priority Outcomes Form	Required	Certified
Community Services Board Roster	Required	Certified
OMH Transformation Plan Survey	Required	Certified
LGU Emergency Manager Contact Information	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

2017 Needs Assessment Report
Schenectady Co Office of Comm Services (70440)
Certified: Mary LaFountain (7/12/16)

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

PART A: Local Needs Assessment

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

2016 analysis of data gathered during planning activities associated with multiple system transformation projects an estimated 19% of Schenectady County residents diagnosed with a mental illness, 4% with a significant persistent mental illness. While Schenectady County's facilitated health insurance enrollment and other linkage to services initiatives has resulted in 90% of residents having health insurance coverage, the rate of Emergency Department visits and hospitalizations secondary to mental illness is higher than that of the rest of the state and has been trending upwards over the past decade. Identified high risk neighborhood; predominately inner city neighborhoods impacted by poverty, gang violence, food insecurities, housing insecurities, underground economies, and gentrification factors, were up to 5x higher for mental health Emergency Department visits and up to 6x higher for hospitalization rates. High risk neighborhoods were also 2 to 6x higher in hospitalization and Emergency Department rates for self-inflicted injury compared to rest of state. Schenectady County is ranked in the 3rd risk quartile for suicide mortality and 4th risk quartile for self-inflicted injury hospitalizations. Schenectady County falls in the 4th quartile for both adult obesity and no leisure time activity. In regards to substance use related indices, Schenectady County was shown to have a significantly higher rate of newborn drug related hospitalizations and overall higher substance use related hospitalizations with high risk neighborhoods demonstrating 5 to 11x more substance use related Emergency Department visits and 2 to 4x higher hospitalization rates. Specific to Opiate related trends, data shows a significant drop in opiate related hospitalizations since 2010, but an increase in Emergency Department since 2007 with Emergency Department use overtaking hospitalization rates in 2011. Data review also shows a 90% increase between 2011 and 2014 in clients admitted to treatment for Heroin use. Estimates indicate approximately 4,000 residents 12 y/a and older identified as having a substance use disorder with 2,700 residents identified as needing but not receiving treatment.

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

Capacity of Existing Resources available to meet identified needs, including services accessed outside the funded and certified systems, is comprised of licensed clinical provider agencies, community service agencies, and local government agencies working collaboratively to provide a broad range of services. Ellis Medicine, a 438 bed community teaching hospital serves as the county's one acute care hospital. The county is also served by a single federally qualified health center, Hometown Health Center, and a specialty hospital, Sunnyview Rehabilitation Hospital, a member of an Albany based system. Ellis Medicine operates 3 campuses, provides teaching residencies in Family Medicine and General Dentistry, and includes a skilled nursing facility, women's health center, and an emergent care facility, which provides urgent care services. Ellis Medicine also provides the only local adult and adolescent inpatient psychiatric unit and crisis service. In addition to hospital based care, Ellis Medicine operates an adult outpatient mental health services and a child/adolescent outpatient mental health clinic, a PROS program, Case Management program, and a Peer Services Program. Ellis Medicine also operates a number of primary and specialty care medical practices. Ellis Medicine's Psychiatric Inpatient unit has a capacity of 36 and had 1,111 admissions in 2015-with an average length of stay of 8.6 days. Crisis Services provided 2,685 crisis evaluations. The adult outpatient clinic served 1,892 clients with social workers carrying an average caseload of 67 clients. The PROS program served 284 clients in 2015. Intensive Case Management served 156 clients and generated 1,300 client visits. Ellis Medicine's Peer Service program provided 1,499 units of service in the Ellis Emergency Department and Crisis Services Department, co-facilitated 566 groups on the inpatient unit, and facilitated or co-facilitated 44 groups within Schenectady County. New York State Capital District Psychiatric Center provides inpatient psychiatric care to patients whose symptoms have not stabilized with brief or short term care in a community hospital. Schenectady County has a 24 bed allocation with an average monthly utilization of 22. Schenectady Community Support Center, an outpatient satellite clinic operated by the Capital District Psychiatric Center, served 432 individuals in 2015. Assertive Community Treatment Services (ACT) is operated by Mohawk Opportunities Inc., and provides community based psychiatric, mental health, and intensive case management services to individuals with significant persistently chronic mental health disorders who are not able to engage in standard outpatient care modalities. Schenectady County's ACT team has a capacity of 48 and maintains full utilization. Hometown Health Center offers comprehensive mental health care, providing psychiatric, counseling, and support services to children over the age of 5 and adults. The program is designed to be a bridge service helping clients access care quickly until a longer term plan is coordinated. Hometown Health also expedites prescriptions for individuals released from the county jail as individuals are released with a 7 day supply of medications. Appointment for primary care services are also priorities for individuals in re-entry to the community. New Choices Recovery Center provides community based residential, rehabilitation, and outpatient services for individuals in recovery from substance use disorders and co-occurring disorders. The 4 community residence programs have a total capacity of 75, with a 21 bed capacity for female clients and a 54 bed capacity for male clients. The day rehabilitation program admitted 329 individuals, and the outpatient clinics admitted 718 individuals into treatment in 2015. Conifer Park provides a 225 bed residential treatment program that offers Medically Supervised Withdrawal with a 34 bed capacity, Inpatient Rehabilitation with a 171 bed capacity, and Residential Rehabilitation with a 20 bed capacity. Conifer Park also operates an outpatient treatment center located in Schenectady. St. Peter's Addiction Recovery Clinic, located in Rotterdam, provides outpatient recover services to 347 clients in 2015. Housing support services within Schenectady County include OMH supported and certified residential and housing programs coordinated and accessed through the SPOA program, HUD and grant funded housing programs and case management, advocacy, and resource supports for individuals who are chronically homeless, displaced, and have been affected by mental, emotional, or behavioral health problems, and Medicaid Redesign Team housing programs for individuals coping with significant chronic mental health problems. Schenectady County is served by 5 Community Residence programs specifically allocated for individuals with significant mental illness. Mohawk Opportunities, Inc. operates a 12 bed crisis residence which provides short term support and housing to individuals with a severe and persistent mental illness. Individuals referred to the program have experienced a crisis that has disrupted their stability in the community or are in the process of transitioning back to the community after a period of stay in a more intensive residential setting/hospital. Dominion House had 23 admissions and 22 discharges in 2015, with an average length of stay of 147 days. Mohawk Opportunities also operates 3 community residences with a total capacity of 32, lengths of stay average to approximately 1, 230 days. Mohawk's certified apartment program serves 40 individuals in scattered site apartments in Schenectady County with an average length of stay of 513 days. Union Street Residence operated by the Capital District Psychiatric Center has a capacity of 13 and provides community based housing for individuals transitioning from long-term and intermediate hospitalizations. OMH Certified and Supported Housing Programs, Transitional Supported Housing, Crisis Housing, Family Care Homes, Continuum of Care Services Housing Programs, are operated by various agencies within the community. Each program serves a specific demographic based on eligibility and need. OMH Certified and Supported Housing Programs offer affordable housing and community based supports to individuals with a severe and persistent mental illness. Mohawk Opportunities, Inc. operates a Certified Apartment Program which serves 40 individuals. Average lengths of stay in the program are approximately 513 days. Standard OMH Supported Housing Programs within the county are operated by Mohawk Opportunities and Rehabilitation Support Services. Supported Housing programs allow individuals with mental health issues and their families to live independently. Mohawk Opportunities Standard Supported Housing has a capacity of 43 with average length of stay in the program equaling 1015 days and an average waitlist of 65-70 individuals. Mohawk Opportunities also operates the Young Adult Apartment Program, a subcomponent of the supported housing program. This program has a capacity of 5 with an average length of stay in the program equaling 384 days. Rehabilitation Support Services Supported Housing has a capacity of 59 with an average length of stay equaling 2,555 days and an average waitlist of 55-60 individuals. In addition to standard supported housing beds, both programs also have allocated targeted beds for: High Needs for individuals who have been served by OMH licensed residential programs; Priority Long Term beds for individuals transitioning from long-term stays at Capital District Psychiatric Center, Forensic beds for individuals transitioning into the community from correctional facilities, and Medicaid Redesign Team beds for individuals being served by the county's Health Home. Additional housing resources within the community serving individuals who are impacted by mental health challenges, substance use difficulties, and homelessness include: New Choices Recovery Center Shelter Plus Care Program New Choices Recovery Center Medicaid Redesign Team Housing Program Schenectady Community Action Program Permanent Housing Program Schenectady Community Action Program Shelter Plus Care Program Schenectady Community Action Program Solutions in Supported Housing Program Schenectady Community Action Program Sojourn House Mohawk Opportunities Continuum of Care Services Supported Housing Program Bethesda House Beacon Residential Program Bethesda House Lighthouse Program YMCA's Men's Housing Program YWCA's Rosa's House Program City Mission of Schenectady's Transitional Housing Apartment Program Emergency Shelter and Crisis Housing supports in Schenectady County include: City Mission of Schenectady's 35-bed Women and Children's Shelter City Mission of

Schenectady's 76-bed Men's Shelter Schenectady County Department of Social Services Emergency Housing Bethesda House Veteran's Emergency Bed Program Access to care coordination services is managed through Schenectady County's Health Home, Care Central for Medicaid or Medicaid eligible individuals who are experiencing a significant mental health condition and/or 2 chronic medical conditions. Individuals who are involved with Assisted Outpatient Treatment Services are linked to ACT services or Ellis Medicine Intensive Case Management services via Schenectady County's Office of Community Services. Mohawk Opportunities Inc. Transitional Services Program provides short term support and quick access to needed psychotropic medication for individuals with a history of mental illness who have recently been released from jail or prison or discharged from the hospital. Through a grant provided by the New York State Office of Mental Health, our Transitional Manager works closely with release/discharge coordinators from local and state correctional facilities and hospitals to identify individuals who will be in need of mental health services upon their return to the community. The Transitional Manager is then able to help link these individuals to needed services in the community and provide them with a Medication Grant Card that will enable them to obtain needed medications while they await Medicaid eligibility determination or obtain third party health insurance. Bethesda House and Schenectady Community Action Program also provide case management services including: crisis case management, advocacy support, financial management and budgeting supports, linkage to health care services, and rapid rehousing and advocacy support for individuals at risk for homelessness. These services also seek to serve persons who have a difficulty engaging with traditional mental health services. Schenectady County Crisis response resources include regional adult mobile crisis service and a child and adolescent mobile crisis, both operated by Northern Rivers Family Services. Parson's launched an Adult Mobile Crisis program in 2015 to support adults in crisis in Rensselaer, Schenectady, Saratoga, Warren and Washington counties. The program currently works with higher risk individuals who have recently been discharged from NYS psychiatric facilities, forensic mental health clients recently released from NYS correctional facilities, and individuals currently receiving Assisted Outpatient Treatment. Alternative Living Group Inc. (ALG) is a not-for-profit organization that provides a wide range of services to individuals with intellectual and developmental disabilities. The Individuals Support Services Program includes independent living skills, training and supports to persons in their own homes. In addition, individuals in this program also receive a monthly rental subsidy which is based upon their income. This program currently has a capacity of 16. The Medicaid Service Coordination Program provides linkages, advocacy and other supports to individuals residing in both community and residential settings. The program has a capacity of 225. The average length of stay in this program is 18 years. The residential program has a variety of residential opportunities that are provided in the community. The programs are designed to encourage independence. In general, housing, supervision, skills training, transportation and recreational activities are provided. Services, as needed, are available 24 hours a day, 7 days a week. This program has a capacity of 55 and is currently at its maximum. The average length of stay in the program is 10 years. The Community Habilitation Program offers one to one rehabilitative and support services to people in community-based settings. This program has a capacity of 49 and is currently full. The average length of stay in this program is 12 years. Schenectady ARC operates several day habilitation programs which introduce participants to a wide array of fun, safe and enriching person-centered activities necessary for community-based living and employment. ARC also provides a wide array of services to support families of individuals with intellectual and developmental disabilities who reside at home. Medicaid Service Coordination provides assistance and advocacy to individuals and their families in identifying and accessing programs and activities necessary to achieve life goals. Schenectady ARC provides afterschool services to students with intellectual and developmental disabilities who reside in the Scotia-Glenville Central School District. Schenectady ARC's residential programs provide varying levels of structure and support to help individuals with developmental disabilities ages 18 years and older to successfully live in the community. Living Resources employment program provides employment services to individuals with disabilities. The Employment Services Program staff helps individuals explore what kinds of job they might like to do, find a job that matches their interests and abilities, learn the various job tasks, and maintain employment. Services are available to individuals who have been diagnosed with either a developmental disability or a brain injury. Residential services provide support to individuals living in a variety of group or individual settings. Staff support varies from 24/7 to as little as 2 hours per week based on the individual's needs and abilities. Living Resources residential services operates ten residential programs with a capacity of fifty. The Service Coordination Department monitors all services received by any individual. The Service Coordinator ensure that the services meet the consumer's needs or advocates to amend to replace services that enhance individuality, integration and independence. Schenectady County, a community supported by committed programs with a strong collaborative cross systems network of service providers poised to respond to existing gaps, barriers, and complex service challenges, may technically be geographically the second smallest county in upstate New York, however it serves a population of approximately 155,000 residents. Within the community there are several high risk/high need neighborhood areas, denoted by zip code, struggling with high unemployment, persistent poverty, housing and food insecurity issues, high rates of imposed violence and self-inflicted injury. The City of Schenectady has a significant number of residents in living in poverty, impacting 41.9% of its children. This high percentage contributes to the exacerbation of identified risks and places additional stress on existing resources. Between 2009 and 2013 Schenectady County had the highest percentage of low-income household, 22.5% as well as the lowest percentage of high income households, 22.4% compared to the surrounding Capital District Region. The City of Schenectady experienced a sharp rise in unemployment across 2009-2014, with a comparatively shallower recovery than the overall county. In relations to violent crime, reports in 2013 recorded 17 violent crimes per 1,000 residents within the City of Schenectady. Research demonstrates lower socio-economic status contributes to higher risk for mental illness. Some studies have indicated correlations between higher unemployment, poverty, and a lack of safe affordable housing accounts for more than 1/2 of community differences in psychiatric hospitalization rates. The CDC reported lower socio-economic status shapes exposure to psychosocial, environmental, ~~toxic~~ and biomedical risk factors that directly and indirectly affect mental health. As noted previously, several neighborhoods in Schenectady County within the City of Schenectady have been identified as high risk have shown indices of higher mental health emergency room visits, higher hospitalization rates, and higher rates for self-inflicted injuries. Schenectady is also ranked in the 3rd risk quartile for suicide mortality and 4th risk quartile for self-injury hospitalizations. As the County of Community Services identified during planning activities for 2017 many of the service gaps and areas of need within the community are indicative of constellations of circumstances related to poverty, violence, trauma, and socio-economic insecurities. Individuals who engage in self harming behaviors, or who engage in behaviors threatening to others have a difficult time maintaining housing and outpatient treatment engagement. Many services are not accessible or available for those who cannot afford to pay out of pocket expenses or who are not covered by commercial insurance. Many find themselves on waitlists for supported housing, outpatient mental health care, or medication assisted treatment due to maximized resources, included limited number of prescribing practitioners. For others, the focus and energy expended on trying to meet basic needs supersedes the motivation to meet mental health and physical health care needs. For some, the established patterns noted are to not follow through with outpatient services and utilization Emergency Department services when the need breaches a threshold that is not necessarily a standard Emergency Department circumstance. Other's in the community struggle with access to services based on specific sets of social, emotional, and cognitive learning disabilities that undermine independent living functional abilities, but their unique needs do not fit well with current community residence supports available. For many fitting into the eligibility criteria and having demonstrable documentation to support eligible for services can cause delays in linkage that undermine follow through. This is a particular concern for providers who offer outreach to individuals who are homeless or have a short window of opportunity in which to access care. As providers and recipients of OPWDD services adjust to changes in the system's structure there has been noted concerns regarding increases in waitlists for respite services, funds for transportation, and ability to accommodate need for day respite spots. There is also a stated increase in reports of domestic violence and concerns regarding the capacity to manage behavioral problems both in terms of limited number of beds available in the S.T.A.R.T program, a significantly reduced number of psychiatrists' currently providing services, and the need for additional clinical staff to manage the behavioral issues in a community based setting.

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

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
Substance Use Disorder Services:						
a) Prevention Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d) Opioid Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
f) Residential Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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

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

3a1. Briefly describe the issue and why it is a high need for the populations selected. Capital Region BOCES provides substance abuse and violence prevention assessment and intervention services in the Schenectady County School District. Also the Schenectady Substance Use Prevention Coalition has significantly contributed to the improved capacity to address prevention service needs. However, issues related to risk factors such as increased rates in obesity, diabetes, drug related hospitalizations, suicidal and self-injury behaviors, and rates of teen pregnancy, are some of issues indicating high need for prevention services.

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

3b1. Briefly describe the issue and why it is a high need for the populations selected.
Currently the adult mobile crisis unit within Schenectady County is serving a targeted population. For individuals in need of crisis services related to substance use disorders there are limited services available outside of emergency medical and psychiatric crisis departments.

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

3g1. Briefly describe the issue and why it is a high need for the populations selected.
Schenectady County residents transitioning from recovery houses or half way houses identify a limited number of safe affordable housing units available for rent and providers report that landlords are increasingly declining to rent to individuals in MRT, Shelter Plus Care and other subsidized programs.

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

3i1. Briefly describe the issue and why it is a high need for the populations selected.
Data collected in recent surveys indicates that residents within the city of Schenectady report low engagement in positive leisure time activities. Clients in both mental health and addiction treatment programs also report limited access to safe sober support and social engagement activities.

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

3m1. Briefly describe the issue and why it is a high need for the populations selected.
Capital Region BOCES provides substance abuse and violence prevention assessment and intervention services in the Schenectady County School District. Also the Schenectady Substance Use Prevention Coalition has significantly contributed to the improved capacity to address prevention service needs. However, issues related to risk factors such as increased rates in obesity, diabetes, drug related hospitalizations, suicidal and self-injury behaviors, and rates of teen pregnancy, are some of issues indicating high need for prevention services.

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

3n1. Briefly describe the issue and why it is a high need for the populations selected.
Currently the adult mobile crisis unit within Schenectady County is serving a targeted population. For individuals in need of crisis services related to substance use disorders there are limited services available outside of emergency medical and psychiatric crisis departments.

Follow-up Questions to "HARP HCBS Services (Adult)" (Question 3s)

3s1. Briefly describe the issue and why it is a high need for the populations selected.
Based on HARP HCBS services for adults being a new system of coverage and access to services for individuals coping with significant need issues there is a high need for awareness and education to ensure understanding of the new benefits, and how individuals will be impacted by the changes.

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

3v1. Briefly describe the issue and why it is a high need for the populations selected.
Schenectady County continues to have long wait lists for Mental Health Supported Housing services, there is also a limited number of safe affordable housing units available for rent and providers report that landlords are increasingly declining to rent to individuals in mental health or subsidized programs.

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

3aa1. Briefly describe the issue and why it is a high need for the populations selected.
For individuals in need of crisis services related to substance use disorders there are limited services available outside of emergency medical and psychiatric crisis departments.

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

3bb1. Briefly describe the issue and why it is a high need for the populations selected.
OPWDD has lost a significant number of psychiatric providers. When persons with developmental disabilities within the community are in need of clinical care for mental, emotional, or behavior problems there is a level of clinical expertise that is not readily met.

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

3dd1. Briefly describe the issue and why it is a high need for the populations selected.
As of 7/1/2015 there were 1181 individuals enrolled in the HCBS Medicaid Waiver through OPWDD and Living in Schenectady County. There are 53 Supervised (24/7) IRA programs in Schenectady County that serve 292 individuals. There are also 30 supportive apartments that serve about 35 people. There are about 8 vacant opportunities in the county, many of those vacancies have active referrals. Across the district the vacancy rate is less than 2% which has provided challenges to meeting emergent needs. Voluntary providers have expressed concerns regarding their ability to hire and retain staff in the present economy to keep these programs fully staffed.

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

3ff1. Briefly describe the issue and why it is a high need for the populations selected.
The Capital District Regional office continues to approve respite services and community habilitation services for individuals who live at home with their families. The most common feedback received from both families and voluntary providers is that it is difficult to hire and train staff who will provide these services.

Follow-up Questions to "Family Supports" (Question 3gg)

3gg1. Briefly describe the issue and why it is a high need for the populations selected.
Respite services have significant waiting lists Parents want residential services that are not longer available

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

3kk1. Briefly describe the issue and why it is a high need for the populations selected.
The Capital District Regional office continues to approve respite services and community habilitation services for individuals who live at home with their families. The most common feedback received from both families and voluntary providers is that it is difficult to hire and train staff who will provide these services.

Follow-up Questions to "Transportation" (Question 3mm)

3mm1. Briefly describe the issue and why it is a high need for the populations selected.
Anticipating difficulty meeting transportation needs as there will be no billing transportation services as of October 1st.

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

3pp1. Briefly describe the issue and why it is a high need for the populations selected.
The present economy, low salaries, and concerns about managing behavioral issues have been cited as two of the problems at play in recruiting and retaining staff.

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

3qq1. Briefly describe the issue and why it is a high need for the populations selected.
Diagnostic criteria is a significant aspect of eligibility for services, for individuals with cross systems needs the clinical picture, expertise needed to provide services, and the eligibility criteria to access services do not align across systems.

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

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

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

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

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

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

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

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

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

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

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

- a. Yes
- b. No

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

OCS and Public Health have collaborated on DSRIP activities and Schenectady Health Coalition projects.

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

- a. Yes
- b. No

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

OCS has been involved with collaborative planning with the County departments of Public Health, Social Services and Probation Department throughout the course of the year with regularly scheduled meetings. These meetings are designed to look at cross-over populations and increase the County's ability to provide more integrated services and responses for adults, youth and families. Additionally, this office has held Executive Leadership Committee meetings with multiple not-for-profit provider agencies and has provided leadership for the Capital Region Youth Justice team which works with multiple agencies and departments across a eight county region.

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

- a. Yes
- b. No

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

The regional Conference of Local Mental Hygiene Directors meetings which occur monthly involve joint planning in the Capital District region. Additionally Saratoga, Rensselaer, Warren/Washington and Schenectady counties have had planning meetings to develop regional Adult and Youth mobile crisis capacity.

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

- a. Yes
- b. No

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

- a. Yes
- b. No

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

Adult and Youth mobile crisis, additional housing capacity, physician shortages, opiate problems, additional service needs for transitional age youth, integration of behavioral and primary health care services, as well as improved integration across mental health and addiction services.

2017 Multiple Disabilities Considerations Form
Schenectady Co Office of Comm Services (70440)
Certified: Mary LaFountain (7/12/16)

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

LGU: Schenectady Co Office of Comm Services (70440)

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:

Because Schenectady County does not offer direct care services, we do not have a dedicated staff member who evaluates individuals with multiple disabilities. Schenectady County contracts for mental health, substance abuse and developmental disability services. A clause in each agency contract requires agency participation in all County planning activities, including efforts to improve services for individuals with multiple disabilities. In Schenectady County, all OASAS certified facilities are providing dual diagnosis services.

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:

Schenectady County Office of Community Services has several mechanisms for establishing planning priorities. The following committees and planning bodies are responsible for the planning and monitoring of the emerging needs of individuals with multiple disabilities Schenectady County: the Executive Leadership Committee, the Combined Subcommittee of the Community Services Board, Schenectady County Dual Recovery Task Force, Schenectady County Drug Court Treatment Team, Schenectady County Family Treatment Court Team, Schenectady County Juvenile Treatment Court Planning Team, Schenectady County Mental Health Court Team.

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

- Yes
- No

If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

The Office of Community Services resolves disputes among service providers through processes of negotiation, collaboration, innovation and compromise. The Office provides a neutral environment and a constructive process for disputing providers and collateral resources, including the Capital District Developmental Disabilities Services Office. Agencies present recommendations at provider case conferences and collaboratively develop a care plan that addresses client need and agency and system-wide limits. We foster a culture that values collegiality and flexibility in accommodating clients with complex needs, and our agencies negotiate creative care plans that respect each agency's strengths and limits.

When disputes cannot be resolved at clinical and managerial levels, the Office convenes special case conferences at which administrators review case records, work with intake workers or other parties familiar with the client's needs, discussion appropriate level of treatment and develop a proposed care package. Special case conferences focus on coordinating the best possible array of services from resources available in the county for identified clients. The role the Office of Community Services plays in this process is to facilitate case conferences as needed and often to develop a service agreement outlining services after meetings. This is an inclusive process with all the parties participating in the development of the service agreement. We use these processes to identify and to inform and design interventions to address access, quality, culture, capacity and workforce needs.

Mental Hygiene Priority Outcomes Form
Schenectady Co Office of Comm Services (70440)
Plan Year: 2017
Certified: Mary LaFountain (7/12/16)

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

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

Priority Outcome 1:

Ensure access to required care and service needs for individuals with significant clinical care needs or functional impairments that cause reliance on specialized health care services and or social supports

Progress Report: (optional) **new*

Schenectady County had a 108.8% increase in the percentage of Medicaid eligible enrolled between 2008-2012. Facilitated enrollment programs during that time period, including the efforts of Healthy Capital District Initiative, contributed to this outcome. In 2016 facilitation efforts continued as navigators, care managers, and "bridgers" attached to Care Central-Schenectady County's Health Home, Provider Agencies, and Community Service Agencies assisted individuals with enrollment processes. This will be a continued priority in 2017 particularly in relation to education around HARP enrollment and transition to standard managed Medicaid. Facilitated enrollment improves access to care and supports the overarching statewide health planning initiatives. Schenectady County community service agencies have obtained increased capacity to provide additional case management services to clients with significant mental health and housing insecurity issues, offering individuals who struggle with engagement in clinical settings an alternative access to services pathway.

Priority Rank: 1

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan

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

Strategy 1.1

As changes continue to occur within the NYS health care system, OCS continues to work with state and local partners to develop and implement an increasingly coordinated system of care that is responsive to the cognitive, emotional, behavioral, physiological and social needs of our most vulnerable populations. Schenectady County OCS will further develop tracking, monitoring, and networking mechanisms to aid in the effort to ensure access and identify barriers.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.2

Coordinate across systems, including educational and forensic services, to promote collaborative planning processes and community of care methodologies

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.3

OCS will continue to work with state and local partners to seek out opportunities for additional housing and case management resources through grants, state funding, redesign activities. As a result of feedback from Community Needs Assessment, the need for additional resources as well as case management were identified as a high priority. It was noted through needs assessment while care coordination services exist functions of case managers is still needed.

Applicable State Agencies: OASAS OMH

Strategy 1.4

Improve outcomes for justice involved youth via implementation of effective behavioral health interventions

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 2:

Maintain a well networked crisis response infrastructure to effectively manage significant incidents within community and reduce risks associated with critical events

Progress Report: (optional) **new*

In recent years collaborative efforts to address crisis within the community has forged a capacity to quickly organize around emergent circumstances. Schenectady County OCS monitors and tracks significant event reporting for all provider agencies. Additionally, OCS convenes several committee meetings to provide a venue for shared accountability, monitoring, and cross systems conferencing for children and adults who are at risk, vulnerable, and/or marginally engaged in preventative and treatment services.

Priority Rank: 3

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

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

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

Strategy 2.1

Provide training and networking/information sharing forums to maintain responsive network and support ongoing development of effective and efficient critical incident management.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 2.2

Continue efforts to prevent violence, including suicide prevention, through information sharing and improved monitoring capacity

Applicable State Agencies: OASAS OMH OPWDD

Strategy 2.3

Continue capacity to ameliorate crisis situations and/or prevent escalation in crisis impacted individuals via linkage to provider and/or community supports via cross systems administration and clinical team meetings. Meetings include but are not limited to: Bi-Monthly High Risk Clinical and Administration meetings for at risk youth. Monthly At Risk meeting for adults. Ad hoc case conference meetings as needed.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 3:

Promote person centered recovery oriented system of care through knowledge sharing and monitoring of innovative programming.

Progress Report: (optional) **new*

Schenectady County OCS had provided in service trainings to agencies on use of the revised OASAS Level of Care Determination tool, update trainings on gang activity, and trainings related to special population mental health care needs. The county has hosted and participated in forums designed to share information regarding innovative practices and ongoing programming activities including: The 6th Annual Recovery Recognition Celebration, DSRIP Planning forums, Schenectady Healthy Community Forums, Schenectady County Substance Abuse Prevention Coalition forums.

Priority Rank: 2

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Combat Heroin and Prescription Drug Abuse
- Talk2Prevent

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

Strategy 3.1

Provision of trainings focused on Trauma Informed Care. In 2015, OCS in partnership with the Sidney Albert Research Institute, provided 2 Trauma Informed Care (TIC) trainings to the Schenectady County School District. In addition a community TIC training was held at the Schenectady County Library, with 25 participants in attendance. Trainings were also provided to The Bridges out of Poverty Training consortium, Ellis Hospital Staff, and staff at Schenectady Community Action Program. As we move into planning for 2016 cycle of the grant trainings will continue to be offered to community members and family and child serving agencies.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 3.2

Coordinate trainings and facilitate forums designed to increase understanding of eligibility, criteria, and service structures within OMH, OASAS, and DD services systems as a means to support linkage and successful transitions through increased understanding of eligibility, criteria, and service structures within OMH, OASAS, and DD services systems. Update: OCS organized 2 access to services trainings in 2015, an adult systems forum and a transitional age youth forum. Next steps for 2016 include the formation of a Transitional Age Youth Committee to support adolescents successful maturation into the adult care system.

Applicable State Agencies: OASAS OMH

Strategy 3.3

Monitor and evaluate pilot programs utilizing peer expertise to support enhanced outcomes

Applicable State Agencies: OASAS OMH

Strategy 3.4

Increase awareness around the use of Screening, Brief Intervention and Referral to Treatment (SBIRT)

Applicable State Agencies: OASAS OMH

Priority Outcome 4:

Enhance community of care infrastructure to promote wellness and reduce risks associated with addiction

Progress Report: (optional) **new*

Schenectady County OCS, in partnership with the Schenectady County Substance Abuse Prevention Coalition, has hosted several events and forums to provide updates on national and NYS initiatives, identify trends in the community, and support prevention and response planning and implementation strategies within the county. Schenectady Narcan Data for July 2015 thru May 2nd 2016 shows 225 individuals were seen at the mobile Project Safe Point van, 37 clients engaged through Peer Delivered Syringes Exchange and 139 clients were new to the program. An estimated 262 clients used the exchange 989 times. Overdose reversal data shows 56 overdose reversals either in Schenectady or from people who were trained in Schenectady County. Efforts to enhance community of care infrastructure also included a demonstration project with funds awarded by State Legislature to New Choices Recovery Center that was geared toward providing individuals with addictions to heroin and/or opiates after care community based services following completion of treatment. In 2017 New Choices is planning to increase capacity to provide medication assisted treatment services. Schenectady County OCS will continue to work closely with supporting provider and community agencies to identify and support application to increasing and enhancing capacities; and will continue to partner with local and state agencies and coalitions to monitor needs and identify opportunities to enhance infrastructure.

Priority Rank: 4

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Combat Heroin and Prescription Drug Abuse

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

Strategy 4.1

Partner with stakeholders to plan and implement action steps around response to current opiate use trends and impact of addiction related barriers to health and wellness

Applicable State Agency: OASAS

Strategy 4.2

Utilize established committee meetings and network relationships to provide cross system planning and evaluation of trends impacting care needs in public mental health services

Applicable State Agencies: OASAS OMH

2017 Community Service Board Roster
 Schenectady Co Office of Comm Services (70440)
 Certified: Mary LaFountain (7/14/16)

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

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

Chairperson

Name Kathryn Martin
Physician No
Psychologist No
Term Expires 12/31/2016
eMail kmartin832@gmail.com

Member

Name Roy Neville
Physician No
Psychologist No
Represents NAMI/Family Member
Term Expires 12/31/2016
eMail rneville@nycap.rr.com

Member

Name Paul Stephens
Physician No
Psychologist No
Term Expires 12/31/2016
eMail paulanns@netzero.com

Member

Name Patrick Carrese
Physician No
Psychologist No
Term Expires 12/31/2016
eMail pcarrese@sphcs.org

Member

Name Robert Corliss
Physician No
Psychologist No
Term Expires 12/31/2016
eMail robertcorliss3@gmail.com

Member

Name Joseph Mancini
Physician No
Psychologist No
Term Expires 12/31/2016
eMail

Member

Name Ricard Garnett
Physician No
Psychologist Yes
Term Expires 12/31/2016
eMail

Member

Name Al Tompkins
Physician No
Psychologist No
Term Expires 12/31/2016
eMail havenfc@gmail.com

Member

Name Christine Parsons
Physician No
Psychologist No
Term Expires 12/31/2016
eMail

Member

Name Robert Winchester
Physician No
Psychologist No
Term Expires 12/31/2016
eMail

Member

Name Betty Barlyn
Physician No
Psychologist No
Term Expires 12/31/2016
eMail

Member

Name Michael Petta
Physician No
Psychologist No
Term Expires 12/31/2016
eMail

OMH Transformation Plan Survey
Schenectady Co Office of Comm Services (70440)
Certified: Mary LaFountain (7/12/16)

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

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

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

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

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

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

2017 Mental Hygiene Local Planning Assurance
Schenectady Co Office of Comm Services (70440)
Certified: Mary LaFountain (7/12/16)

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

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

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

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

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

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