

2017
Local Services Plan
For Mental Hygiene Services

Saratoga Co. MH, MR & Alcoholism Svcs
August 16, 2016



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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2017 Mental Hygiene Executive Summary
Saratoga Co. MH, MR & Alcoholism Svcs
Certified: Michael Prezioso (5/27/16)

This County Plan is designed to address the evolution in health care financing, including the shift to Medicaid Managed Care and Value-Based Payment, and prevention and intervention needs. Chief among these are the increase in opiate-related overdoses and deaths, and the County's disproportionately high suicide rate. Thus, the Plan will be implemented at the systems level-both State and local-and at the level of the individual with specific care needs.

2017 Needs Assessment Report
 Saratoga Co. MH, MR & Alcoholism Svcs (70840)
 Certified: Michael Prezioso (4/19/16)

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.

Needs including suicide prevention and opiate addiction interventions have been identified. In addition, needs assessment conducted in area school systems in collaboration with the County Public Health department reflect a need for on-site intervention and education services. Finally, a need to develop prescribing resources for persons with developmental disabilities was identified.

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.

While inpatient and outpatient treatment resources exist for persons suffering mood disorders and symptoms of suicidality, a Suicide Prevention Council does not exist in the County. Such an entity would lend structure to prevention efforts and represent a point along the continuum of care. A variety of prevention and treatment resources exist to address the needs of substance addicted County residents. However, anecdotal evidence suggests significant increases in the number of those who abuse/are addicted to opiates. These needs in the general population are surpassed by those who have been incarcerated. Finally, there is no ambulatory detox facility within County borders, and residents are forced to seek that specialized intervention in neighboring locales. The shortage of Psychiatrists is well-documented, and those with expertise in prescribing for persons with developmental disabilities are in high demand.

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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f) Residential Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g) Housing.	<input type="radio"/>	<input type="radio"/>				
h) Transportation.	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
k) Coordination/Integration with Other Systems	<input type="radio"/>	<input type="radio"/>				
l) Other (specify):	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Mental Health Services:						
m) Prevention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
n) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Clinic Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
r) Care Coordination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
s) HARP HCBS Services (Adult)				<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>
v) Housing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
w) Transportation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
cc) Children Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
dd) Adult Services				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ff) Respite Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
gg) Family Supports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ii) Autism Services	<input type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ll) Front Door	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
mm) Transportation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
nn) Service Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
oo) Employment	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
pp) Workforce Recruitment and Retention.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
qq) 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"/>
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. Anecdotal reporting suggests significant need for prevention services, in that the frequency of substance-addicted (in general) and opiate addicted individuals (specifically) encountered by first responders has risen dramatically during the past year.

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

3d1. Briefly describe the issue and why it is a high need for the populations selected. The frequency with which first responders and hospital emergency department staff encounter opiate-addicted individuals at risk for fatal overdose has increased dramatically, per EMS and staff reports.

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. Opportunities to provide a range of preventive recovery-oriented interventions to children and young adults under the age of 21 will mitigate difficulties subsequently encountered by adults in the workforce and with families.

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

3m1. Briefly describe the issue and why it is a high need for the populations selected. Needs assessments in local school settings conducted in collaboration with the County Department of Public health reveals a high frequency of mood disturbance and behavioral disruption. Preventive efforts that are school-and community based will mitigate the impact of these conditions on youth functioning.

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

3o1. Briefly describe the issue and why it is a high need for the populations selected. The County's inpatient psychiatry resources are limited, and often children are referred out of County for appropriate care and treatment. Community providers frequently report a need for adult inpatient resources, but the beds available in the local Hospital setting are typically underutilized.

Follow-up Questions to "Care Coordination" (Question 3r)

3r1. Briefly describe the issue and why it is a high need for the populations selected. Care coordination resources exist in the County and work effectively with each other and providers, but resources do not meet the demand.

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

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

The specialized needs of this population require specialized intervention services, and the limited number of psychiatrists available to work with this group poses a challenge.

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.

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

Secondary to the opioid addiction challenges reported by prevention, treatment and first responder specialists.

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.

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

The shortage of professionals qualified to treat and prescribe for this population has become more limited during the past year.

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.

Needs Assessment Data review Collaboration across a broad range of public and private stakeholders.

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.

Collaborative planning has occurred with public agencies including the Department of Social Services, Probation, the Sheriff's office and the Department of Public Health. Planning activities have also be engaged with private entities including Saratoga Hospital, Transitional Services Association, Inc., the Prevention Council, Wellspring, Four Winds Hospital, and Catholic Charities.

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.

Collaborative activities with local LGUs has centered on the evolution of DSRIP.

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

Collaboration Psychiatry Coverage Opioid Addiction

2017 Multiple Disabilities Considerations Form
Saratoga Co. MH, MR & Alcoholism Svcs (70840)
Certified: Michael Prezioso (3/29/16)

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

LGU: Saratoga Co. MH, MR & Alcoholism Svcs (70840)

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:

The medical and clinical staff of the Saratoga County Mental Health Center assess for the presence of disabilities as standard operating procedure. Center physicians also provide consultations for local providers upon request.

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:

The Saratoga County Community Services Board plans systems of care designed to meet the needs of persons with multiple disabilities. Needs of individuals with multiple disabilities are planned for and served by Mental Health Center clinical staff and community providers. Referrals to the Office for Persons with Developmental Disabilities (OPWDD) are made when clinically indicated.

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 Director of the Community Services Board (or designee) is responsible for addressing these disputes. When these disputes are brought to the Director's attention, they are normally resolved by discussions with provider(s). Other parties such as staff from regional offices are brought in, as indicated, if disputes cannot be resolved locally. This is rare.

Mental Hygiene Priority Outcomes Form
Saratoga Co. MH, MR & Alcoholism Svcs (70840)
Plan Year: 2017
Certified: Michael Prezioso (5/27/16)

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:

Enhance quality of care for all recipients through participation in the Delivery System Reform Incentive Payment program

Progress Report: (optional) *new

Participate in three Performing Provider Systems to which Saratoga County citizens' care was attributed by the NYS DOH. Communicated, collaborated with local public/private partners to identify system resources and citizens' needs. Service-delivery system will be transformed to more effectively coordinate and integrate care.

Priority Rank: 1

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse
- OPWDD People First Transformation

Is this priority also a Regional Priority? *new Yes

Strategy 1.1

Participate in Professional Advisory and Project subcommittees to ensure program development addresses identified needs.

Applicable State Agencies: OASAS OMH

Priority Outcome 2:

Participate in the evolution of Regional Planning Consortia to promote and enhance mental hygiene service delivery

Progress Report: (optional) *new

In concert with the NYSOMH, the Conference of Local Mental Hygiene Directors developed a framework for Regional Planning Consortia across the State. Local Directors of Community Service have provided important information regarding RPC stakeholders within their respective Counties, with kick-off scheduled for June 10 2016.

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)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse
- OPWDD People First Transformation

Is this priority also a Regional Priority? *new Yes

Strategy 2.1

Actively participate in the Capital Region RPC as LGU representative. Facilitate communication with providers.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 3:

Develop systemic interventions including prevention, assessment and treatment to interrupt increase in opiate-related deaths

Progress Report: (optional) **new*

A variety of prevention measures have been implemented, most notably by the Saratoga County Prevention Council. The Prevention Council delivers education and training in schools and the community, and offers regular training in the use of the opiate agonist Naloxone. Efforts to supplement these programs include introduction of additional clinical resources in the County Correctional Facility. These resources include expertise in both addictive disorder and psychotherapy. Finally, the use of Naloxone and Vivitrol on release are under active exploration in partnership with Correctional colleagues.

Priority Rank: 3

Applicable State Agencies: OASAS OMH

Aligned State Initiative: **new*

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

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

Strategy 3.1

Coordinate prevention, assessment, education and treatment strategies with Correctional staff and providers.

Applicable State Agency: OASAS

Priority Outcome 4:

Implement Suicide Prevention Coalition

Progress Report: (optional) **new*

Data indicates Saratoga County, ranked overall as healthiest in NYS, is nonetheless an outlier in its suicide rate. Unlike many other Counties, Saratoga has no dedicated, County-wide Suicide Prevention Coalition. Funding has been secured from the Suicide Prevention Center-NY to establish such a Coalition, and an organizational planning session is in the process of being scheduled.

Priority Rank: *Unranked*

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)
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse

Is this priority also a Regional Priority? **new* No

Strategy 4.1

Promote communication and education among stakeholders using Coalition structure to provide prevention services to the Community.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 5:

Prepare local providers for implementation of Managed Medicaid and Value-Based Payment

Progress Report: (optional) **new*

In monthly meetings attended by nearly 50 area service-providers representing both the public and private sectors, the State's transition from a Fee-For-Service to a Managed Medicaid structure has been discussed. Movement toward a Value-Based payment structure, to realize the triple aim of better care, better health and lower cost, has likewise been discussed. As these initiatives unfold additional planning, specific to identified needs and available resources, will occur.

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)

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

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

Strategy 5.1

Provide education and training to stakeholders by subject matter experts at monthly stakeholder meetings.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 6:

Develop and sustain network of local service providers

Progress Report: (optional) **new*

Regular meetings attended by approximately 45-50 local service providers were established in the late Fall of 2015. This network has participated in the DOH Community Health Assessment process and is actively considering participation in several DSRIP projects. Among these is the establishment of ambulatory detox capabilities within Saratoga County.

Priority Rank: 5

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse
- OPWDD People First Transformation

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

Strategy 6.1

Promote communication, collaboration, coordination, and integration at monthly stakeholder meetings.

Applicable State Agencies: OASAS OMH OPWDD

2017 Community Service Board Roster
 Saratoga Co. MH, MR & Alcoholism Svcs (70840)
 Certified: Michael Prezioso (5/24/16)

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		Member	
Name	Frank Arcangelo	Name	Joseph W. Carr
Physician	No	Physician	No
Psychologist	Yes	Psychologist	No
Represents	Mental Health	Represents	Youth
Term Expires	12/31/2018	Term Expires	12/31/2017
eMail	drarcangelo@saratogapsych.com	eMail	wcarr@saratogacountyny.gov
Member		Member	
Name	Erin Christopher-Sisk	Name	James Colamaria
Physician	No	Physician	No
Psychologist	Yes	Psychologist	No
Represents	Mental Health	Represents	Mental Health
Term Expires	12/31/2019	Term Expires	12/31/2019
eMail	dr.christopher-sisk@ecspsychological.com	eMail	jcolamar@nycap.rr.com
Member		Member	
Name	Amy C. Hughes	Name	Katie Lewis
Physician	No	Physician	No
Psychologist	No	Psychologist	Yes
Represents	NAMI	Represents	Mental Health
Term Expires	12/31/2017	Term Expires	12/31/2019
eMail	ahughes@saratogacountyny.gov	eMail	katiecooperlewis@gmail.com
Member		Member	
Name	Maureen Lewsey	Name	Lillian McCarthy
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Families	Represents	Families
Term Expires	12/31/2019	Term Expires	
eMail	kemmetmaureen@yahoo.com	eMail	
Member		Member	
Name	Lillian McCarthy	Name	Maria Morris-Groves
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Families	Represents	Substance Abuse
Term Expires	12/31/2018	Term Expires	12/31/2017
eMail	l.mccarthy@saratogaec.org	eMail	mlmgroves@gmail.com
Member		Member	
Name	Matthew H. Sickles	Name	Rudolph J. Stutzmann
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Children	Represents	Mental Health
Term Expires	12/31/2019	Term Expires	12/31/2018
eMail	matt_sickles@yahoo.com	eMail	rstutzmann@earthlink.net
Member			
Name	Edmond Amyot		
Physician	Yes		

Psychologist	No
Represents	Developmental Disabilities
Term Expires	12/31/2018
eMail	eamyot@nycap.rr.com

OMH Transformation Plan Survey
Saratoga Co. MH, MR & Alcoholism Svcs (70840)
Certified: Michael Prezioso (5/10/16)

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

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

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

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

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

If "Yes":

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

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

2017 Mental Hygiene Local Planning Assurance
Saratoga Co. MH, MR & Alcoholism Svcs (70840)
Certified: Michael Prezioso (4/28/16)

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.