

2017

Local Services Plan  
For Mental Hygiene Services

Westchester Co. Dept of Community MH  
August 17, 2016



Office of Mental Health	Office of Alcoholism and Substance Abuse Services	Office for People With Developmental Disabilities
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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Westchester Co. Dept of Community MH</b>	<b>70270</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Certified</b>
Needs Assessment Report	Required	<b>Certified</b>
Multiple Disabilities Considerations Form	Required	<b>Certified</b>
Priority Outcomes Form	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
OMH Transformation Plan Survey	Required	<b>Certified</b>
LGU Emergency Manager Contact Information	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>



### 2017 Local Plan - Executive Summary

Westchester County's 2017 Local Plan Executive Summary reflects the continued transformation agenda from all mental hygiene areas and the ongoing managed care planning for both behavioral and developmental disabilities. There is still much uncertainty about the future of the service delivery system and the impact on individuals, service providers and resources. Key questions: timely access and adequate services for individuals and what resources will be available for communities to implement as part of the local planning process in managed care environment and the managed care entities be held accountable for ensuring access and quality at the community level. Clearly there have been significant challenges in implementation of adult health homes concerns about appropriate level of services and response for individuals with serious mental health issues. This has been the role of county government since Article 41 was established. Westchester County strongly believes that the maintenance of this planning role is critical to the successful implementation of managed care. Westchester County has been an active participant in working with Regional County partners and New York State Office of Mental Health, Office for Alcohol and Substance Abuse and Office for People with Developmental Disabilities Regional Offices to prepare for the changes in the service delivery system.

### Background - The Plan

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

### Highlights

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

#### **DCMH Psychological Response Team**

Response Team continues to provide an important resource to the county and be very active in responding to various needs and participating in readiness training exercises. The team is available to provide a coordinated psychological response to victims, their families, the community and emergency care workers. The DCMH Psychological Response Team is comprised of 22 mental health professionals with the knowledge and skills to respond adequately to the mental health needs of individuals and communities during the times of disaster, crisis or other critical incidents. The DCMH team partners with other organizations such as Red Cross and mental health agencies.

DCMH P

#### **Chemical Dependency Services:**

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

In responding to the increase use of heroin in our communities, the LGU has worked with our provider system to become certified Narcan training sites. In addition, we have worked with our local health department in conducting Narcan training. Narcan trainings in a number of our communities—we have trained police officers, coalition members and clinical staff. We have saved lives. In addition, our drug and alcohol coalitions in collaboration with prevention and treatment providers have sponsored a number of community events to educate the public about the misuse of prescription medications and the rise in heroin use.

Working in collaboration with The Guidance Center of Westchester as the program sponsor, we anticipate that our adolescent program, located in Mount Vernon, will begin serving clients in August 2016. The County was also successful in securing NYS OASAS funding for the Adolescent Club House in Yonkers, Yonkers Family YMCA as the successful applicant will operate the program targeted to open in July 2016.

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

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

#### **Developmental Disabilities**

The Certified Residential Opportunity (CRO) protocol, the process was implemented with the hope that OPWDD would provide a standardized, regional and timely response to individuals who are seeking a residential placement. This process has essentially eliminated LGU in residential placements as all referrals are submitted to OPWDD who also takes responsibility for working with voluntary providers and state operations to review and make admission decisions. District-wide, LGU representatives sit on the committee to review referrals but have limited access to placement data, length of time waiting, length of time vacancy open, etc. Westchester's Autism Advisory Council has been very active in identifying and addressing the various needs of both children and adults with Autism. Priority areas have included training for First Responders on understanding and appropriately intervening with individuals with Autism. This includes starting a 2 hour training for First Responders. The session will be offered over 25 times throughout the county as flexible as possible and make the training available. The Autism Advisory Committee has also addressed employment needs and opportunities for young adults.

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

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

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Recently, NY State Office of Mental Health (OMH) provided Westchester County with Systems Transformation Initiative funding to both prevent replacement at Rockland Children's State I Center (RCPC) or help transition young people from RCPC back to the community. Westchester prioritized a Crisis Stabilization program that includes mobile, mental health, care coordination services is quickly accesses for youngsters who meet eligibility and provides short-term intensive support and stabilization. The program helps to connect with other existing services and supports.

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

Westchester County has established a formal committee charged with working with all Westchester County School Districts to enhance collaboration and address the needs of students with disabilities. The committee, chaired by DCMH, Department of Health and a local school district meets regularly to examine data, trends and how to maximize the resources and supports for students and families. The committee is charged with addressing Committee of Special Education (CSE) residential placements and exploring opportunities to appropriately prevent placement when possible also impact length of stay while in residential settings. Westchester County had funded a full-time staff at DCMH to oversee the initiative.

Westchester County's Early Childhood System of Care has been highly effective at addressing the needs of young children. This includes providing training and support to early childhood and educational settings as well as providing direct and consultation services to various early childhood and Head-start programs throughout the county.

#### **Adult Mental Health**

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

DCMH Adult Mental Health operates several programs providing services for people with serious mental health concerns and criminal justice histories or other "high risk" situations. DCMH in partnership with police departments in the cities of White Plains and Yonkers to offer services through a Specialized Police Response for those who may be at risk for emotional or behavioral issues. Two police officers and one mental health worker comprise the specialized police response team. DCMH has provided 2, 40-hour Crisis Intervention Training (CIT) program for Westchester police departments. The training is in high demand and DCMH will offer 2 more trainings in 2017. DCMH has also facilitated several 8 hour courses to police departments on Mental Health responses.

DCMH operates a Homeless Outreach Placement Team and Department of Social Services Liaison. Collectively the team reaches out to people with mental health concerns that are living in or places not intended for human habitation. The team attempts to engage people and ultimately help them secure treatment, supportive services and housing to support their recovery.

DCMH and Department of Corrections continue to provide support and transitional services at the Westchester County jail post NYS OMH grant. DCMH, in partnership Correct Care Solutions Department of Corrections, have transformed a new unit to provide mental health and other rehabilitative supports for inmates with serious mental health concerns and co-occurring disorders. The program, in existence since November 2014, has shown positive outcomes and has been well received by both inmates and corrections staff. DCMH, with support of Corrections staff, has implemented the Ohio State TBI interview method screening instrument to identify potential TBI for individuals as well as women victims of intimate partner violence and potential TBI.

DCMH Transitional Managed is dedicated to helping people transition from the NYS Department of Corrections and acts as a liaison with the NYS Division of Parole/Community Correction staff member is stationed at the Corrections Office on the day that Parolees report to their office and provides linkages, support and services to people that may be struggling with mental health issues that could compromise their tenure in the community.

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

County Executive's Safer Communities Initiative, had led efforts to provide enhance workforce training for systems and communities. Efforts to date include Crisis Intervention Training (CIT)

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in Fall of 2014 and on-going training; Youth Mental Health First Aid kick-off in Spring, 2014 and on-going 8-hour courses for key stakeholders including schools, counselors, first responder community members; Safer Sports: Concussion Task Force and Conference in 2015. In 2015, Westchester formed a Suicide Prevention and Awareness Task Force, that includes all key county provider, advocacy and community stakeholders, and provides direction for strategic planning efforts as well as offer several suicide prevention evidence-based training programs.

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.

Housing for individuals with mental hygiene disabilities and related issues continues to be a major area of need. Westchester Adult SPOA has a housing waiting list over 950 individuals. We also continue to see a need for permanent housing for young adults with disabilities. Many of these young people return from residential care (RTF/RTC) and are not prepared or have sufficient supports and/or housing to successfully integrate back into the community. Another significant and connected issue is employment programs and related services as individuals struggle to move out or move on from programs; units have very little turnover. If individuals with disabilities had necessary resources and supports to become more self-sufficient, we may see more movement in our housing system. Chemical Dependency Services: The number of total Westchester County treatment admissions decrease from 9,794 admissions in 2014 to 9,551 in 2014. The opening of The Counseling Center at Yorktown Heights, Lexington Center for Recovery opening of the outpatient opioid and clinic treatment in Peekskill, NY, the opening of Inter-Care Westchester and the reestablishment of adolescents services projected to open in September of 2015, should increase access to services for all segments of the population. The ability to provide off site services under the new Part 822 regulations will also aid in increasing access while also addressing the lack of transportation for adolescents and young adults. As planned for in 2015, the following chemical dependency programs opened in the County-The Counseling Center at Yorktown Heights-Clinic, Lexington Center for Recovery-outpatient opioid and clinic in Peekskill, and Inter-Care Westchester-Clinic in Hawthorne. The reestablishment of adolescents' services projected to open in August of 2016 Data obtained from the NYS OASAS Client Data System presented below indicates the need for continued support for the use of evidence based programs to improve outcome and the increase the treatment success rate for clients. Over that past few years the LGU has provided training in various EB programs-Seeking Safety, Thinking for a Change, Motivational Interviewing, Trauma informed services. The LGU will continue its efforts to provide training and implementation support to individual programs to assist in improving clinical outcomes. 21% of discharged clients do not achieve their goals related to alcohol-2% decrease over 2014; 31% of clients are discharged against clinical advice-1% decrease over 2014; 26% of clients are discharged without having met any treatment goals-1% decrease over 2014; 29% of discharged clients do not achieve their goals related to drug-3% decrease over 2014; 39% of clients are discharged unemployed-2% decrease over 2014; No discharge referrals are made for 41% of discharged clients-9% decrease over 2014; 31% of Social Functioning goals are not met-2% decrease over 2014; 27% of Emotional Functioning goals are not met-1% decrease over 2014; 28% of Family Situation goals are not met-2% decrease over 2014; 19% of clients did not participate in individual counseling sessions and 67% participated in 1 to 9 sessions, compared to 21% and 65% respectively in 2014. The LGU will continue to work with providers to implement evidence based programs, increase clinical outcomes, monitor and track various performance targets. Including assisting providers in the data collection and analysis process specific to managed care and DRSP outcomes.

**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.

Prevention: Children's Behavioral Health Services in Westchester County continues to focus, and prioritize, prevention/early recognition of behavioral health issues through a coordinated, cross-systems "system of care" approach. This includes working with parents, community partners, school/Head-Start programs; primary health and behavioral health to promote emotional wellness and screening for younger children. This has been accomplished through use of county tax levy funds and other public funding streams. We have utilized evidence-based screening tools as well and training for providers. Westchester has also a very robust Youth Mental Health First Aid training initiative, with over 20 trainers and over 800 individuals trained. Adult Behavioral Health is also focusing on important of primary care providers in screening/assessing for behavioral health issues/needs. As with children, working with local health clinics to integrate care. Treatment capacity continues to be a challenge especially for children and youth. Even with the many providers and expansion of school based satellite clinics, access to waiting list or coverage continues to be a barrier. Adult services are less of a challenge for waiting list issue but coverage still a barrier especially for those with private insurance. Westchester has recently formed initial steering committee to address treatment and support for individuals with co-occurring mental health and substance use issues. There are systems/regulatory as well as practice/workforce challenges that are being identified and explored. Recovery support has expanded significantly over past few years. Westchester has a youth-driven peer support movement as well as a large free-standing family support organization as well as several peer-run, peer-support organizations. There is still a need to better integrate/collaborate between peer and treatment services and how they support/complement each other in supporting individuals. Chemical Dependency Services: • Housing Currently Westchester County has 58 residential beds-47 community and 11 supportive beds. Under the residential redesign it is anticipated that all 58 beds will be converted to the "Reintegration" designation. In 2014, 780 homeless clients were admission to treatment. Of those 52 were younger than 22 years old and 112 were between the ages of 22 to 25 years. At discharge, 494 clients were discharged homeless. Of those 32 clients were younger than 21 years old and 49 between the ages of 22 to 25 years. In 2015, 828 homeless clients were admission to treatment. Of those 57 were younger than 22 and 87 were between the ages of 22 to 25 years. At discharge, 524 clients were discharged homeless. Of those 32 clients were younger than 22 years old and 49 clients between the ages of 22 to 25 years. 14 % of all 2015 discharges are discharged homeless. Our existing 58 residential beds have an average UR of 95%. Westchester proposes the development of additional beds, with a specific residence targeted to those ages 16 to 21 years. • Medically Monitored Withdrawal Services: Westchester County has a population of 972,634, with minorities-African Americans and Hispanics-comprising 39%. 10% of the population lives below the poverty level and 87% completed high school. Of the residents 16 and older 35% are not in the workforce. 56% of renters spend 30% or more of the household income on housing. 11% of the population does not have health insurance and 26% of those with coverage have public insurance. There are no Medically Monitored Withdrawal Services in the County. The medically managed detox service operated by St. John's Riverside Hospital services Westchester clients who are—homeless-21%; 27% have not completed high school; 67% are unemployed; 84% are self-referred; 11% have a positive criminal justice; 71% started using before the age of 22 years; 47% are older than 46 years and 24% have not met any treatment goals. St. John's Hospital estimates that in 2014, 384/5400 (7%) of detox patients and 72/1444 (5%) of inpatient rehab patients who were being discharged could have benefitted from having a medically monitored bed available to them upon discharge. We also estimate that in 2014, 666/1332 (50%) of patients who were screened but not admitted to our inpatient services could have benefitted from having a medically monitored bed available. This data speaks to the high chronicity and high service need of the population and the average length of stay of 4 days indicate that more services and supports are needed. Case management support alone is not sufficient to meet the needs of this population. A multi-pronged approach is needed and the establishment of a Medically Monitored Withdrawal Services would add support and provide a critically needed crisis stabilization period and the add time to connect to community treatment and supports. Recovery Support Services—Recovery Center There are no Adult Recovery Centers located in Westchester County. o 31% of clients are discharged against clinical advice o 26% of discharged clients did not complete treatment, having not achieved their treatment goals and 27% achieved some goals o 39% of clients were discharged unemployed o 41% of treatment discharges did not receive referrals o 31% of discharged clients did not achieve their social functioning goals o 27% of discharged clients did not achieve their emotional functioning goals o 28% of discharged clients did not achieve their family situation goals o 31% of discharged clients did not achieve their vocational goals The data cited speaks to the need for additional community supports. A Recovery Center can build upon the therapeutic process started in treatment. This service is a needed relapse prevention support and provides a cost effective way of supporting and enhancing the treatment continuum. The LGU plan to work with providers to increase access to: Ancillary Withdrawal Services The high numbers of costly inpatient detox services provided speaks to the need for a more cost effective medically appropriate treatment option. The high rate of self-referral to inpatient detox and the need to engage patients in community outpatient treatment services highlights the need for this level of service. The LGU will work with providers to increase the availability of the service. There is also a need to increase the use, where appropriate, of various addiction medications-examples -Suboxone, Vivitrol, Bupropion, Revia

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

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
<b>Substance Use Disorder Services:</b>						
a) Prevention Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
d) Opioid Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>
i) Other Recovery Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
j) Workforce Recruitment and Retention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Mental Health Services:</b>						
m) Prevention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
n) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input 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"/>					
q) Other Outpatient Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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"/>
t) HCBS Waiver Services (Children)	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) Transportation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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"/>					
<b>Developmental Disability Services:</b>						
aa) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb) Clinical Services	<input 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 type="radio"/>	<input checked="" 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 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
pp) Workforce Recruitment and Retention.	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 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.  
 For children's services, need for more early intervention services for children to prevent unnecessary hospitalization, school disruption and intervene at early stage. Unfortunately many of the reinvestment funded programs include only individuals who have had contact with state hospital or in highest need. This often leads to lack of services for others who, with services, could reduce symptoms and receive appropriate level of care/treatment.

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

**3b1.** Briefly describe the issue and why it is a high need for the populations selected.  
 Crisis services focused on the chemical dependency client has historically taken the form of sobering up stations, crisis beds, medically monitored and now stabilization beds. There is a need for this level of service in Westchester. The need for short term crisis case management services is also a key component in assisting clients and family members in accessing services. This service would be targeted to those clients that are not connected to any type of treatment.

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

**3g1.** Briefly describe the issue and why it is a high need for the populations selected.  
 Adequate housing is a key factor in supporting recovery, health and wellness. There is a need for multiple levels of housing options. The need for more OASAS licensed housing, including the need for permanent housing targeted to high need/high utilization clients. The special housing needs of young adults also need to be addressed.

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

**3j1.** Briefly describe the issue and why it is a high need for the populations selected.  
 The current health care environment amplifies the need for better trained staff at all levels of services delivery. The fields' ability to attract and retain qualified staff is hampered by low salaries, stressful work environment and high work load.

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

**3n1.** Briefly describe the issue and why it is a high need for the populations selected.  
 Need for more comprehensive "triage" crisis services 24/7 that includes mh/ER/Social Services/peer support, to avert unnecessary ER, hospitalizations, shelter, etc. Unfortunately too often children and adults are unnecessarily hospitalized due to lack of comprehensive, cross-discipline, 24/7 crisis services are not available. Westchester currently has a Crisis Prevention and Response Team, a program of St Vincent's Hospital. The program is available 10-6 during the day and has 24/7 assessment center on-site at the hospital. However focus, or resources, allow them to respond immediately 24/7 to a psychiatric crisis and have a comprehensive response.

**Follow-up Questions to "Other Outpatient Services" (Question 3q)**

**3q1.** Briefly describe the issue and why it is a high need for the populations selected.  
 The Children's system continues to be challenged by access to outpatient mental health treatment. This is often as a result of waiting list in various communities as well as access based on insurance. Many children who have private insurance are unable to access appropriate treatment due to lack of coverage and providers available.

**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.  
 Many adult with serious mental health issues, who benefitted from ICM/Targeted Case Management have not benefitted from Health Home services. This includes problems connecting/engaging in services as well as lack of service intensity. There is a great need for HARP HCBS services for adult population.

**Follow-up Questions to "HCBS Waiver Services (Children)" (Question 3t)**

**3t1.** Briefly describe the issue and why it is a high need for the populations selected.

Current Home and Community Based Waiver services have been tremendously helpful in providing comprehensive, community-based services for children with serious mental health needs. Without this critical resource, many of the children would be in residential settings. It is also critical that youth with high mental health needs, and private insurance, have access to the critical HCBS Waiver services.

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

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

One of the greatest challenges in our system is housing due to high need and cost in county. Often those individuals who are vulnerable, but don't meet "highest priority" often don't have housing available and situation deteriorates and end up homeless. Many other individuals who are discharged from state hospital/state prison require higher level of care/support and limited access/no expansion of these services. Lack of movement to lower level of care due to insufficient employment and support services so individuals "get stuck" in housing levels. Housing for individuals with serious mental health challenges is in great demand in Westchester County. Adult SPOA has a waiting list of 950 individuals and simply not sufficient appropriate/affordable housing exists. Due to lack of capacity and support services, often unable to move individuals to less restrictive/more independent levels of care.

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

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

There is a general lack of crisis services for youth with developmental disabilities. NY Start pilot, while conceptually good model, does not come even close to meeting demands of youth in Westchester County and limited/no respite beds available which leaves children often in unsafe situations and/or unnecessary hospitalizations.

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

**3kk1.** Briefly describe the issue and why it is a high need for the populations selected.

There continues to be a high waiting list for residential opportunities for individuals in need of housing/residential services. There is also limited movement (step-down) to various levels of care that promote greater independence for individuals. Often residential opportunities only become an option when a crisis situation. For children residential basically does not exist until age 22. School district and DSS are often only resource/option for families to pursue even if not an education issue or require being placed into foster care.

**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.

The system continues to be a single-system model and does not promote community or cross-systems efforts.

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.

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

Adult Health Home implementation has led to many individuals with serious mental health issues being underserved, not served and needs more intensive. This has led to potentially higher rates of hospitalization, incarceration, homelessness. Children's system impacted by downsizing and access to RTF, led to families inappropriately having to access RTC (and give up custody), limited day treatment access, all with little community reinvestment options.

**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.

**5d.** If you would like to elaborate on why you believe the overall needs of the substance use disorder population have been a mix of improvement and worsening over the past year, briefly describe here

Westchester has increased access to services for adolescents with the award of funding to establish a Youth Club and we anticipate the opening an adolescent program. The ability to attract and retain a qualified workforce has worsened along with the ability to develop and staff a quality program. NYS OASAS has not been supportive in the design and development of quality services to meet the needs of the specific population.

**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 system has become more challenging to access, less focus on cross-systems integration, less county/LGU responsibility and "crisis driven" service response.

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.

Regular meetings for planning purposes.

**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.

On-going monthly meetings with partners (local government and non-government) regarding access to services, community planning, housing, criminal justice, school planning.

**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.

Primary collaborative meetings include monthly Regional County LGU Commissioner's meeting; in addition to regionals DSRIP PPS meetings; and collaboration with other LGU regarding Suicide Prevention efforts and other specific planning areas

**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

Crisis services to avert unnecessary hospitalizations (or often arrests and incarcerations)

**2017 Multiple Disabilities Considerations Form**  
Westchester Co. Dept of Community MH (70270)  
Certified: Michael Orth (5/24/16)

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

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

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

- Yes  
 No

If yes, briefly describe the mechanism used to identify such persons:

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

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

- Yes  
 No

If yes, briefly describe the mechanism used in the planning process:

DCMH disability services units have begun to meet monthly to discuss persons with multiple disabilities. The team then attempts to put a plan in place using resources from each disability area. The state also participates in this process. Sometimes the plans are difficult to implement given state policies and procedures. DCMH also utilizes our Co-occurring coordinator to provide enhanced outreach and/or training/TA for providers and individuals with mental health and alc/substance abuse issues.

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

- Yes  
 No

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

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

**Mental Hygiene Priority Outcomes Form**  
Westchester Co. Dept of Community MH (70270)  
Plan Year: 2017  
Certified: Michael Orth (6/1/16)

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

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

### Priority Outcome number:

#### Priority Outcome 1:

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

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

DCMH continues to be involved in various aspects of transition to Managed Care/Health Homes. This includes working closely with service providers to become "managed care ready" and provide guidance and technical assistance. DCMH continues to work with state agencies (DOH, OMH, OASAS, OPWDD) and regional office for managed care readiness and implementation. This includes participating in planning for Regional Planning Consortiums (RPC) and other events/activities. Westchester DCMH participates on several committees under DSRIP implementation on behavioral health issues and regional planning level.

#### Priority Rank: 1

**Applicable State Agencies:** OASAS OMH OPWDD

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

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

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

#### Strategy 1.1

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

**Applicable State Agency:** OMH

#### Strategy 1.2

DCMH will take a lead and active role in the program and service monitoring, data collection and reporting. DCMH, in partnership with CCSI, has created a new portal system to track outcomes and monitor services in Westchester County. Implementation for POMS will be fall, 2016

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 1.3

As the OPWDD system moves towards a managed care system, shifts in the provision of how individuals access services and type of services offered have occurred. OPWDD continues to work towards standardizing processes across the state for better monitoring and with the intent to equitable access to services for all New Yorkers with developmental disabilities who meet OPWDD criteria. In that effort, OPWDD is using their Front Door process for purposes of intake, identification of needs and to create an immediate mechanism for consistent, statewide access to services. New York Fully Integrated Duals Advantage (FIDA) Demonstration has been instituted as of April 1, 2016 as a joint Medicare and Medicaid Managed Care pilot designed to integrate care for New Yorkers who have both Medicare and Medicaid and who reside in the targeted geographic area. Beneficiaries who choose to participate will receive both Medicare and Medicaid coverage, including Part D prescription drugs, from a single, integrated FIDA managed care plan.

**Applicable State Agency:** OPWDD

#### Strategy 1.4

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

**Applicable State Agency:** OMH

#### Strategy 1.5

Review performance measures to monitor outcomes for those affected by substances, and collecting data to market services to managed care entities.

**Applicable State Agency:** OASAS

#### Strategy 1.6

DCMH will play an active role in Regional Planning Consortium for Hudson Region. This includes on-going Regional planning meetings and information sessions.

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 1.7

Assist providers in securing training and implementation of EB programming to increase program effectiveness.

**Applicable State Agency:** OASAS

#### Priority Outcome 2:

Expand access to safe, affordable and appropriate housing

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

Affordable and appropriate housing for individuals with serious mental health, substance abuse and/or developmental disabilities continues to be a high priority and much needed resource. Westchester County was awarded funding for supportive housing through NY State OMH for individuals being discharged back to community from State Hospital as well as individuals returning from state corrections. HUD RAP funding was awarded to serve homeless chemical dependency clients.

#### Priority Rank: 2

**Applicable State Agencies:** OASAS OMH OPWDD

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

- OMH Transformation Plan
- OPWDD People First Transformation

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

#### Strategy 2.1

To work with OASAS, community providers and Westchester County HUD Continuum of Care to increase housing stock targeted to chemical dependency population.

**Applicable State Agency:** OASAS

### Strategy 2.2

The NYS OMH continues to provide supported housing units to help build a continuum of housing options for individuals in the most restrictive settings. In 2012, DCMH created a housing re-design workgroup. This work group reviewed barriers to moving individuals into different levels of care and then to independent living. In addition to the lack of housing overall, barriers continue to be access to services that will allow those with the highest needs to maintain community living. The Department will work closely with the respective health home to also ensure access to the newly distributed MRT beds. New funding was provided by OMH in 2015 for individuals discharged from state hospitals as well as individuals released from state prison. In February 2016 Westchester was awarded OMH supportive services funding to grow 10 new HUD beds in the DCMH RAP, increasing our overall capacity in that program. DCMH partners at DSS were awarded last year's HUD Permanent Housing Bonus, providing close to 100 units of permanent supportive housing for HUD-eligible chronically homeless individuals/families with disabilities in their Turning Point project, which primarily houses people with MH and SA disabilities. DCMH staff work closely with DSS on placements.

**Applicable State Agency:** OMH

### Strategy 2.3

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

**Applicable State Agency:** OPWDD

### Strategy 2.4

One DCMH staff participated in NYSACRA Housing Initiative training and is now certified as a Housing Navigator. DCMH will be working to provide Housing Support to MSC staff and family groups to expand knowledge about pursuing non-certified housing options for people with DD/ID in Westchester County. This model fits within the self-directed plan of services being emphasized by OPWDD.

**Applicable State Agency:** OPWDD

### Priority Outcome 3:

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

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

Westchester has several efforts to divert individuals with mental health, alcohol/substance abuse and/or developmental disabilities from jail or prison. This includes providing TASC services, outreach services, police outreach program in 2 cities (Yonkers and White Plains) and working with other services providers/peer organizations to avert. Lexington Center for Recovery with support from the LGU has successfully implemented Thinking for a Change.

#### **Priority Rank:** 3

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** \*new

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

### Strategy 3.1

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

**Applicable State Agency:** OPWDD

### Strategy 3.2

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

**Applicable State Agencies:** OASAS OMH OPWDD

### Strategy 3.3

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

**Applicable State Agency:** OMH

### Strategy 3.4

DCMH is working with OMH, Mid-Hudson Psychiatric Center, Westchester Corrections Department and the DA's Office to improve processes associated with individuals on a 730 status. Often times individuals are restored to competency and wait in the hospital waiting for transfer back to the jail. Once individuals are returned to the jail, they wait long periods of time for court dates. By the time this occurs individuals have likely decompensated and need treatment. Not only is this poor treatment for individuals, it costs the county approximately \$1,000,000 per year. In 2013, DCMH, the NYS Office of Mental Health and St. Vincents Hospital Division of St. Josephs Hospital implemented a 730 diversion program for those with misdemeanor violations. These individuals go to the local hospital versus Rockland Psychiatric Center. The County believes that this helps both the locality and the state.

**Applicable State Agencies:** OMH OPWDD

### Strategy 3.5

Treatment Alternative to a Safer Community will provide alternative to incarceration case management services to defendants referred by all 42 county and local courts in Westchester County

**Applicable State Agency:** OASAS

### Strategy 3.6

DCMH will work with the Reentry Taskforce and St. John's Riverside Hospital to implement Thinking for a Change, an EB CBT program.

**Applicable State Agency:** OASAS

### Priority Outcome 4:

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

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

Westchester providers have increased capacity to serve children by expanding school-based satellite clinics in several critical communities of need.

#### **Priority Rank:** 5

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** \*new

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse

Talk2Prevent

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

#### Strategy 4.1

DCMH will work with mental health agencies and alternative settings (schools) to increase mental health service capacity.  
**Applicable State Agency:** OMH

#### Strategy 4.2

Adolescent chemical dependency treatment services to be established in Southern Westchester  
**Applicable State Agency:** OASAS

#### Priority Outcome 5:

Provide trauma informed care to improve outcomes.

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

Under DCMH leadership, Westchester County has infused trauma informed "systems approach" and trauma informed practices into the system of care for both adults and children. This includes providing several training/TA opportunities for providers, advocates and systems as well as use of trauma informed evidence-based practices. Westchester has a trauma steering committee consisting of diverse stakeholders to address needs and explore opportunities.

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS OMH OPWDD

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

- The Prevention Agenda 2013-2018
- 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* Not Sure

#### Strategy 5.1

Increase the number of programs sites offering evidence based trauma specific services  
**Applicable State Agency:** OASAS

#### Strategy 5.2

DCMH will provide leadership in organizing a training initiative throughout Westchester in providing trauma informed care and practices. This will be done in collaboration with agencies and peer/family support.  
**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 5.3

DCMH will coordinate a Trauma Informed Committee that will be charged with creating a "trauma informed and trauma driven" County. The committee will consist of cross-systems partners and meet monthly.  
**Applicable State Agencies:** OASAS OMH OPWDD

#### Priority Outcome 6:

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

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

**Priority Rank:** 4

**Applicable State Agencies:** OASAS OMH OPWDD

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

Is this priority also a Regional Priority? *\*new* Not Sure

#### Strategy 6.1

DCMH will identify and report to the state those individuals who are unable to access services because of policies and practices. DCMH and the state will work collaboratively to make it possible for those in need to get services.  
**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 6.2

Work with providers to obtain integrated licensure  
**Applicable State Agency:** OASAS

#### Priority Outcome 7:

Increase the number of providers offering evidence based treatment

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

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS OMH OPWDD

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

- The Prevention Agenda 2013-2018
- OMH Transformation Plan

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

### Strategy 7.1

Offer training and technical/implementation assistance to providers  
**Applicable State Agency:** OASAS

#### Priority Outcome 8:

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

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

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** \*new

OMH Transformation Plan

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

### Strategy 8.1

Westchester Children's System will organize a committee charged with addressing issues of DMR, focusing on training, best practice approaches and policy. Committee has been meeting regularly and strategic in promoting best practices and systems reform. Committee membership includes diverse stakeholders from all systems, community providers, county government, higher education and advocates  
**Applicable State Agencies:** OASAS OMH OPWDD

### Strategy 8.2

Westchester has previously organized "Undoing Racism" workshops, facilitate by People's Institute For Survival and Beyond, and trained over 250 providers, community members, parents and young adults. The workshops will continue to be offered. A planning committee has also been established to implement in both direct practice and systems planning.  
**Applicable State Agencies:** OASAS OMH OPWDD

### Strategy 8.3

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

#### Priority Outcome 9:

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

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

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** \*new

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

### Strategy 9.1

Work with stake holders to develop capacity to provide family networks to families affected by substance use.  
**Applicable State Agency:** OASAS

### Strategy 9.2

DCMH will provide training and technical assistance opportunities on using a person-centered/wraparound approach for providers and family/peer members.  
**Applicable State Agencies:** OASAS OMH OPWDD

### Strategy 9.3

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

#### Priority Outcome 10:

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

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

This continues to be a challenge to provide appropriate services for young adults entering adult service system. Westchester Department of Community Mental Health Mental Health, Alcohol/Substance Abuse and Developmental Disabilities staff continue to strategize and discuss planning for young adults as well as plan with other county departments. Unfortunately there is a lack of appropriate services for both (1) young adults who leave residential/foster care and transition into adult services or (2) young adults who transition out of children's community system of care into adult services. This includes lack of intensive care management, respite, age appropriate treatment-voc/employment opportunities.

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** \*new

OMH Transformation Plan

**Is this priority also a Regional Priority?** \*new Not Sure

### Strategy 10.1

DCMH's children and adult services units will work with providers to identify how transition can be made within the existing system.  
**Applicable State Agencies:** OMH OPWDD

### Strategy 10.2

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

**Applicable State Agency:** OMH

**Strategy 10.3**

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

**Applicable State Agency:** OPWDD

**Strategy 10.4**

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

**Applicable State Agency:** OPWDD

**Priority Outcome 11:**

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

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

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OPWDD

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

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

**Strategy 11.1**

Since 2015, Westchester County DCMH has been involved with other county departments in developing emergency management plan for individuals with physical, developmental and intellectual disabilities.

**Applicable State Agency:** OPWDD

**2017 Community Service Board Roster**  
 Westchester Co. Dept of Community MH (70270)  
 Certified: Michael Orth (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**

**Name** Susan Wayne  
**Physician** No  
**Psychologist** No  
**Represents** Family Services of Westchester  
**Term Expires** 12/31/2017  
**eMail** swayne@fsw.org

**Member**

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

**Member**

**Name** Grant Mitchell  
**Physician** Yes  
**Psychologist** No  
**Represents** Mt Sinai Hospital  
**Term Expires** 12/31/2018  
**eMail** grantmitchell@gmail.com

**Member**

**Name** Jessica Grimm  
**Physician** No  
**Psychologist** No  
**Represents** Family Ties  
**Term Expires** 12/31/2017  
**eMail** jgrimm@familytieswestchester.org

**Member**

**Name** Patricia Edelstein  
**Physician** No  
**Psychologist** No  
**Represents** Advocate  
**Term Expires** 12/31/2018  
**eMail** pate1391@verizon.net

**Member**

**Name** Barbara Waltman  
**Physician** No  
**Psychologist** No  
**Represents** NY Hospital  
**Term Expires** 12/31/2018  
**eMail** bwaltman@nyp.org

**Member**

**Name** Alfreds Williams  
**Physician** No  
**Psychologist** No  
**Represents** Westchester County Board of Legislatures  
**Term Expires** 12/31/2018  
**eMail** aaw3@westchestergov.com

**Member**

**Name** Claus Von Schorn  
**Physician** Yes  
**Psychologist** No  
**Represents** Montifiore  
**Term Expires** 12/31/2017  
**eMail** evonchorn@sshsw.org

**Member**

**Name** Steven Shainmark  
**Physician** Yes  
**Psychologist** No  
**Represents** St Vincent's Hospital  
**Term Expires** 12/21/2016  
**eMail** sshainmark@svwjmc.org

**Member**

**Name** William Mautner  
**Physician** No  
**Psychologist** No  
**Represents** Advocate  
**Term Expires** 12/31/2018  
**eMail** wrmautner@gmail.com

**Member**

**Name** Robert Berman  
**Physician** No  
**Psychologist** No  
**Represents** Advocate  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** Richard Swierat  
**Physician** No  
**Psychologist** No  
**Represents** WARC  
**Term Expires** 12/31/2018  
**eMail** rswierat@arcwestchester.org

**OMH Transformation Plan Survey**  
Westchester Co. Dept of Community MH (70270)  
Certified: Michael Orth (5/24/16)

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.

Westchester utilized resources to offer enhanced mobile care team, respite, housing and peer support for adults and crisis stabilization and respite for children. The services are extremely critical to support individuals to live in the community and provide essential and flexible services to avert re-admission to hospital

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

With limited access to hospitals, limitation of health homes due to high case loads, there resources are critical

**2017 Mental Hygiene Local Planning Assurance**  
Westchester Co. Dept of Community MH (70270)  
Certified: Michael Orth (5/24/16)

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.