2017
Local Services Plan
For Mental Hygiene Services

Livingston County Community Services
August 12, 2016

NEW YORK
STATE OF
OPPORTUNITY.

Office of
Mental Health | Office of Alcoholism and
Substance Abuse Services | Office for People With
Developmental Disabilities

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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.

Behavioral health issues continue to be an area of both need and concern. Based upon data from several sources , very low population to provider rate (especially MH therapy) , high suicide rate, long length of time to schedule initial MH services at LCMHS and overall high caseloads and demand exceeding supply at both Noyes Clinic and LCMHS coupled with high poverty rate (the poverty rate in Geneseo was recently raised) , lack of affordable housing and lack of useful transit system continues to be areas of need.

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.

Chemical Dependency needs to offer full array of addiction treatment options such as methadone to combat more severe opiate addiction, add housing services / outpatient detox , etc as currently only outpatient talk therapy services exist. Mental Health needs to increase number of qualified service providers of both clinicians and prescribers. Mental Health also needs to increase crisis services, crisis beds and housing options. OPWDD needs to increase respite options especially for children and adjust to new rules surrounding sheltered workshop program.

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) High	Youth (< 21) Moderate	Youth (< 21) Low	Adult (21+) High	Adult (21+) Moderate	Adult (21+) Low
Substance Use Disorder Services:						
a) Prevention Services	○	◉	○	○	◉	○
b) Crisis Services	○	◉	○	○	◉	○
c) Inpatient Treatment Services	○	◉	○	◉	○	○
d) Opioid Treatment Services	◉	○	○	◉	○	○
e) Outpatient Treatment Services	○	◉	○	○	◉	○
f) Residential Treatment Services	○	◉	○	◉	○	○
g) Housing.	◉	○	○	◉	○	○
h) Transportation.	◉	○	○	◉	○	○
i) Other Recovery Support Services	○	◉	○	○	◉	○
j) Workforce Recruitment and Retention	○	◉	○	○	◉	○
k) Coordination/Integration with Other Systems	○	◉	○	○	◉	○
l) Other (specify): jobs.	◉	○	○	◉	○	○
Mental Health Services:						
m) Prevention	○	◉	○	○	◉	○
n) Crisis Services	◉	○	○	◉	○	○
o) Inpatient Treatment Services	◉	○	○	◉	○	○
p) Clinic Treatment Services	◉	○	○	◉	○	○
q) Other Outpatient Services	○	◉	○	○	◉	○
r) Care Coordination	○	◉	○	○	◉	○
s) HARP HCBS Services (Adult)				○	◉	○
t) HCBS Waiver Services (Children)	○	◉	○			
u) Other Recovery and Support Services	○	◉	○	○	◉	○
v) Housing	◉	○	○	◉	○	○
w) Transportation	◉	○	○	◉	○	○
x) Workforce Recruitment and Retention	○	◉	○	○	◉	○
y) Coordination/Integration with Other Systems	○	◉	○	○	◉	○

Service	1	2	3	4	5	6
z) Other (specify): jobs.	●	○	○	●	○	○
Developmental Disability Services:						
aa) Crisis Services	○	●	○	○	●	○
bb) Clinical Services	○	●	○	○	●	○
cc) Children Services	●	○	○			
dd) Adult Services				○	●	○
ee) Student/Transition Services	○	●	○	○	●	○
ff) Respite Services	●	○	○	○	●	○
gg) Family Supports	○	●	○	○	●	○
hh) Self-Directed Services	○	●	○	○	●	○
ii) Autism Services	○	●	○	○	●	○
jj) Person Centered Planning	○	●	○	○	●	○
kk) Residential Services	○	●	○	○	●	○
ll) Front Door	○	●	○	○	●	○
mm) Transportation	○	●	○	○	●	○
nn) Service Coordination	○	●	○	○	●	○
oo) Employment	○	●	○	○	●	○
pp) Workforce Recruitment and Retention.	○	●	○	○	●	○
qq) Coordination/Integration with Other Systems.	●	○	○	●	○	○
rr) Other (specify):	○	○	○	○	○	○

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

3c1. Briefly describe the issue and why it is a high need for the populations selected.
It is a high need because there are no services located in the county and often regional beds have a wait list.

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.
Data shows that opioid abuse and dependence has been on the increase making the need to develop and follow evidence based protocols to combat opioid addiction paramount. The exploration of all approved medication options and behavioral therapy interventions is needed.

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

3f1. Briefly describe the issue and why it is a high need for the populations selected.
Residential treatment services is a high need for both the CD and the MH population as no treatment housing options exist in the county. The closest area with the most prevalence of residential beds is Monroe County, which is largely urban and suburban. Many of our rural clientele do not want to reside in a local so different than what they are used to. The distance from healthy supports is often also a deterrent from our community residents agreeing to residential services.

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

3g1. Briefly describe the issue and why it is a high need for the populations selected.
In addition to treatment housing being needed, low income housing is also greatly needed in the area. The county was awarded 2 crisis apartments in 2015 and in creating partnership with DSS, Care Managers, and treatment providers the apartments have been kept almost continuously filled, frequently with requests having to be turned down because of the high occupancy rate.

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

3h1. Briefly describe the issue and why it is a high need for the populations selected.
Although this issue has been on the county plan for years, it continues to be an issue because reglardless of the level of quality of services offered, if recipeints cannot access these services because of lack of transportation, ther is no imporved outcome to the community. Many in our community do not have automobiles or live many miles from the location of providers (making gas expeditures high). When the county joined with the RTS system, we had hopes of increased routes and bus access. Unfortunately, this did not occur. AThe few people that are willing to use the bus system report high level of frutstration because several hours of wait time need to be factored into their trip because of infrequency of bus pick ups. It's not uncommon for a person to have to arrive at 9 AM to attend an 11 AM appointment and then have to wait until 2 pm for their return ride. Unfortunately those that are eligible for Medicaid Transportation via cab service don't fare much better with pick up times being forgotten by the service, prohibitive lengths of scheduling time (it can take 20 - 30 minutes to schedule one ride) and at times, lack of cab ability. As we are tasked to take an over expanding regionalized approach to service provision, the need for reliable and reasonable transportation options that cross county boundaries continues an area of major importance.

Follow-up Questions to "jobs." (Question 3l)

3l1. Briefly describe the issue and why it is a high need for the populations selected.
While services such as ACCESS VR exist to help recipients with work readiness skills, the issue of lack of vocational opportunities that are commensurate with DSS benefits are few and far between. Without decent entry level jobs being available, there is little point in participating in readiness skills which creates frustration and increases the stress level of an already stressed population.

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

3n1. Briefly describe the issue and why it is a high need for the populations selected.
While our county is very fortunate to have both an adult MIT and youth Mobile Crisis Team, neither work after hours and on weekends. To really look at decreasing ED use and increasing in vivo skill building and self reliance, having crisis teams accessible at night and on the weekends is necessary.

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.
There are no inpatient treatment services that exist in the county, all residents seek these services in neighboring counties. There is often also a shortage of beds, especially for youth with numerous complaints being made by parents of excessive wait times (20 hours on the floor in the lobby is not unheard of). While treatment in the community is always the first choice, there are times when inpatient treatment is needed and having to drive long distances and excessive wait times put undo stress on what is inherently stressful situation.

Follow-up Questions to "Clinic Treatment Services" (Question 3p)

3p1. Briefly describe the issue and why it is a high need for the populations selected.
There are 2 providers of clinic MH treatment to both adults and youth located at the southern and northern most parts of the county. Both clinics have either long wait lists for first appointment or long wait lists for medication visits. Data also shows that there is a 1505 : 1 population to provider ratio in the county (taken from county health ranking 2015) which is far higher than most counties in the region with neighboring counties of Genesee at 803 : 1 and Monroe 509 : 1.

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

3v1. Briefly describe the issue and why it is a high need for the populations selected.
As already stated, low income housing is a major need in the area. The few crisis beds that we have are near 100 % occupancy, In 2015 there was at least a 6 month wait list on the Supported Housing list, and of major concern, Arbor Development has had to close 12 of it's beds because of loss of HUD funding. Routinely people with MH, CD, DD and often co existing disorders are given emergency shelter in various area motels which are well known to be areas of crime and drug use, often only exacerbates the cycle of homelessness, addiction and unresolved behavioral health issues.

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

3w1. Briefly describe the issue and why it is a high need for the populations selected.
As previously stated, the inability to access service providers both in and out of county as well as shopping, recreational opportunity, support groups and so on keeps the most vulnerable in our community isolated leading to further behavioral health difficulties and does little to help address the issue of stigma.

Follow-up Questions to "jobs." (Question 3z)

3z1. Briefly describe the issue and why it is a high need for the populations selected.
As previously stated, lack of decent entry level jobs for both people with and without disabilities is an issue in the area.

Follow-up Questions to "Children Services" (Question 3cc)

3cc1. Briefly describe the issue and why it is a high need for the populations selected.
In 2015 there were several occasions when the SPOA Committee had to try to intervene and develop plans and utilize OMH resources to assist children in the OPWDD system with dual issues. Often it was the opinion of the SPOA Committee that respite and crisis services through the OPWDD system would be most useful though the wait list to access these services made it nearly impossible to use.

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

3ff1. Briefly describe the issue and why it is a high need for the populations selected.
As already stated, occasionally OPWDD recipients require respite either because of their own behavioral issues / to allow family a rest. Often there seems to be a shortage of such services available particularly for those who present with the most complex challenges.

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.
While OASAS , DOH and OASAS have come together to work on Medicaid Redesign, OPWDD continues to be seen as an "outlier" in system transformation and representatives are usually not involved in many of the regional and local meetings, which further isolates the needs of the DD population from the needs of groups representative other the other agencies.

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

The most dramatic indicator is Livingston County having the highest suicide rate in the region and the 6 th highest in the state according to county health ranking data.

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

Overall the needs have worsened with primarily because of the opiate epidemic spiraling out of control. The county is located on a main highway that is well known to law enforcement as a major heroine trafficking route.

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.

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

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.

The LGU and Mental Health Clinic merged with the local Public Health department in 2015 allowing for increased collaboration, input and knowledge about the CHIP and CHHA.

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.

Collaboration with GLOW counties regarding managing clinic services in the Medicaid Redesign Process has been ongoing with meetings held on a monthly basis to strategize. Collaboration with GLOW and Monroe regarding utilization of services from Reinvestment Funds occurs on a quarterly basis. Steuben and Chemung counties with CASA as lead agency responded to housing RFP.

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.

yes, as explained in 8.

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

The major areas that were discussed on a regional level were housing and crisis services.

2017 Multiple Disabilities Considerations Form
Livingston County Community Services (70410)
Certified: Michele Anuszkiewicz (6/20/16)

Consult the LSP Guidelines for additional guidance on completing this form.
LGU: Livingston County Community Services (70410)

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 Adult and Youth SPOA Committees identifies and plans services for individuals with multiple disabilities.

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:

Along with the SPOA Committee, The CSB and the CSB Subcommittees meet monthly. The LGU is also a member of the regional Wellness Committee funded by GHVP.

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 SPOAs are often used to resolve disputes. When the SPOA is not sufficient, the LGU can intervene and taking a non judgmental, service delivery focused approach, assist with the collaboration process until resolution is reached.

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:

Implement suicide prevention and awareness activities and increase education to at risk populations.

Progress Report: (optional) *new*

Priority Rank: 1

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new*

☑ The Prevention Agenda 2013-2018
☑ Population Health Improvement Plan (PHIP)

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

Strategy 1.1

Investigate resources and methods for increasing public awareness of suicide warning signs and prevention methods and increase education to at risk populations.
Applicable State Agency: OMH

Strategy 1.2

Collaborate with other county departments (e.g. Public Health, Office for the Aging, Social Services, etc.), agencies (including business and non traditional), SUNY Geneseo and community stakeholders via participation in County Health Improvement Plan's subcommittee for Social and Emotional Wellness.
Applicable State Agency: OMH

Strategy 1.3

Hold annual community events sponsored by the Suicide Task Force such as candlelight vigil, clothesline project, etc. to increase awareness, decrease stigma and foster a community coalition around the issue.
Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 2:

Promote mental health and substance abuse prevention activities, including opiate awareness, for adults and youth/children in Livingston County communities and schools.

Progress Report: (optional) *new*

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
☑ Talk2Prevent

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

Strategy 2.1

Support the Healthy Communities that Care program which will discourage underage alcohol and drug use using a variety of methods, including forming community coalitions to identify needs and advocate for safe attitudes and practices. Programs like the Sheriff's Tipline and Safe Ride to the prom will be promoted. Each community will identify those programs that will promote healthy choices.

Applicable State Agency: OASAS

Strategy 2.2

Collaborate with other county departments (Public Health, Office for the Aging, etc.) and participate in County Health Improvement Plan subcommittee on Social and Emotional Wellness to help develop a county-wide plan to discourage prescription drug misuse.
Applicable State Agency: OASAS

Strategy 2.3

Promote Amnesty Program and assess merits of the program at 6 and 12 month implementation points.
Applicable State Agency: OASAS

Strategy 2.4

Collaborate with other service providers such as Mobile Crisis Team, Suicide Task Force, Public Health to increase awareness of common mental health issues and decrease stigma associated with getting help.
Applicable State Agency: OMH

Strategy 2.5

Collaborate with law enforcement, CASA, Public Health, PCPs, MH agencies and community stakeholders to explore what additional prevention and treatment options are needed to combat opiates such Amnesty Program, opiate progression education, opiate tolerance and OD education, narcan training, jail vivitrol program, etc.
Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 3:

Increase availability of an appropriate range of residential services and income-based housing options.

Progress Report: (optional) *new*

Priority Rank: 3

   Applicable State Agencies: OASAS OMH OPWDD

   Aligned State Initiative: *new*

   Is this priority also a Regional Priority? *new*

Strategy 3.1

Assess and identify specific housing needs for MH, CD and DD populations and work with service providers and community stakeholders to address.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 3.2

Actively support development of housing resources via participation in Livingston County Housing Task Force and regional planning process.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 3.3

Collaborate regionally and with local providers to respond to housing RFPs and grant opportunities.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 3.4

Collaborate with OMH to use future Reinvestment Funds to leverage low income and treatment housing projects.
Applicable State Agency: OMH

Priority Outcome 4:

Enhance the range of outpatient, acute and community support resources in our local MH/CD/DD services system.

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*

Strategy 4.1

Collaborate with OMH on use of future Reinvestment monies to increase crisis housing options.
  Applicable State Agency: OMH

Strategy 4.2

Collaborate with FLPPS on how Medicaid Redesign Funds can be used to increase crisis bed capacity.
  Applicable State Agencies: OASAS OMH OPWDD

Strategy 4.3

Support area behavioral health providers in their efforts to hire additional staff and increase office space to increase provider ratio.
  Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 5:

Increased access to transportation resources and services.

Progress Report: (optional) *new*
The merging of the LATS bus system with the RTS system has not yielded the positive results that the county had hoped. Little has changed in the services that the new Livingston RTS bus system provides so other options continued to be needed.

Priority Rank: 5

  Applicable State Agencies: OASAS OMH OPWDD

  Aligned State Initiative: *new*

☑ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
☑ Adult Medicaid Behavioral Health Managed Care Implementation

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

Strategy 5.1

New county plan for public transportation system is currently under development and will be actively promoted via print materials, clinical meetings, meetings with community stakeholders, posters, etc.
  Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.2

Collaborate with FLPPS on ways to utilize Medicaid Redesign funds to increase RTS services / develop alternate methods of travel.
  Applicable State Agencies: OASAS OMH

Strategy 5.3

Collaborate with OASAS and OMH regarding tele therapy options.
  Applicable State Agencies: OASAS OMH

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 Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson		**Member**	
Name	Dan Fitzpatrick	**Name**	Arnold Matlin
Physician	No	**Physician**	Yes
Psychologist	No	**Psychologist**	No
Represents	Community Member / Fomer DD Provider	**Represents**	Public Health
Term Expires	12/31/2016	**Term Expires**	12/31/2016
eMail		**eMail**	

Member		**Member**	
Name	Brenda Donohue	**Name**	Annmarie Urso
Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	County Board of Supervisors	**Represents**	Education and DD.
Term Expires	12/31/2018	**Term Expires**	12/31/2017
eMail		**eMail**	

Member		**Member**	
Name	Chris Ryder	**Name**	Tracy McCaughey
Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	Chemical Dependency	**Represents**	DSS
Term Expires	12/31/2017	**Term Expires**	12/31/2016
eMail		**eMail**	

Member		**Member**	
Name	Matthew Bean	**Name**	Deb Murtha
Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	Law Enforcement	**Represents**	Mental Health
Term Expires	12/31/2017	**Term Expires**	12/31/2017
eMail		**eMail**	

Member	
Name	Elaine Buzzinotti
Physician	No
Psychologist	Yes
Represents	Community Member
Term Expires	12/31/2017
eMail	

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 crisis apartments have been almost 100 % occupied. - 2 RCE beds - access to Affinity Place peer support services and warm line - MIT - HCBS Regional Collaboration While prevention is inherently hard to measure, it is believed that access to these resources and services have indeed helped to prevent inpatient stays.

2. Please provide any other comments regarding Transformation Plan investments and planning.
Our region has worked very well together with identification of regional needs. We continue to meet regularly to assess implementation of service delivery and fine tune as needed. Locally, it is well known that more crisis beds are needed.

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.