2017
Local Services Plan
For Mental Hygiene Services

Lewis County Community Services Board
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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See attachment

Attachments
• 2016 LCCS Executive summary.docx

2017 Needs Assessment Report
Lewis County Community Services Board (70100)
Certified: Patricia Fralick (6/3/16)

Consult the LSP Guidelines for additional guidance on completing this exercise.
PART A: Local Needs Assessment

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

When assessing the nature and extent of mental hygiene issues and county factors, one begins with noting how rural the county is. The ruralness contributes to transportation issues, availably of services including specialized services and attracting qualified staff to serve the population's needs. It also is a factor when consumers seek services as "everyone knows everyone" and these disabilities continue to have stigmas associated with them. In the 2016 New York State Poverty Report, Lewis County was reported to have a 13.3% poverty rate. Other poverty indicators include: 50% of children are eligible for the free/reduced lunch program, 48% have no health insurance and 44% of families with female head of households live in poverty. Statistics found in the most recent Public Health community health improvement plan note suicide is one of the five causes of premature death. Compared to the state average of 8.1 per 100,000, Lewis county reports twice the state average at 16 per 100,000. When looking at binge drinking rates by adults, Lewis County exceeded the state average by 4.6%. In the 2012 Prevention Needs Assessment, 48% of 12th graders reported using alcohol within the past 30 days. Other risky behavior reported by the 12th graders include binge drinking at 33%, riding in a car with a drunk driver at 26% and driving a car after drinking at 10%.

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.

MENTAL HEALTH: PREVENTION AND RECOVERY NEEDS:Increased capacity in current services,child and adolescent specialized programming and trained staff,improved communication between providers, Specialized programming such as eating disorders and dual diagnosis, Crisis Services, Respite SERVICE NEEDS MET OUTSIDE THE COUNTY: Inpatient psychiatric,neurological and autism spectrum evaluations,TBI,sexual abuse BARRIERS: Transportation,poverty,lack of medical insurance coverage,lack of knowledge regarding available services and how to access them SUBSTANCE ABUSE: PREVENTION AND RECOVERY NEEDS: Detoxification,Inpatient rehabilitation,family support,Medication Assisted Therapy (MAT),crisis services,sober respite SERVICE NEEDS MET OUTSIDE THE COUNTY: Inpatient rehabilitation,Methadone treatment,detoxification, Community Residence/halfway house BARRIERS: Transportation,poverty, lack of medical insurance coverage,lack of knowledge regarding available services and how to access them, MAT prescribers DEVELOPMENTAL DISABILITIES: PREVENTION AND RECOVERY NEEDS: Evaluation and assessment, sufficient staffing to meet the demand for services,family support assistance, crisis services,Sheltered Workshop, services for those who "just miss" eligibility requirements,integrated services for those having multiple issues SERVICE NEEDS MET OUTSIDE OF COUNTY: Autism Spectrum evaluation,specialized services for those identified with TBI and cognitive impairments BARRIERS: Transportation, poverty, confusion regarding service access, lack of knowledge regarding available services and how to access them, siloed approach to care,State Agency regulatory requirements.

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

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
Substance Use Disorder Services:						
a) Prevention Services	○	○	●	○	○	●
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):	○	○	○	○	○	○
Mental Health Services:						
m) Prevention	○	●	○	○	●	○
n) Crisis Services	○	●	○	○	●	○
o) Inpatient Treatment Services	○	●	○	○	●	○
p) Clinic Treatment Services	○	●	○	○	●	○
q) Other Outpatient Services	○	○	●	○	○	●
r) Care Coordination	○	●	○	○	●	○

Service						
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	○	○	●	○	●	○
z) Other (specify):	○	○	○	○	○	○
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 "Workforce Recruitment and Retention" (Question 3j)

3j1. Briefly describe the issue and why it is a high need for the populations selected.
The need for a stable work force is evidenced by the wait lists maintained for needed services. It is difficult to attract psychiatrists or mid level providers to our area. There is turnover in clinical staff as people go from agency to agency seeking better wages and benefits. We also compete with the state and federal agencies for qualified staff.

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

3x1. Briefly describe the issue and why it is a high need for the populations selected.
The need for a stable work force is evidenced by the wait lists maintained for needed services. It is difficult to attract psychiatrists or mid level providers to our area. There is turnover in clinical staff as people go from agency to agency seeking better wages and benefits. We also compete with the state and federal agencies for qualified staff.

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

3pp1. Briefly describe the issue and why it is a high need for the populations selected.
The need for a stable work force is evidenced by the wait lists maintained for needed services. It is difficult to attract psychiatrists or mid level providers to our area. There is turnover in clinical staff as people go from agency to agency seeking better wages and benefits. We also compete with the state and federal agencies for qualified staff.

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 mental health system is still recovering form the privatization of mental health services to contract agencies. It is hard to attract psychiatrists and clinical staff to our area. This leads to positions being open for awhile and staff turnover as they seek jobs in better location or in the state or federal systems. This also creates a consistent wait list for services.

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

Lewis County has seen significant increase in methamphetamine production and use. It is also coping with an increase in opioid use. The local police agency sited 10 overdoses in a short period of time. These concerns roll over into other systems such as child protective services as children are removed from home. Our county has access to outpatient substance abuse treatment and suboxone, however must seek detoxification, rehabilitation and community residence level of care outside of the county. As we have a high poverty rate and many uninsured or under insured, this impacts access to needed treatment.

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

The concern of local access to services and chronic issues with staff attraction, retention and turnover creates long wait lists for services. Lewis County is a rural county with limited transportation and specialized service options. It is also a county with a large aging population (currently 16% of the population is over the age of 65). For DD consumers who rely on family for support, care is impacted by family members aging and dealing with their own health issues.

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

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.

Lewis County Community Service office is in two DSRIP PPS Central New York Care Collaborative and the North Country Initiative. In project planning for identified DSRIP projects, the teams consist of participating counties LGU DCS. Other planning activities include working with members of the CSB and subcommittees which have representatives from local government agencies and non-government organizations.

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.

Lewis County Community Service is in two DSRIP PPS Central New York Care Collaborative and the North Country Initiative. In project planning for identified DSRIP projects, the teams consist of participating counties LGU DCS. Lewis County Community Services is also a member of the Council of Mental Hygiene Directors. The conference has been working on the development and launch of the Regional Planning Consortium. Lewis County DCS is also a member of the Mental Hygiene Planning Committee which has different work groups looking on the IT system and county planning updates.

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

Improving access to behavioral health services, need for qualified clinical providers and prescribers to address long wait lists, need for staff trained in serving children and adolescents, improved services in correctional settings, the value of co-locating services, united front in addressing the Opioid crisis and need for improved transportation options for consumers

Consult the LSP Guidelines for additional guidance on completing this form.
LGU: Lewis County Community Services Board (70100)

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:

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

◉ Yes
○ No

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

The LGU currently is responsible for the Single Point of Access (SPOA) and Single Point of Entry (SPOE) programs in the county. The LGU solicited members of the treatment community and community based organizations to serve on the SPOE/A teams. The teams meet monthly to review the SPOA/E referrals, discuss the case and make recommendations to the consumer. All referred individuals are invited to be part of the process.

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:

There is no formal process to resolve disputes at the local or county level and/or at other levels of organization. Any matters of concern brought to the LGU are shared with the identified parties. Depending on the concern, the goal would be to resolve the issue, communicate results and monitor the solution

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

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

Priority Outcome 1:

Ensure the continuity of care and timely access to services for those residents seeking treatment.

Progress Report: (optional) *new*

Priority Rank: 1

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

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

Strategy 1.1

Improve collaboration and communication between local human service providers to address access and follow through issues within the community.
   Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.2

Improve access to mental health services by offering therapy in primary care offices throughout the county.
   Applicable State Agency: OMH

Strategy 1.3

Increase awareness of private providers and maintain existing professionals practicing in the community.
   Applicable State Agencies: OASAS OMH

Strategy 1.4

Improve care transitions for Lewis County residents re-entering the community after inpatient stays via SPOA/E and referrals to the peer outreach advocate and the SLPC Mobile Integration Team.
   Applicable State Agency: OMH

Strategy 1.5

Identify barriers to access to care (financial, geographic, psychological, etc...) for Lewis County residents and identify ways to reduce/remove those barriers.
   Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.6

Identify supports for families of DD recipients.
   Applicable State Agency: OPWDD

Strategy 1.7

Explore opportunities for the behavioral health clinical community to gain expertise via training in dual diagnosis, child and adolescent, incarcerated and other specialized populations.
   Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.8

Monitor wait lists of contract agencies via agency reporting.
   Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 2:

Improve awareness of suicide risk in community.

Progress Report: (optional) *new*

Priority Rank: 3

   Applicable State Agency: OMH

   Aligned State Initiative: *new*

☑The Prevention Agenda 2013-2018
☑Population Health Improvement Plan (PHIP)
☑Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

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

Strategy 2.1

Increase participation of suicide prevention coalition, including members of community (schools, service providers, hospitals, clergy, law enforcement, survivors). Develop subcommittees of coalition for resource gathering and outreach to community.
   Applicable State Agencies: OASAS OMH OPWDD

Strategy 2.2

Provide education opportunities for community on suicide prevention.
   Applicable State Agency: OMH

Strategy 2.3

Lewis County Suicide Prevention Coalition will participate in OMH/Suicide Prevention Center of NY Coalition Academy.
   Applicable State Agency: OMH

Strategy 2.4

Develop a strategic plan based on local need and county data.
   Applicable State Agency: OMH

Priority Outcome 3:

Advance the understanding of the numerous state initiatives and how it will impact access and county needs.

Progress Report: (optional) *new*

Priority Rank: *Unranked*

   Applicable State Agencies: OASAS OMH OPWDD

   Aligned State Initiative: *new*

☑The Prevention Agenda 2013-2018
☑The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
☑Population Health Improvement Plan (PHIP)
☑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
☑OPWDD People First Transformation

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

Strategy 3.1

Seek out opportunities to further understand Health Home in Lewis County.
   Applicable State Agencies: OASAS OMH

Strategy 3.2

Seek opportunities for further understanding of the Medicaid restructuring and future of the clinic model.
  Applicable State Agencies: OASAS OMH OPWDD

Strategy 3.3

Facilitate opportunities for local stakeholders to increase knowledge and understanding of DSRIP/RPC/Medicaid Managed Care/HARP/PHIP/Health Homes.
  Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 4:

Working with local community based organizations to improve access/choice and utilization of transportation options.

Progress Report: (optional) *new*

Priority Rank: 5

  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 4.1

Facilitate communication between local agencies and local providers of transportation services for the community.
  Applicable State Agencies: OASAS OMH OPWDD

Strategy 4.2

Provide collected survey data to transportation agencies to increase their understanding of community members concerns.
  Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 5:

Work with local and state agencies to increase the community's knowledge of the opioid/heroin crisis , resources and treatment options.

Progress Report: (optional) *new*

Priority Rank: 2

  Applicable State Agency: OASAS

  Aligned State Initiative: *new*

☑ The Prevention Agenda 2013-2018
☑ Combat Heroin and Prescription Drug Abuse

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

Strategy 5.1

Coordinate with local substance abuse/prevention providers arranging community forums.
  Applicable State Agency: OASAS

Strategy 5.2

Obtain and maintain a current list of treatment options for the opioid dependent person.
  Applicable State Agency: OASAS

Strategy 5.3

Facilitate the sharing of related information,training and funding opportunities to local providers.
  Applicable State Agency: OASAS

Strategy 5.4

Support the application for the OASAS family navigator position for our county.
  Applicable State Agency: OASAS

Priority Outcome 6:

Work with county/government and agency stakeholders to develop a plan to attract and retain qualified clinical staff needed to serve our population.

Progress Report: (optional) *new*

Priority Rank: 4

  Applicable State Agencies: OASAS OMH OPWDD

  Aligned State Initiative: *new*

☑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

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

Strategy 6.1

Facilitate meetings and conversations between stakeholders, DSRIP,community foundations,local schools and agency leadership.
  Applicable State Agencies: OASAS OMH OPWDD

Strategy 6.2

Explore funding or state/federal assistance opportunities to bring staff to a rural/under-served area.
  Applicable State Agencies: OASAS OMH OPWDD

Strategy 6.3

Work with local stakeholders to develop a long range plan geared to attract/develop people to the human services field.
  Applicable State Agencies: OASAS OMH OPWDD

Strategy 6.4

Encourage and support collaboration between human services agencies and local schools.
  Applicable State Agencies: OASAS OMH OPWDD

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.

Co-chairperson

Name	Douglas Ort
Physician	No
Psychologist	No
Represents	public representative
Term Expires	12/31/2019
eMail	doug@douglasort.com

Co-chairperson

Name	John Waterhouse
Physician	No
Psychologist	No
Represents	Family
Term Expires	12/31/2019
eMail	johnwaterhouse126@gmail.com

Co-chairperson

Name	Philip McDowell
Physician	No
Psychologist	No
Represents	consumer family public representative
Term Expires	12/31/2016
eMail	pmcdowel@twcny.rr.com

Member

Name	Tom Yousey
Physician	No
Psychologist	No
Represents	consumer family
Term Expires	12/31/2018
eMail	ttlyousey@frontiernet.net

Member

Name	Andrea Moroughan
Physician	No
Psychologist	No
Represents	public representative
Term Expires	12/31/2017
eMail	amoroughan@twcny.rr.com

Member

Name	Jane O'Connor
Physician	No
Psychologist	No
Represents	public representative
Term Expires	12/31/2017
eMail	

Member

Name	Jill Ortlieb
Physician	No
Psychologist	No
Represents	public representative
Term Expires	12/31/2016
eMail	JOrtlieb@lowvilleacademy.org

Member

Name	Shirley Tuttle Malone
Physician	Yes
Psychologist	No
Represents	public representative
Term Expires	12/31/2016
eMail	N/A

Member

Name	Steven Vance
Physician	No
Psychologist	No
Represents	consumer family
Term Expires	12/31/2017
eMail	svance@twcny.rr.com

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.
Lewis County did receive funds from OMH Transformation Plan. These funds were used to implement a peer outreach program. The funds support 1 FTE and was contracted to a local agency. Since implementation, this person has assisted other agencies by being an accessible resource to their patient/consumer population. Some examples of the support include assisting consumers to complete required documents, providing the consumer with information regarding available resources and providing support when consumers are navigating the local care system. This person also attends SPOE meetings and discharge planning meetings at the hospital based inpatient psychiatric unit. Recently, this worker has collaborated with the local behavioral health outpatient services in order to provide support to clients on the waiting list or those recently accepted into treatment.

2. Please provide any other comments regarding Transformation Plan investments and planning.
The county also works with the SLPC mobile integration team (MIT). The Local Government Unit (LGU) has created opportunities for the MIT team to be an active member of the local provider community. This was accomplished by including the team in SPOE/A process, arranging meetings between the team and local providers and by connecting with them in the DSRIP PPS planning meetings.

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.

Patricia Fralick, MBA
Director of Community Services

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Fax: (315) 377-3085

John Waterhouse
Community Services Board Chair

Executive Summary

Lewis County Community Services (LCCS) continues to work with consumers, community based organizations and state/local governments to ensure timely access to needed behavioral health services. The challenge has been the coordination of numerous state and federal initiatives with the needs and culture of our rural community. The Delivery System Reform Incentive Payment (DSRIP) program and efforts of the NYS Medicaid Redesign Team are two initiatives intended to reduce the cost of care while improving patient outcomes. The NYS Medicaid Health Home is intended to support enrollees with chronic/persistent medical and behavioral health conditions. Regional Planning Consortiums are being organized and charged with the purpose of monitoring the implementation of Medicaid Managed Care. These regional boards comprised of consumers, community based organizations, managed care companies and local government units will work in collaboration ensuring consumers get the care they need. The dynamic needs of our consumers require the treatment community to work collaborately in an effort to provide person centered care. Our county recognizes the many challenges and barriers the consumer faces when attempting to get the help they need. These barriers include lack of transportation, high rates of poverty, reduced employment opportunities, medical coverage, access to qualified staff and long wait times for treatment. LCCS, its board and subcommittee members are committed to the improvement of the local behavioral health landscape.

The aforementioned state and federal initiatives are intended to improve care, access and outcomes by shifting from a fee for service reimbursement model to a pay for performance and population health model. In order for this shift to be successful, improved collaboration and communication between the medical community, community based organizations and other needed supports will be the foundation for better consumer health and outcomes. LCCS is in the position to create and support opportunities to assist in the transformation of care.

The enclosed 2017 Local Services Plan, was completed using the LCCS goals and objectives, county specific data and input from members of the local/state government, service providers and community members. The plan identifies the behavioral health needs of our community and how working with our community partners will improve access and quality of available services.

The additional $55,975,000 million in funding for mental hygiene programs in the 2017 NYS budget will offer additional support to address the complex needs of our consumers. Lewis County could certainly benefit from programs/initiatives funded by these dollars: salary/ fringe money intended to offset the impact of changes in minimum wage, crisis intervention teams/diversion programs, Farmnet, children's prevention services and to combat the opioid crisis.

The challenges of serving our behavioral health consumers will continue in 2017. LCCS looks forward to being a change agent, working with our partners to enhance the Lewis County treatment community and the health and wellbeing of our citizens.