

2018  
Local Services Plan  
For Mental Hygiene Services

Genesee County Mental Health Services  
October 31, 2017



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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**2017 Mental Hygiene Executive Summary**  
Genesee County Mental Health Services  
Certified: Ellery Reaves (3/3/17)

The Genesee County Department of Mental Health continues to strive for community based, high quality, person-centered options for persons in our community. These goals will coincide with the major changes anticipated in the New York State shift to Medicaid Managed Care. It is our belief that community based programs holds the key to successful recovery outcomes. We will continue to work with our community partners to make our service delivery system fit the needs of our special populations.

**Mental Hygiene Goals and Objectives Form**  
 Genesee County Mental Health Services (70650)  
 Certified: Ellery Reaves (6/14/17)

**1. Overall Needs Assessment by Population (Required)**

Please explain why or how the overall needs have changed and the results from those changes.

a) Indicate how the level of unmet **mental health service needs**, in general, has changed over the past year:  Improved  Stayed the Same  Worsened

Please Explain:  
 Regional LGU's continue to work towards better service coordination and planning.

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, in general, has changed over the past year:  Improved  Stayed the Same  Worsened

Please Explain:  
 The rural counties of the Western New York region received permission from OASAS to set up a Suboxone clinic. This will greatly assist in patients receiving much needed ongoing assistance.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, in general, has changed in the past year:  Improved  Stayed the Same  Worsened

Please Explain:  
 The Office of Persons with Intellectual Disabilities continues to struggle with the distribution of resources as well as upgrading to managed care.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2a. Housing - Background Information**

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Our goal is to distribute unused treatment beds in Genesee County to the adjacent GLOW Counties. It is our intention to creage a Regional network which will allow substance abuse patients to transition back into the community with needed supports.

**Objective Statement**

Change Over Past 12 Months (Optional)

**2b. Transportation - Background Information**

Do you have a Goal related to addressing this need?  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):  
NYS has taken over all scheduled transportation. This has caused major confusion and disruption to patients accessing care, particularly in the rural counties.

Change Over Past 12 Months (Optional)

**2d. Workforce Recruitment and Retention (service system) - Background Information**

Do you have a Goal related to addressing this need?  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):  
Regulations and restrictions have made working for OPWDD very unappealing to potential recruits.

Change Over Past 12 Months (Optional)

**2j. SUD Outpatient Services - Background Information**

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Genesee County Mental Health, in conjunction with local providers, will contact local physicians and provide information on substance abuse patient treatment needs. This will include suggestions on prescription practices.

**Objective Statement**

Change Over Past 12 Months (Optional)

Genesee County providers are able to script both Suboxone and Vivitrol while a patient is in treatment, however finding a provider to continue scripts post treatment continues to be a barrier. Genesee County substance abuse providers will work with Genesee County Mental Health Services to express this need to both the Regional Office and State Office of OASAS. Genesee County substance abuse providers and Genesee County Mental Health will also use the opportunities for health care expansion through the delivery system reinvestment program (DSRIP).

**2m. Coordination/Integrtion with Other Systems for SUD clients - Background Information**

Do you have a Goal related to addressing this need?  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):  
Finding qualified medical assistance continues to be a challenge in the rural counties.

Change Over Past 12 Months (Optional)

**2r. Developmental Disability Children Services - Background Information**

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

The Office of Mental Health (OMH) & the Office of Persons with Developmental Disabilities (OPWDD) has determined the future treatment model will involve a Managed Care payment structure. The purpose of this new treatment model is to better manage treatment outcomes. Within the operational practices of treatment for persons with mental illness and intellectual disabilities OMH & OPWDD will require therapeutic staff to have a working knowledge of evidence based treatment practices. This will require cross training to be determined by both OMH & OPWDD.

**Objective Statement**

Change Over Past 12 Months (Optional)

**2u. Developmental Disability Respite Services - Background Information**

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

OPWDD has adopted the START Model initiated in New Hampshire. The START Model provides for emergency crisis intervention which may include respite strategies for persons with intellectual disabilities. OPWDD has enhanced its respite opportunity funding with the intent to initiate additional respite options across the State. The START program will assist in linking families to in-home as well as out-of-home options.

**Objective Statement**

**Change Over Past 12 Months (Optional)**

**2aa. Developmental Disability Front Door - Background Information**

Do you have a Goal related to addressing this need?  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):  
OPWDD continues to struggle with introducing persons needing services at the appropriate time of need.

**Change Over Past 12 Months (Optional)**

**3. Goals Based On State Initiatives**

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Other Goals (Optional)**

**Other Goals - Background Information**

Do you have a Goal related to addressing this need?  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

**Change Over Past 12 Months (Optional)**

**Office of Mental Health Agency Planning Survey**  
Genesee County Mental Health Services (70650)  
Certified: Ellery Reaves (3/3/17)

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

**1. For Criminal Procedure Law 730 Chargeback Budgeting:** Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted

Genesee County Mental Health with fiscal assistance from the Genesee County.

Questions regarding the above survey item should be directed to Hank Hren at [hank.hren@omh.ny.gov](mailto:hank.hren@omh.ny.gov) or 518-474-2962.

**2. For Local Administration of the Assisted Outpatient Treatment Program:**

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment.

Our designated AOT Coordinator ensures that petitions are filed for individuals requiring Assisted Outpatient Treatment.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

Designated AOT Coordinator ensures that individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

The Single Point of Access(SPOA) assigns AOT referrals to Genesee County Care Management program.

Questions regarding this survey item should be directed to Rebecca Briney at [Rebecca.Briney@omh.ny.gov](mailto:Rebecca.Briney@omh.ny.gov) or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System, please contact the OASAS Planning Unit at 518-457-5989 or by email at [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov)

**Community Service Board Roster**  
 Genesee County Mental Health Services (70650)  
 Certified: Ellery Reaves (3/3/17)

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

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** Bernadette Bergman  
**Physician** No  
**Psychologist** No  
**Represents** Peer Advocacy  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** Mary Ella Loos  
**Physician** No  
**Psychologist** No  
**Represents** Peer  
**Term Expires** 12/31/2016  
**eMail**

**Member**

**Name** Ernie Haywood  
**Physician** No  
**Psychologist** No  
**Represents** County Resident  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** Pauline Miano  
**Physician** No  
**Psychologist** No  
**Represents** Teacher  
**Term Expires** 12/31/2017  
**eMail**

**Member**

**Name** Ruth Andes  
**Physician** No  
**Psychologist** No  
**Represents** Volunteer  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** James Owen  
**Physician** No  
**Psychologist** No  
**Represents** Volunteer  
**Term Expires** 12/31/2016  
**eMail**

**Member**

**Name** Ruth Spink  
**Physician** No  
**Psychologist** No  
**Represents** County Agency  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** John DeLeo  
**Physician** No  
**Psychologist** No  
**Represents** County Legislature  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** Vernon Saile  
**Physician** No  
**Psychologist** No  
**Represents** Clergy  
**Term Expires** 12/1/2017  
**eMail** vern@northgatefmc.com



**Alcoholism and Substance Abuse Subcommittee Roster**  
 Genesee County Mental Health Services (70650)  
 Certified: Ellery Reaves (3/3/17)

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

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

**Chairperson**

**Name** Mary Ella Loos  
**Represents** Peer & Family  
**eMail** meloos31@rochester.rr.com  
**Is CSB Member** Yes

**Member**

**Name** John Bennett  
**Represents** Provider  
**eMail** jbennett@gcasa.org  
**Is CSB Member** No

**Member**

**Name** Amber Haag  
**Represents** Provider  
**eMail** ahaag@ummc.org  
**Is CSB Member** No

**Member**

**Name** Lisa Glow  
**Represents** Provider  
**eMail** Lglow@horizon-health.org  
**Is CSB Member** No

**Member**

**Name** Nicole Davis  
**Represents** Provider  
**eMail** ndavis@gcasa.org  
**Is CSB Member** No

**Member**

**Name** Angela Angora  
**Represents** Provider  
**eMail** aangora@cazenoviarecovery.org  
**Is CSB Member** No

**Member**

**Name** Ruth Andes  
**Represents** Retired Teacher  
**eMail** REAndes@genesee.edu  
**Is CSB Member** Yes

**Member**

**Name** Pauli Miano  
**Represents** Retired Teacher  
**eMail** pmiano@rochester.rr.com  
**Is CSB Member** Yes

**Mental Health Subcommittee Roster**  
 Genesee County Mental Health Services (70650)  
 Certified: Ellery Reaves (3/3/17)

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

Note: The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

**Chairperson**

**Name** Mary Ella Loos  
**Represents** Peer & Family  
**eMail** meloos31@rochester.rr.com  
**Is CSB Member** Yes

**Member**

**Name** Amber Haag  
**Represents** Provider  
**eMail** ahaag@ummc.org  
**Is CSB Member** No

**Member**

**Name** Ruth Andes  
**Represents** Retired Teacher  
**eMail** REAndes@genesee.edu  
**Is CSB Member** Yes

**Member**

**Name** Gail McKee  
**Represents** Provider  
**eMail** gmckee@restoration-societyinc.org  
**Is CSB Member** No

**Member**

**Name** Holly Baxter  
**Represents** Provider  
**eMail** hbaxter@ywcagenesee.org  
**Is CSB Member** No

**Member**

**Name** John Bennett  
**Represents** Provider  
**eMail** jbennett@gcasa.org  
**Is CSB Member** No

**Member**

**Name** Lisa Glow  
**Represents** Provider  
**eMail** Lglow@horizon-health.org  
**Is CSB Member** No

**Member**

**Name** Michelle McCoy  
**Represents** Provider  
**eMail** mmccoy@depaul.org  
**Is CSB Member** No

**Member**

**Name** Pauli Miano  
**Represents** Retired Teacher  
**eMail** pmiano@rochester.rr.com  
**Is CSB Member** Yes

**Member**

**Name** Thomas Christensen  
**Represents** Provider  
**eMail** tchristensen@mhago.org  
**Is CSB Member** No

**Member**

**Name** Rae Frank  
**Represents** Provider  
**eMail** RFrank@wnyil.org  
**Is CSB Member** No

**Developmental Disabilities Subcommittee Roster**  
 Genesee County Mental Health Services (70650)  
 Certified: Ellery Reaves (3/3/17)

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

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

**Chairperson**

**Name** Pauli Miano  
**Represents** Retired Teacher  
**eMail** pmiano@rochester.rr.com  
**Is CSB Member** Yes

**Member**

**Name** Ernie Haywood  
**Represents** Provider  
**eMail** Ernie.Haywood@lifetimeassistance.org  
**Is CSB Member** Yes

**Member**

**Name** Donna Saskowski  
**Represents** Provider  
**eMail** DSaskowski@GeneseeARC.org  
**Is CSB Member** No

**Member**

**Name** Anne Scherff  
**Represents** Family Advocate  
**eMail** Alscherff@aol.com  
**Is CSB Member** No

**Member**

**Name** Vernon Saile  
**Represents** Clergy  
**eMail** vern@northgatefmc.com  
**Is CSB Member** Yes

**Member**

**Name** David Dodge  
**Represents** Provider  
**eMail** ddodge@wnyil.org  
**Is CSB Member** No

**2017 Mental Hygiene Local Planning Assurance**  
Genesee County Mental Health Services (70650)  
Certified: Ellery Reaves (4/18/17)

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

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 2018 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 2018 Local Services planning process.