



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

# 2019 Local Services Plan For Mental Hygiene Services

Wyoming County Dept. of Mental Health  
August 6, 2019

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Wyoming County Dept. of Mental Health</b>	<b>70420</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
New York State Prevention Agenda Survey	Required	<b>Certified</b>
Office of Mental Health Agency Planning (VBP) Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
Mental Health Subcommittee Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Roster	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**Mental Hygiene Goals and Objectives Form**  
Wyoming County Dept. of Mental Health (70420)  
Certified: Kelly Dryja (6/3/19)

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

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

Please describe any unmet **mental health** service needs that have **improved**:

Spectrum Health and Human Services included Wyoming County in the Certified Community Behavioral Health Clinic services (CCBHC) which started in July 2017. CCBHC services in county include a 24/7 mobile mental health crisis team for adults and children, targeted case management, peer and family support, psychiatric rehabilitation services, and a mobile mental health community team. These services significantly filled gaps in the county delivery system. Continued funding for CCBHC's is a presenting concern.

Peer programing transitioned to an independent not-for-profit Peers Together of Wyoming County which allowed for expansion in hours of programing for Social Club, Peer Wheels, and Thrift Store.

The Mobile Integration Team from Rochester Psychiatric Center continues to provide much needed mobile mental health in the county five days a week.

Wyoming County Veteran Services was awarded Joseph P. Dwyer funding to provide peer to peer activities for veterans. The Mental Health Dept. provides non-clinical support and financial oversight for the funding. This has lead to increased collaboration between the two departments.

Please describe any unmet **mental health** service needs that have **stayed the same**:

Transportation remains an ongoing challenge in a rural county. As does finding and retaining qualified staff. Many county residents live paycheck to paycheck which impacts their ability to become actively engaged in the community, treatment, and service options. High deductibles and high copays are further barriers to individuals obtaining needed behavioral and physical health services.

Please describe any unmet **mental health** service needs that have **worsened**:

Access to child and adolescent inpatient treatment services has been a growing concern for the county. There has been an increase in youth presenting at the local ED waiting days for a bed to become available. In some cases, youth are sent home with minimal treatment due to symptoms subsiding. Changes in child and adolscent service system has also lead to some confusion on how to access services for providers and families.

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

Please describe any unmet **SUD** service needs that have **improved**:

The opioid problem remains a concern in Wyoming County. The county actively participates in a three county Opioid Task Force that received grant funding which has lead to an increase in community OUD education, addressing access to care, improving data collection, peer services, and Naloxone trainings. SOR funding will aid the county in developing a COTI to further improve access to services.

Please describe any unmet **SUD** service needs that have **stayed the same**:

County residents who are in need of inpatient rehabilitation services find a wait for this type of service, always needing to leave the community and sometimes even the state to find an open bed. Providers and Treatment Court Coordinator utilize services of Save the Michael's of the World which has helped to facilitate quicker placements for individuals. The county lacks residential SUD continuum of care services. Transportation remains an ongoing challenge in a rural county. Many county residents live paycheck to paycheck which impacts their ability to become actively engaged in the community, treatment, and service options. High deductibles and high copays are further barriers to individuals obtaining needed behavioral and physical health services.

Please describe any unmet **SUD** service needs that have **worsened**:

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

Please describe any unmet **developmentally disability** service needs that have **improved**:

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

The developmental disability service array is undergoing massive system changes with People First Care Coordination. The hope is that consumers and families are experiencing a seamless transition however organizations and workers report challenges and stress regarding this change.

Please describe any unmet **developmentally disability** service needs that have **worsened**:

Provider agencies report staffing issues persist resulting in reduced or non-existant supports and services for individuals and families. Waitlists for services are long, individuals may be approved for services but it does not mean they are able to receive them. As minimum wage continues

to rise without corresponding increases to DSP pay, staffing vacancies will continue to climb, fewer supports will be provided. One provider reports that they have programs they are unable to staff, waitlist for Respite services is over a year.

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

**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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input 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 type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(After a need issue category is selected, related follow-up questions will display below the table)

**2a. Housing - Background Information**

The Adult SPOA Committee, County Judge, Article 28 Behavioral Health Inpatient Unit, and specialized housing providers report insufficient housing to meet the needs of mental health and substance use disorder clients in the county. Routinely, there is a wait list for the mental health treatment apartments and supported housing programs for mental health and use disorder. The developmental disability speciality housing continues to transition to community-based sites.

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

Develop new housing opportunities in Wyoming County for individuals with mental health, substance abuse and/or developmental disability

diagnosis.

**Objective Statement**

Objective 1: Explore and collaborate with contract agencies in applications for available funding for housing opportunities.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Explore and assess the current housing opportunities for individuals with developmental disabilities.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Develop respite options through collaboration and/or expansion.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

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

Objective #1: The mental health contracted housing agency, Living Opportunities of DePaul broke ground on the Knitting Mill Apartments, a 48-unit housing project in Perry, NY with a projected completion date of December 2019. Twenty-four of the units will be supportive housing. Chemical dependency treatment providers in the area have indicated a willingness to access any available funding for OASAS housing to operate in Wyoming County.

Objective #2: Developmental disability housing is in the process of transitioning from multi-individual housing projects to smaller, community-based, speciality housing. An IRA located in Perry, NY changed capacity from 13 beds to 12 beds and one respite bed to provide for the unmet need of respite for family care homes in the area. Various housing opportunities are available in the county, LGU still does not have a clear picture of what the need is

Objective #3: DSRIP funding supported the development of Respite beds in adjacent county expected to be available in July 2019.

**2b. Transportation - Background Information**

Lack of adequate transportation has historically been a problem in Wyoming County. The public transportation system is limited in operational time and routes offered. The local Department of Social Services and providers reports numerous problems with the medicaid transportation program. The transportation system in place may have to pick clients up hours prior to their appointments and return them home hours after their appointments are completed or clients report that they arrive too late for their appointments. Future of transportation services is in flux in the developmentally disabled service array.

**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

Individuals with Mental Health Disorders and/or Substance Use Disorder will have increased access to transportation services

**Objective Statement**

Objective 1: Collaborate with the transportation systems, other community agencies and County offices to develop creative solutions to decrease the transportation barriers that exist for individuals who lack their own transportation.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Explore creative uses of ride sharing opportunities to decrease transportation barriers.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

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

Objective #1: The Mental Health Department continues to actively participate in meetings and task forces that focus on barriers to transportation and advocate, on a regional and State level, for improved transportation services in all disability areas. SOR funding could possible expand access to transportation, a mobile treatment vehicle is planned to bring services to different locations within the county.

Objective #2: Uber and Lyft have limited availability in the county; medical funding is available for ride-sharing services but continued focus is needed on increasing approved drivers in the area.

**2c. Crisis Services - Background Information**

Until the Subregional Reinvestment in 2014 with the downsizing of the Rochester Psychiatric Center, Wyoming County had no mobile mental health team at all. Currently, the MIT from the Rochester Psychiatric Center operates, on-site, in Wyoming County 5 days per week, from 9 am - 5 pm for adults. Spectrum Health and Human Services mobile crisis line/team continues to be under-utilized within the county.

The NY-START program, which is operational in WNY and has a crisis residential program (short-term) in Dansville for the developmental disabilities population needing crisis services is utilized by some. Continous promotion among families and community agencies is needed. OPWDD Team Leaders from the Western/Finger Lakes Region presented on the services of NY-START at the Developmental Disabilities Subcommittee Meeting in 2018 and representatives from the team continue to attend the subcommittee meetings.

**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

Increase access to crisis services for Wyoming County residents.

**Objective Statement**

Objective 1: Develop and implement a marketing strategy in collaboration with providers to promote the crisis hotline and mobile crisis team.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Support and promote the services of the NY-START program and APIC.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Continue to facilitate Crisis Intervention Team collaboration with law enforcement agencies in the County.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

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

Objective#1: Through encouragement of FLPSS, Genesee, Orleans, and Wyoming County launched a centralized crisis line number. Wyoming County crisis calls are answered by contracted BH/SUD provider Spectrum Human Services. Promotion of this new crisis number has occurred with some increase in calls to the line noted but objective will continue as more promotion is necessary.

Objective #2: LGU continues to promote services of NY-START; team members attended a MH Subcommittee meeting to share about their services. In addition, the APIC team which stands for "Access to Psychiatry Through Intermediate Care" also provides mobile psychiatric interventions and case management for children, adolescents, and young adults with developmental or intellectual disabilities whose needs are not being met by the current system of care. This group presented for providers at the children's Tier II meeting.

Objective #3: Wyoming County was selected to be the recipient of technical assistance to develop a Crisis Intervention Team (CIT) program. Ongoing community collaboration is what is key to the success of the program. This objective will continue as collaboration and education is still needed.

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

Families and agencies report being challenged by having enough trained professionals to provide direct care to individuals with developmental disabilities. The constant change in staff is difficult for individuals and their families.

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

Increase awareness of workforce shortage/waitlist for services in order to advocate for change.

**Objective Statement**

Objective 1: Advocate with consumers, families and agencies, components the State needs to address to support improved recruitment and retention of direct care professionals.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Support direct care work initiatives and explore ways to promote healthcare field

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Monitor waitlists for programs administered by providers

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

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

Provider agencies (ARC Livingston-Wyoming and SASI) provided outreach and advocacy in the BFair2DirectCare initiative in New York State.

**2f. Prevention - Background Information**

Wyoming County has historically had a high suicide rate per capita. The county's Suicide Prevention Coalition is made up of a dedicated group of providers and community members who actively participate in events to raise awareness.

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

Increase implementation of evidenced-based practices and interventions in order to decrease county suicide rate.

**Objective Statement**

Objective 1: Collaborate with the Suicide Prevention Center of NY for implementation of Zero Suicide Initiative

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Provide Talk Saves Lives and/or other suicide prevention education trainings to community

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Research and implement county-wide means restriction initiatives

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

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

The Genesee, Orleans, and Wyoming Suicide Prevention Coalitions received a tri-county, three-year grant award from the SPC-NY for suicide prevention efforts.

## 2h. Recovery and Support Services - Background Information

Wyoming County has disjointed support and recovery services for individuals or families struggling with addiction. It is challenging to navigate the system to access services.

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

Persons in recovery from alcohol and substance abuse, especially high need individuals and their families, will know how to access community-based recovery-focused supports and services.

### Objective Statement

Objective 1: Increase peer support services for people in recovery and their families.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Distribute community resources on how to access services

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

Objective #1: Smart Recovery, a community-based self help group for individuals struggling with addiction and their families, continues to be active in the county. The GOW Opioid Taskforce was awarded a three-year grant from the Great Rochester Health Foundation which provided funding for recovery coaches and to implement policies for CRPA's to respond to local area hospitals. FLPSS provided funding for Spectrum to hire a peer and SOR funding will allow for creation of a COTI which will include additional community peers. Objective # 2 is new.

## 2i. Reducing Stigma - Background Information

There is a general lack of understanding of when and how to access mental health and chemical dependency services within Wyoming County and more education regarding mental health and promotion of mental wellness is needed.

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

Provide Wyoming County residents with access to various forms of educational materials and opportunities in partnership with identified community agencies in order to reduce stigma.

### Objective Statement

Objective 1: Partner with Peers Together of Wyoming County, Wyoming County Community Hospital, local providers, businesses, and schools to offer forums and trainings on mental wellness, coping skills, and how to access MH/SUD services

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Provide Mental Health and Youth Mental Health First Aid Trainings to the community.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Build collaborative relationships with other county departments and agencies to increase awareness of available services

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

Objective #1: Educational opportunities/trainings are offered; need to address barriers to low attendance.

Objective #2: Adult and Youth Mental Health First Aid classes continue to be offered in the county; currently there are four YMHFA certified trainers and two MHFA certified trainers.

Objective #3 is new

## 2k. SUD Residential Treatment Services - Background Information

Wyoming County has no residential programs/services for individuals with substance abuse disorders. Those seeking residential treatment have to go out of the County for services.

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):

The numbers of individuals who need residential services are small compared to larger Counties with larger populations. The need for County residents to access residential treatment for substance abuse disorders should be assessed routinely and regionally discussed.

### Change Over Past 12 Months (Optional)

The county OASAS treatment provider reviewed the proposal and requirements for the OASAS Rehabilitation Services and did not think it was a viable project for the county. They looked at the funding and the requirements and talked to other providers of this level of service and determined they would need to maintain a steady 16 individual's at all times to fiscally even hope to break even. The staffing requirements seem

challenging as well.

## 2l. Heroin and Opioid Programs and Services - Background Information

Heroin and opioid use continues to be a concern in Wyoming County.

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

Individuals with opioid addictions will have greater access to programs and services, locally and regionally.

### Objective Statement

Objective 1: Actively participate in the Genesee, Orleans, and Wyoming (GOW) Opioid Task Force to collaborate regarding the development and facilitation of increased evidence-based treatment programs to address heroin and opioid addiction.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Promote OASAS programs and services available locally and regionally.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

Objective #1: The GOW Opioid Task Force was initiated in the last quarter of 2016 and is ongoing. The Taskforce received a grant that allows for better coordination of the group, increased promotion of educational trainings and print material, in addition to the peer services within the local hospitals. Additional OASAS approved services such as a methadone clinic, Open Access Centers, and increased detox services are or soon will be available in the region to help address the opioid epidemic. SOR funding will aid in creating a COTI in the county. Naloxone (NARCAN) trainings are being offered in the county. And friends and families of those struggling with addiction are provided with NARCAN kits in the hospital if appropriate.

## 2w. Autism Services - Background Information

Access to autism services and sensory-friendly activities has been discussed in the Mental Health and Developmental Disabilities Subcommittees as well as Children's SPOA and Early Intervention meetings as an area where improvement is needed. Most families drive over an hour away to access these specialized services if they have available transportation.

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

Wyoming County residents will have increased knowledge of autism services, sensory-friendly activities and where to access them.

### Objective Statement

Objective 1: The Mental Health Dept., the DD subcommittee and local agencies/schools will disseminate information related to accessing autism services.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: The Mental Health Dept., the DD subcommittee and local agencies/schools will explore options for providing increased sensory-friendly activities for families.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

### Change Over Past 12 Months (Optional)

Objective #1: Informational trainings have been offered in the local community by various OPWDD providers; data regarding attendance at this trainings needs further evaluation.

Objective #2: There has been an increased effort in offering sensory-friendly activities including story-hour at a local library, movie showings at a local theater, and a local restaurant offering sensory-friendly eating accommodations to families. Early intervention provider presented to DD Subcommittee on county-wide efforts to increase family's access to sensory-friendly activities. Local state park is creating an Autism Nature Trail.

## 2y. Developmental Disability Care Coordination - Background Information

Providers report challenges in regards to CCO transition and gaps in service delivery, communication, technology and funding.

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

Monitor care coordination transition to ensure improvement in quality of service individuals are receiving.

### Objective Statement

Objective 1: Have CCO in county attend DD Subcommittee meetings to report on progress and barriers experienced

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD



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

Person Centered Services, Inc. attended a DD Subcommittee to introduce services; follow-up attendance is needed.

**2ac. Adverse Childhood Experiences (ACEs) (NEW) - Background Information**

There is a growing interest for education in the provider sector around trauma and adverse childhood experiences (ACES) and its relation to mental health and substance abuse issues.

**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

Create a culture that is consistently trauma-informed and sensitive to those in need of, and provided services in Wyoming County.

**Objective Statement**

Objective 1: Explore trauma-informed care initiatives, trainings, and evidenced-based interventions; offer to service providers in the community.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

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

Objective #1: The county has formed a trauma-informed workgroup made up of service providers. Various trauma-informed care and resilience themed trainings have been offered in the county. Contracted agencies also indicate that employees are provided trauma-informed trainings in addition to county-offered trainings.

**New York State Prevention Agenda Survey**  
Wyoming County Dept. of Mental Health (70420)  
Certified: Kelly Dryja (5/31/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

**Background**

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

**Questions**

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

- No
- Yes, please explain:

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

**Focus Area 1: Promote Well-Being**

**Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan**

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

**Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages**

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

**Focus Area 2: Mental and Substance Use Disorders Prevention**

**Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults**

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration
- 2.1 e) Other

**Goal 2.2 Prevent opioid overdose deaths**

- 2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- 2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- 2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- 2.2 d) Build support systems to care for opioid users or those at risk of an overdose
- 2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
- 2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy
- 2.2 g) Other

**Goal 2.3 Prevent and address adverse childhood experiences (ACEs)**

- 2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting
- 2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration
- 2.3 c) Implement evidence-based home visiting programs
- 2.3 d) Other

**Goal 2.4 Reduce the prevalence of major depressive disorders**

- 2.4 a) Strengthen resources for families and caregivers
- 2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC\_CBT)
- 2.4 d) Other

**Goal 2.5 Prevent suicides**

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care "Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

**Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population**

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

- No
- Yes, please explain:

The LGU is actively involved with the Genesee, Orleans, and Wyoming Opioid Task Force, facilitates the county Suicide Prevention Coalition and SUD prevention coalition Partners 4 Prevention.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

- No
- Yes, please explain:

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

- No
- Yes, please explain:

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

- No
- Yes, please explain:

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

- No
  - Yes, please explain:
- Not sure at this point

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

- No
- Yes, please explain:

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Un/Underemployment and Job Insecurity       | <input checked="" type="checkbox"/> Poor Education                 |
| <input checked="" type="checkbox"/> Food Insecurity                             | <input checked="" type="checkbox"/> Poverty/Income Inequality      |
| <input type="checkbox"/> Adverse Features of the Built Environment              | <input checked="" type="checkbox"/> Adverse Early Life Experiences |
| <input checked="" type="checkbox"/> Housing Instability or Poor Housing Quality | <input checked="" type="checkbox"/> Poor Access to Transportation  |
| <input checked="" type="checkbox"/> Discrimination/Social Exclusion             | <input type="checkbox"/> Other                                     |

Please describe your efforts in addressing the selections above:  
County contracted agencies identified the above social determinants that they are addressing in the community.

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

- a)  No  Yes

b) If yes, please list

Title of training(s): Trauma Informed Care TF-CBT DBT Trauma Systems Therapy ACE's / Resilience  
How many hours: varies  
Target audience for training: clinical & direct staff; service providers  
Estimate number trained in one year: 75

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

- No
- Yes, please provide examples:

**Office of Mental Health Agency Planning (VBP) Survey**  
Wyoming County Dept. of Mental Health (70420)  
Certified: Kelly Dryja (5/30/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or [Melissa.Staats@omh.ny.gov](mailto:Melissa.Staats@omh.ny.gov)

**Background**

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

**DSRIP serves as a bridge to value-based payment in New York State.**

DOH website

**DSRIP Performing Provider Systems (PPS)**

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

**DSRIP Project Lists**

New York State Delivery System Reform Incentive Payment Program Project Toolkit  
DSRIP Performing Provider Systems (PPS Statewide)

**Value Based Payment (VBP) - Reduce Costs/Improve Quality**

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

**NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program**

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

**Questions**

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

- a)  Yes  No

b) Please provide more information:

Through the local PPS attention was given to gap closure and service expansion of central triage, mobile crisis services, and crisis beds/residence specific to NOCN community crisis stabilization needs.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

- a)  Yes  No

b) Please explain:

PPS projects were established directly with behavioral health providers not the LGU so LGU has not been a part of sustainability discussions.

3. Are there any behavioral health providers in your county in VBP arrangements?

- a)  Yes  No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

At least one behavioral health provider in the county is a lead entity of the Value Network independent practice association (IPA) and has participated in DSRIP Initiative Projects.

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

- a)  Yes  No

b) Please explain:

5. Is the LGU aware of the development of In-Lieu of proposals?

a)  Yes  No

b) Please explain:

The LGU does not know what an In-Lieu of proposal is

6. Can your LGU support the BHCC planning process?

a)  Yes  No

b) Please explain:

The County does not provide direct services but the Value Network BHCC has included the LGU in meetings.

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a)  Yes  No

b) Please explain:

The LGU does not provide direct services but outcome data is collected from contracted agencies on a quarterly basis. Most of the contracted providers have EMR systems and are trying to prepare for VBP.

**Community Service Board Roster**  
 Wyoming County Dept. of Mental Health (70420)  
 Certified: Kelly Dryja (5/30/19)

**Note:**

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.

<b>Name:</b> Gordon Lew	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> GordonLew@frontier.com
<b>Name:</b> James Foley	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family	<b>Term Expires:</b> 12/2022	<b>Email Address:</b>
<b>Name:</b> James Conway	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> jcon2934@gmail.com
<b>Name:</b> Andrea Aldinger	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Office for the Aging	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> aaldinger@wyomingco.net
<b>Name:</b> Rebecca Ryan	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Board of Supervisors	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> bryan@wyomingco.net
<b>Name:</b> Kathy Blakeslee	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> kblakeslee@hotmail.com
<b>Name:</b> Gretchen Jackson	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> gjackson@starbridgeinc.org
<b>Name:</b> James Rutkowski	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> jrutkowski1@rochester.rr.com
<b>Name:</b> Kimberley Barber	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> D.S.S.	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> Kimberley.Barber@dfa.state.ny.us

Indicate the number of mental health subcommittee members who are or were consumers of mental health services:

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

**Alcoholism and Substance Abuse Subcommittee Roster**  
Wyoming County Dept. of Mental Health (70420)  
Certified: Kelly Dryja (5/30/19)

**Note:**

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.

<b>Name:</b> Joan Kibler	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Probation Dept.	<b>Email Address:</b> jkibler@wyomingco.net
<b>Name:</b> Julianne Calvert	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Public Representative	<b>Email Address:</b> Julianne.Calvert@RoswellPark.org
<b>Name:</b> Kimberley Barber	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> D.S.S.	<b>Email Address:</b> Kimberley.Barber@dfa.state.ny.us
<b>Name:</b> Andrea Aldinger	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Office for the Aging	<b>Email Address:</b> aaldinger@wyomingco.net
<b>Name:</b> Vincent Hemming	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> D.A. Office	<b>Email Address:</b> vhemming@wyomingco.net
<b>Name:</b> James Messe	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Treatment Court	<b>Email Address:</b> jmesse@nycourts.gov
<b>Name:</b> Ivan Carrasquillo	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Sheriff's Department	<b>Email Address:</b> icarrasquillo@wyomingco.net
<b>Name:</b> Rebecca Demuth	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Public Health	<b>Email Address:</b> rdemuth@wyomingco.net
<b>Name:</b> Justin Chernogorec	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> National Guard	<b>Email Address:</b> justin.l.chernogorec.mil@mail.mil



**Mental Health Subcommittee Roster**  
 Wyoming County Dept. of Mental Health (70420)  
 Certified: Kelly Dryja (5/30/19)  
 Approved: Kelly Dryja (5/30/19)

**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.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

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.

<b>Name:</b> James Conway	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> jcon2934@gmail.com
<b>Name:</b> Gordon Lew	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> gordonlew@frontier.com
<b>Name:</b> Lisa Harvey	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Veteran's Services/Family	<b>Email Address:</b> lharvey@wyomingco.net
<b>Name:</b> Lisa Gricius	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community/Family	<b>Email Address:</b> lisagricius@yahoo.com
<b>Name:</b> Erin Robinson	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> erobinson@pls-net.org
<b>Name:</b> Peter Hoffmeister	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Public Representative	<b>Email Address:</b> warsaw.police@rochester.rr.com
<b>Name:</b> Kathy Blakeslee	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family	<b>Email Address:</b> kblakeslee@hotmail.com
<b>Name:</b> Angela Milillo	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Department of Social Services	<b>Email Address:</b> amilillo@wyomingco.net
<b>Name:</b> Rebecca Ryan	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Board of Supervisors	<b>Email Address:</b> rryan@wyomingco.net

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

**Developmental Disabilities Subcommittee Roster**  
Wyoming County Dept. of Mental Health (70420)  
Certified: Kelly Dryja (5/30/19)

**Note:**

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.

<b>Name:</b> Gretchen Jackson	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Family	<b>Email Address:</b> gjackson@starbridgeinc.org
<b>Name:</b> Michelle Beyer	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family	<b>Email Address:</b> mbeyer@hillside.com
<b>Name:</b> Karen Duboy	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family	<b>Email Address:</b> Karen.Duboy@dfa.state.ny.us
<b>Name:</b> Karen Gustina	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> kgustina@sasinc.org
<b>Name:</b> Vanessa McCormick	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b>
<b>Name:</b> James Rutkowski	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> jrutkowski1@rochester.rr.com
<b>Name:</b> James Foley	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family	<b>Email Address:</b> n/a
<b>Name:</b> Martin Miskell	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b> mmiskell@lwarc.org
<b>Name:</b> Jen Claud	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community/Family	<b>Email Address:</b> jiclaud@TWC.com

**2020 Mental Hygiene Local Planning Assurance**  
Wyoming County Dept. of Mental Health (70420)  
Certified: Kelly Dryja (6/3/19)

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 2020 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 2020 Local Services planning process.