

2017
Local Services Plan
For Mental Hygiene Services

Warren/Washington County Community Services
August 17, 2016



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
Warren County Community Services
Certified: Carrie Wright (6/15/16)

The Office of Community Services has invited the input and suggestions of our local agencies in order to reflect the true needs and challenges of our community in this dynamic time in healthcare. Through this process there were a number of key areas that were identified as gaps in services with the primary concern being access to timely supports and services, particularly in regards to outpatient behavioral health services. Another top priority identified was that of community prevention around substance use and mental health initiatives. Our two counties have suffered many tragic losses due to the growing opiate crisis. The local agency that provides many of these services is small compared to the breadth of services they provide across multiple systems of care, making it difficult to access all the systems of care and diverse needs of such a large contingency.

Integrated models of care and innovative ways to implement these models are continuously being explored with our local PPS, Adirondack Health Institute. The Office of Community Services continues to work with the PPS on several regional collaborations such as DSRIP and PHIP to ensure that our community voice is heard as healthcare continues to transform. Our local providers have embraced the challenges and are moving forward from navigating the contract management process with MCO's to participating in regional and multi-stakeholder meetings to determine what will be necessary of them to remain successful during such vast and rapid changes within our healthcare delivery systems.

2017 Needs Assessment Report
 Warren County Community Services (70220)
 Certified: Robert York (6/14/16)

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.

Warren and Washington Counties are primarily rural counties located in Northeastern New York State. The two counties have a combined population of approximately 130,000 residents. Warren County encompasses approximately 940 square miles, including a portion of the Adirondack Park. Residents in Warren County are employed in higher percentages of service, retail and tourism-related occupations than the national average. Washington County covers an area of approximately 835 square miles. Its residents are employed in higher percentages in agricultural industries, service occupations, manufacturing and transportation than is typical nationwide. In addition, significantly more residents are self-employed in Washington County than is typical across the country. Both Warren and Washington Counties have a higher percentage of residents, compared to statewide percentages, who are aged 65 and older and higher percentages of residents who are disabled. Both Warren and Washington Counties have lower than statewide percentages of residents with an education level of an Associate's degree or higher, and lower Median Household income. Washington County has higher than statewide percentage of residents, compared to Upstate Counties, living below 138% of FPL, living below 200% of FPL, uninsured and Medicaid recipients. Both Warren and Washington Counties have significantly higher than statewide rates of completed suicide. There is very limited public transportation and a shortage of medical and behavioral health workforce to meet with needs of the population. These factors, combined with the rural nature of both counties, contribute to multiple challenges to the delivery of services, such as a culture of self-sufficiency, hesitancy on the part of residents to seek behavioral health care in traditional ways, and employment opportunities that are often seasonal and lack health benefits. Our counties have seen an increase in prescription drug abuse, heroin abuse and opiate overdose deaths over the past few years. With major traffic corridors (I-87 Northway—north from NYC to Canadian border and St. Rt. 149—East to Vermont) running through our Counties, we have seen a significant increase in drug trafficking and related issues over the same period. In terms of issues related to developmental/intellectual disabilities, our Counties have experienced difficulty meeting the housing, employment and behavioral health needs of these residents. Our Counties continue to see increasing numbers of families seeking autism-related services and supports. Providers have indicated difficulty getting insurance approvals to provide assessments for eligibility determinations. The needs of individuals with developmental disabilities/intellectual disabilities and families are not well addressed under the current DSRIP or other regional healthcare planning structures. DATA SOURCES: CLMHD Portal, NYS DOH website, Health Data NY

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.

Our counties continue to experience significant gaps in service needs across all three disability areas. We have attempted to prioritize and highlight the most significant need areas and service gaps in our 2017 Priority Outcomes Form. We continue to work with the local PPS and participate in regional collaborations to ensure that we are well positioned to provide a wide array of integrated services within the two counties. Access to outpatient treatment for both children and adults continues to be our most challenging issue, with individuals not being able to access outpatient treatment providers in a timely manner. Difficulty recruiting and retaining qualified staff continues to be a challenge in our area, as well as maintaining an appropriate number of prescribers, particularly in the arena of child and adolescent psychiatry. Transportation is also an area that is lacking in our communities due in part to the rural nature of the two counties. This creates a significant barrier when it comes to individuals and their ability to engage in services. Timely access to in-patient services for children and youth continues to be problematic, as neither county has in-patient beds for this population. This results in children and youth being held in the emergency room while awaiting transfer to an appropriate facility. Our communities are lacking in the availability of services for transition-age youth, as this population is facing the burdensome task of crossing over into the adult system of care. The disparity in the definition of transition-age youth and the adult system makes it increasingly difficult to bridge care, as transition-age youth are eligible for adult services at age 18, however the youth system may be able to provide services up to the age of 21. The growing heroin and opiate crisis continues to be the most pressing issue in the arena of substance use disorders. The Council for Prevention has led the local Hometown vs. Heroin Coalition, which continues to gain momentum and bring community awareness to the crisis however there is a lack of outpatient services and medically assisted treatment available to appropriately deal with the growing need. There are additional gaps in our ability to meet the demands for prevention services. Our local Council for Prevention has demonstrated a willingness to add programs and services to address the community requests but they need additional resources/staff to do so. Mental health awareness/education and suicide prevention are a continued priority as there is higher than statewide rate of completed suicide in both Warren and Washington County. With regard to Developmental Disabilities, significant needs and gaps exist in relation to housing and eligibility services. The provider system is also adapting to the rapid changes in healthcare and Medicaid Redesign. There is also a significant upward trend in this population of individuals with dual-diagnosis and autism, creating the need for more integrated and supportive services within this system. The capacity for eligibility determinations needs to be examined as well as the array of services that are available to meet the complex needs of these individuals. DATA SOURCES: CLMHD PORTAL, NYS DOH website, Health Data NY, OPWDD 5.07 Plan

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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d) Opioid Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Residential Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g) Housing.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
h) Transportation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Other Recovery Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

j) Workforce Recruitment and Retention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Coordination/Integration with Other Systems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
l) Other (specify):	<input type="radio"/>					
Mental Health Services:						
m) Prevention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
n) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
p) Clinic Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
r) Care Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
s) HARP HCBS Services (Adult)				<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
t) HCBS Waiver Services (Children)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			
u) Other Recovery and Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
v) Housing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
w) Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
y) Coordination/Integration with Other Systems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
z) Other (specify):	<input type="radio"/>					
Developmental Disability Services:						
aa) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
bb) Clinical Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
cc) Children Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
dd) Adult Services				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ff) Respite Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
gg) Family Supports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ii) Autism Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
jj) Person Centered Planning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
kk) Residential Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ll) Front Door	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
mm) Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
nn) Service Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
oo) Employment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
pp) Workforce Recruitment and Retention.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
qq) Coordination/Integration with Other Systems.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
rr) Other (specify):	<input type="radio"/>					

Follow-up Questions to "Prevention Services" (Question 3a)

3a1. Briefly describe the issue and why it is a high need for the populations selected.

We presently have one primary prevention agency that is currently stretched thin. The Council provides a large variety of evidenced based programming for the schools and community at large. Unfortunately they are underfunded and having a difficult time growing the agency without the appropriate fiscal support.

Follow-up Questions to "Opioid Treatment Services" (Question 3d)

3d1. Briefly describe the issue and why it is a high need for the populations selected.

We presently have three outpatient providers, one of which is looking to expand into Washington County. With the location of Warren and Washington Counties being situated between major roadways in Vermont, Albany and Canada, the opioid crisis continues to grow beyond our capacity to provide timely services. Our providers also have limited potential to provide medically assisted treatment to these individuals.

Follow-up Questions to "Outpatient Treatment Services" (Question 3e)

3e1. Briefly describe the issue and why it is a high need for the populations selected.
We have a higher need for services than our local outpatient SUD clinics can provide. One of our providers is presently exploring another clinic location in Washington County as they have presently outgrown their space.

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

3h1. Briefly describe the issue and why it is a high need for the populations selected.
A large portion of our counties are situated in very rural areas. Coupled with the high level of poverty and a lack of public transportation, this makes it difficult for individuals to access and engage in treatment.

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.
Due to the fact that our counties are located in a rather rural region, it appears to be more difficult to attract and retain well qualified professionals.

Follow-up Questions to "Prevention" (Question 3m)

3m1. Briefly describe the issue and why it is a high need for the populations selected.
Our Local Prevention Services provider, The Council for Prevention, is stretched very thin. They continue to provide a high level of substance abuse and mental-health related prevention services in attempt to help meet the needs of the community. The mental health prevention services they provide do not include the cost of having to utilize one of their prevention coordinators to provide the training.

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

3p1. Briefly describe the issue and why it is a high need for the populations selected.
Timely access to outpatient mental health services for both children and adults continues to be an issue in our community. This is true for individuals as well as families that may be seeking services directly. There are long wait lists for appointments, which lessen the likelihood of individual engagement.

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

3w1. Briefly describe the issue and why it is a high need for the populations selected.
A large portion of our counties are situated in very rural areas. This coupled with the high level of poverty and a lack of public transportation makes it difficult for individuals to access in and remain engaged in treatment.

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.
Due to the fact that our counties are located in a rather rural region, it appears to be more difficult to attract and retain well qualified professionals

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

3mm1. Briefly describe the issue and why it is a high need for the populations selected.
A large portion of our counties are situated in very rural areas. Coupled with the high level of poverty and a lack of public transportation, this makes it difficult for individuals to access and engage in treatment.

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.
Due to the fact that our counties are located in a rather rural region, it appears to be more difficult to attract and retain well qualified professionals.

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.

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

Parsons Children and Family Services have been successful in a regional collaboration that has brought a children and youth mobile crisis teams to the two counties, as well as an adult mobile crisis team for adults that have a forensic history or a history of state psychiatric hospitalization.

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

The opiate crisis continues to grow. Our communities have suffered a number of tragic losses and they don't appear to be slowing.

6. How have the overall needs of the **developmentally disabled** population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

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

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

7. In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?

- a. Yes
- b. No

7a. Briefly describe those planning activities with your Local Health Department.

Local PHIP partnerships; Rural Health Network meetings.

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.

We have been in local and regional planning meetings with AHI, our local PPS. They have been organizing both our PHIP and DSRIP initiatives. We are presently engaged with AHI and additional agencies on the DSRIP crisis stabilization project.

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.

Rensselaer, Schenectady, Saratoga, Warren and Washington Counties share a 5-County Adult Mobile Crisis Service, operated by Northern Rivers/Parsons Child and Family Center. Saratoga, Warren and Washington share a tri-county Children and Youth Mobile Crisis Service, operated by Northern Rivers/Parsons Child and Family Center; and tri-county Youth Crisis Respite Services, provided by Wait House. There are intermunicipal agreements among the counties detailing these collaborations. Clinton, Essex, Franklin, Hamilton, Warren and Washington are currently collaborating around the development and pending launch of the Regional Planning Consortiums (RPCs), which will be regional multi-stakeholder groups charged with planning, monitoring and problem-solving responsibilities for the populations we serve through the transition to Medicaid Managed Care and a Value-Based Payment system. Although The RPCs are just preparing to launch, a great deal of collaborative planning has occurred over the past year in preparation for this. The Director of Community Services for Warren and Washington Counties also attends monthly meetings with the Commissioners/Directors of Community Services from other Counties in the upper portion of the OMH Hudson River Region (Schoharie, Columbia, Greene, Albany, Rensselaer, Schenectady, and Saratoga). Periodic meetings also occur with the Commissioners/Directors of Community Services from Clinton, Essex, Franklin, Hamilton, St. Lawrence, Jefferson, Warren and Washington Counties. Identification and discussion of common needs across the region are often agenda items at these meetings.

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

Yes, some common identified needs include need for improved crisis services, including development and expansion of mobile crisis services; supporting both our clientele and the service system through Medicaid reform and system transformation initiatives to ensure a robust, accessible system exists to provide needed services that improve people's lives; workforce issues, particularly specialty prescribers, including child psychiatry and NPPs; transportation barriers in rural counties; timely access to services; need for increased prevention/awareness services, both for behavioral health and substance abuse; access to appropriate housing options; an increase in aging and more medically complicated individuals in need of new service options.

2017 Multiple Disabilities Considerations Form
Warren County Community Services (70220)
Certified: Carrie Wright (5/26/16)

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

LGU: Warren County Community Services (70220)

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

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

- Yes
 No

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

The component within the Local Governmental Unit most likely to identify unmet needs related to individuals with multiple disabilities is the Single Point of Access (SPOA). This occurs through the routine SPOA process of reviewing applications for behavioral health care management/coordination and residential services. Although the SPOA process was not necessarily designed to specifically perform this function, it often does this for those individuals with multiple disabilities that also have high service needs.

Through contractual services with the Warren-Washington Association for Mental Health Inc., we also have a Dual Recovery Coordinator in our counties who has developed a Dual Recovery Program for individuals with co-occurring mental illness and substance abuse disorders. The program features care management/coordination, support groups, sober social activities and consultations (on a limited basis) to various community programs, county departments and the courts. This program has been instrumental in the process of developing a Housing First residence locally that houses homeless individuals, many of whom have co-occurring disorders.

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:

Each Subcommittee of the Community Services Board (mental health, developmental disabilities, chemical dependency and children's services) addresses these issues at their quarterly meetings throughout the year. The subcommittees have consistently identified the need for improved coordination and collaboration across systems to improve services for persons with multiple disabilities.

During the year, we bring together our Mental Health and Chemical Dependency Subcommittees, as well as our Mental Health and Developmentally Disabilities Subcommittees for joint-meetings. The purpose and agenda of these meetings includes reviewing the local system of care for individuals with multiple disabilities (MH/CD, MH/DD). This offers an opportunity for local planning through the established LGU planning structure.

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

- Yes
 No

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

The Office of Community Services (OCS), which is the "LGU" for both counties, regularly holds case conferences concerning situations in which individuals are experiencing systemic barriers to receiving appropriate services. The OCS advocates for individuals and mediates between systems and providers in these situations. Through contractual services with the Behavioral Health Services of the Glens Falls Hospital, our Coordinated Children's Services Initiative (CCSI) also provides a structure and process for mediating differences in regard to serving children and youth, some of whom have co-occurring mental illness, developmental disability, and/or chemical dependency.

Mental Hygiene Priority Outcomes Form
Warren County Community Services (70220)
Plan Year: 2017
Certified: Carrie Wright (6/15/16)

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

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

Priority Outcome 1:

Individuals will have timely access to flexible, appropriate supports and services to meet individualized needs..

Progress Report: (optional) **new*

Priority Rank: 1

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
- OPWDD People First Transformation

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

Strategy 1.1

Providers in the community will explore development of appropriate "transition age" services. Young adults with developmental disabilities who are transitioning from school to work need appropriate supports and services to succeed. The same is true for young adults with behavioral healthcare needs.

Applicable State Agencies: OMH OPWDD

Strategy 1.2

The Office of Community Services and the Community Services Boards will review and determine an appropriate reporting mechanism to measure service efficacy and accessibility of our local service providers across all three disability areas.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.3

The Office of Community Services and the Community Services Boards, through the developmental disabilities subcommittee, will examine autism service gaps and make recommendations regarding need and potential solutions.

Applicable State Agency: OPWDD

Strategy 1.4

The Office of Community Services will collaborate with the Adirondack Glens Falls Transportation Council to explore possibilities for expanding transportation options in the more rural areas of our communities.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.5

The Developmental Disabilities Subcommittee of the Community Services Board will review the continuum of vocational services within the community and make recommendations regarding need. This will include ongoing integrated employment capacity, pre-vocational services and supported employment.

Applicable State Agencies: OMH OPWDD

Strategy 1.6

The Office of Community Services, through the Mental Health and Chemical Dependency Subcommittees, will explore options for improved clinic operational processes as well as the expansion of out-patient clinic services to under-served areas of our two counties.

Applicable State Agencies: OASAS OMH

Strategy 1.7

The Office of Community Services, together with local and regional providers, will pursue development of outpatient mental health clinic services within school settings.

Applicable State Agency: OMH

Strategy 1.8

The Office of Community Services will encourage local providers to collaborate in order to exchange ideas and resources regarding the implementation of effective strategies to address the challenge of professional workforce recruitment.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.9

Local outpatient clinic providers will explore development of "open access" models and improved clinic operational processes to improve access to outpatient services.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.10

Local providers will explore implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT) in various settings as an evidenced-based practice to identify, reduce and prevent problematic substance abuse.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 2:

Expand substance abuse and mental health prevention, intervention and post-vention services that are community-based and culturally-linguistically competent. education services will be expanded.

Progress Report: (optional) **new*

Presently, the heroin and opiate crisis are the most substantial problem facing our local communities. The local stakeholder group, Hometown vs. Heroin and Addiction has done a wonderful job at bringing a large variety of service providers and community members together to discuss specific strategies for continued public education and awareness. Their success has gained momentum and now has branched off into another sub-committee to specifically address neo-natal abstinence syndrome. The Hometown vs. Heroin group has done innovative and crucial work around developing specialized prevention and treatment efforts, which has allowed a more robust multi-stakeholder impact in order to further decrease opiate abuse and lessen the resulting negative impacts of this crisis. There continues to be a need to build upon the progress we have seen in recent years in the prevention arena. The Council for Prevention has been very responsive in addressing an increased demand for services and has recently added the evidence based program, Mental Health First Aid. In addition, there is an awareness that efforts need to be further integrated to address both substance abuse and mental health issues in a more comprehensive and sustainable manner.

Priority Rank: 2

Applicable State Agencies: OASAS OMH

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)

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

Strategy 2.1

The Office of Community Services and the Community Services Boards will work with the Council for Prevention and other community stakeholders through the "Hometown vs. Heroin and Addiction" task force to advance specific heroin/opiate abuse prevention strategies in the community.

Applicable State Agencies: OASAS OMH

Strategy 2.2

The Council for Prevention will provide "cross-system" training and education opportunities.

Applicable State Agencies: OASAS OMH

Strategy 2.3

The Adirondack Health Institute's Delivery System Reform Incentive Payment Program (DSRIP) Domain 4 project, "Strengthening Mental Health and Substance Abuse Infrastructure Across Systems", or some components thereof, will be implemented.

Applicable State Agencies: OASAS OMH

Strategy 2.4

The Office of Community Services will work with the Council for Prevention to identify and advance strategies to reduce the suicide rates in Warren and Washington counties.

Applicable State Agencies: OASAS OMH

Strategy 2.5

The Council for Prevention will expand school and community-based behavioral health prevention services.

Applicable State Agency: OMH

Strategy 2.6

The Office of Community Services, together with the Council for Prevention, will identify sustainable funding streams to support cross-system prevention and education efforts.

Applicable State Agencies: OASAS OMH

Priority Outcome 3:

Integrated models of care that incorporate strength-based approaches and trauma-informed care will be developed and implemented.

Progress Report: (optional) **new*

DSRIP has presented new opportunities to advance the integration of behavioral health and primary care services. Our local PPS, Adirondack Health Institute, is working with a variety of stakeholders to advance these projects. The Office of Community Services is presently involved in the crisis stabilization project with several of our local behavioral and substance abuse providers. The Office of Community Services continues to encourage and support the continued integration of mental health, chemical dependency and primary care services, as well as services for those individuals with co-occurring behavioral health and/or developmental disabilities.

Priority Rank: 3

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
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse
- OPWDD People First Transformation

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

Strategy 3.1

The Office of Community Services will encourage and support additional opportunities for integration of behavioral health services in primary care settings.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 3.2

The Adirondack Health Institute's Delivery System Reform Incentive Payment (DSRIP) crisis stabilization project, or components thereof, will be implemented, including bi-directional integration among several community providers.

Applicable State Agencies: OASAS OMH

Strategy 3.3

The Office of Community Services will participate in various planning meetings with the North Country Regional Planning Consortium, Adirondack Rural Health Network and Adirondack Health Institute's Population Health Improvement Plan (PHIP), among others throughout 2017.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 4:

Service options for individuals in crisis will be developed/expanded. Crisis services will be person-centered and family-driven.

Progress Report: (optional) **new*

While there is still an over-reliance on the Glens Falls Hospital Emergency Care Center, The Office of Community Services for Warren and Washington Counties has seen the expansion of several new crisis services in our two county area. Parsons Child and Family Center/Northern Rivers Family Services now has mobile crisis services available in both Warren and Washington Counties for children and adults. The adult team is looking to expand their criteria as they become busier and are more visible in the community. People, Inc. has also been a good community resource, providing short-term crisis respite/diversion services for individuals experiencing psychiatric symptoms. They received several hundred calls a month on their peer-run warm-line. OPWDD also has a mobile crisis team, run by staff from the Regional NYS OPWDD offices called the Systemic, Therapeutic, Assessment, Resources and Treatment team (START). The Office of Community Services for Warren and Washington Counties will continue to encourage the START team staff to convene meetings with providers in order to enhance utilization and integration of the available service. The Glens Falls Hospital Emergency Care Center has also received \$1.15 million in state funding to develop a "crisis care center" as an alternative to the Emergency Care Center.

Priority Rank: 4

Applicable State Agencies: 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)
- OPWDD People First Transformation

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

Strategy 4.1

Regional mobile crisis teams for both children and adults have been developed and implemented in Warren and Washington Counties. These mobile crisis teams will continue to expand their programs in order to increase the availability and accessibility of the services.

Applicable State Agency: OMH

Strategy 4.2

NYS OPWDD Systemic, Therapeutic Assessment, Resources and Treatment (START) team services will be available, accessible and well-integrated in the community.

Applicable State Agency: OPWDD

Strategy 4.3

The Adirondack Health Institute's Delivery System Reform Incentive Payment (DSRIP) Crisis Stabilization Project, or components thereof, will be developed and implemented, creating access to crisis stabilization beds, with mobile crisis team and wrap-around family/peer supports to create an alternative setting for crisis assessment and support, to divert from Emergency Room utilization and psychiatric inpatient admission, when appropriate.

Applicable State Agency: OMH

Strategy 4.4

Family and peer support personnel will be incorporated into the Glens Falls Hospital Emergency Care Center behavioral health evaluation process.

Applicable State Agencies: OMH OPWDD

Strategy 4.5

Crisis respite services will be developed for youth under the age of 15 years old.

Applicable State Agency: OMH

Priority Outcome 5:

Individuals will have timely access to individualized, community-based housing options.

Progress Report: (optional) **new*

Priority Rank: 5

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- OMH Transformation Plan

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

Strategy 5.1

All local housing providers have indicated a willingness to pursue development of residential opportunities as funding is made available. Specific development projects will be incorporated into this plan through presentation to and approval by the subcommittees of the Community Services Board.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.2

The Office of Community Services for Warren and Washington Counties will collaborate with the administration of our local adult homes to discuss ways we can better serve the housing needs of our aging population. We have a growing contingency of older adults that access services across the three disability areas that also have complex medical needs.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.3

The Office of Community Services for Warren and Washington Counties will work with the Developmental Disabilities Regional Office (DDRO) to establish a process to review quarterly the status of individuals requesting an out-of-home residence.

Applicable State Agency: OPWDD

Strategy 5.4

The Warren-Washington Association for Mental Health, Inc.'s Housing Redesign proposal, or some modification thereof, will be approved and implemented, reducing the number of Community Residence beds and increasing the number of community apartments with attached supports.

Applicable State Agency: OMH

Priority Outcome 6:

Optimize provider and system adaptation to the rapidly changing healthcare environment, in a manner that upholds the core values of our systems.

Progress Report: (optional) **new*

Priority Rank: *Unranked*

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

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

Strategy 6.1

The Office of Community Services and the Community Services Boards will assist providers in understanding the shifting sources of funding and exploring alternative ways to provide and/or fund critical services.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 6.2

The Office of Community Services and the Community Services Board will promote dialogue within the local service system and encourage exploration and discussion of the feasibility of collaborations, affiliations and/or mergers among contract agencies and other local providers.

Applicable State Agencies: OASAS OMH OPWDD

2017 Community Service Board Roster
Warren County Community Services (70220)
Certified: Robert York (5/3/16)

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

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Warren County

Chairperson
Name Kimberly Brayton, JD, Ph.D.
Physician No
Psychologist Yes
County Warren
Term Expires 12/31/2016
eMail kimbraytonjdphd@yahoo.com

Member
Name Holly Irion-Sweet, LMHC
Physician No
Psychologist No
Represents SUNY Adirondack
County Warren
Term Expires 12/31/2019
eMail irion@sunyacc.edu

Member
Name Amy Molloy, MSW, M.Ed.
Physician No
Psychologist No
Represents Suicide Prevention
County Warren
Term Expires 12/31/2019
eMail aemolloy5@yahoo.com

Member
Name Barbara Boggia
Physician No
Psychologist No
County Warren
Term Expires 12/31/2018
eMail boggiabarbara@hotmail.com

Member
Name Joan Grishkot, RN
Physician No
Psychologist No
Represents Retired Warren County Public Health
County Warren
Term Expires 12/31/2018
eMail wgrishko@nycap.rr.com

Member
Name Lu Thomas-Cosgrove, LCSW
Physician No
Psychologist No
County Warren
Term Expires 12/31/2017
eMail lucsgrv@msn.com

Member
Name Maureen Schmidt
Physician No
Psychologist No
Represents Warren County Social Services
County Warren
Term Expires 12/31/2017
eMail maureen.schmidt@dfa.state.ny.us

Member
Name James P. Dexter
Physician No
Psychologist No
Represents Warren/Saratoga/Washington/Hamilton/Essex BOCES
County Warren
Term Expires 12/31/2017
eMail jdexter@wswhoboces.org

Member
Name Vacant
Physician No
Psychologist No
County Warren
Term Expires 12/31/2017
eMail

Washington County

Chairperson
Name Richard Demers, M.Div., LMHC, CEAP, SPHR
Physician No
Psychologist No
Represents Employee Assistance Program (EAP)
County Washington
Term Expires 12/31/2017
eMail rdemers@eapwws.org

Member
Name Patricia Hunt, RN
Physician No
Psychologist No
Represents Washington County Public Health
County Washington
Term Expires 12/31/2017
eMail phunt@co.washington.ny.us

Member
Name Christina Bessen
Physician No
Psychologist No
Represents Probation Officer/Parent
County Washington
Term Expires 12/31/2016
eMail bessenc@warrencountyny.gov

Member
Name Kathy Flanagan, LCSW
Physician No
Psychologist No
County Washington

Member
Name Robert Miles
Physician No
Psychologist No
County Developmental Disabilities

Member
Name Sue Clary
Physician No
Psychologist No
County Washington

Term Expires 12/31/2016
eMail kathleenclaireflanagan@gmail.com

Represents Parent
County Washington
Term Expires 12/31/2016
eMail rjm030548@aol.com

Term Expires 12/31/2019
eMail sueclary@hotmail.com

Member
Name Tammy DeLorme
Physician No
Psychologist No
Represents Washington County Social Services
County Washington
Term Expires 12/31/2019
eMail tammy.delorme@dfa.state.ny.us

Member
Name Samuel Hall
Physician No
Psychologist No
Represents Washington County Veteran Services
County Washington
Term Expires 12/31/2019
eMail shall@co.washington.ny.us

Member
Name Michelle Burke, RN
Physician No
Psychologist No
Represents Hudson Falls Central School District
County Washington
Term Expires 12/31/2017
eMail mburke@hfcasd.org

OMH Transformation Plan Survey
Warren County Community Services (70220)
Certified: Carrie Wright (5/26/16)

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

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" \$59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, \$15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

- a) Yes
- b) No
- c) Don't know

If "Yes":

Please briefly describe any impacts the reinvestment resources have had since implementation, particularly as it relates to impacts in State or community inpatient utilization. If known, identify which types of services/programs have made such impacts.

Parsons Child and Family Center has started a Regional Children and Youth Mobile Crisis Team as well as an Adult Regional Mobile Crisis Team. The programs have been able to successfully divert both adult and youth hospitalizations.

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

2017 Mental Hygiene Local Planning Assurance
Warren County Community Services (70220)
Certified: Carrie Wright (5/26/16)

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

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2017 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2017 Local Services planning process.