



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020 Local Services Plan For Mental Hygiene Services

Westchester Co. Dept of Community MH
September 6, 2019

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Westchester Co. Dept of Community MH	70270	(LGU)
Executive Summary	Optional	Certified
Goals and Objectives Form	Required	Certified
New York State Prevention Agenda Survey	Required	Certified
Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

2020 Mental Hygiene Executive Summary
Westchester Co. Dept of Community MH
Certified: Michael Orth (6/2/19)

Background - The Plan

For the past several years, Westchester's Local Plan was developed to align with our System of Care principles and values established by the department and key stakeholders including service providers, recipients, family members, advocates, community organizations and systems partners. Our system of care infrastructure supports local community and county planning and identified the strengths, needs and challenges in our system and allows us to do comprehensive planning and address various needs. The system of care principles, which include peer and family driven, person-centered/wraparound services, racial/cultural and linguistic competent care, access, service choice and needs driven care, continue to drive the planning of the department and influence our approach of the transformation agenda and managed care implementation. There is a major emphasis that new service systems align with both System of Care values and structure to protect person centered model, importance of trauma informed, promote sense of safety and connectedness and ensure best possible outcomes.

2020 Local Plan - Executive Summary

Westchester County's **2020 Local Plan Executive Summary** reflects the continued transformation agenda for mental hygiene areas and the ongoing managed care planning for both behavioral health and developmental/intellectual disabilities. Westchester County LGU continues to be actively involved with the various forums to shape and monitor changes in the systems including working on a county, regional and state level. Of critical importance is the importance of receiving timely, appropriate and quality services for children and adults in need of behavioral health needs and their families. At the county/local level, LGU continues to use existing system of care structure to bring stakeholders together, including new Health Health, CCO, Care Manager and Managed Care and others. We have also hosted special forums on topic themes, for example a recent County Departments (Mental Health, LDSS, Probation and DOH) and Health Home and Care Management Program Summit that attracted over 170 participants. The main focus was introducing Children's Health Homes and CMA to Westchester's system of care and learning more about new services such as Health Homes, CMA, HCBS and CFTSS services. At the Regional level, Westchester LGU participates in the Mid-Hudson Regional Planning Consortium as a Board member as well as co-chair of the Child & Family Committee - Regional Planning Consortium. These are active forums to support implementation of MRT including Health Homes and provide feedback on various aspects of redesign. In addition to RPC, Mid Hudson DCS meet monthly to update/discuss key areas of focus. At a state level, LGU is involved with CLMHD committees as well as regular state agency meetings.

Some highlights and major areas of focus include the following:

Health Home/CMA Implementation:

There has been improvements in reducing lengthy assessment tool for Adult Health Homes/HARP as well as the introduction of Health Home Plus for adults with more intensive service needs. From county perspective, we continue to experience the importance of new entities such as Health Homes, Care management agencies, HH/CCO, Managed Care organizations, and RPC connecting with the LGU as the county has a neutral viewpoint and in the post position to address impact on recipients and service community. It is often the county LGU that is often "delegated" to serve as the "care coordinator" to address individuals with complex issues and needs as the system struggles to coordinate care in an often rigid and fragmented system of care. There is a massive learning curve for CMA and LGU has offered SPOA assistance to help navigate the system and provide linkages for CMA. Westchester LGU has taken the lead in initiating planning with Health Homes and Care Management programs in both adult and children's system. This includes shared accountability, trouble-shooting for individuals, and directing CMA to appropriate supports and services. Westchester recently held a Children's Health Home/System of Care Conference including 160 participants that included 2 Children's Health Homes, all Care Management programs and county departments to provide information on our System of Care and how HH/CMA align with this structure and how to partner for best outcomes.

It is important to recognize the critical role C-SPOA and A-SPOA have played in supporting HH and CMA and serving as "central control" and accountability of the system.

Outpatient Article 31 clinics

Westchester continues to experience challenges with access to outpatient treatment due to insurance issues, capacity and fiscal strain on providers. This includes addressing waiting lists, clinic refusal and transition from psychiatric hospital to outpatient services. Outpatient clinic services are essential services and foundation for mental health system. To address this issues LGU has worked with providers to expand children's school based mental health satellite clinics. There continues to be the challenge, with demand for services and needs increasing. LGU continues to work with outpatient providers to explore sustainability and, when possible, expansion.

Crisis Planning & Services

The LGU, along with our partners, have been working on a Crisis Plan that includes continuum of services for children and adults. The service spectrum including in-home services and supports, telephone triage, respite, out of home crisis, mobile crisis response and emergency psychiatric care. The goal is to create a comprehensive, response system which is trauma informed and meets appropriate level of need and easy to access and navigate. Unfortunately with the various silo funding sources (OMH, OASAS, Managed care, etc) is a challenge to create a single, comprehensive and responsive crisis system. LGU continues to be creative and braiding funding, leveraging resources and coordinating efforts to meet the needs of many. We are still anticipating the outcome of Crisis Plan for Medicaid Managed Care and what services can be offered as part of the system of care. As LGU we encourage O agencies to allow for more braiding/blending of funding to truly create a local, responsive and comprehensive behavioral health crisis response.

Addressing Opioid Epidemic

LGU has led county-wide effort to conduct comprehensive planning with key partners (District Attorney, Public Safety, Public Health and others). This includes using OASAS resources to connect to Open Access model, outreach, peer services and working with treatment providers to ensure access and most appropriate services.

OPWDD CCO/Care Management Model

More recently Westchester LGU has been involved in transition from OPWDD Medicaid Service Coordination (MSC) to transition into Health Home/CCO model of care. Westchester has participate in planning and sharing of information to both providers and recipients of services and their family members. There are concerns that many individual and families are not connecting with their CCO care managers, and while services are authorized, there are no staff to offer the needed service. This has led to increase of unnecessary hospitalizations and crisis situations.

Promoting Co-Occurring System of Care Framework

Westchester's System of Care continues to address issues that impact outcomes for children, adolescents, adults and families. In 2017 Westchester embarked an intensive planning effort to improve outcomes for individuals experiencing co-occurring mental health and substance misuse challenges (and other complex issues). The Westchester Co-Occurring System of Care Committee (COSOCC) was formed in an effort to "Create a welcoming and integrated, trauma-informed system for addressing those with co-occurring disorders and other complex needs. The COSOCC formed into 3 Learning Communities to address specific areas including (1) Performance Improvement, (2) Prevention/Education, and (3) Licensing/Regulatory - issues that challenge providing co-occurring quality care. The COSOCC continues its efforts to improve quality of care and outcomes. The COSOCC initiative has supported Westchester's efforts in addressing many challenges of opioid use/fatalities. This includes coordinated efforts with provider systems, health department, public safety and District Attorney's office to offer a multi-faceted approach to addressing the various needs. Such efforts included Youth Leadership Summit and on-going prevention activities and education, on-going workshops and training for medical community; newly created task force with county public safety and District Attorney's office in the lead; coordination with community coalitions on awareness, engagement and support, and opportunities to improve access to treatment, engagement and best practices.

DCMH Psychological Response Team

The DCMH Psychological Response Team continues to provide a coordinated psychological response to victims, their families, the community and emergency workers. The DCMH Psychological Response team is comprised of 15 mental health professionals with the knowledge and skills to respond adequately and efficiently to the mental health needs of individuals, communities, organizations during the times of a disaster, crisis or other critical incidents.

Role of SPOA Critical

Westchester County's **Children and Adult SPOA** continue to play an important role in "managing the system" and coordinating timely and appropriate access to children and adults with serious mental health issues and often have complex needs. Westchester, as with most other counties, has seen the negative consequences of Health Home/care management referrals not being coordinated through the local SPOAs. Children and adults have been underserved, inappropriately placed, on pending lists and do not have access to the comprehensive opportunities as they would accessing the SPOA. In the absence of SPOA functioning as the main coordinating role for children and adults with serious mental health needs, there is not the same accountability between providers, systems, Health Homes and Care Management agencies that SPOA provides. This is a major gap and a lack of accountability across the system. SPOA is often contacted "after the fact" or for "damage control". These issues continue to be addressed through the Regional Planning Consortium (RPC), Children's Mid-Hudson Region Planning Consortium pilot and county meetings involving Health Homes, Care Management leadership, LGU, SPOA and other key county departments.

DCMH has created a new **Performance Outcome Measures (POMS)** system that includes all providers of services that are contracted by DCMH. The POMS, a web-based system, will track data, utilization and performance measures and will be part of the overarching monitoring and oversight of services and contracts.

Westchester **Autism Advisory Committee** continues to provide essential planning and coordination of both training and resources to broader service community and individuals and family members. The committee, consisting of providers, advocates, and family members has focused on expanding opportunities for young adults including social supports, vocational/employment opportunities and other services.

Westchester DCMH continues to partner with various organizations in providing critical training and performance improvement initiatives and trainings. Highlights include **Adult and Youth and Adult Mental Health First Aid Training; Resilience and Trauma Informed training and implementation efforts as well as multiple Crisis Intervention Training (CIT)** for police departments and first responders. The CIT training is offered 3x per year, including training for all new recruits. CIT training is facilitated and sponsored by DCMH and Public Safety.

DCMH continues to co-chair our **Suicide Prevention and Awareness Task Force**. The Task Force has been active in providing training, education as well as examining local data to target efforts and interventions. Most recently, Westchester was selected as one of a few counties in NYS to participate in federal grant to create Suicide Fatality Review process. Efforts launch June, 2019.

Mental Hygiene Goals and Objectives Form
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (6/2/19)

1. 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**:

Westchester County LGU continues to be actively involved with changes through NYS MRT including DSRIP, BHCC, Managed Care, Health Homes, HCBS and other key initiatives to help lead and support positive outcomes for children and adults with mental health and other complex needs. As a county we are optimistic that stakeholders are collaborating in good-faith with a shared goal of improving outcomes for individuals using cost-effective, least-restrictive and accessible services. Because of the openness and collaborative approach, we have seen an improvement in communication over the past year and a willingness to make appropriate changes based on the needs of children and adults. Planning structures such as Regional Planning Consortiums (RPC), local county efforts to bring together SPOA, Health Homes, CMA and advocacy organizations has led to improved work flow, better coordination and addressing other key implementation issues. Furthermore, there has been a recent recognition that individuals with serious mental illness, often require more intensive engagement and contacts. We are pleased that **Health Home Plus** has been introduced to support these individuals. There has also been an increased **recognition of the value of SPOA** and specifically serving as a neutral entity that promotes accountability across systems and programs and often helps to navigate care and provides local knowledge of the broader serving system.

Over the past several years we have seen increased need for Assertive Community Treatment services (ACT). Westchester County is currently at capacity and individuals are decompensating and experiencing re-hospitalization as they are placed on a waiting list for ACT services. ACT teams remain fiscally viable by Medicaid, however the county has had a significant increase of individuals referred who are not Medicaid eligible. This is also placing a great strain on our ACT programs. We are appreciative of recent expansion for new ACT team for Westchester and are expecting to open our new ACT team Summer 2018.

Children's Mental Health services has been impacted by Health Home/CMA implementation. Specifically those children and families who had been served under Intensive Case Management and were reduced to Health Home Care Management level of care. These are children with serious mental health issues whose needs were met by intensity of ICM visits and services. We have experienced many Health Home/Care Management programs not being able to meet their level of service need and respond in a timely and efficient way. As the LGU we have worked hard in establishing relationships with our Health Homes, CMA, SPOA and other county departments to improve shared accountability, improve work flow and provide training and support on our local system of care. While there is still much work to be done, and concerns about service intensity for many of the children with SED, we have created strong partnerships to address needs and issues that exist. We have benefitted from the **Children's Regional Planning Consortium (RPC) Hudson Region** pilot which has provided a forum to address issues and collaborate in a meaningful, solution focused way.

One of the major issues identified recently in our region and county includes challenges serving individuals (adults and youth) with co-occurring mental health and substance use issues (and often with other complex needs). As part of a regional planning effort, Westchester has created a new Co-Occurring System of Care Committee (COSOCC), consisting of diverse stakeholders (behavioral health providers, advocates, education, recipients of services, government, hospitals and consultants). The goal of COSOCC is to create a welcoming and integrated, trauma-informed system for addressing those with co-occurring disorders and other complex needs. Three Learning Communities were created to address (1) Professional training/Best Practices, (2) Prevention/Education and (3) Licensing/Regulations - which may present barriers to integrated care.

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

Housing services continue to be a top priority, and increasing need, for individuals living with behavioral health/serious mental illness and often co-occurring issues in Westchester County. The Single Point of Access coordinates Westchester's residential placements via a database and waitlist. In 2018, there were 1,108 eligible individuals referred for residential services, and SPOA were only able to place 107 of these individuals. This number is down from 1,218 referrals and 125 placements the previous year. The referrals are down as many individuals in the county are already on a waitlist. Westchester currently has 1,561 individuals on the waitlist for placement, and that does not include individuals who are in the shelter system waiting for placement in the Rental Assistance Program (formerly Shelter Plus Care). This number also includes 217 families, for whom we are unable to offer services, as we do not have the funding at this time to acquire units with more than one bedroom. We have subsequently closed our family Supported Housing Waitlist.

Westchester County received new bed allocations through the Office for Housing and Urban Development's Rental Assistance Program (34 units), and through OMH's Supported Housing Program (32) in 2018.

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

One of the greatest challenges we are facing as a county that has worsened is our outpatient service system. There are significant waiting lists across the county for children and adults. There has been an increase in need as there is more awareness, and identified need. Many outpatient providers do not accept commercial insurance, which creates challenges in accessing services via private providers. The financial viability and sustainability of clinics is of great concern. Part of the challenges includes workforce as well. This includes lack of psychiatrist, therapist turn-over and challenges in productivity demands on staff.

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**:

Overall SUD Needs Assessment

The level of unmet SUD need has increased due to a variety of factors. The increase use of heroin and the resulting consequences, critical workforce shortages, combined with the health care system reform has highlighted existing weaknesses and gaps in our SUD service delivery system.

The number of Westchester County SUD treatment admissions to all level of care in 2017 was 9,088. This is a decrease from 10,066 in 2016. In 2017, the primary drug of choice for those admitted to all levels of care is ---

39.2% alcohol, up from 37.8% in 2016.

26% heroin, up from 24.4% in 2016

3.7% other opiates

19.7% for Marijuana, down from 20.3% in 2016.

In 2017, the number of deaths due to opioid overdose was 117, up from 83 deaths in 2015. The numbers of emergency room visits were 248, up from 130 in 2015. And there were 273 Narcan saves in 2018 down from 373 saves in 2014. The decrease is reflected in the numbers reported by EMS (from 283 to 177). This decrease might be attributed to less community calls being made to 911 as a result of more Narcan saves by community members which go unreported. The LGU has received anecdotal reports about community members not calling 911 or seeking medical attention post Narcan saves.

Data from SAMHSA, National Survey on Drug Use and Health indicates that the percentage of Westchester County residents with dependence or abuse of illicit drugs or alcohol is above the State average at 5.43 for youth ages 12 to 17 and 19.83 for young adults ages 18 to 25.

As identified in the Mid-Hudson DSRIP Region Needs Assessment, less than 27% of individuals engage in AOD treatment within 30 days after initiation-73% of clients are not engaged in treatment 30 days after initiation.

Additionally, 2018 data obtained from the NYS OASAS Client Data System presented below indicates the need for continued support for the use of evidence based programs to improve client outcomes, and to increase treatment retention and success rate for clients. The 2018 discharge data presented reflects discharges from all levels of care.

25% of discharged clients did not achieve their goals related to alcohol use;

31% of discharged clients did not achieve their goals related to drug use;

25.1% of clients were discharged without having met any treatment goals;

44.2% of clients were discharged unemployed;

33% of clients did not meet Social Functioning goals at discharge;

32% of clients did not meet Emotional Functioning goals at discharge;

32% of clients did not meet Family Situation goals at discharge;

28.6% of discharged clients left treatment against clinical advice;

20% of discharged clients did not participate in individual counseling sessions and 65.3% participated in 1 to 9 sessions;

No discharge referrals were made for 36.4% of discharged clients.

53.5% of discharge clients were treated with an addiction medication;

Resources are not only needed to support providers in improving client outcomes but to also assist in adopting and implementing more effective business practices.

Increased funding has resulted in the availability of new and needed resources and services.

1. **Open Access**-the Open Access Center has encountered numerous implementation issues --

Workforce shortage and the ability to fill positions has been the most critical

Access to target population and the ability to engage in the community instead of waiting in the "office" is the key to increasing access to services

The ability of a community based provider to provide 24/7 access is important, but this service delivery model is expense to sustain without seeking the support and involvement of other stake holders. Counties need the ability to foster various types of partnership depending upon the needs and resources available in each County.

2. **Family Navigator**- the availability of Family Navigator services through Cove Care-Drug Crisis in My Backyard has been hampered due to --

Workforce shortage and the ability to fill positions

Limited work hours

Limited marketing to the general community

All this has resulted in limited community visibility in various segments of the County. In addition limited fiscal resources not connected to an existing infrastructure make collaboration and coordination more difficult.

3. **Recovery Center**-the newly funded Recovery Center should provide additional resources to address and impact data around low employment, accessing housing, participation and access to healthy support systems and improved social and emotional functioning. The success of the Recovery Center will continued to be evaluated

4. Improved collaboration and implementation of initiatives with other Westchester County partners-

Westchester County Department of Correction (DOC)-The LGU working in partnership with DOC and a local provider will utilize new jail based funding from NYS OASAS to provide counseling services in a recently established jail based detox program.

Westchester County District Attorney (DA) -The LGU working in partnership with the DA and a local treatment provider has implemented a prearrest diversion program. Street buyers of opioids are outreached by a team and offered access to treatment.

Westchester County Department of Health (DOH) - The LGU working in partnership with the DOH and a local provider is providing outreach to at risk opioid populations to facilitate engage in treatment and other services. In addition the availability of “consultation” services from an experience physician with a certification in addiction medicine to support a newly trained buprenorphine waiver providers.

NYS Opioid Response Grant-The LGU has used this funding source to increase access to treatment services by 1). Supporting the purchase and use of telemedicine equipment, 2). The purchase of transportation, 3). The training, recruitment and hiring of peers 4). The provision of outreach engagement and case management services to reach residents who are at the highest risk for overdose and deaths.

These initiatives are focused upon addressing crisis services and increasing access to treatment. The LGU expects this to be reflected in the 2019 data which tracks the number of unique admission to all level of treatment, reversing the current trend of declining admission. And a decline in overdose and deaths should also be noted.

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

Westchester has also experienced increase in **housing vacancies**, since moving from local/county oversight to OPWDD Regional oversight of housing vacancy management. Some of the vacancies may be attributed to reconfiguration of housing within organizations, however there is concern with great demand for housing and increase in vacancies. There was greater transparency when waiting list and priorities were done locally in partnership with OPWDD/DDRO and less vacancies existed. The LGU role has been significantly reduced in housing management process. LGU staff has much more direct contact with individual in need and programs which promoted more of a person-driven process.

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

The most critical issue facing the SUD system at present is workforce shortage. inability to attract, and retain qualified staff is now at a critical level. Staff shortage extends to all job titles, from medical to counseling to peers staff.

he need for qualified SUD professionals has expanded with the integration of SUD services into primary care and mental health settings. This increased demand has only served to amplify an already serious issue. Another contributing factor is the salary scale, the complexity and difficulty of the work in addition to the stigma associated with the SUD field makes it difficult to attract staff. is taking much longer to fill positions and for some positions such as Certified Recovery Peer Advocates the field is unable to find candidates, and with low unemployment rate, and low pay scale the ability to attract “potential” candidates who are willing to pursue the CRPA training and certification process is difficult.

We have a more and more Providers are reporting increased vacancies which are impacting their ability to provide services, and the development and staffing of newly funded programs are severely hampered.

Westchester County has 58 residential beds-47 community and 11 supportive beds. Under the residential redesign it is anticipated that all 58 beds will be converted to the “Reintegration” designation and as of this date 48 beds have converted. There are 86 homeless housing units- 66 HUD units and 20 MRT units.

In 2018, 903 (11.5%) homeless clients were admitted to treatment, up from 842 in 2017. Of those 25 were younger than 22, and 14 clients living in an SRO. 60 clients were between the ages of 22 to 25 years and 9 clients lived in an SRO.

At discharge in 2018, 705 (9.2%) clients were discharged homeless. Of those 18 clients were younger than 22 years old and 52 were between the ages of 22 to 25 years. (OASAS Client Data System)

Our existing 58 residential beds have an average UR of over 95%. Westchester proposes the development of additional beds, with a specific residence targeted to those ages 16 to 21 year.

Due to the increased opiate use and the now increasing use of fentanyl and the resulting havoc on families. The LGU is beginning to see the increased impact on children, the LGU will continue to collect data and to plan for a coordinated a response with partners and stakeholders.

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**:

Westchester County DCMH continues to actively participate in planning for individuals with developmental/intellectual disabilities, and their families. This includes providing local leadership as chair of **Westchester County Developmental/Intellectual Planning Committee**, as well as participating on **regional and state planning groups**. As State/OPWDD moves towards Health Homes/CCO, as well as other reform, the greatest concern Westchester, as with most counties, has is the lack of connection/truly legitimate input from local planning process including LGU, other systems and collaborative entities (RPC) and recipients of services and their families. There appears to be limited awareness of impact changes have on local counties and how to include stakeholders. By not including key stakeholders in the actual development and design of services and changes, this leads to mass confusion, concern and opportunities to have better products and outcomes.

Westchester has seen an increase in the number of individuals being served and approved for services by the **Front Door** from previous years (Committee data 2017-2018). An area of great challenge, is that although approval for services is being granted, organizations are not able to provide the needed services due to lack of staffing. This has placed a great hardship on the individual and family leading to crisis and unmet needs. This includes individuals being authorized for various services, but not receiving them due to lack of staff.

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

Westchester has also experienced increase in **housing vacancies**, since moving from local/county oversight to OPWDD Regional oversight of

housing vacancy management. Some of the vacancies may be attributed to reconfiguration of housing within organizations, however there is concern with great demand for housing and increase in vacancies. There was greater transparency when waiting list and priorities were done locally in partnership with OPWDD/DDRO and less vacancies existed. The LGU role has been significantly reduced in housing management process. There is increased concern that both state operated and not profit providers reject/refuse to accept individuals with complex needs. This led to unnecessary, or extended, psychiatric hospitalization which is troublesome and inappropriate.

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

There continues to be a significant need for **crisis/stabilization** services for individuals with developmental disabilities. While the START model is an effective approach, it is so limited in its scope as a small program covering an entire region. In general, there is a clear lack of respite/crisis stabilization resources for this population. This often leads to inappropriate use of psychiatric hospitalization and/or lengthy hospitalizations. Once again, there is an increased disconnect between role of LGU, organizations and OPWDD in regards to promoting local planning, local solutions and more local resources. This is especially significant in the clear lack of crisis/respite services from OPWDD and lack of local planning prevents enhanced local response and ability to navigate other potential resources and interventions.

LGU promotes that crisis should be addressed locally through a comprehensive system of care response, not a regional based program. We have proposed that funding be added to existing crisis response entities (who often already service individuals with DD/ID issues). This would create a more comprehensive, responsive, local crisis response.

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 type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services			<input checked="" type="checkbox"/>
r) Developmental Disability Children Services			<input checked="" type="checkbox"/>
s) Developmental Disability Student/Transition Services			<input type="checkbox"/>
t) Developmental Disability Respite Services			<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports			<input type="checkbox"/>
v) Developmental Disability Self-Directed Services			<input type="checkbox"/>
w) Autism Services			<input type="checkbox"/>
x) Developmental Disability Front Door			<input type="checkbox"/>
y) Developmental Disability Care Coordination			<input 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)

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

2a. Housing - Background Information

Not surprisingly one of the greatest challenges facing Westchester is need for housing. **Affordable and appropriate housing** is a major issue for all individuals in Westchester due to high cost of living, cost and limited availability. Our Adult SPOA, which oversees residential services, reports a waitlist of 1,561 individuals. There are individuals who have been waiting for years for housing. Many of the "priority individuals", individuals with significant mental health issues, trauma, and other complex issues/needs, are often unable or not successful in transitioning out of state hospital/or other restrictive settings, into lower levels of community care. We are pleased to report increased in Supportive Housing beds over the past year. This in addition to expand HUD Housing projects has provided some expanded capacity.

LGU is working closely with our systems partners (Dept of Social Services) and Continuum of Care (COC) Housing committee to maximize and better coordinate our resources and options. However in the absence of expanded appropriate levels of care (CR, SRO) and the reality that many individuals with SMI do need support/services of high-levels of care we continue to struggle to meet the demand for appropriate housing. There is concern that there is an increase of individuals with SMI placed in local county drop-in centers, homeless shelters and frequent users of emergency departments (based on local county planning data and survey, 2016).

For individuals with Dev/Int. Disabilities, appropriate housing continues to be a major concern of individuals and family members. Since there is no longer local involvement with waiting list, access and priorities, the information/data is not available.

• **SUD**

Currently Westchester County has 58 residential beds-47 community and 11 supportive beds. Under the residential redesign it is anticipated that all 58 beds will be converted to the "Reintegration" designation. There are 86 homeless housing units- 66 HUD units and 20 MRT units.

In 2017, 842 homeless clients were admitted to treatment. Of those 21 were younger than 22 years old and 66 were between the ages of 22 to 25 years. At discharge, 686 clients were discharged homeless. Of those 22 clients were younger than 22 years old and 57 were between the ages of 22 to 25 years. (OASAS Client Data System)

In 2017, 8.9 % or 686 individuals were discharged homeless.

Our existing 58 residential beds have an average UR of over 95%. Westchester proposes the development of additional beds, with a specific residence targeted to those ages 16 to 21 year

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

MH

- Continue to maximize existing housing resources through CoC Coordinated entry
- Update/monitor waiting list to explore changes/needs
- Promote opportunities for transition from more intensive housing to less restrictive settings
- Build housing stock whenever possible

SUD

- Maximize existing housing resources through CoC Coordinated Entry
- Continue to update waiting list and priorities for resources
- Promote opportunities for transition from more intensive housing to less restrictive settings.

- To increase the number of beds targeted to the SUD population
- To support the use of a Housing First model
- To maximize participant housing retention

Objective Statement

Objective 1: Working in partnership with the Westchester County Continuum of Care, including WC DSS the LGU seeks to maximize current funding and to support new funding/programs targeted to the SUD population.

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

Objective 2: The Housing Success Committee facilitated by the LGU provides technical assistance, support and guidance to housing providers who are providing services to high need clients.

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

Change Over Past 12 Months (Optional)

LGU continues to work closely with our systems partners (Dept of Social Services) and Continuum of Care (COC) Housing committee to maximize and better coordinate our resources and options. As always, we are trying to provide person-centered, wraparound planning for individuals with complex needs and utilizing services such as peer-peer, respite, outreach to support a community plan.

The LGU looks to support providers in their application to OTDA-Solutions to End Homelessness

Unfortunately the need continues to go up for housing. Due to costs, often challenge to find housing which are affordable and in liveable areas within the county

2c. Crisis Services - Background Information

Westchester has seen an increase (based on DSS, DCMH data sources, 2016) in individuals with serious mental health issues using drop-in centers, placed in shelters and in/out of emergency departments. This is attributed to inappropriate/failed hospital discharge plans, access to outpatient treatment (payment/insurance, capacity), less intensive care management, and other life stressors (housing, lack employment, economy, etc)

Westchester has benefitted from recent resources to provide more intensive services which include respite, peers support and more intensive outreach. We are eager to receive crisis resources as part of the required Managed Care Medicaid Crisis plans that potentially could enhance the continuum of crisis services including phone, mobile, crisis respite and crisis residence. We also are eager to build a more robust crisis response team.

SUD

Open Access program, WC DOH Initiative and the NYS Opioid Response Grant will allow Westchester to target the most at risk and highest need SUD population. provision of outreach engagement and case management services to reach residents who are at the highest risk for overdose and death. Current barrier faced in the implementation of these services is the lack of qualified workforce.

Additionally, given the size of the County the development and coordination of access to a seamless behavioral health crisis service is both crucial and complex.

DD/ID

There continues to be significant gap in crisis services for individuals (children/adults) with DD/ID. While START is a solid model, it is not local, easily accessible, responsive or local - which are essential to a crisis response. Individuals are often referred to inpatient psychiatric hospitals due to lack of crisis response. We often experience lack of in-home crisis supports for families and workforce shortage even if individuals has authorized services. There is also a significant issue of lack of experience/training for staff in addressing behavioral needs of individuals with DD/ID 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

To create a no wrong door behavioral health crisis response. This has become increasingly difficult to achieve with silo funding from systems and funding sources. We have tried to braid/blend funding when possible.

Westchester has been working with various stakeholders (county, state, PPS, others) to explore creation/development of more expansive crisis response. This includes potential of triage hub or to better assess, stabilize and direct appropriate services to individual who are in immediate need (and often end up in emergency rooms or shelters).

LGU will continue to engage OPWDD, and other partners, to explore how to address individuals in crisis. LGU has held several meetings with all crisis services and trying to streamline, link and map various opportunities to respond to crisis and how we define "crisis services".

Objective Statement

Objective 1: To identify and secure existing/new resources to create a comprehensive behavioral health crisis response

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

Objective 2: Establish work group of crisis response programs to map out services, improve coordination and identify gaps

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

Change Over Past 12 Months (Optional)

A major focus of LGU is to create a more seamless, responsive, less traumatizing crisis response service(s) in least restrictive and most appropriate setting. We have made slow progress in moving planning forward. A great challenge is blending or braiding the various silo funding to create a more robust, comprehensive and inclusive system.

We are anticipating State Managed Care Medicaid plans to hopefully provided needed resources.

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

SUD

The need for qualified SUD professionals has expanded with the integration of SUD services into primary care and mental health settings. This increased demand has only served to amplify an already serious issue. Another contributing factor is the salary scale, the complexity and difficulty of the work in addition to the stigma associated with the SUD field makes it difficult to attract staff.

It is taking much longer to fill positions and for some positions such as Certified Recovery Peer Advocates the field is unable to find candidates, and with low unemployment rate, and low pay scale the ability to attract "potential" candidates who are willing to pursue the CRPA training and certification process is difficult.

We have a more and more Providers are reporting increased vacancies which are impacting their ability to provide services, and the development and staffing of newly funded programs are severely hampered.

MH

Many providers have limited/lack of psychiatrist. Also challenges in retaining therapist due to new productivity requirements.

DD/ID

Significant workforce issues especially for direct services which leads to underserved individuals.

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

To increase staff effectiveness in providing quality EB services resulting in positive client outcome.
To improve effective business practices

Objective Statement

Objective 1: To provide and support trainings in EB programs, including implementation support to ensure fidelity.

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

Objective 2: To provide and support trainings/implementation in effective business practices.

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

Objective 3: To provide updated information on loan forgiveness programs, tuition reimbursement and scholarship program

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

Westchester County has a population of 946,646, and there are no 816.7 Medically Supervised Withdrawal and Stabilization Services and/or 820 Residential Services (Stabilization and/or Rehabilitation). This need is recognized by OASAS and the LGU but due to siting issues the LGU was unable to support/coordination with a provider to respond to the OASAS 2019 application - Rapid Expansion Capital Development and Operation of Part 816.7 Medically Supervised Withdrawal and Stabilization Services and/or 820 Residential Services (Stabilization and/or Rehabilitation) The time frame for the application submission provided little time to identify a viable residential site.

Due to siting issues the LGU was unable to support/coordination with a provider to respond to the OASAS 2019 application - Rapid Expansion Capital Development and Operation of Part 816.7 Medically Supervised Withdrawal and Stabilization Services and/or 820 Residential

Westchester County has 58 residential beds-47 community and 11 supportive beds. Under the residential redesign it is anticipated that all 58 beds will be converted to the "Reintegration" designation and as of this date 48 beds have converted. There are 86 homeless housing units- 66 HUD units and 20 MRT units.

In 2018, 903 (11.5%) homeless clients were admitted to treatment, up from 842 in 2017. Of those 25 were younger than 22, and 14 clients living in an SRO. 60 clients were between the ages of 22 to 25 years and 9 clients lived in an SRO.

At discharge in 2018, 705 (9.2%) clients were discharged homeless. Of those 18 clients were younger than 22 years old and 52 were between the ages of 22 to 25 years. (OASAS Client Data System)

Our existing 58 residential beds have an average UR of over 95%. Westchester proposes the development of additional beds, with a specific residence targeted to those ages 16 to 21 year

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 the number of Part 820 Integration Beds

Development of Part 816.7 Medically Supervised Withdrawal and Stabilization Services and/or 820 Residential Services (Stabilization and/or Rehabilitation)

Objective Statement

Objective 1: To preplan as feasible in the identification of potential residential site.

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

Objective 2: Collaboration with partners and stakeholders in site identification, application development and submission.

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

Change Over Past 12 Months (Optional)

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

The number of Westchester County SUD treatment admissions to all level of care in 2017 was 9,088. This is a decrease from 10,066 in 2016. In 2017, the primary drug of choice for those admitted to all levels of care is ---

39.2% alcohol, up from 37.8% in 2016.

26% heroin, up from 24.4% in 2016

3.7% other opiates

19.7% for Marijuana, down from 20.3% in 2016.

In 2017, the number of deaths due to opioid overdose was 117, up from 83 deaths in 2015. The numbers of emergency room visits were 248, up from 130 in 2015. And there were 273 Narcan saves in 2018 down from 373 saves in 2014. The decrease is reflected in the numbers reported by EMS (from 283 to 177). This decrease might be attributed to less community calls being made to 911 as a result of more Narcan saves by community members which go unreported. The LGU has received anecdotal reports about community members not calling 911 or seeking medical attention post Narcan saves.

With the collaboration and coordination of partners and stake holders the LGU has been able to implement the following -

Westchester County Department of Correction (DOC)-The LGU working in partnership with DOC and a local provider will utilize new jail based funding from NYS OASAS to provide counseling services in a recently established jail based detox program.

Westchester County District Attorney (DA) -The LGU working in partnership with the DA and a local treatment provider has implemented a prearrest diversion program. Street buyers of opioids are outreached by a team and offered access to treatment.

Westchester County Department of Health (DOH) - The LGU working in partnership with the DOH and a local provider is providing outreach to at risk opioid populations to facilitate engage in treatment and other services. In addition the availability of “consultation” services from an experience physician with a certification in addiction medicine to support a newly trained buprenorphine waiver providers.

NYS Opioid Response Grant-The LGU has used this funding source to increase access to treatment services by 1). Supporting the purchase and use of telemedicine equipment, 2). The purchase of transportation, 3). The training, recruitment and hiring of peers 4). The provision of outreach engagement and case management services to reach residents who are at the highest risk for overdose and deaths.

Establishment of Medication Assisted Treatment Services at Hudson River Health Center in Partnership with OASAS Certified Treatment Programs

Implement PAX Good Behavior Game in the Yonkers School District

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

Program implementation of recently funded services.

Objective Statement

Objective 1: Identify and hire qualified staff

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

Objective 2: Monitor program implementation and achievement of performance objectives

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

Objective 3: Ensure integration with SUD service delivery system

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

Objective 4: Increase access to MATS

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

Change Over Past 12 Months (Optional)

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

The development of HH and HARP services has amplified the need for service coordination. Due to the limited data currently available it is difficult for the LGU to determine at this time how effectively the SUD population is being served.

Westchester has embarked on major effort on Co-Occurring Care with establishment of Co Occurring system of care committee (COSOCC). initiative include many diverse stakeholders focusing on prevention, education, best treatment practices, workforce/training and how to achieve improved outcomes for those with co-occurring issues and complex needs.

Three (3) Westchester County mental health and one (1) primary care provider has applied for and obtained an Integrated License. LGU has met with all providers and offered TA around the integration of SUD services.

LGU is also working with WC Probation around the implementation of services related to Raise the Age and In Community services is being provided at the Yonkers Probation office.

There is a recognized need for MAT services at the County jail and the LGU continues to work with DOC to identify potential resources. In addition, WC DSS has also been a supportive partner in recognizing the need for SUD services and partnering with the LGU to explore having SUD services on site.

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 availability and access to SUD services.

Objective Statement

Objective 1: Increase the delivery of In Community Services

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

Objective 2: Increase access to MATS

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

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

Access to outpatient mental health services continues to be of concern to the county LGU. Providers have been challenged by clinic restructuring rates as well as low rates for most commercial insurances. Most public mental health providers do not accept a many commercial insurances and this has led to a gap of outpatient services as panel providers are often limited and do not provide the quality of services our outpatient clinics offer. Westchester continues to struggle with significant waiting lists throughout the county and lack of psychiatrist. This has been a major obstacle especially when discharging from psychiatric hospitals.

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

LGU continues to partner with providers to explore process improvements, best practice models and coordination of services. Unfortunately LGU has limited, if any, influence on commercial insurance rates and clinic rates. County has expanded children's school-based satellite clinics.

Objective Statement

Change Over Past 12 Months (Optional)

Unfortunately, as there is increased awareness, and children and adults are eager/needs to engage in treatment, waiting list have worsened. We are working with agencies to build open access, and explore various funding BHCC options.

2p. Mental Health Care Coordination - Background Information

As previously noted, Westchester County has felt loss of ICM/SCM for both adult and children's mental health system. There are serious concerns about the lack of intensity of Care Management for children and adults with serious mental health issues and the lack of understanding the value of relationships and connectedness that ICM/SCM model offered and effectiveness of the intervention. There are further concerns about establishment of Care Management programs that are "enrolling" individuals and lack skills, experience and training to serve this population. There is limited/no accountability of the system by not having a SPOA process and individuals and children are "falling though the cracks". This often results in unmet needs, increased hospitalization or emergency/crisis nees and other systems becoming "default system".

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

Westchester LGU has worked closely with Health Homes and CMA to improve work flow, educate CMA on system of care and local resources and have regular meetings to discuss needs and shared accountability.

Westchester LGU has taken leadership role in bringing HH, CMA, county departments together, with SPOA support to improve coordination, maximize resources and shared accountability. This has made a significant difference in supporting individuals collectively

Objective Statement

Change Over Past 12 Months (Optional)

Westchester, along with many other counties, continue to work with state agencies, Health Homes and Care Management providers to better coordinate efforts, "train" in local systems of care and try to hold each other accountable as much as possible in the absence of a state comprehensive, system of care plan.

2q. Developmental Disability Clinical Services - Background Information

There has been identified need for mental health services for individuals with developmental disabilities. This includes appropriate treatment models and building capacity.

Lack of treatment has led to unnecessary hospitalization and appropriately addressing the individualized needs of individuals.

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

Expand treatment capacity in agencies who are providing or willing to provide such services. This includes foundational/competency training as well as more specialized treatment.

Westchester LGU has gathered workgroup for past 3 months to improve access, coordination and mapping resources. Yet there is a clear lack of local, responsive crisis service.

Objective Statement

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

A challenge shared by various systems, families and Advisory Committee involves children with OPWDD eligibility, and approved for services, are not receiving important services due to lack of staffing. This had led to unmet needs of often to unnecessary higher level of care and greater strain on family members.

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

Change Over Past 12 Months (Optional)

2t. Developmental Disability Respite Services - Background Information

Lack of immediate, appropriate and necessary respite services to prevent escalation of need. This has been identified by hospitals who have seen increase of referrals, advisory committee and parents.

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

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (6/2/19)

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.

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:

Where appropriate the LGU has worked in partnership with WC DOH and other stakeholders to address various segments of the Prevention Plan.

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:

Where appropriate the LGU has worked in partnership on various initiatives with WC DOH and other stakeholders to address various segments of the Prevention Plan.

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 has partnered with- WC DOH in conducting Narcan trainings targeted to the general community; providing community outreach, engagement and facilitating access to treatment for high risk populations, making available medical consultation support to newly trained waived medical staff. Partnering with SUD prevention providers and community coalitions to implement environmental strategies related to alcohol and marijuana use, vaping, community educational events about opiates and heroin use.

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:

Working in partnership with WC DA, WC DOH to identify "hot spots" and to target interventions as appropriate.

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

No

Yes, please explain:

Beneficial Policies Expansion of the State’s Prescription Monitoring program. The expansion of individuals to obtain and carry Narcan and the use of standing orders to allow wider distribution. Barriers Various State agencies all funding the same concepts and allowing little local flexibility in how to use funding and allocate resources. Limited ability to use funding to develop service models to meet local county needs. Providing funding to various agencies without input/coordination with the LGU. This results in a lack of service coordination at a systems level and does not allow for effective collaboration integration. This defeats the purpose of county planning.

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:

At a provider and system level the LGU uses data to support and monitor use of MATS. The LGU fosters collaborative learning about MATS implementation, policy and outcome. Compile updated listing of prescribers and disseminate to the broader community and stake holders.

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:

As previously mentioned the LGU has partnered with the WC Health Department on-- Facilitating Narcan trainings Providing outreach to at risk opioid populations to facilitate engage in treatment and other services. Facilitating the availability of “consultation” services from an experience physician with a certification in addiction medicine to support newly trained buprenorphine waiver providers.

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:

Unfortunately the county has not always been involved with DSRIP projects, or after developed which creates challenges in sustainability. More recently DSRIP supported a county youth Summit addressing mental health and co-occurring efforts that is on-going youth leadership event. County will sustain this important effort

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

- Un/Underemployment and Job Insecurity
- Food Insecurity
- Adverse Features of the Built Environment
- Housing Instability or Poor Housing Quality
- Discrimination/Social Exclusion
- Poor Education
- Poverty/Income Inequality
- Adverse Early Life Experiences
- Poor Access to Transportation
- Other

Please describe your efforts in addressing the selections above:

County departments have been addressing housing instability and providing outreach/supportive services. Westchester has been extremely active in ACES Resilience efforts in local communities and service systems including resilience and trauma informed efforts

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): Seeking Safety Vicarious Trauma-Adverse Childhood Experience Study Trauma Informed Treatment Services Organizational Study

How many hours: 13

Target audience for training: SUD treatment providers, probation, child Welfare,

Estimate number trained in one year: 169

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
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (5/31/19)

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

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:

Westchester LGU has collaborated with PPS in a few projects that supported shared needs/efforts. Examples include focus on crisis stabilization planning, co-occurring prevention and awareness youth summit and other models of practice. As far as more comprehensive planning initiatives, not as much on-going comprehensive planning.

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

a) Yes No

b) Please explain:

Very minimally, and often after project realizes the need for sustainability support. Not in a proactive, partner in the planning phase as often LGU was not included in process.

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):

Yes, there are pilot efforts on mental health side with provider.

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:

LGU is working with network of managed care providers and mental health organizations to explore possibilities. Such examples include early stages of co-occurring models, peers and children's high fidelity wraparound.

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

a) Yes No

b) Please explain:

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

We have been engaged in status and planning of BHCC but not as direct partners.

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:

LGU has some data on outcomes in such populations as forensic, jail, homelessness that could be included.

Community Service Board Roster
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (5/24/19)

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.

Name: Grant Mitchell	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Psychiatrist	Term Expires: 12/2018	Email Address: grantmitchell@gmail.com
Name: Steven Shainmark	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Psychiatrist	Term Expires: 12/2016	Email Address: sshainmark@svwjmc.org
Name: Ashley Broday	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Voluntary	Term Expires: 12/2020	Email Address: abrody@searchforchange.com
Name: Ellen Morehouse	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Voluntary	Term Expires: 12/2020	Email Address: sascorp@aol.com
Name: Stephanie Marquesano	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumer/advocate	Term Expires: 12/2021	Email Address: stephanie@theharrisproject.org
Name: Michael Orth	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: DCMH	Term Expires:	Email Address: mmo6@westchestergov.com
Name: Barbara Bernstein	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: voluntary	Term Expires: 12/2021	Email Address: bernsteinb@mhawestchester.org
Name: Amy Gross	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	Represents: Psychologist	Term Expires: 12/2021	Email Address: agross@gmail.com
Name: Patricia Limpert	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumer/Advocate	Term Expires: 12/2021	Email Address: patricialimpert@gmail.com
Name: Elaine Bryant	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Voluntary	Term Expires: 12/2021	Email Address: ebryant@riversidehealth.org
Name: Kitley Covell	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: BOL	Term Expires: 12/2021	Email Address: kcovell@kscl@westchestergov.com

Name: Valsa Madhava	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Physician	Term Expires: 12/2014	Email Address: valsamadhava@gmail.com
Name: Barbara Masur	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumer/Advocate	Term Expires: 12/2014	Email Address: b.masur@verizon.net
Name: Kerry Megley Whelan	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumer/Advocate	Term Expires: 12/2014	Email Address: kmegley@famtieswest.org
Name: Vacancy	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires:	Email Address:

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:

Alcoholism and Substance Abuse Subcommittee Roster
 Westchester Co. Dept of Community MH (70270)
 Certified: Dahlia Austin (5/23/19)

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.

Name: Ellen Morehouse	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Student Assistance Services Corp.	Email Address: sascorp@aol.com
Name: Kay Scott	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: St. John's Riverside Hospital	Email Address: KScott@riversidehealth.org>
Name: Amy Gelles	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: The Guidance Center of Westchester	Email Address: agelles@theguidancecenter.org
Name: Adrienne Marcus	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Lexington Center for Recovery	Email Address: amarcus@lexingtonctr.org
Name: David Gerber	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: St. Joseph's Hospital	Email Address: DGerber@svwsjmc.org
Name: Ross Fishman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Innovative Health Systems	Email Address: rfishmanIHS@cs.com
Name: Dahlia Austin	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: LGU	Email Address: daa3@westchestergov.com

Mental Health Subcommittee Roster
 Westchester Co. Dept of Community MH (70270)
 Certified: Michael Orth (5/31/19)

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.

Name: Pat Hamill	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Representative	Email Address: patricia.hamill@omh.ny.gov
Name: Rtuhanne Becker	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Representative	Email Address: beckerr@mhawestchester.org
Name: Adam Black	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer Advocate	Email Address: asbl@westchestergov.com
Name: Victor Clark	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer	Email Address: vclark@mhepinc.org
Name: Claus von Shorn	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Representative	Email Address: cvonscho@montefiore.org
Name: Kerry Megley	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family	Email Address: kmegely@familieswestchester.org
Name: Sharon McCarthy	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family	Email Address: sharonm@namiwestchester.org
Name: Ellen Morehouse	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Representative	Email Address: sascorp@aol.com
Name: John Francis	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public representative	Email Address: jfrancis@svwsjmc.org
Name: Jeff Apotheker	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Representative	Email Address: japotheker@wjcs.com
Name: Ashley Brody	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Representative	Email Address: abrody@searchforchange.com

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:

Developmental Disabilities Subcommittee Roster
 Westchester Co. Dept of Community MH (70270)
 Certified: Michael Orth (5/31/19)

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.

Name: Michael Orth	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative'DCMH LGU	Email Address: mmo6@westchestergov.com
Name: Barbara Masur	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: family	Email Address: b.masure@verizon.net.
Name: John Porcella	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public representative	Email Address: jep@communitylivingcorp.org
Name: Judith Ovidvaran	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family	Email Address: judyomid@aol.com
Name: Pat Grossman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public representative	Email Address: pgrossman@wjcs.com
Name: Carol Gearing	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public representative	Email Address: cgearing@arcwestchester.org
Name: Mary Newhardt	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public representative/OPWDD	Email Address: MARY.NEWHARD@opwdd.ny.gov
Name: Naomi Brickel	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family	Email Address: nbrickel@wihd.org
Name: Kathy Schiavi	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Puble respresentative	Email Address: kathy.schiavi@yai.org

2020 Mental Hygiene Local Planning Assurance
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (5/31/19)

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.