



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Livingston County Community Services
July 18, 2018

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2017 Mental Hygiene Executive Summary
Livingston County Community Services
Certified: Michele Anuszkiewicz (6/8/18)

Livingston County has continued to take advantage of our relatively small array of services and providers by capitalizing on the interdependence and close knit relationships that working in a limited system allows. That said, the need to increase capacity, expand service options and prepare for viability in the value based payment arena remains sizeable challenges. Over the past year, tremendous efforts have been made by stakeholders and the county to apply for a wide variety of grants, leverage PPS funding, and to form new interdepartmental alliances to advance the common goal of providing quality behavioral health care services in a predominantly rural setting.

After much data absorption and some robust discussion with stakeholders, each service area was ultimately rated as "stayed the same". This is because there seemed to be a mixture of improvements, challenges, and inaction that made choosing overall improvement or overall worsening inadequate depictions of our efforts to conquer the triple aim of health care.

Our local service plan would not be complete without the expression of much appreciation to all the area providers and members of the CSB and subcommittees for their ongoing resourcefulness and commitment to serving the community. Though there have been some unexpected resignations from the CSB, all who have left have expressed feeling appreciative and enhanced by their time on the board. Currently we are without a CSB Chairperson and are missing some important stakeholder roles. We are in the process of seeking new membership and are confident that our CSB will emerge re invigorated and ready to take on the many challenges the behavioral health system faces. The SUD and MH Committees decided to merge in 2018 in an effort to leverage their enthusiasm, shared goals and resources. Thus far, the merge has been a big success with members reporting experiencing less duplication of effort, decreased meeting fatigue, and enhanced belief in the committee's sense of efficacy. It is with this sense of ingenuity and ongoing commitment to meeting the behavioral health needs of our neighbors that the Livingston County Local Service Plan is submitted.

Mental Hygiene Goals and Objectives Form
Livingston County Community Services (70410)
Certified: Michele Anuszkiewicz (6/8/18)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

Over the last year, we have continued to experience the demand for outpatient mental health treatment surpassing existing capacity. Although there has been exciting program additions over the 3 prior years (Noyes Clinic expansion, opening satellites in schools, Livingston County Mental Health Clinic opening satellite location in an underserved area) no growth has occurred over the last year. The issues of physical space, professional shortages and strict budgetary constrictions have all been road blocks difficult to manage. According to the New York State County Health Rankings report, the ratio of Mental Health Providers to population has improved slightly from last year, with an average ratio of 1 : 1290 in 2016 and 1 : 1170 in 2017. However, given that the average state ratio was 1 : 420 in 2016 and 1 : 390 in 2017 and that the regional average is approx. 1 : 600, the discrepancy continues to be nothing short of alarming.

Although there continues to be no inpatient services in the county, our only Article 28 ED added a weekday PAO position, which has been helpful. However, community members in need of inpatient services are still forced to go to neighboring counties which often causes an increased burden to family members. There has also been an increase concern regarding poor communication and lack of "warm hand off" between CPEP, inpatient units and community providers. While most of the area providers have access to the RRHIO, there are still major gaps in accessible health information.

Regarding youth specific services, despite a small increase in WAIVER capacity, the WAIVER waitlist has been high for most of the year. In fact, all C SPOA services have had consistent wait lists except Health Home Care Management (which for the county runs at a large deficit because of an average 40 % non Medicaid caseload). It has also become a common occurrence during C SPOA meetings that the Committee expresses the consistent increase of family need and level of impairment / severity of illness of the youth presented. The effects of the transition and transition delays of the WAIVER system continues to be an area of concern and merits ongoing monitoring. Regarding crisis services provided by a small (2 person) mobile unit, a "significant increase in service delivery rates" was noted in the program's annual report. Increasing satellite clinics in schools was mentioned as a possible solution, with the aim being to push in services where the youth are most likely to be identified as needing services and are the most easily accessible.

The county has also revitalized its commitment to Alternatives to Incarceration efforts. Reinvestment funding was used to add a 20 hour a week Transition Planner position in the county jail, in addition to the full time Forensic Therapist that has been imbedded in the jail for many years. A survey conducted by the LGU in collaboration with the jail indicated not only the level of need for increased mental health and SUD services in the jail, but for a well defined transition plan to be made and followed upon release. Please refer to survey results below.

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

Please Explain:

Overall the level of unmet SUD needs has stayed the same. Many of the anticipated improvements shared in last year's plan have yet to be fully realized. Despite the pace of progress being slower than we'd like, the relocation of the county's only SUD provider, CASA Trinity, to a larger facility which will incorporate the county's first residential program is on target to come to fruition this year. The peer services that CASA Trinity have implemented have been a regional success.

As discussed in the Mental Health section, additional SUD services are needed in the jail. Arrests and incarceration rates for drug offenses continue to increase and have completely overwhelmed the part time CASAC that CASA provides. In addition to therapeutic interventions, peer services and expanded MAT are needed. Although the jail has a Vivitrol program, the inductee level is low.

While the stigma associated with behavioral health is a national issue, the level of stigma in our community became jarringly obvious during the SUD residential facility community forums. Coupled with the fact that almost 100 % of suicides in the county have been committed by people not in behavioral health treatment (inference taken has been treatment avoidance because of stigma) the SUD and Mental Health Committees decided to join forces and make reduction of stigma their priority issue.

Prevention services are now in 100 % of the school districts, an increase from last year. The Perception of Use survey results continue to indicate a fairly high level of perceived safety and parental approval of marijuana by middle and high school youth.

As in all communities, opiate addiction is a major concern which has led the county to form an Opioid Task Force. Narcan training is offered each month and all road patrol, emergency services, clinicians at CASA Trinity and Livingston County Mental Health Services, faculty members at several schools as well as numerous community members have been trained. While the availability of Narcan is certainly a positive, road patrol has cautioned of several instances of its misuse (Narcan being used as a safety mechanism to allow those in addictive addiction to achieve an increased high). Livingston County was the first in the state to develop an Amnesty Program, which was the result of the collaborative effort between the Sheriff's Department, DSS, CASA Trinity, Public and Mental Health and although well advertised, only 1 person to date has taken advantage of it. The number of Drug Drop Boxes has increased to a total of 6, with over 3000 pounds of unwanted pills being safely disposed of over the last 3 years.

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

Please Explain:

The Arc of Livingston and Wyoming County has taken steps to be as proactive as possible informing the public and their OPWDD clientele of the changes being made to the MSC program. Several community forums have been presented by The Arc leadership. Unfortunately, as well

prepared as The Arc had tried to be, the nature of the uncertainty of the changes to the program has led to unprecedented staff turnover and recruitment challenges.

The START Program has opened a Region 1 Resource Center in Dansville, including respite beds. While we are very excited and appreciative of these services, waitlists for services continue to be a major issue.

The Arc of Livingston and Wyoming County was able to secure OPWDD approval and funding to open a new IRA in Avon, which was a major achievement and speaks to the overall capacity issues that the OPWDD population faces statewide, regionally and certainly in Livingston County.

Some of the most challenging issues that have arisen have involved figuring out adequate service provision for those who cross disability sectors. While each system should be applauded for better recognizing the co-occurring needs of individuals, what often arises is a situation in which the client gets "stuck between systems" leading to less service provision instead of more. In this era of regionalization and collaboration, it is hoped that systems at the state level continue their commitment to working together to take down barriers and uphold the standard of treating the whole person, even (especially) when developmental, SUD and mental health disabilities co-occur.

2. Goals Based On Local Needs

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

2a. Housing - Background Information

There continues to be no OASAS or OMH treatment housing in the county. Our Supported Housing Program continues to have waitlists. However, CASA Trinity has been awarded a grant to build a 25 bed residential facility in Dansville. While it was expected that the facility would be open by now, CASA Trinity reports being on target to open by the end of 2018.

DePaul Community Services is in the process of building a 60 bed mixed use program, Sky Bird Landing, in Geneseo which is set to open in early 2019. While we anticipate Sky Bird Landing serving an important need, we still lack the level of residential service needed for community members who cannot live independently with minimal supports.

OPWDD has approved the opening of a new IRA in Avon within the next 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

CASA Trinity will open a 25 bed residential treatment facility in Dansville by the end of 2018.

DePaul Community Services will complete construction on a mixed use low income facility in 2019.

The Arc of Livingston and Wyoming County will open a new IRA in Avon by 2020.

Objective Statement

Objective 1: Work with agencies to provide support on projects, as needed.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Unfortunately little has changed regarding transportation needs in the county. Transportation has been an issue for many years in Livingston County with little progress. There is one bus that loops around the county twice a day which causes frequent and lengthy wait times for users. There is also a shortage of MAS approved resources leading to issues with lengthy wait times. While the county has worked closely with our local PPS with some success, we haven't been able to develop a plan to address this extremely challenging issue. It does seem that FLPPS does have a better understanding of the transportation issues in rural areas as a result of the DCS's and other stakeholders vocalizing this issue, which in itself is progress.

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

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

Develop additional bus routes and expand volunteer services to provide rides to services not covered under MAS.

Objective Statement

Objective 1: Partner with FLPPS to secure funding to expand transportation services and options.

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

Change Over Past 12 Months (Optional)

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

Livingston County Mental Health Clinic has had 2 open LCSW positions for over 6 months with no applicants. During our last psychiatry hire, it took 3 years to fill the position, though we still had to settle for less psychiatry hours than originally requested. The Arc, as previously described, is reporting severe recruitment issues.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Recruitment and retention is addressed under the MH Clinic section.

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

There are no Mental Health or SUD inpatient beds in the county. There is also concern that shorter lengths of stay in regional behavioral health units and lack of step down options has contributed to the revolving door cycle that keeps behavioral health clients from reaching full recovery potential. The lack of inpatient beds for children has made a stressful family situation even worse with children being kept in observation areas for prolonged periods of time.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
The only hospital in the county has increased service provision in a number of ways, though has no plan for adding a behavioral health inpatient unit in the foreseeable future. A PAO position has been added however, to provide assessment, assist with transfer to out of county behavioral health units and referral to community supports as applicable.

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

A recent meta study in the Journal of Psychological Medicine showed that stigma associated with mental illness is still a major barrier to seeking treatment. Researchers examined data from 144 studies which led this conclusion. Given that stigma continues to be an issue on a national level, of course our rural county is not immune to the damage it causes. According to the New York State County Health Rankings in 2016, Livingston County had the highest suicide rate per capita in the region and the 6 th highest in the state. The rankings in 2017 showed a slight improvement, though there is still much work that needs to be done. We do know that most of the community members who have completed suicide have not been involved in treatment and are beyond saddened to theorize that stigma has played a role in possible life saving treatment avoidance.

The level of resistance encountered during the SUD residential process from the community was also demonstrative of how deeply entrenched misinformation, fear, and pejorative attitudes are. Combatting stigma has become the preeminent focus of the SUD and MH Committees, so as previously discussed, the committees decided to join forces to tackle the issue.

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

Improve public perception of behavioral health issues through education and awareness campaigns.

Objective Statement

Objective 1: Leverage the joining of the Livingston Public Health and Mental Health Departments to promote public perception of parity between behavioral health and physical health conditions.

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

Objective 2: Collaborate with Suicide Task Force to identify specific populations of need and enhance both pre and post vention efforts.

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

Objective 3: Support SUD and MH Committee efforts to provide community forums and informational campaigns.

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

As previously stated, there are no SUD residential services in the county. The effect of the lack of such a vital service has been documented in previous plans. While we are on the precipice of having a 25 bed residential treatment facility built, until the program is able to admit clients, the need remains. It is with much anticipation that we look forward to reporting the completion of the project and successful treatment outcomes of those served in the next plan

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

CASA Trinity will complete building and open a 25 bed residential treatment facility in Dansville by the end of 2018.

Objective Statement

Objective 1: Provide support and monitoring of CASA Trinity's building of its planned 25 bed residential treatment facility.

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

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

As previously noted, the ratio of providers to residents is abhorrently low at 1 : 1170, with the state average being 1 : 390 and the regional average at 1 : 600. Space is also an issue, with both mental health clinics and satellites having little room to expand. Noyes Clinic has made valiant efforts to co locate in area primary care offices, though have not been able to overcome the stringent and at times contradictory regulations.

In addition to provider and capacity issues, viability in a VBP system demands easily accessible outcome data with a fairly sophisticated data manipulation expectation, which currently is lacking in both systems.

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 accessibility of outpatient mental health services by 20 %.

Objective Statement

Objective 1: Explore collaboration opportunities with area colleges and career sites to recruit applicants.

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

Objective 2: Explore ways to become eligible to offer as many loan forgiveness and other incentive programs as possible to current and potential staff.

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

Objective 3: Increase availability of satellite locations, especially in school settings

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

Objective 4: Continue colocation and service integration efforts.

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

Objective 5: Explore telepsych, open access, and other models that improve ease of client accessibility.

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

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

The transformation of the SCM and ICM program to Health Home Care Management has been challenging, especially for the SMI population who was used to and needed a much higher level of service than the Home model provides. Over the last 12 months, the program has continued to evolve, though for both the staff and clients involved, there continues to be a high level of frustration. As the system continues to evolve, the need to decrease the vast number of assessment questions and reams of paperwork, decrease caseload size and return the focus of the program to meeting the needs of such a vulnerable population must be of paramount importance.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
As both the supervisor of the county CMA and the LGU, every opportunity has been, and shall continue to be taken, to inform the system at the Health Home and state level of the observations and member feedback that I have received in an effort to work toward system improvement. Though the challenge of DOH, OMH, and MCO's creating the Health Home system is capacious in nature, so are the opportunities.

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

As already stated, capacity for treating, housing and providing respite services and family support to the DD population as well as the DD Co Occurring population needs to be increased. Positive steps have certainly been taken with the opening of the START Resource Center in Dansville and approval of a new IRA in Avon, though unfortunately need still exists and requires recognition on this plan.

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

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

Change Over Past 12 Months (Optional)

2s. Developmental Disability Adult Services - Background Information

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

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

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

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

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

Change Over Past 12 Months (Optional)

2v. Developmental Disability Family Supports - Background Information

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

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

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

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

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

Change Over Past 12 Months (Optional)

2ab. Developmental Disability Service Coordination - Background Information

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

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

Change Over Past 12 Months (Optional)

2ac. Other Need (Specify in Background Information) - Background Information

Keeping people with behavioral health issues out of our county jail continues to be an area with community and cross departmental support. A workgroup is being formed to gather data, assess areas where change efforts will be most impactful and secure funding opportunities.

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

Based on information analyzed from the workgroup process, 2 - 3 funding opportunities will be strategically sought.

Objective Statement

Objective 1: Workgroup members will develop a strategic plan to gather necessary data.

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

Objective 2: Based upon results of data analysis, applications will be made to relevant grants, state innovation funds, etc to fund needed services.

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

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

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

3a. Medicaid Redesign - Background Information

Preparing for viability in a VBP system is going to be a major change for many, if not all, of our providers. The state and FLPPS have offered many trainings to educate providers on the goal of DSRIP and how to best prepare to meet the new demands and opportunities system transformation provides. Sharing training opportunities, encouraging area providers to attest / partner with BHCC and IPA options of their choice and working with other county providers of behavioral services to become a BHCC are some of the strategies that have been used to improve the likeliness of uninterrupted, high quality service provision in my county as well as the region.

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

Goal Statement- Is this Goal a priority goal? Yes No

Continue to share state and local educational, training and networking opportunities with county providers and support each provider to develop their own plan of success throughout and post Medicaid Redesign Process.

Objective Statement

Change Over Past 12 Months (Optional)

3d. NYS Department of Health Prevention Agenda - Background Information

Livingston County made the decision to combine the Department of Public Health and the Department of Mental Health and Community Services 3 years ago. Since then, there have been many lessons learned. A major advantage of having the departments merge has been the ability of each service area to participate and inform the other's planning system. Livingston County has become one of very few counties in the state to address behavioral health issues on it's CHIP. We are also using the merge to create change in the public consciousness by highlighting how, at the highest county level, the importance of behavioral health needs has been equated with those of physical health. While public perception change is always a slow process, we believe that the ultimate aim of creating the new norm of all health needs being equally part of the human condition and not a defect in character is closer than ever.

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

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Attachments
<ul style="list-style-type: none">• Response Survey for Jail Population.doc - Survey Response.

Office of Mental Health Agency Planning Survey
 Livingston County Community Services (70410)
 Certified: Michele Anuszkiewicz (5/31/18)

1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issue.
Psychiatrist	5	2	shortage of current providers and shortage of potential providers choosing to enter the field.
Physician (non-psychiatrist)	n/a	n/a	
Psychologist (PhD/PsyD)	n/a	n/a	
Nurse Practitioner	3	2	area clinic that is associated with large hospital system able to fill positions with more ease than clinics that lack such affiliation.
RN/LPN (non-NP)	3	2	area clinic that is associated with large hospital system able to fill positions with more ease than clinics not affiliated.
Physician Assistant	n/a	n/a	
LMSW	3	2	shortage of workers, long commute because of rural location of clinics.
LCSW	5	2	shortage of workers, county doesn't provide pay differential, currently over 6 months with no applicants..
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	3	2	shortage of workers, long commute because of rural location of clinics.
Peer specialist	5	n/a	reluctance of providers to add these positions / feel able to supervise.
Family peer advocate	n/a	n/a	cannot determine.

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining

Crisis workers who are required to work off hours have been challenging to recruit.

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.

Each of the 2 Mental Health Clinics provided input.

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman jeremy.darman@omh.ny.gov. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
 Livingston County Community Services (70410)
 Certified: Michele Anuszkiewicz (6/4/18)

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.

Member
Name Brenda Donohue
Physician No
Psychologist No
Represents County Board of Supervisors
Term Expires 12/31/2020
eMail conesusuper@town.conesus.ny.us

Member
Name Annmarie Urso
Physician No
Psychologist No
Represents Education and DD.
Term Expires 12/31/2020
eMail urso@geneseo.edu

Member
Name Tracy McCaughey
Physician No
Psychologist No
Represents DSS
Term Expires 12/31/2021
eMail tmccaughey@co.livingston.ny.us

Member
Name Elaine Buzzinotti
Physician No
Psychologist Yes
Represents Community Member / Retired Clinical Psychologist / Clergy
Term Expires 12/31/2021
eMail ebuzzinotti@rochester.rr.com

Member
Name Dawn Landon
Physician No
Psychologist No
Represents SUD
Term Expires 12/31/2020
eMail dlandon@casa-trinity.org

Member
Name Mike Didas
Physician No
Psychologist No
Represents Law Enforcement
Term Expires 12/31/2018
eMail adidas@co.livingston.ny.us

Alcoholism and Substance Abuse Subcommittee Roster

Livingston County Community Services (70410)

Certified: Michele Anuszkiewicz (5/29/18)

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

Chairperson

Name Dawn Landon
Represents CASA
eMail dlandon@casa-trinity.org
Is CSB Member Yes

Member

Name Rachel Pena
Represents Prevention
eMail rpena@casa-trinity.org
Is CSB Member No

Member

Name Mike Didas
Represents law enforcement
eMail mdidas@co.livingston.ny.us
Is CSB Member Yes

Member

Name Ann Domingos
Represents CASA
eMail adomingos@casa-trinity.org
Is CSB Member No

Member

Name Tracy McCaughey
Represents DSS
eMail tmccaughey@co.livingston.ny.us
Is CSB Member Yes

Mental Health Subcommittee Roster
 Livingston County Community Services (70410)
 Certified: Michele Anuszkiewicz (6/4/18)

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

Chairperson
Name Dawn Landon
Represents SUD
eMail dlandon@casa-trinity.org
Is CSB Member Yes

Member
Name Mike Didas
Represents law enforcement
eMail adidas@co.livingston.ny.us
Is CSB Member Yes

Member
Name Elaine Buzzinotti
Represents Community Member/Retired Clinical Psychologist/Clergy
eMail ebuzzinotti@rochester.rr.com
Is CSB Member Yes

Member
Name Linda Shay Schivone
Represents Community Member/Retired Psychiatric RN
eMail
Is CSB Member No

Member
Name Lori Maclevoy
Represents MHA
eMail
Is CSB Member No

Member
Name Barb Metzler
Represents Compeer
eMail
Is CSB Member No

Member
Name Joe Meekin
Represents Consumer
eMail
Is CSB Member No

Member
Name Betty Lou Harris
Represents Consumer / Family
eMail
Is CSB Member No

Member
Name Michelle Dourie
Represents Catholic Charities
eMail mdourie@dor.org
Is CSB Member No

Member
Name Bryan Mentry
Represents Youth Mobile Mental Health
eMail bryan.mentry@omh.ny.gov
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Livingston County Community Services (70410)
 Certified: Michele Anuszkiewicz (6/4/18)

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

Chairperson

Name Annmarie Urso
Represents Education and DD.
eMail urso@geneseo.edu
Is CSB Member Yes

Member

Name Deb Tuckerman
Represents The Arc
eMail
Is CSB Member No

Member

Name Marilyn Simmons
Represents Community Member / Family
eMail
Is CSB Member No

Member

Name Gretchen Micheaux
Represents DSS
eMail
Is CSB Member No

Member

Name Joseph Galante
Represents Education
eMail
Is CSB Member No

Member

Name Charles Keenan
Represents Community Member
eMail
Is CSB Member No

Member

Name Carol Gosave
Represents Community Member
eMail
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Livingston County Community Services (70410)
Certified: Michele Anuszkiewicz (6/8/18)

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 2019 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 2019 Local Services planning process.

Survey was completed by 62 inmates in the Livingston County Jail. Participation was voluntary. There were 42 responses by males and 20 by females.

Number of Respondents	Age Range	Average # of times in jail	Average number of times moved in last 3 years
19	18 – 24	4 . 6	1 . 9
18	25 – 32	6 . 1	4 . 2
16	33 – 40	6 . 0	2 . 7
9	Over 40	6 . 6	1 . 7
62		5 . 8	2 . 6

Number of Respondents who report having both Substance Abuse Issue and a Mental Illness is 38 , which is 61 %.

I have been told, by a professional, that I have a mental illness (such as depression, anxiety, bipolar, PTSD, ADHD, etc.): **76 % Yes 24 % No**

Whether I have been told or not, I **believe** that I have a mental illness
70 % Yes 30% No

I have been told by a professional that I have an addiction to drugs / alcohol
72 % Yes 28% No

Whether I have been told or not, I **believe** that I have an addiction
68 % Yes 32 % No

I have received treatment for a mental illness on the past
66 % Yes 34 %No

I have received treatment for an addiction in the past
58 % Yes 42 % No

I believe it would be helpful to get mental health counseling while in jail:
83 %Yes No 17 %

I believe it would be helpful after being released:
83 % Yes No 17 %

I believe it would be helpful to get addiction counseling while in jail:
79 % Yes No 21 %

I believe it would be helpful after being released
77 % Yes 23 % No

I believe it would be helpful to improve my parenting skills while in jail:

75 % Yes 25 % No

I believe it would be helpful after being released:

72 % Yes 28 % No

I believe it would be helpful to improve my relationship skills while in jail:

75 % Yes 25 % No

I believe it would be helpful after being released:

72 % Yes 28 % No

I believe it would be helpful to improve my money skills while in jail:

78 % Yes 22 % No

I believe it would be helpful after being released:

82 % Yes 18 % No

I believe it would be helpful to work on anger management while in jail:

81 % Yes 19 % No

I believe it would be helpful after being released:

77 % Yes 23 % No

Before going to jail, I had a Full time job:

53 % Yes 47 % No

Before going to jail I had a Part time job:

30 % Yes 70 % No

It will be easy to find a Full Time job when I'm released:

48 % Yes 52 % No

It will be easy to find a Part Time job when I'm released

48 % Yes 52 % No

I believe it would be helpful to work on job skills while in jail

84 % Yes 16 % No

It would be helpful to work on job skills after being released

84 % Yes 16 % No

I have a safe place to live when I am released

78 % Yes 22 % No

It is easy to get appointments for my mental illness in Livingston County

42 % Yes 58 % No

It is easy to get rides to these appointments

48 % Yes 52 % No

It is easy to pay the co pays to these appointments

15 % Yes 85 % No

My family and friends want me to go to these appointments

56 % Yes 44 % No

It is easy to get appointments for my addiction problem in Livingston County

46 % Yes 54 % No

It is easy to get rides to these appointments

40 % Yes 60 % No

It is easy to pay the co pays to these appointments

15 % Yes 85 % No

My family and friends want me to go to these appointments

56 % Yes 44 % No

It is easy to get appointments for my physical health in Livingston County

51 % Yes 49 % No

It is easy to get rides to these appointments

41 % Yes 59 % No

It is easy to pay the co pays to these appointments

17 % Yes 83 % No

My family and friends want me to go to these appointments

66 % Yes 34 % No

The 3 most important things to keep me out of jail

Respondents were asked to circle the TOP 3

Ranking	Description	Percentage
1	Having a job	52 %
2	Stop using drugs / alcohol	47 %
3	Control Mental Illness	32 %
4	Write In Response No charge / better haircuts while incarcerated	29 %
5	More family support	27 %
6	Controlling Anger	23 %
7	Safe Housing	19 %
8	Parenting Skills	18 %
9	Accessing Appointments	15 %
10	Ability to take medicine consistently	13 %
11	More education	9 %