



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

Westchester Co. Dept of Community MH
July 18, 2018

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
Office of Mental Health Agency Planning 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

2017 Mental Hygiene Executive Summary
Westchester Co. Dept of Community MH
Certified: Michael Orth (5/29/18)

2019 Local Plan - Executive Summary

Westchester County's **2019 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. As with previous years, Westchester County LGU continues to have significant concerns for the many challenges the public behavioral health system is experiencing including timely and appropriate access and adequate services for children and adults with serious behavioral health needs and their families. On a positive note, there appears to have been some recent recognition from State planners that many of challenges/barriers identified in the early stages of transformation by the LGU, providers and recipients have been partially addressed. The changes include 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 the county 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.

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. The children's system of care has increased school based mental health satellite clinics to expand capacity. There continues to be the challenge, with shrinking resources, in meeting the needs of individuals with serious mental health issues with complex needs. These individuals are often in crisis due to social factors such as housing, financial stress as well as significant mental health needs, often co-occurring mental health, substance misuse and/or developmental/intellectual disabilities. There continues to be questions, and concern, about adequate services for individuals and what resources will be available for communities to implement, as part of the local planning process, in a managed care environment and how will the managed care entities be held accountable for ensuring access and quality at the community level. This has been the role of county government since Article 41 was established. Westchester County strongly believes that the maintenance of this planning role is critical to the successful implementation of managed care. Westchester County has been an active participant in working with our Regional County partners and the NYS OMH, OASAS, OPWDD to plan and prepare for the change in the service delivery system. This includes active participation in Regional Planning Consortiums (RPC) as well as SPOA/Health Home committees for children and adults, and other important planning bodies.

Westchester DCMH/LGU continues to partner with 2 regional/local DSRIP (WMC and Montefiore) and specifically on various projects they are funding. LGU primary role is to align with system of care and connecting with needs, existing efforts, coordination and sustainability of resources. LGU is connecting with BHCC to ensure coordination and shared planning as well.

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.

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 growing concern that some of the recent changes in the transformation agenda, such as implementation of Health Home/Care Management for children and adults, do not support person-centered planning, and do not place value on value of engagement, relationships or connectedness.

Highlights

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) Professional training/Best Practices, (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 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.

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.

Westchester DCMH/LGU recently submitted to OMH/OASAS/DOH recommendations for **Crisis Stabilization** plan. One of the major goals is to create a coordinated crisis response system that is accessible, offered in least restrictive and most appropriate setting, and is trauma informed and addresses both behavioral health needs and other complex needs of the individual. Ideally, goal is to create a single or well coordinated crisis behavioral response system that braids the various funding streams (county tax levy, state aid, HCBS, etc) rather than create "silo crisis response" services.

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.

Workforce Training and Awareness

Westchester DCMH continues to provide 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.

Westchester DCMH continues to partner with various organizations in providing **Youth and Adult Mental Health First Aid Training**. A Learning Collaborative was created to support and coordinate efforts between the organizations and trainers.

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. The Task Force also created a College Behavioral Health Learning Collaborative to collaborate with colleges, county departments, providers, advocacy groups and JED Foundation to provide support to all 13 local colleges.

Mental Hygiene Goals and Objectives Form
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (5/31/18)

I. 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:

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 the service delivery system over the past year and a willingness to make appropriate changes based on the needs of children and adults. Planing 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.

As with most counties, Westchester's Adult SPOA, which oversees residential, care management, and ACT services, has seen a significant increase in need in all of these areas. **Housing/residential resources** are all at capacity and are operating on significant waitlists. There are individuals who have been waiting for years for housing. Our most intensive level of housing, Community Residence (CR), is licensed by OMH and is at a premium, often designated for individuals who are court-mandated for treatment or coming out of state hospitals. We are pleased with the allocation of **new Supported Housing beds** and more flexible eligibility to serve not only adults in state hospital and forensics but also at high risk in the community. We have also benefitted from OMH State Aid funding for, and have created, **several support services**, such as Mobile Outreach Team, Transitional Outreach Team and enhanced Peer and Respite supports.

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 these 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.

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

Please Explain:

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

The number of Westchester County **SUD treatment admissions in 2016 was 10,066**, this admission to all level of care. The primary drug of choice was alcohol with 37.8% followed by heroin at 24.4% and Marijuana at 20.3% In 2015, the number of deaths due to opioid overdose was 83, up from 59 deaths in 2014, the number of emergency room visits was 130 and there were 422 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.

While Westchester County is not designated a federally designated health professional shortage area for SUD professionals the area has a high prevalence of alcoholism and substance use, and this translates into an increased need for SUD professionals.

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, 2017 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-to increase treatment retention and success rate for clients.

18% of discharged clients do not achieve their goals related to alcohol-2% decrease over 2016;
 27.8% of clients are discharged against clinical advice-8% increase over 2016;
 25.5% of clients are discharged without having met any treatment goals- 1% increase over 2016;
 27.1% of discharged clients do not achieve their goals related to drug- 1.9% decrease over 2016;;
 44.2.5% of clients are discharged unemployed-3% decrease over 2016;
 No discharge referrals are made for 37.1% of discharged clients-2.7% decrease over 2016;
 28% of Social Functioning goals are not met-2.4% decrease over 2016;
 24.3% of Emotional Functioning goals are not met-1.6% decrease over 2016;
 22.9% of Family Situation goals are not met-2.5% decrease over 2016;
 17.7% of clients did not participate in individual counseling sessions and 68.4% participated in 1 to 9 sessions, compared to 21.6% and 63.9% respectively in 2016.
 41% of all admissions were treated with an addiction medication.

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

In 2018, Westchester was awarded an **Open Access grant**. The program will serve Westchester, Rockland and Putnam County.

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:

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 urgent needs.

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.

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. The Hudson region has also experienced significant staff turnover which has led to limited openings. 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.

Westchester's Autism Advisory Committee continues to be a proactive body that addresses the needs of individuals on autism spectrum and their families. Areas of focus include LifeSpan of services, employment and training.

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 type="checkbox"/>	<input 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

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 850 individuals. There are individuals who have been waiting for years for housing. Many of the 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.

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

- Maximize existing housing resources through 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 Retention Housing 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 issuance of the Empire State Supportive Housing Initiative (ESSHI) Funding while an important and needed funding stream is difficult to access. grant requirements and the coordination efforts involved securing an appropriate site is time consuming and complex. se realities impede providers from moving forward in developing housing for targeted to our SUD population.

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.

SUD Services

Westchester County has a population of 946,646, and there are no Medically Monitored Withdrawal Services in the County.

In reviewing 2016 treat and release ER data for patients presenting with BH issues from St. John's Riverside Hospital and St. Joseph's Hospital, chemical dependency was the most frequent BH visit type. BH visits were 2.5% of total ER visits for St. John's Riverside Hospital 18% off total ER visits for St. Joseph's Hospital.

St. John's Riverside Hospital-adults comprise 92% of all BH related ED visit; 88% were residents of Westchester and 49% were Medicaid patients.

St. Joseph's Hospital- adults comprise 89% of all BH related ED visit; 86% were residents of Westchester and 22% were Medicaid patients.

High utilizers defined as three (3) or more ED visits in a year were identified as SUD clients.

For **individuals with Dev/Int disabilities** there continues to be a lack of crisis services and respite options. Based on focus groups and discussions with providers and family members this had led to overwhelmed family members as caretakers, inappropriate use of psychiatric hospitalization at times and situations unnecessarily escalating due to lack of immediate and appropriate intervention.

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 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).

St. John's Riverside Hospital in partnership with the LGU, DSRIP PPS, NYS OASAS and OMH will open a 13 bed crisis unit.

LGU will continue to engage OPWDD, and other partners, to explore how to address individuals in crisis.

Objective Statement

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

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.

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

While Westchester County is not designated a federally designated health professional shortage area for SUD professionals the area has a high prevalence of alcoholism and substance use, and this translates into an increased need for SUD professionals. 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.

The current health care environment amplifies the need for better trained staff at all levels of administrative and treatment delivery. The fields' ability to attract and retain qualified staff is hampered by low salaries, stressful work environment and high work load. This is also reflected in the workforce survey completed by providers.

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 in effective business practices.

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

Change Over Past 12 Months (Optional)

Westchester D& A services has partnered with MCTAC to offer a series of training centered on data-the collection, use and analysis of data. The development of a PDSA cycles centered on access, engagement and retention in treatment.

2h. Recovery and Support Services - Background Information

With a County population of 946,646, there is no adult recovery center located in Westchester.

27.8% of clients are discharged against clinical advice-8% increase over 2016;

44.2.5% of clients are discharged unemployed-3% decrease over 2016;

28% of Social Functioning goals are not met-2.4% decrease over 2016;

24.3% of Emotional Functioning goals are not met-1.6% decrease over 2016;

22.9% of Family Situation goals are not met-2.5% decrease over 2016;

The data cited speaks to the need for additional community supports. In addition to treatment providers being more effective, a Recovery Center can build upon the therapeutic process started in treatment. This service is a needed relapse prevention support and provides a cost effective way of supporting and enhancing the treatment continuum.

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 need for additional financial resources is crucial to the development of services.

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). The 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.

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

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)

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 through the cracks". This often results in unmet needs, increased hospitalization or emergency/crisis needs 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 is pleased on creation of Health Homes Plus for adults.

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.

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)

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3a. Medicaid Redesign - Background Information

The redesign affected the fiscal survival of some programs. Some programs did not possess the business infrastructure to effectively adapt to the new environment and were unable to keep their programs open. This occurred despite the availability of technical assistance.

The ability of providers to reinvent excess revenue "not to apply" back into their program was beneficial to the system, allowing provider to strength their fiscal infrastructure.

The challenge ahead now for providers lies with the transition towards value based payment. The formation of IPA or other types of associations, the use of data to drive clinical and fiscal decisions, the need to employ revenue cycle management strategies are all new clinical and business models that must now be employed.

Additionally, the development of HH and HCBS services has amplified the need for service coordination and collaboration. 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.

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

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

To ensure the continued availability of Behavioral Health services and support a system of care that provides continuum of service that are accessible, appropriate level of care and least restrictive and person centered.
LGU will continue to partner with key stakeholder and reinforce collaboration and maximizing existing resources in a more integrated way.

Objective Statement

Objective 1: To conduct site/program visit and monitor data to determine program efficacy on a clinical and fiscal level

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

Objective 2: To provide technical assistance and support around clinical practices

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

Objective 3: To provide technical assistance and support around VBP

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

Change Over Past 12 Months (Optional)

The establishment of an IPA-Comprehensive Care Network consisting of agencies serving Westchester, Dutchess, Rockland county. CCN was also awarded HCB funding to further develop their IPA structure.

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)

Office of Mental Health Agency Planning Survey
 Westchester Co. Dept of Community MH (70270)
 Certified: Michael Orth (5/29/18)

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	4	3	competition with NYC; difficult to recruit
Physician (non-psychiatrist)	n/a	n/a	
Psychologist (PhD/PsyD)	1	1	
Nurse Practitioner	4	4	competition
RN/LPN (non-NP)	3	3	
Physician Assistant	n/a	n/a	
LMSW	2	2	
LCSW	3	3	competition salary with NYC and other systems
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	2	2	
Peer specialist	3	3	low salary
Family peer advocate	4	4	low salary

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

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

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
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (5/25/18)

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.

Chairperson		Member	
Name	Susan Wayne	Name	Ashley Broday
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Family Services of Westchester	Represents	Voluntary
Term Expires	12/31/2017	Term Expires	12/31/2020
eMail	swayne@fsw.org	eMail	abrody@searchforchange.com
Member		Member	
Name	Ellen Morehouse	Name	Stephanie Marquesano
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Voluntary	Represents	Consumer/advocate
Term Expires	12/31/2020	Term Expires	12/31/2021
eMail	sascorp@aol.com	eMail	stephanie@theharrisproject.org
Member		Member	
Name	Michael Orth	Name	Barbara Bernstein
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	DCMH	Represents	voluntary
Term Expires		Term Expires	12/31/2021
eMail	mno6@westchestergov.com	eMail	bernsteinb@mhawestchester.org
Member		Member	
Name	Amy Gross	Name	Patricia Limpert
Physician	No	Physician	No
Psychologist	Yes	Psychologist	No
Term Expires	12/31/2021	Represents	Consumer/Advocate
eMail	agross@gmail.com	Term Expires	12/31/2021
		eMail	patricialimpert@gmail.com
Member		Member	
Name	Elaine Bryant	Name	Kitley Covell
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Voluntary	Represents	BOL
Term Expires	12/31/2021	Term Expires	12/31/2021
eMail	ebryant@riversidehealth.org	eMail	kcovell@ksc1@westchestergov.com
Member		Member	
Name	Claus Von Schorn	Name	Grant Mitchell
Physician	Yes	Physician	Yes
Psychologist	No	Psychologist	No
Represents	Montifiore	Represents	Mt Sinai Hospital
Term Expires	12/31/2017	Term Expires	12/31/2018
eMail	evonchorn@sshsw.org	eMail	grantmitchell@gmail.com

Member
Name Steven Shainmark
Physician Yes
Psychologist No
Represents St Vincent's Hospital
Term Expires 12/21/2016
eMail sshainmark@svwjmcc.org

Member
Name Barbara Waltman
Physician No
Psychologist No
Represents NY Hospital
Term Expires 12/31/2018
eMail bwaltman@nyp.org

Member
Name Richard Swierat
Physician No
Psychologist No
Represents WARC
Term Expires 12/31/2018
eMail rswierat@arcwestchester.org

Alcoholism and Substance Abuse Subcommittee Roster
 Westchester Co. Dept of Community MH (70270)
 Certified: Dahlia Austin (5/16/18)

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 Ellen Morehouse
Represents Student Assistance Services Corp.
eMail sascorp@aol.com
Is CSB Member Yes

Member

Name Nancy Magliocca
Represents Sr. John's Riverside Hospital
eMail NMagliocca@riversidehealth.org
Is CSB Member No

Member

Name Amy Gelles
Represents The Guidance Center of Westchester
eMail agelles@theguidancecenter.org
Is CSB Member No

Member

Name Adrienne Marcus
Represents Lexington Center for Recovery
eMail amarcus@lexingtonctr.org
Is CSB Member No

Member

Name Joriel Sharp
Represents Consumer
eMail jsharp@famtieswest.org.
Is CSB Member No

Mental Health Subcommittee Roster
 Westchester Co. Dept of Community MH (70270)
 Certified: Michael Orth (5/25/18)

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.

Co-chairperson

Name Ashley Brody
Represents Public Representative
eMail abrody@searchforchange.com
Is CSB Member Yes

Co-chairperson

Name Susan Wayne
Represents Public representative
eMail swayne@fsw.org
Is CSB Member Yes

Member

Name Kerry Megley
Represents Family
eMail kmegely@familytieswestchester.org
Is CSB Member No

Member

Name Claus von Shorn
Represents Public Representative
eMail cvonscho@montefiore.org
Is CSB Member Yes

Member

Name Andrea Kocsis
Represents Public representative
eMail akocsis@hdswh.org
Is CSB Member Yes

Member

Name Jeff Apotheker
Represents Public Representative
eMail japotheker@wjcs.com
Is CSB Member No

Member

Name Amy Colesante
Represents Advocate
eMail amymh@comcast.net
Is CSB Member No

Member

Name John Francis
Represents Public representative
eMail jfrancis@svwsjmc.org
Is CSB Member No

Member

Name Ellen Morehouse
Represents Public Representative
eMail sascorp@aol.com
Is CSB Member Yes

Member

Name Sharon McCarthy
Represents NAMI Westchester
eMail sharonm@namiwestchester.org
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Westchester Co. Dept of Community MH (70270)
 Certified: Michael Orth (5/25/18)

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 Michael Orth
Represents Public Representative
eMail mmo6@westchestergov.com
Is CSB Member Yes

Member

Name Naomi Brickel
Represents Family
eMail nbrickel@wihd.org
Is CSB Member No

Member

Name Shelly Klein
Represents Family
eMail accwest@aol.com
Is CSB Member No

Member

Name Barbara Masur
Represents family
eMail b.masure@verizon.net.
Is CSB Member No

Member

Name John Maltby
Represents family
eMail maltyby@wihd.org
Is CSB Member No

Member

Name John Porcella
Represents Public representative
eMail jep@communitylivingcorp.org
Is CSB Member No

Member

Name Ric Swirat
Represents Public representative
eMail rswirat@westchesterarc.org
Is CSB Member Yes

Member

Name Sheri Muth
Represents Public Representative
eMail sheri.muth@jawonio.org
Is CSB Member No

Member

Name Amy Coccodrilli
Represents Public representative
eMail amy.coccodrilli@opwdd.ny.gov
Is CSB Member No

Member

Name Judith Ovidvaran
Represents Family
eMail judyomid@aol.com
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Westchester Co. Dept of Community MH (70270)
Certified: Michael Orth (5/25/18)

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.