



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020
Local Services Plan
For Mental Hygiene Services

Livingston County Community Services
September 6, 2019

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2020 Mental Hygiene Executive Summary
Livingston County Community Services
Certified: Michele Anuszkiewicz (6/10/19)

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 cross collaborative and interdepartmental alliances to advance the common goal of providing quality behavioral health care services in a predominantly rural setting.

As always, 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. I am pleased to report that membership on our CSB has stabilized and the merging of the SUD and MH Committees has been an unmitigated success. However, some continued membership efforts are needed to make each committee as reflective of the population area as possible.

With that said, we look forward to using our plan as a guide to meet the challenges that behavioral health service delivery entails to create the healthiest county possible.

Mental Hygiene Goals and Objectives Form
Livingston County Community Services (70410)
Certified: Michele Anuszkiewicz (6/10/19)

1. Overall Needs Assessment by Population (Required)

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

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

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

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

The most exciting improvement has been the opening of SkyBird Landing which is the first SPSRO in the county and is on target to be fully occupied within the first 6 months of its opening. SkyBird Landing is a 60 bed mixed use apartment program with 30 apartments designated to the SPOA population. Because the facility has pushed in , on site case management services, our SMI individuals have been able to experience a higher level of support than in any of our other supported housing options.

In an effort to reach some of our most high risk community members, numerous stakeholders came together to pilot a Mobile Crisis Response Team capable of providing risk assessments to individuals who come into contact with Law Enforcement. The goal of the pilot, which was funded through FLPPS, was to prevent unnecessary Law Enforcement MHA from occurring. Data from the first 6 months of the program indicate that the overwhelming majority of encounters resulted in ED diversion and linkage to community resources.

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

Over the last year, we have continued to experience the demand for outpatient mental health treatment surpassing our capacity. There are plans to open a new Noyes satellite clinic, though the experience has been that capacity increases don't alleviate the need. This is likely largely because Livingston County remains severely below the state and regional average of provider to population ratio. According to the New York State County Health Rankings report, the ratio of population to Mental Health Providers has improved slightly from last year, with an average ratio of 1030 : 1. Ratios in 2016 and 2017 were 1290 : 1 and 1170 : 1 respectfully. However, given that the average state ratio was is 370 : 1 (420 : 1 in 2016 and 390 : 1 in 2017) and that the regional average is approx. 520 : 1, the discrepancy continues to be nothing short of alarming. Ability to fill open positions is challenging as well. The county clinic has had consistent openings for the last 12 months. In addition to outpatient needs, there continues to be no inpatient mental health services in the county.

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

Regarding youth specific services, the unbundling of WAIVER services has been a real challenge. There are wait lists for each CFTSS / CSPOA service and the state plan for providing services to non Medicaid youth is far from fully actualized. Since it has been determined that the CFTSS transformation process is going to require significant time to evolve, it has become a main area of concern for the LGU.

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

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

Overall the level of unmet SUD needs has improved primarily due to the opening of the first SUD residential treatment facility in the county. CASA Trinity opened it's 25 bed Wellness Center which offers stabilization, rehabilitation and reintegration in a 24 hour supervised housing setting.

Another significant achievement has been the Prevention Team holding Town Hall meetings and increasing use of social media to reach wider audiences. While community meetings is not a new concept or practice, the number of attendees has far surpassed expectation.

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

In 2018 the SUD and MH committees merged with the shared goal of working together to address the behavioral health needs of both groups. It was also the belief of both committees that stigma played a major role in the behavioral health population delaying / not receiving treatment. Because of some changes in the CSB and committee leadership, the joint committees plan to launch an anti stigma campaign requires more time to execute. As the committee members are still committed to the goal, work on the campaign is continuing.

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

According to the latest report from the state on Opioid overdose rates, it appears that Livingston County rates are increasing slightly while the rest of the state is declining. While all the data is not yet available that is needed to make an informed decision as to county overdose rates, certainly the available information suggests the need for regular monitoring and continued collaboration with our regional Opioid Task Force through SA2Y Network and our local Task Force that is well represented by various stakeholders from public health, behavioral health, and law enforcement among others.

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

Stayed the Same Worsened

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

The significant efforts reported previously of The Arc of Livingston and Wyoming County being as proactive as possible to plan for the transition of the MSC program to the Health Home model paid off as thus far the service delivery aspect of the program has been met with a fairly positive response from consumers.

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

Despite cross system efforts of the No Wrong Door approach, potential consumers can still experience a significant wait for eligibility determination.

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

Ability to recruit and maintain a competent workforce, particularly in the area of direct service provision, hit a low point during the transition period. Because workforce retention has been a longstanding issue in the residential and treatment programs, the decline is particularly worrisome. Ability to recruit and maintain a competent workforce, particularly in the area of direct service provision, hit a low point during the transition period. Because workforce retention has been a longstanding issue in the residential and treatment programs, the decline is certainly worrisome.

The Kid Start program has also reported a significant decline in referrals believed to be largely because of school based programs trying to fill these needs in their own Pre K programs. Increased advertising and consumer education regarding the specialty services offered at Kid Start in addition to rallying for funding parity has begun in earnest.

Ability to recruit and maintain a competent workforce, particularly in the area of direct service provision, hit a low point during the transition period. Because workforce retention has been a longstanding issue in the residential and treatment programs, the decline is particularly worrisome.

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

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2a. Housing - Background Information

Although significant improvement has occurred with the opening of The Wellness Center and SkyBird Landing, the need for safe, affordable housing continues to exist.

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):
 We are going to continue to monitor the situation, collaborate with our regional Coc and Housing Task Force though because of the unprecedented progress that has been made, we are able to switch focus to other pressing needs

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.
 According to the 2018 survey conducted by Common Ground, 14 % (which is the highest in the region) of county residents report transportation are a major barrier for accessing wholesome food, and medical and dental visits. The same study reported that 97 % of residents believe they reside in a rural town or in the "country". It's no surprise that the one bus that loops around the county twice a day and causes frequent and lengthy wait times for users is not sufficient.

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 and other transportation vendors 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 clinical positions for over 6 months with no applicants. 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):
 Individual agencies have created various partnerships and alliances to address the issue.

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

Significant progress has been made with the addition of 25 SUD inpatient beds run by CASA - Trinity in Dansville. Regionally, the 24 hour access centers that have opened are starting to be recognized as a resource for area providers and SUD consumers. However, there continues to be no mental health inpatient beds in the county. There also continues to be 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 can make a stressful family situation even worse with children being kept in observation areas for prolonged periods / sent to treatment hours away.

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):
 SUD inpatient capacity at the new Wellness Center will be monitored.

Noyes, the only hospital in the county, has added a PAO position through use of FLPPS funding and has announced plans to maintain the position post FLPPS involvement.

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

The 2018 health assessment survey conducted by Common Ground indicated that the top 2 issues that Livingston County community members reported being the "most important issues to include on the county plan " were Mental Health at 22 % and SUD at 20 %". The number 1 fear of survey respondents, at 17 % , was developing their own behavioral health issues with the number 2 fear being weight gain at 10 %. An astonishing 20.5 % rated themselves as having poor / fair mental and emotional health, the highest in the region by almost 5 %. Although the number of people engaged in behavioral health treatment is challenging to obtain, given population size and clinic rolls, it is extremely unlikely that all the people self reporting poor / fair mental health are engaging in treatment services. While the reason for such a disconnect is likely multifaceted, countless national studies have consistently found stigma as a leading reason for behavioral health treatment avoidance. Antidotal evidence suggests that this holds true in Livingston County as well.

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: Leverage the ACE's initiatives that the Violence Prevention Coordinator is doing through DOH to promote public understanding of whole person health.

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

Objective 3: Use of FLPPS funds to support the 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)

While the commitment to develop an anti stigma campaign hasn't waived, fluctuation in committee membership and funding issues impeded progress. Better coordination with Public Health efforts as well as use of FLPPS funds should propel the project's momentum forward.

2n. Mental Health Clinic - Background Information

As previously noted, the ratio of providers to residents is abhorrently low at 1030 : 1, with the state average being 370 : 1 and the regional average at 530 : 1. 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 licensed providers, the inclusion of providers with lived experience has been a slow process in the county for numerous reasons.

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 %.
Increase availability of Peer Services by 12 %.

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 collaborations with MHA, NAMI, etc to plan and recruit for peer services.

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)

2t. Developmental Disability Respite Services - Background Information

Keeping people with developmental disabilities out of institutional settings and in the community, the complexities of dual diagnosis and the aging of caregivers all require safe and responsive respite options to be available which stakeholders routinely report aren't readily available.

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 OPWDD system is going through substantial system change and it has been determined that monitoring of the issue as these transitions occurs is the best course of current action.

Change Over Past 12 Months (Optional)

2z. 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 collateral support.

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)

Two agencies were able able to secure funding to add services to the Behavioral Health population in the jail.

New York State Prevention Agenda Survey
Livingston County Community Services (70410)
Certified: Michele Anuszkiewicz (6/10/19)

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

All inquiries regarding this survey should be directed to oasasplanning@oasas.ny.gov.

Background

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

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

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

Questions

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

No

Yes, please explain:

Livingston County has taken great effort to unite DOH, OASAS, and OMH service systems and ideologies which started with the combining of the PH and MH departments in the county.

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

Focus Area 1: Promote Well-Being

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

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

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

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

Focus Area 2: Mental and Substance Use Disorders Prevention

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

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

- 2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

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

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

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

Goal 2.4 Reduce the prevalence of major depressive disorders

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

Goal 2.5 Prevent suicides

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

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

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

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

Goal 1.1 CASA-Trinity implements and provides technical assistance to schools implementing SEL programming. Overall 7 school districts are implementing social emotional learning programs and principals. CASA-Trinity and Cornell Cooperative Extension also provide parent education designed to foster family attachment, resilience and increased family management. Goal 1.2 efforts have included getting local trainers trained in Mental Health First Aid and Youth Mental Health First Aid and offering the training in a variety of venues such as Churches, schools, county departments, etc. Goal 2.1 efforts have been championed by our Healthy Communities That Care Coalition and have included training to area bars regarding responsible beverage service, alcohol compliance checks, campaigns targeting adults regarding youth access to alcohol and smart messaging to target teens. Prevention services are in 7 school districts providing SEL/prevention programming, youth empowerment and classroom and school wide presentations. Prevention training has been involved in Trauma Informed Community Training, Mental Health routinely screens for SUD and has expedited access to SUD treatment if needed. Goal 2.2 efforts include Livingston County being part of a Regional Opioid Task Force and has implemented a local Task Force as well. MAT is offered at our only SUD treatment provider, CASA-Trinity as well as in the jail and increasingly at local primary care. Narcan Trainings are available each month to the community as well as by agency / individual request. Peers respond to offer support and linkage to services after every Narcan use by emergency responders. The number of safe prescription disposal sites has increased to 8 locations. Peer services and outreach efforts are at an all time high with peers being available 24 / 7 to respond to current SUD clients as well as the community at large. Goal 2.3 implementation has involved ACES education and material being pushed out to all school districts and primary care. Messaging on social media has been used and a community ACES survey has been done and Solution Focused Trauma Informed Care Champions training has been offered in the community. Goal 2.5 progress includes our Suicide Task Force has become recognized as a community resource and has allowed discussion to flow more easily on the topic from a wide array of population subsets, which has made messaging more salient. As a result Postvention efforts are underway and our Suicide Awareness Vigil is in it's 6 th year. 2.6 Screening is done on every client in the county mental health clinic on nicotine addiction with treatment being offered. Mental Health clinicians are becoming more aware and accepting of the need to treat concurrently and have gained Motivational Interviewing skills to make the process more successful.

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

No

Yes, please explain:

The Public Health Department, LDSS, Noyes Hospital (which is the only hospital in the county), Tri County FQHC, CASA-Trinity (only SUD provider), SA2Y Network, GVHP have all been involved in the process.

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

No

Yes, please explain:

Although we haven't been able to determine measurement strategies for all the interventions, significant progress has been made for some of the areas. For instance, the work done by the CASA Prevention staff in conjunction with the Healthy Communities That Care Grant has garnered significant information re the middle and high school population reflected under Goal 2.1. Every district in the county is now participating in PNA assessments which has allowed Prevention staff to better understand the most pressing needs of youth. Goal 2.2 and 2.5 data collection efforts exist primarily through the Zero Suicide Initiative, which the county implemented several years ago. The Suicide Task Force has been able to create collaborations that have resulted in data sharing opportunities. As a result, the Task Force has been tracking all fatal suicide and ODS in an effort to better understand the population and how and where to best target interventions.

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

No

Yes, please explain:

Tobacco 21 has been written into law and when enacted we anticipate a further decrease in youth tobacco use, which we view as having tremendous positive value to the work of the Prevention Agenda. Although a regional low of 66 % of community members being in support of the county enacting Tobacco 21, it is believed that a systemic educational campaign regarding the issue will increase support. A primary concern of from the Public Health and Behavioral Health perspective is certainly if / how laws and policies are going to be written regarding recreational marijuana and the use of vaping devices.

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

No

Yes, please explain:

All the agencies in the county are part of at least one of the BHCC's that have been developed. Given that the purpose of the BHCC is to prepare agencies for value based contracting, each BHCC is working to provide such data to its partners and affiliates. The LGU role is to continue to provide state, regional and county specific data through the use of applications such as PSYCKES, DOH dashboards, CLMHD dashboards, Opioid Mapping, and Task Force (housing, opioid, suicide) data to the Community Services Board and its committees to inform providers and stakeholders of a myriad of data points. When trends are recognized, supporting collaboration among providers to combine resources and exploring use of PPS, BHCC, grants to purchase EBP training, data intelligence platform applications such as Power BI that provides nontechnical users with tools for aggregating, analyzing, visualizing and sharing data, etc. The LGU oversight of the contracting process and metric outcomes of OASAS and OMH programs is another important mechanism that can inform clinic providers of program success and areas of challenge.

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

No

Yes, please explain:

The LGU supports these goals and priorities through cross system support. For instance, we have worked with the Public Health Department to address the environmental concern of creating and maintaining all county property as smoke free zones. Support is offered through education, monitoring and , when applicable, linkage to treatment.

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

No

Yes, please explain:

Funds that have been used on Trauma Informed initiatives, to strengthen EHR and data collection are certainly going to be able to continue post funding support. Initiatives such as the 24/7 Mobile Crisis Response Team that is expensive to run and require significant ongoing financial support prove to be more challenging.

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

Un/Underemployment and Job Insecurity

Poor Education

Food Insecurity

Poverty/Income Inequality

Adverse Features of the Built Environment

Adverse Early Life Experiences

Housing Instability or Poor Housing Quality

Poor Access to Transportation

Discrimination/Social Exclusion

Other

Please describe your efforts in addressing the selections above:

Livingston County has created and promoted some impressive initiatives around Food Insecurity and the Built Environment. The Curbside Market, which offers fresh fruits and vegetables in a mobile setting, accepts food stamps and Office for Aging vouchers has been very successful and seen as a win / win for local farmers and consumers. While some use the Curbside Market to supplement groceries, in areas like Livonia, it has become the main shopping venue after the town's only market closed. The Blue Zone initiative has been used to target geographic areas of concern. A recent very successful Blue Zone initiative was done in Nunda, in which the entire town committed to lower its obesity rate. ACEs education is being done systematically on a wide scale, as previously described. Access to Transportation and Housing Instability continue to be areas of concern, with dedicated Task Force creation for each issue.

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

a) No Yes

b) If yes, please list

Title of training(s):

A concerted effort has been underway to promote Trauma Informed Communities. The TIC workgroup consists of 15 members across a spectrum of stakeholders including school counselors, law enforcement, primary care case management, SUD providers, MH providers. Currently 25 individuals from these stakeholder groups are being trained by The Institute On Trauma And Trauma Informed Care on how to create Trauma Informed Organizational Change. Of note, Tri County Family Medicine Center, CASA-Trinity, several schools and the county Mental Health Clinic have committed to creating Trauma Informed agencies.

How many hours: 260

Target audience for training: Schools and Behavioral Health Providers.

Estimate number trained in one year: 30

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

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

No

Yes, please provide examples:

The No Wrong Door approach has been embraced by the county and spearheaded by the Office of Aging. Certainly, the LGU works collaboratively to support healthy policies around all ages and recognizes that the retired demographic is steadily increasing in our county as younger people seek opportunities they deem as more available in larger urban areas. Healthy Aging trainings have occurred throughout the county. The topic certainly merits further exploration and will be presented at future CSB and DOH meetings.

Office of Mental Health Agency Planning (VBP) Survey
Livingston County Community Services (70410)
Certified: Michele Anuszkiewicz (6/10/19)

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

Background

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

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

DOH website

DSRIP Performing Provider Systems (PPS)

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

DSRIP Project Lists

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

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

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

New York State VBP Roadmap

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

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

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

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

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

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

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

Questions

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

- a) Yes No

b) Please provide more information:

Overall, Livingston County has enjoyed a good relationship with FLPPS.

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

- a) Yes No

b) Please explain:

Every Behavioral Health agency in the county is either a partner or affiliate member of a BHCC. Time has been devoted at the CSB and Committee meetings to discussing the overarching goal of the PPS and VBP preparation. Regarding specific projects that have been funding through FLPPS, some are able to more easily be sustained than are others. Projects that required only up front capital, such as linkage to RRHIO are fully sustainable and the benefits will be continue to be reaped long after the FLPPS sunset. Demonstration projects, such as the Mobile Crisis Response Team which requires ongoing funding, need further review to determine how sustainability can be possible. Having transparent communication exist regarding sustainability has been of paramount importance between the LGU, FLPPS and county partners. All stakeholders are aware of funding limitations and all are committed to continuing to collaborate on next steps.

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

- a) Yes No

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

All behavioral health providers are involved in at least 1 BHCC. It is anticipated that such involvement is going to be the impetus for future VBP arrangements however at this time only 1 provider is known to be involved in a VBP arrangement.

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement

evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a) Yes No

b) Please explain:

As already referenced, given the fairly small size of most of our local providers, it is believed that the most effective way for providers to leverage these resources is through partnership and affiliation with BHCC and IPAs.

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

a) Yes No

b) Please explain:

Currently the LGU is not aware of such proposals.

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

The LGU has provided planning information to any BHCC that has requested it and shall continue to do so.

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

a) Yes No

b) Please explain:

Yes, we have been in the process of improving our systems to better support a variety of county initiatives. Specific to VBP outcomes data, we are exploring how Power BI can be used to gather and disseminate relevant information.

Community Service Board Roster
 Livingston County Community Services (70410)
 Certified: Michele Anuszkiewicz (6/10/19)

Note:

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

Name: Brenda Donohue	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: County Board of Supervisors	Term Expires: 12/2020	Email Address: conesusuper@town.conesus.ny.us
Name: Annmarie Urso	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Education and DD.	Term Expires: 12/2020	Email Address: urso@geneseo.edu
Name: Tracy McCaughey	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: DSS	Term Expires: 12/2021	Email Address: tmccaughey@co.livingston.ny.us
Name: Elaine Buzzinotti	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	Represents: Community Member / Retired Clinical Psychologist / Clergy	Term Expires: 12/2021	Email Address: ebuzzinotti@rochester.rr.com
Name: Rachel Pena	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: SUD	Term Expires: 12/2020	Email Address: rpena@casa-trinity.org
Name: John Morgan	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Law Enforcement	Term Expires: 12/2019	Email Address: jmorgan@co.livingston.ny.us
Name: Gillian Conde	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Member / Housing	Term Expires: 12/2019	Email Address: gconde@depaul.org
Name: Robert Walters	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Health and SUD	Term Expires: 12/2020	Email Address: rwalters@casa-trinity.org
Name: Joe Meekin	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumer	Term Expires: 12/2019	Email Address:

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

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

Alcoholism and Substance Abuse Subcommittee Roster
 Livingston County Community Services (70410)
 Certified: Michele Anuszkiewicz (6/10/19)

Note:

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

Name: Rachel Pena (sub for Dawn Landon)	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: SUD Prevention	Email Address: rpena@casa-trinity.org
Name: Thomas Kilcullen	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: college	Email Address: kilcullen@geneseo.edu
Name: John Morgan	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: law enforcement	Email Address: jmorgan@co.livingston.ny.us
Name: Betty Lou Harris	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer / Family Member	Email Address:
Name: Tracy McCaughey	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: DSS	Email Address: tmccaughey@co.livingston.ny.us
Name: Joe Meekin	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer	Email Address:
Name: Lori Maclevoy	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: MHA	Email Address:
Name: Barb Metzler	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Compeer	Email Address:
Name: Michelle Dourie	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Catholic Charities	Email Address: mdourie@dor.org

Mental Health Subcommittee Roster
 Livingston County Community Services (70410)
 Certified: Michele Anuszkiewicz (6/10/19)

Note:

- The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here.

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

Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Name: Thomas Kilcullen	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: college	Email Address: kilcullen@geneseo.edu
Name: Rachel Pena (sub Dawn Landon)	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: SUD	Email Address: rpena@casa-trinity.org
Name: Bryan Mentry	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Youth Mobile Mental Health	Email Address: bryan.mentry@omh.ny.gov
Name: Michelle Dourie	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Catholic Charities	Email Address: mdourie@dor.org
Name: Betty Lou Harris	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Consumer / Family	Email Address:
Name: Joe Meekin	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Consumer	Email Address:
Name: Barb Metzler	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Compeer	Email Address:
Name: Lori Maclevoy	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: MHA	Email Address:
Name: Elaine Buzzinotti	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Member/Retired Clinical Psychologist/Clergy	Email Address: ebuzzinotti@rochester.rr.com
Name: John Morgan	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: law enforcement	Email Address: jmorgan@co.livingston.ny.us

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

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

Developmental Disabilities Subcommittee Roster
Livingston County Community Services (70410)
Certified: Michele Anuszkiewicz (6/10/19)

Note:

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

Name: Annmarie Urso	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Education	Email Address: urso@geneseo.edu
Name: Deb Tuckerman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: The Arc	Email Address:
Name: Marilyn Simmons	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Member / Family	Email Address:
Name: Gretchen Micheaux	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: DSS	Email Address:
Name: Joseph Galante	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Education	Email Address:
Name: Charles Keenan	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Member	Email Address:
Name: Carol Gosave	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Member	Email Address:

2020 Mental Hygiene Local Planning Assurance
Livingston County Community Services (70410)
Certified: Michele Anuszkiewicz (6/10/19)

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2020 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2020 Local Services planning process.