

2017
Local Services Plan
For Mental Hygiene Services

Essex County Community Services
August 5, 2016



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Essex County Community Services	70060	(LGU)
Executive Summary	Optional	Not Completed
Needs Assessment Report	Required	Certified
Multiple Disabilities Considerations Form	Required	Certified
Priority Outcomes Form	Required	Certified
Community Services Board Roster	Required	Certified
OMH Transformation Plan Survey	Required	Certified
LGU Emergency Manager Contact Information	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

2017 Needs Assessment Report
 Essex County Community Services (70060)
 Certified: Stephen Valley (5/31/16)

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

PART A: Local Needs Assessment

1. Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

The prevalence and severity of mental hygiene disabilities in Essex County are consistent with the norm for the rest of NYS. The impact of these issues is compounded by the rural nature of the county, its' lack of job opportunities and resultant poverty, and social isolation.

2. Analysis of Service Needs and Gaps - In this section, describe and quantify (where possible) the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

Essex County has a limited number of providers for services. There is one county operated outpatient mental health clinic with one psychiatrist. Private MH practitioners are few and far between. MHA provides Health Home Care Management, supported housing, employment & vocational services, community outreach and mobile crisis outreach. They plan to provide HCBS services when HARP is implemented in 2016. Families First provides community-based services to youth and families including: HCBS Waiver, ICM, family support and crisis respite. Mountain Lakes Services provides an array of basic services for the DD population. St Joseph's Addiction Treatment & Recovery Centers operates outpatient clinics in four locations. The Substance Abuse Prevention Team provides school and community based prevention curricula, counseling and consultation. These agencies have limited capacity to provide the depth and breadth of services relative to the needs presented by the population. The primary barrier to accessing services is lack of affordable, reliable transportation. There are no inpatient services for mental health or alcohol & substance abuse treatment in the county. Residents of Essex must travel to neighboring counties to the north or south for those services. The child & adolescent MH unit in Clinton county recently stopped admission of children under the age of 12, forcing local families to decide between placing their young children in facilities hundreds of miles away, or waiting for a closer bed to open. There are no residential treatment facilities in Essex County for mental health or substance abuse. There is a great lack of resources that will be necessary to intervene successfully with the forensic system to address mental health and substance abuse issues, especially related to the heroin/opiate epidemic. We could benefit greatly from funding to support initiatives such Sequential Intercept Mapping and Crisis Intervention Teams.

3. Assessment of Local Needs - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
Substance Use Disorder Services:						
a) Prevention Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Opioid Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f) Residential Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g) Housing.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Transportation.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
i) Other Recovery Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
j) Workforce Recruitment and Retention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Coordination/Integration with Other Systems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
l) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services:						
m) Prevention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Clinic Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
r) Care Coordination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
s) HARP HCBS Services (Adult)				<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) HCBS Waiver Services (Children)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
u) Other Recovery and Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

v) Housing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) Transportation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
y) Coordination/Integration with Other Systems	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
z) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental Disability Services:						
aa) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb) Clinical Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
cc) Children Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
dd) Adult Services				<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
ee) Student/Transition Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
ff) Respite Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
gg) Family Supports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ii) Autism Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
jj) Person Centered Planning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
kk) Residential Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ll) Front Door	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
mm) Transportation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
nn) Service Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
oo) Employment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
pp) Workforce Recruitment and Retention.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
qq) Coordination/Integration with Other Systems.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
rr) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

3a1. Briefly describe the issue and why it is a high need for the populations selected.
 With age of use becoming younger and younger, prevention is at it's highest need. Expansion of prevention services to all schools in the county is critical, to combat the trend of gateway drug use leading to heroin, and heroin and Rx opiate use is increasing among teens

Follow-up Questions to "Crisis Services" (Question 3b)

3b1. Briefly describe the issue and why it is a high need for the populations selected.
 Need for accessible detox services and response to opiate-related ODs.

Follow-up Questions to "Inpatient Treatment Services" (Question 3c)

3c1. Briefly describe the issue and why it is a high need for the populations selected.
 Insurance authorization / approval is a major obstacle.

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

3d1. Briefly describe the issue and why it is a high need for the populations selected.
 Opiate addiction has surpassed all other substances in prevalence and scope.

Follow-up Questions to "Housing" (Question 3g)

3g1. Briefly describe the issue and why it is a high need for the populations selected.
 Affordable, stable housing is a primary social determinant of health and recovery for people with SUDs.

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3j)

3j1. Briefly describe the issue and why it is a high need for the populations selected.
 If systems transformation and implementation of MMC are to succeed, there will need to be a significant increase in the number of trained professionals in the Substance Abuse field.

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

3m1. Briefly describe the issue and why it is a high need for the populations selected.

For both youth and adults, preventative services can help lessen the number of high needs services (and the associated costs) necessary at a later date. There is also a critical need for more substantial, sustainable state aid to support suicide prevention coalitions across the state.

Follow-up Questions to "Crisis Services" (Question 3n)

3n1. Briefly describe the issue and why it is a high need for the populations selected.

Crisis intervention services will be critical in order for us to meet NYS's goal to reduce hospital/ER admissions.

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

3p1. Briefly describe the issue and why it is a high need for the populations selected.

Integration of outpatient MH services in primary care will increase access for rural citizens, who must often travel long distances for clinic tx. NYS could help facilitate this by relaxing regulatory restrictions and reimbursement limits.

Follow-up Questions to "Care Coordination" (Question 3r)

3r1. Briefly describe the issue and why it is a high need for the populations selected.

Implementation of Health Homes for children is expected on 9.1.2016.

Follow-up Questions to "HARP HCBS Services (Adult)" (Question 3s)

3s1. Briefly describe the issue and why it is a high need for the populations selected.

Implementation is pending in upstate NY.

Follow-up Questions to "HCBS Waiver Services (Children)" (Question 3t)

3t1. Briefly describe the issue and why it is a high need for the populations selected.

These are the essential services that kids and families need to maintain stability and to remain at home with their families.

Follow-up Questions to "Housing" (Question 3v)

3v1. Briefly describe the issue and why it is a high need for the populations selected.

Affordable, stable housing is a primary social determinant of health and recovery for people with mental illnesses.

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3x) 3x1.

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

If systems transformation, integration of care and implementation of MMC are to succeed, there will need to be a significant increase in the number of trained mental health professionals including: psychiatrists, LCSWs and peers.

Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3y) 3y1.

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

We are seeing a consistent trend of individuals who suffer from a number of co-occurring disorders and conditions that require services from a spectrum of systems.

Follow-up Questions to "Crisis Services" (Question 3aa)

3aa1. Briefly describe the issue and why it is a high need for the populations selected.

Our DD provider is seeing increasing numbers of consumers who are diagnosed with co-occurring mental health disorders. When these individuals experience an acute Mh or behavioral symptoms, the traditional MH crisis services are not appropriate to meet their needs, so they often end up being transported to the ER to be evaluated for admission to the MHU.

Follow-up Questions to "Respite Services" (Question 3ff)

3ff1. Briefly describe the issue and why it is a high need for the populations selected.

As a follow-up to the above description for 3aa1., there is a need for respite services as a stand-alone apart from the community residences. This would provide an option to the hospital/ER when consumer is in crisis.

Follow-up Questions to "Autism Services" (Question 3ii)

3ii1. Briefly describe the issue and why it is a high need for the populations selected.

We are experiencing increased numbers of youths and adults who are diagnosed with autism spectrum disorders. It is often a long and difficult task to get through the "Front Door" and establish that these individuals qualify for DD services, if they do at all. In the meantime, they end up using resources from other sources,

usually the mental health system. This happens too frequently with youth who are given OMH HCBS waiver slots with the goal of establishing OPWDD eligibility.

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

3mm1. Briefly describe the issue and why it is a high need for the populations selected.

Essex County is a large, sparsely populated county without a main population center. Public transportation is minimal at best. Families are forced to travel long distances for goods and services.

Follow-up Questions to "Employment" (Question 3oo)

3oo1. Briefly describe the issue and why it is a high need for the populations selected.

This is in relation to the impact of the state plan to transition from sheltered workshops to more integrated work settings. This is a rural county with limited job opportunities, which creates an additional challenges in finding community based work sites for this disabled population.

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3pp)

3pp1. Briefly describe the issue and why it is a high need for the populations selected.

This is a chronic issue that will likely become more of a challenge as the NYS minimum wage initiative is implemented in the upcoming years.

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

4. How have the overall needs of the mental health population changed in the past year?

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

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

5. How have the overall needs of the substance use disorder population changed in the past year?

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

5c. If you would like to elaborate on why you believe the overall needs of the substance use disorder population have worsened over the past year, briefly describe here

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

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

6d. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have been a mix of improvement and worsening over the past year, briefly describe here

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

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

- a. Yes
- b. No

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

We have worked together on the Essex County Suicide Prevention Coalition and the Essex County Heroin and Opiate (ECHO) Prevention Coalition.

8. In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?

- a. Yes
- b. No

8a. Briefly describe those planning activities with other local government agencies and non-government organizations.

DSRIP PPS (Adirondack Health Institute), PHIP (Adirondack Health Institute), the Essex County Child and Family Serving System, and the Franklin Essex Housing Coalition (HUD Continuum of Care).

9. In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?

- a. Yes
- b. No

9a. List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

The North Country Regional Directors of the CLMHD meets regularly, 5-6 times per year including a 2-day retreat, to discuss common needs & challenges and to share resources & ideas. While there is no formal process of needs assessment, common themes are regularly identified.

9b. Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

- a. Yes
- b. No

9c. Did the counties in your region reach a consensus on what the regional needs are?

- a. Yes
- b. No

9d. Briefly describe the consensus needs identified by the counties in your region

The top priorities are: integration of services, suicide prevention/intervention, availability of safe, affordable housing, access to services and opiate abuse prevention/intervention.

2017 Multiple Disabilities Considerations Form

Essex County Community Services (70060)

Certified: Stephen Valley (3/28/16)

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

LGU: Essex County Community Services (70060)

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

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

Yes No



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

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

Yes No



ii yes, briefly describe the mechanism used in the planning process:

The Community Services Board has a meeting format which is designed to encourage a more integrated approach to planning and service delivery.

Members of all three Subcommittees (Mental Health, Substance Abuse and Developmental Disabilities) attend a combined Subcommittee meeting each month. Agency reports during Subcommittee meetings will be limited to a brief verbal review of a previously-submitted written report. This allows more time for the Subcommittee members from each disability area to learn more about the other disabilities outside their primary area of focus, with respect to the needs and challenges facing both individuals in our county and the providing agencies. This also provides opportunities for provider representatives to discuss improved collaboration to better serve individuals with multiple disabilities. From this perspective, the Subcommittees are better able to report information and recommendations to the CSB as it carries out the local planning process throughout the year.

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

Yes No



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

We have found that the best method for resolving such disputes is prevention. We have very active SPOA committees for both children and adults, with robust participation from a broad spectrum of providers representing multiple disabilities. Adhering to a client-centered approach tends to resolve most issues before they reach the level of a dispute. In cases where consensus cannot be reached, agency executives or managers are encouraged to meet to resolve the issue. The Director of Community Services is available as a mediator whenever necessary to facilitate an agreement.

Mental Hygiene Priority Outcomes Form Essex
County Community Services (70060) Plan
Year: 2017
Certified: Stephen Valley (5/20/16)

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

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

Priority Outcome 1:

Enhance integration of care within the Essex County service system.

Progress Report: (optional) **new*

All of Essex County's CSB agencies have joined the DSRIP PPS and have participated in planning of clinical integration projects. Clinicians at the County MH clinic and St Joseph's Rehab Ctr have received Integrated Mental Health / Addictions Treatment training. The County MH clinic has received a VAP award to establish satellite clinics in two community health centers and to add an RN to the MH clinic staff.

Priority Rank: 1

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP) Adult
- Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation

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

Strategy 1.1

Integrate mental health and substance abuse with primary care services to promote coordination of care for both services.

Applicable State Agencies: OASAS OMH

Strategy 1.2

Promote expanded use of brief mental health and wellness screenings in primary care, other healthcare settings and schools.

Applicable State Agency: OMH

Strategy 1.3

Expand awareness and use of brief substance abuse screenings and interventions in healthcare, social service, forensic and school settings.

Applicable State Agency: OASAS

Strategy 1.4

Increase the number of substance abuse & mental health clinicians who have been trained in integrated treatment for co-occurring disorders.

Applicable State Agencies: OASAS OMH

Strategy 1.5

Increase representation of medical health care and prevention on CSB and Subcommittees.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.6

Identify and inventory barriers to providing services to dually diagnosed individuals.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 2:

Provide readily accessible behavioral health services that will allow access to appropriate level of service and providers.

Progress Report: (optional) **new*

Strategies 2.3 through 2.6 are all new for 2017. All contract agencies have joined the DSRIP PPS and are poised to participate for implementation of the Community Crisis Stabilization project.

Priority Rank: 2

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models
- (SIM) Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- Combat Heroin and Prescription Drug Abuse
- OPWDD People First Transformation

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

Strategy 2.1

Establish a plan to provide Behavioral Health Community Crisis Stabilization Services to include mobile crisis teams, ER diversion protocols and observation/stabilization units.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 2.2

Increase availability of respite services for children and families.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 2.3

Participate in the implementation process for the regional detox programs, and advocate for development of a plan to ensure that Essex County residents have access.

Applicable State Agencies: OASAS OMH

Strategy 2.4

Explore expanded hours of operation for clinics and community programs, to include evenings and weekends.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 2.5

Determine the availability of Medically Assisted Treatment (MAT) in all regions of the county.

Applicable State Agency: OASAS

Priority Outcome 3:

Increase availability of supportive/therapeutic housing for County residents with serious mental illness or diseases of addiction.

Progress Report: (optional) **new*

Strategy 3.3 is new for the 2017 plan. MHA has applied for funding opportunities through OMH and the Franklin Essex Housing Coalition / HUD, but did not receive any awards.

Priority Rank: 3

Applicable State Agencies: OASAS OMH

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan
- (PHIP) OMH Transformation Plan

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

Strategy 3.1

Secure sustainable funding to reestablish MHA's Intensive Supported Housing Pilot Project.

Applicable State Agencies: OASAS OMH

Strategy 3.2

Monitor initiatives from OMH, OASAS, HUD and DSRIP and identify opportunities for development of sustainable housing programs for county residents.

Applicable State Agencies: OASAS OMH

Strategy 3.3

Pursue OASAS Residential Redesign opportunities to increase availability of local residential treatment options and short-term crisis/respite services for individuals with substance use disorders.

Applicable State Agency: OASAS

Priority Outcome 4:

Increase the understanding among clients/consumers of the risks of regular marijuana use, countering the trend in increasing approval of marijuana use nationally.

Progress Report: (optional) *new

Priority Rank: Unranked

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

The Prevention Agenda 2013-2018

Is this priority also a Regional Priority? *new No

Strategy 4.1

CSB providers will incorporate accurate information regarding current scientific research about marijuana effects and potential for addiction/harm into messaging with their clients/consumers, as appropriate in their settings.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 4.2

Provide training/dialogue sessions with provider staff about the research basis for concern of the harmful effects of regularly marijuana use and its addictive potential.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 5:

Monitor efforts in Essex County to reduce the impact of heroin/opiate use among county residents.

Progress Report: (optional) *new

Several CSB contract agencies have participated in the formation of the Essex County Heroin & Opiate (ECHO) Coalition.

Priority Rank: 4

Applicable State Agencies: OASAS OMH

Aligned State Initiative: *new

- The Prevention Agenda 2013-2018
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Combat Heroin and Prescription Drug Abuse
- Talk2Prevent

Is this priority also a Regional Priority? *new Yes

Strategy 5.1

Participate in the Essex County Heroin/Opiate Coalition.

Applicable State Agencies: OASAS OMH

Priority Outcome 6:

Decrease the suicide rate for children and adults in Essex County.

Progress Report: (optional) *new

The suicide rate for Essex County continues to be well above the statewide rate. The Essex County Suicide prevention Coalition has been active in providing school based programming and training, as well as community awareness events and gatekeeper training.

Priority Rank: 5

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

The Prevention Agenda 2013-2018

Is this priority also a Regional Priority? *new Yes

Strategy 6.1

Collaborate with the NYS Suicide Prevention Initiative to provide training and technical support for local school districts to effectively address youth suicide, discuss and plan prevention strategies and keep at-risk students safe.

Applicable State Agencies: OASAS OMH

Strategy 6.2

Collaborate with the NYSSPI to provide Gatekeeper and Community Training/Education to raise suicide awareness, knowledge and skills for stakeholders, service providers and community members, including veterans.

Applicable State Agencies: OASAS OMH

Priority Outcome 7:

Increase consumer involvement in the local service system.

Progress Report: (optional) *new

4 out of 6 CSB contract agencies have implemented plans to recruit and train consumers. There is representation of consumers on all boards, including the CSB and it's subcommittees. Most agencies have consumers on staff, some in leadership positions.

Priority Rank: Unranked

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

OPWDD People First Transformation

Is this priority also a Regional Priority? *new No

Strategy 7.1

Increase outreach and engagement of consumers and family members to participate in the system.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 8:

Ensure adequate vocational opportunities for the supported populations.

Progress Report: (optional) *new

This is a new Priority for 2017. Mountain Lakes Services has already begun preparations for the transition from the Sheltered Workshop model to more integrated work settings.

Priority Rank: Unranked

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

The Prevention Agenda 2013-2018

Population Health Improvement Plan (PHIP)

OPWDD People First Transformation

Is this priority also a Regional Priority? *new Not Sure

Strategy 8.1

Implement a plan to transition from the Sheltered Workshop model to more integrated work settings while maintaining prevocational funding.

Applicable State Agency: OPWDD

Strategy 8.2

CSB agencies will monitor, then apply for new funding opportunities to increase supported employment services.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 9: Reduce the incidence of tobacco use and dependence among behavioral health consumers in Essex County

Progress Report: (optional) *new

This is a new Priority for 2017. Several CSB agencies have already begun work with the North Country Health Heart Network.

Priority Rank: *Unranked*

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

- The Prevention Agenda 2013-2018 Population
- Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP) Adult
- Medicaid Behavioral Health Managed Care Implementation

Is this priority also a Regional Priority? *new Not Sure

Strategy 9.1

CSB agencies will partner with the North Country Health Heart Network to develop and begin implementation of policies that ensure all tobacco using consumers have the opportunity to receive evidence-based tobacco cessation treatment.

Applicable State Agencies: OASAS OMH OPWDD **2017 Community Service Board Roster** Essex County Community Services (70060) Certified: Stephen Valley (3/28/16)

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

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

Chairperson

Name Geoff Neu
Physician No
Psychologist No
Represents Community Member
Term Expires 12/31/2016
eMail geobasics@hotmail.com

Member

Name George King
Physician No
Psychologist No
Represents Provider Agency
Term Expires 12/31/2018
eMail kinggeo@westelcom.com

Member

Name George Anderson
Physician No
Psychologist No
Represents Community Member
Term Expires 12/31/2018
eMail ganderson004@nycap.rr.com

Member

Name John O'Neill
Physician No
Psychologist No
Represents DSS Commissioner
Term Expires 12/31/2018
eMail johno@co.essex.ny.us

Member

Name Carolyn Sicher
Physician No
Psychologist Yes
Represents Provider Agency
Term Expires 12/31/2019
eMail csicher@gmail.com

Member

Name Mary Bell
Physician No
Psychologist No
Represents Community Member
Term Expires 12/31/2019
eMail bellme996@gmail.com

Member

Name Charles Harrington
Physician No
Psychologist No
Represents Board of Supervisors
Term Expires 12/31/2019
eMail cwarrington@cptelco.net

Member

Name Lynne Macco
Physician Yes
Psychologist No
Represents Physician
Term Expires 12/31/2016
eMail lemacco@gmail.com

Member

Name John Tibbits

Member

Name Cliff Johnson

Physician No
Psychologist No
Represents State Police
Term Expires 12/31/2016
eMail John.Tibbitts@troopers.ny.gov

Physician No
Psychologist No
Represents Consumer
Term Expires 12/31/2017
eMail t7x70.clif@aol.com

Member
Name JoAnn Morris
Physician No
Psychologist No
Represents Public Health
Term Expires 12/31/2017
eMail jmorris@co.essex.ny.us

Member
Name Clay Reaser
Physician No
Psychologist No
Represents Community Member
Term Expires 12/31/2017
eMail claytonreaser@mac.com

OMH Transformation Plan Survey
Essex County Community Services (70060)
Certified: Stephen Valley (3/28/16)

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

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

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

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

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

If "Yes":

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

We have received additional System Transformation Plan funds in the amount of \$46,832 that has been allocated evenly between two community agencies. MHA in Essex County has expanded their mobile crisis services in preparation for implementation of HCBS services under Medicaid Managed Care and the DSRIP Crisis Stabilization Project. Families First in Essex County has hired a Coordinator of Direct Services who has begun to develop and implement a plan to expand community based services for children and families. This has enabled FF to improve it's readiness for the expansion of services under the proposed HCBS waiver. Essex County has also received funding for three additional RPC Supported Housing slots. To this date we have only been able to fill one of those slots. This has been due to a lack of viable referrals from the OMH Psych centers and Article 28 hospitals.

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

Please direct any future "reinvestment" directly to the LGU, and away from state services for programs like MIT, etc.

**LGU Emergency Manager Contact
Information** Essex County Community
Services (70060) Certified: Stephen Valley
(3/28/16)

Emergency Manager contact information is necessary in order for OASAS to communicate directly with each LGU and OASAS-certified treatment program to ensure proper planning and preparedness during emergency situations. A rapid and coordinated response to an emergency is necessary to ensure the safety of staff and patients and continuity of care. The information entered here will be maintained in CPS until it can be incorporated into the OASAS Provider Directory System (PDS) where other program contact information is maintained

All questions regarding this survey should be directed to Kevin Doherty, OASAS Emergency Manager, at (518) 485-1983, or at KevinDoherty@oasas.ny.gov.

First Name: Annie
Last Name: McKinley
Job Title: Assistant Director
Email Address: amckinley@co.essex.ny.us
Main Work Phone: 518-873-3670 **Desk Work Phone:** 518-873-3670
Home Phone: 518-962-8346
Mobile Phone: 518-572-2300

NOTE: To ensure privacy, home and mobile phone numbers will not be displayed in CPS output reports.

2017 Mental Hygiene Local Planning Assurance
Essex County Community Services (70060)
Certified: Stephen Valley (3/28/16)

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

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

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

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

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

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