

2017  
Local Services Plan  
For Mental Hygiene Services

Cattaraugus Co Community Services Dept  
August 2, 2016



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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| <b>Planning Form</b>                          | <b>LGU/Provider/PRU</b> | <b>Status</b>        |
|---|-------------------------|----------------------|
| <b>Cattaraugus Co Community Services Dept</b> | <b>70690</b>            | <b>(LGU)</b>         |
| Executive Summary                             | Optional                | <b>Not Completed</b> |
| Needs Assessment Report                       | Required                | <b>Certified</b>     |
| Multiple Disabilities Considerations Form     | Required                | <b>Certified</b>     |
| Priority Outcomes Form                        | Required                | <b>Certified</b>     |
| Community Services Board Roster               | Required                | <b>Certified</b>     |
| OMH Transformation Plan Survey                | Required                | <b>Certified</b>     |
| LGU Emergency Manager Contact Information     | Required                | <b>Certified</b>     |
| Mental Hygiene Local Planning Assurance       | Required                | <b>Certified</b>     |

**2017 Needs Assessment Report**  
 Cattaraugus Co Community Services Dept (70690)  
 Certified: Rebecca Dash (6/7/16)

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.

Cattaraugus County is the fifth largest county in New York State. We have had ongoing issues with transportation due to the rural nature of our county and the lack of a county-wide public transit system. The Allegany Indian Reservation of the Seneca Nation of Indians is located within Cattaraugus County, making up 3.1% of the population in the County. There are disproportionate outcomes for the native population in our county, including drug and alcohol use, disproportionate rates of involvement in the criminal justice system, and higher rates of school dropout. Archival and qualitative data indicates there are a growing number of individuals in Cattaraugus County who are at risk for alcohol and prescription drug abuse, and more recently the heroin epidemic. Southern Tier Health Care System (an FQHC) distributed 136 Narcan kits in 2015 with 4 reported deaths, though the death statistics are not considered accurate as most death certificates state "cardiac arrest," even if an overdose is known. In the first 2 months of 2016 alone, first responders saved 14 individuals from heroin overdose by using Narcan kits. Women with children are in need of inpatient addictions treatment and community residence level of services to prevent relapse after discharge to the community. Over 50% of the women discharged from inpatient services relapse due to the drop-off in support. It is also very difficult to access inpatient treatment for chemical dependence in a timely manner. Although individuals are no longer required to fail outpatient treatment before even being considered for inpatient treatment, there is a very limited number of beds available regionally, and fiscal barriers still exist with insurance coverage. There is also a growing need for Fetal Alcohol Syndrome prevention, as well as to prevent the growing number of babies addicted at birth to opioid drugs (Western NY has the highest rate of babies being born testing positive for opioids). Foster Care in Cattaraugus County increased nearly 140% from 2014 to 2015, with more than 50% of that increase being due to parents with addiction issues. These statistics do not include those children placed with family supports in lieu of Foster Care. Cattaraugus County also continues to treat individuals who have or who are impacted by problem gambling concerns, in part related to the location of a casino on the Allegany Indian Reservation in Cattaraugus County. Additionally, our county struggles with the systemic issue of individuals with addiction and mental illness being channeled into the criminal justice system. 80% of the population in the county jail has mental illness and/or drug/alcohol addiction. Cattaraugus County's Mobile Transitional Support Team works with individuals discharging from jail in an effort to redirect these individuals into treatment. The 2016 Point-in-Time Count (New York-504 Cattaraugus County CoC) of Homeless "sheltered only" individuals and families has continued to be relatively stable from 2013 statistics. In January 2016, 21 homeless families were counted, including 27 homeless individuals (8 children under the age of 18, 2 transitional age youth between the ages of 18 and 24, and 17 individuals over the age of 24). On the Point-in-Time date, 7 people from 2 households were in emergency shelter with 5 of those being under the age of 18. The number of homeless adults in emergency shelter included 6 females and 11 males. The emergency shelter statistics might have also been lower than normal this year, considering Western New York experienced a warmer-than-normal December and January. Underlying issues associated with homelessness locally include Domestic Violence, Drugs and Alcohol, and/or Mental Illness in the majority of cases.

**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.

Service needs around the heroin epidemic represent a large gap in Cattaraugus County. Although Narcan kits are being distributed, training is being provided, and lives are being saved, we are missing opportunities to link these individuals with treatment. There are other barriers to connecting people to treatment for drugs and alcohol, including the limited number and location of beds and fiscal barriers relative to insurance coverage. Another major gap in services in Cattaraugus County is alternatives to ER level of care in crisis situations. Cattaraugus shares OMH funding with Chautauqua County for peer-run crisis intervention services. With the shared funding, the Eagles Nest Respite Home opened in Chautauqua County in December 2015. Both Chautauqua and Cattaraugus County established Mobile Transitional Support Teams, a pairing of peer and professional providers who assist high-risk individuals with integration into the community upon discharge from jails, inpatient facilities, and as diversion from readmission. Although the teams were expected to maintain an average caseload of 15 individuals, Cattaraugus County's Team maintains 20 individuals with a wait list. As funding and/or other billing options become available, there is a need to continue to add Recovery Guides and Recovery Coaches to the service delivery system in Cattaraugus County. There is also a need to continue to educate individuals about the benefits of employment in terms of their recovery. Cattaraugus County needs to continue to create employment options for individuals with disabilities, which will have an extremely positive impact on recovery.

**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                   |
| <b>Substance Use Disorder Services:</b>        |                                  |                                  |                       |                                  |                                  |                       |
| a) Prevention Services                         | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| b) Crisis Services                             | <input checked="" type="radio"/> | <input 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 checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| f) Residential Treatment Services              | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| g) Housing.                                    | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| h) Transportation.                             | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| i) Other Recovery Support Services             | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input 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"/> |

| <b>Mental Health Services:</b>                   |                                  |                                  |                       |                                  |                                  |                       |
|--|----------------------------------|----------------------------------|-----------------------|----------------------------------|----------------------------------|-----------------------|
| m) Prevention                                    | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" 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 checked="" type="radio"/> | <input 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 type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| q) Other Outpatient Services                     | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| r) Care Coordination                             | <input type="radio"/>            | <input checked="" 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 checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| w) Transportation                                | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input 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 type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" 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"/> |
| <b>Developmental Disability Services:</b>        |                                  |                                  |                       |                                  |                                  |                       |
| 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 checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |                                  |                                  |                       |
| dd) Adult Services                               |                                  |                                  |                       | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| ee) Student/Transition Services                  | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input 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 checked="" type="radio"/> | <input 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 checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| kk) Residential Services                         | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input 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 checked="" type="radio"/> | <input 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 checked="" type="radio"/> | <input 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.  
Prevention Education is provided in most of Cattaraugus County's local schools, but there is a lack of intervention service for the local community. A Federal Block Grant provides funding for the elementary, middle, and high school levels of prevention education, but when a CHILD needs treatment, there is no intervention to refer for prevention treatment. If a child is caught with drugs in school, there are no available treatment options.

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

**3b1.** Briefly describe the issue and why it is a high need for the populations selected.  
Cattaraugus County has a Crisis Phone Line, a Warm Line, and access to Mobile Intervention Team for youth through WNY CPC. There is no mobile crisis team in the county, and there is no crisis respite for youth or adults in the County. The Mobile Intervention Team is based out of northern Erie County and is too far away to provide immediate crisis intervention to youth. There is no crisis hotline for Drug and Alcohol.

**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.  
Olean General Hospital's Behavioral Health Unit has an inventory of 14 adult beds. There is no local inpatient treatment for children/youth. There is no inpatient treatment for Substance Abuse.

**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.  
There is a high mortality rate after opioid overdose. Although the County's first responders are trained to resuscitate an opioid overdose with Narcan, there is no follow-up referral plan for opioid treatment. There are limited outpatient opioid treatment services available and no inpatient or detox treatment services available.

**Follow-up Questions to "Outpatient Treatment Services" (Question 3e)**

**3e1.** Briefly describe the issue and why it is a high need for the populations selected.  
CAREs is the only outpatient treatment provider and has limited capacity due to staff shortages.

**Follow-up Questions to "Residential Treatment Services" (Question 3f)**

**3f1.** Briefly describe the issue and why it is a high need for the populations selected.  
There is no residential treatment service available in Cattaraugus County. The nearest residential treatment is more than 50 miles away.

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

**3g1.** Briefly describe the issue and why it is a high need for the populations selected.  
Westons Manor in Cattaraugus County has only a 16-bed inventory for men. There is no supportive housing in the county for women or women with children.

**Follow-up Questions to "Transportation" (Question 3h)**

**3h1.** Briefly describe the issue and why it is a high need for the populations selected.  
Due to the rural nature of Cattaraugus County and a lack of public transportation to serve any areas outside Olean and Salamanca, the lack of transportation is a barrier to engagement in services. Statewide Mass Operating Assistance (STOA) reports of Olean Area Transit Service (OATS) ridership statistics show that an average of 1550 individuals use the OATS public transit in the City of Olean, including approximately 425 seniors and 320 disabled individuals. Out of 800 individuals, on average, who use the OATS public transit in the City of Salamanca, approximately 500 are identified as seniors and 80 are identified as disabled. These statistics show the great level of need for public transportation, especially among the elderly and disabled populations, and the public transit does not reach the rural outlying areas of the county.

**Follow-up Questions to "Recovery Support Services" (Question 3i)**

**3i1.** Briefly describe the issue and why it is a high need for the populations selected.  
Cattaraugus County has no peer support services, OASAS Recovery Center, clubhouse, or other support/vocational services for individuals in substance use recovery. Law enforcement in the county is now participating in PAARI, but local referral resources are limited to outpatient services only. Seneca Nation of Indians recently started a Step-Up/Step-Down program of individuals entering into or discharging from inpatient treatment, but that program is only for Seneca Nation enrollees.

**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.  
There is chronic understaffing and high turn-over of staff at CAREs. There was also a recent change in administration at CAREs.

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

**3n1.** Briefly describe the issue and why it is a high need for the populations selected.  
Cattaraugus County has a Crisis Phone Line, a Warm Line, and access to Mobile Intervention Team for youth through WNY CPC. There is no mobile crisis team in the county, and there is no crisis respite for youth or adults in the County. The Mobile Intervention Team is based out of northern Erie County and is too far away to provide immediate crisis intervention to youth. The Mobile Transitional Support Team is not a crisis service but provides professional-with-peer support to adults engaging in local services. The Eagles Nest Respite Home could serve adults in crisis as a hospital/ER diversion, but the home is in Jamestown, Chautauqua County.

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

**3o1.** Briefly describe the issue and why it is a high need for the populations selected.  
Olean General Hospital's Behavioral Health Unit has an inventory of 14 adult beds. There is no local inpatient treatment for children/youth. There is no inpatient treatment for Substance Abuse.

**Follow-up Questions to "Other Outpatient Services" (Question 3q)**

**3q1.** Briefly describe the issue and why it is a high need for the populations selected.  
Cattaraugus County has a PROS Program but no ACT Program, no partial hospitalization, and no other day treatment program options.

**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.

Cattaraugus County has a high need for more intensive services in the community. HCBS Services will hopefully address this need when that program starts later this year.

#### **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.  
Cattaraugus County HCBS slots are filled with a continuous wait list for Waive Level of Care for children.

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

**3v1.** Briefly describe the issue and why it is a high need for the populations selected.  
It's difficult to find appropriate housing that meets the need of the mentally ill population in Cattaraugus County. Those mentally ill individuals who have a higher level of need for support and monitoring, lack safe, affordable housing to meet that need. Tier II funding for continuum of care ends 09/30/16, so 6 beds for STEL Homeless/SPEMI and Housing Options Made Easy, Inc. had \$7,000 cut from their homeless program/s and beds will be closed with less than 5 months remaining to transition those individuals to other housing programs.

#### **Follow-up Questions to "Transportation" (Question 3w)**

**3w1.** Briefly describe the issue and why it is a high need for the populations selected.  
Due to the rural nature of Cattaraugus County and a lack of public transportation to serve any areas outside Olean and Salamanca, the lack of transportation is a barrier to engagement in services. Statewide Mass Operating Assistance (STOA) reports of Olean Area Transit Service (OATS) ridership statistics show that an average of 1550 individuals use the OATS public transit in the City of Olean, including approximately 425 seniors and 320 disabled individuals. Out of 800 individuals, on average, who use the OATS public transit in the City of Salamanca, approximately 500 are identified as seniors and 80 are identified as disabled. These statistics show the great level of need for public transportation, especially among the elderly and disabled populations, and the public transit does not reach the rural outlying areas of the county.

#### **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.  
Clinical Staff continue to work toward appropriate licensure. The clinics continue to struggle with meeting psychiatric needs in Cattaraugus County. Psychiatric Assessments are scheduled on a 60-day wait list. Olean Counseling Center obtained special OMH Permission for a Physician's Assistant to provide services to help bridge the gap in medication monitoring.

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

**3aa1.** Briefly describe the issue and why it is a high need for the populations selected.  
Cattaraugus County has a Crisis Phone Line, a Warm Line, and access to Mobile Intervention Team for youth through WNY CPC. There is no mobile crisis team in the county, and there is no crisis respite for youth or adults in the County. The Mobile Intervention Team is based out of northern Erie County and is too far away to provide immediate crisis intervention to youth. There is also no crisis service available specifically for the Developmentally Disabled population, other than the local services previously mentioned and supported by mental health providers. Mobile Transitional Support Team and Eagles Nest Respite Home mental health services are available as hospital/ER diversion but are not specifically identified as "crisis services" and may not serve the needs of developmentally disabled population, depending on level of care needed.

#### **Follow-up Questions to "Children Services" (Question 3cc)**

**3cc1.** Briefly describe the issue and why it is a high need for the populations selected.  
There is a disconnect between the school systems and agencies in ensuring appropriate level of service in the community.

#### **Follow-up Questions to "Student/Transition Services" (Question 3ee)**

**3ee1.** Briefly describe the issue and why it is a high need for the populations selected.  
Transition services should begin at age 15, but barriers have been identified. Often these services do not start until the child is much older or near graduation. Barriers include lack of family education and understanding, as well as lack of community supports for self-directed planning and employment opportunities. If there is no community support or work available, there is no life goal and transitional planning is very difficult. The Cattaraugus County Community Services Board's Developmental Disability Subcommittee identified a need for representation from a local Committee on Special Education in order to communicate the needs and gaps in services for determining appropriate level of care for transitional age youth, especially noting most schools in this rural area struggle with identifying available resources.

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

**3ff1.** Briefly describe the issue and why it is a high need for the populations selected.  
There are limited respite services available in the county. There is no emergency respite service available.

#### **Follow-up Questions to "Self-Directed Services" (Question 3hh)**

**3hh1.** Briefly describe the issue and why it is a high need for the populations selected.  
Self-Directed Services is a fairly new term in Cattaraugus County. It is not always financially viable for the individual to choose from the self-directed services that are available in the community. The individual/family might research and choose services that are simply not available in the county due to fiscal shortfall.

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

**3ii1.** Briefly describe the issue and why it is a high need for the populations selected. It's difficult to identify the level of services for the autism population. Certain demographic areas in our county seem to have a much higher prevalence of the diagnosis than others, and those areas tend to be more remote and underserved.

**Follow-up Questions to "Person Centered Planning" (Question 3jj)**

**3jj1.** Briefly describe the issue and why it is a high need for the populations selected. Again, this is a fairly new term in our county, and similar to "self-directed care," the services desired are simply not always available.

**Follow-up Questions to "Residential Services" (Question 3kk)**

**3kk1.** Briefly describe the issue and why it is a high need for the populations selected. With the OPWDD goal to integrate individuals into the community, fewer beds are available in supported housing. However, there is limited availability of safe, affordable, and accessible housing in the community.

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

**3mm1.** Briefly describe the issue and why it is a high need for the populations selected. Due to the rural nature of Cattaraugus County and a lack of public transportation to serve any areas outside Olean and Salamanca, the lack of transportation is a barrier to engagement in services. Statewide Mass Operating Assistance (STOA) reports of Olean Area Transit Service (OATS) ridership statistics show that an average of 1550 individuals use the OATS public transit in the City of Olean, including approximately 425 seniors and 320 disabled individuals. Out of 800 individuals, on average, who use the OATS public transit in the City of Salamanca, approximately 500 are identified as seniors and 80 are identified as disabled. These statistics show the great level of need for public transportation, especially among the elderly and disabled populations, and the public transit does not reach the rural outlying areas of the county.

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

**3oo1.** Briefly describe the issue and why it is a high need for the populations selected. The Rehab Center has a "Pathways to Employment" program, and Directions in Independent Living is training staff to start a program. Directions currently has "Transitional Age Services" to assist youth in transition from school to employment in the community. However, the "Pathways" program is limited to a set number of hours per week and to one year maximum, so there is still a gap in employment training for individuals who may need more extensive assistance.

**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. There continues to be a high need for providers for the developmentally disabled population. The behavioral analyst need is high. Schools should be addressing this, but there are only 2 ABA's in the area. There is only one psychiatrist in Buffalo who provides the required DD assessment. ABA technicians can be trained for point of service and report to a Certified ABA, but there is only one certified ABA in all of Cattaraugus County.

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

The mental health clinics need for psychiatric hours has increased while staff availability of hours has decreased. The population of individuals served continues to increase. The clinics increased number of therapists in an attempt to meet the counseling needs, but gaps in psychiatric coverage continue.

**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

The opioid addiction has become a focus among community leaders. While we have some basic services in place (i.e., Narcan), there is no established plan for continued treatment after the Narcan is administered.

**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.

**6a.** If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have stayed about the same over the past year, briefly describe here

The county continues to navigate the new OPWDD Front Door and community integration/self-directed initiatives.

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.

Community Services participates with DOH Healthy Livable Community Consortium.

**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.

All of the agencies in Cattaraugus County historically collaborate and plan activities to best meet the needs of the entire community.

**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.

Cattaraugus County shares funding with Chautauqua County for a Respite House (Eagles Nest) located in Chautauqua County and for a Mobile Transitional Support Team (professional and peer in Cattaraugus County have a current caseload of 20 individuals). Cattaraugus County LGU also participates with 5 other counties to plan for Managed Care Rates and changes.

**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

Regional needs identified: establish fair and equitable Managed Care Rates, DSRIP initiatives, inpatient/outpatient transitions, regional planning consortiums, need to maintain CLMHD data portal, appropriate allocation of reinvestment funding.

**2017 Multiple Disabilities Considerations Form**  
Cattaraugus Co Community Services Dept (70690)  
Certified: Rebecca Dash (6/7/16)

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

**LGU:** Cattaraugus Co Community Services Dept (70690)

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

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

A screening tool to identify individuals with multiple disabilities is used by some agencies to screen for mental health, chemical dependency, and developmental disabilities. If needs are identified, then the person is referred for further assessment, linkage, and engagement with services. Some agencies have chosen to gather this data through their own assessment tools if this proves more efficient within their system.

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

- Yes  
 No

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

Cross Systems Meetings are utilized to plan collaboratively among all 3 disability areas. This process brings together the family and all of the direct providers involved with the family and uses the wrap-around approach.

Multi-disabled individuals at risk for institutionalization, incarceration, or out-of-home placement are reviewed by the Adult SPOA Committee or the Children's SPOA Committee to plan services for the individual. The SPOA Committee process is used to put needed services in place, and the individual's or family's cross system team provides feedback to SPOA Committees regarding needs and recommendations for level of care. The Adult and Child SPOA Committees are represented by providers from all disabilities, and planning of services for persons with multiple disabilities occurs in these meetings.

The Mental Health and Alcohol/Substance Abuse and Developmental Disabilities Subcommittees of the Community Services Board continue to plan collaboratively for issues that overlap disabilities. There are also broader concerns about DD/MH youth that are falling through the cracks and not receiving the level of outpatient or inpatient services that are needed. Many are denied access to inpatient services by both systems and are ending up in the social services or criminal justice systems. These issues will continue to be addressed through local planning committees.

**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

If 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 are utilizing the Cross Systems case reviews for adults and for youth, attended by multiple providers along with the individual consumer/family to develop shared treatment/service plans and to coordinate the delivery of services. When disputes have arisen regarding provider responsibility, we have had a Cross System Meeting with direct providers of each agency and supervisory/director level staff from that agency. The Cross Systems process brings all parties to the table to create a collaborative plan with the family and resolve disputes. Sometimes there has been a need for a provider meeting only, without the family, to resolve disputes between agencies prior to inclusion of the family in the Cross System Meeting.

Cattaraugus County has a history of fair and open collaboration between agencies.

**Mental Hygiene Priority Outcomes Form**  
Cattaraugus Co Community Services Dept (70690)  
Plan Year: 2017  
Certified: Rebecca Dash (6/7/16)

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:**

Identify, engage, and successfully treat individuals addicted to opioids and heroin through a multi-system approach.

**Progress Report: (optional) *\*new***

Southern Tier Health Care System (STHCS) a Federally Qualified Health Center distributed 136 Narcan kits in 2015 and trained law enforcement, first responders, and friends/families to use the Narcan kits. In April 2016, STHCS sponsored a Heroin & Prescription Opioid Forum for professionals and service providers in the Southern Tier. The forum discussed the barriers to local treatment and successes of neighboring counties in providing treatment and identifying individuals in need of that treatment and support of their families. CARES and Genesis House (homeless shelter) sponsored another educational forum in May 2016, with special guest Michael Nerney. The focus of that forum was education and outreach regarding the epidemic, including the socio-economic impact on a region as a result of the epidemic. Additionally, the Cattaraugus County Sheriff's Office and Gowanda and Salamanca Police Departments have partnered with PAARI (Police Assisted Addiction and Recovery Initiative) to offer addicted individuals the option of seeking law enforcement assistance in obtaining referrals to effective addictions treatment.

**Priority Rank: 1**

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** *\*new*

- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse

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

**Strategy 1.1**

Continue to train first responders and friends/families to administer Narcan Kits and institute outreach and engagement policies for individuals to enter into treatment following the use of Narcan Kit.

**Applicable State Agencies:** OASAS OMH

**Strategy 1.2**

Continue to meet with multiple service systems to strategize ways to achieve the goals or ongoing actions. This will include working with other counties in the Western and Finger Lakes Regions to develop inpatient opioid treatment resources and de-tox services.

**Applicable State Agencies:** OASAS OMH

**Priority Outcome 2:**

Provide Person-Centered / Recovery-Oriented Services for Consumers with mental health, addiction, and/or developmental disability challenges.

**Progress Report: (optional) *\*new***

OMH provided funding in 2012 to establish Recovery Center services, and STRAWW (Southern Tier Recovery Activities Without Walls) Recovery Guides have been providing peer services since. The goal is to secure funding from OASAS and OPWDD (or other potential resources) to establish a fully integrated recovery center. In the meantime, cross training has occurred to ensure peer Recovery Guides working at STRAWW have a better understanding of substance abuse recovery. The PROS Program, in conjunction with the Rehabilitation Center, has also been successful in implementing the IPS (Individualized Placement Supports) employment model. Directions in Independent Living and Suburban Adult Services, Inc. (SASI) have initiated new employment services with a shift to a more support-based working atmosphere. "Pathways to Employment" program is being utilized with services to individuals with developmental disabilities. The PROS Program initiated a FRESH Tract and Transitional Age Youth Program to focus on community integration for 18-24 year-old individuals and those individuals at risk of or being discharged from incarceration. OMH provided funding in 2015 to be shared by Chautauqua and Cattaraugus Counties for provision of hospital and ER diversion services. From that funding in 2015, Cattaraugus and Chautauqua Counties established Mobile Transitional Support Teams (1 professional with 1 peer in each county) to ensure sustained engagement of individuals in appropriate treatment. The Eagles Nest Respite Home in Chautauqua County was also established in 2015 from that OMH funding and provides respite service to Cattaraugus County residents.

**Priority Rank: 2**

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *\*new*

- Population Health Improvement Plan (PHIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse

OPWDD People First Transformation

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

#### Strategy 2.1

Develop an Integrated Recovery Center with funding from all three disability areas - OMH, OASAS, OPWDD.

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 2.2

Continue to have regular Recovery Task Force Meetings to work on implementation of the action plan established to enhance recovery oriented services. This year's action plan will focus on WHEET (Wellness, Housing, Employment, Empowerment, Transportation).

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 2.3

Increase the employment rate of individuals with disabilities with the level of supports needed. This will involve increasing employment opportunities in the community, as well as assisting individuals in their recovery and connection to meaningful activities in their community and building skills to increase employability through programs such as PROS, The Rehab Center, Probation, the Recovery Center, including transitional-age youth peer guides.

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 2.4

Provide training for individuals, families, and peers to develop the skills needed to advocate, self-direct, and receive supports in the community. Train Peer Recovery Coaches under Council on Addiction Recovery Services (CAReS).

**Applicable State Agencies:** OASAS OMH OPWDD

#### Strategy 2.5

Creatively support individuals with developmental disabilities to move to less restrictive settings with increased community supports to meet their individual needs. This will include transitioning from supportive apartment, semi-independent living environment to a traditional agency-supported apartment program setting.

**Applicable State Agency:** OPWDD

#### Strategy 2.6

Provide community education and media campaigns to increase awareness and acceptance in the community of treatment options for individuals with a mental illness, thereby decreasing the stigma.

**Applicable State Agency:** OMH

#### Strategy 2.7

Continue to market the Mobile Transitional Support Team, as well as the Mobile Integration Team and Eagles Nest Respite Home to law enforcement, hospitals, EMS and other human service providers. Establish a Respite Home within Cattaraugus County, as the location of Eagles Nest in a neighboring county is sometimes a barrier to participation of residents in the outlying areas of Cattaraugus County.

**Applicable State Agency:** OMH

#### Strategy 2.8

Create a "Day-Hab Without Walls" for DD population (especially transitional-age youth), which would be similar to the Recovery Center and focus on employment, and would integrate individuals into the community through the use of peer providers and supports. These service providers are in place through Directions In Independent Living, however more efforts will be targeted at the schools to increase engagement and awareness of the referral process.

**Applicable State Agency:** OPWDD

#### Strategy 2.9

Re-establish monthly meetings to plan collaboratively with the criminal justice and behavioral health systems for high need individuals cycling through the mental health, addiction, and criminal justice systems.

**Applicable State Agencies:** OASAS OMH OPWDD

#### Priority Outcome 3:

Improve Integration of Behavioral Health and Physical Health & effectively collaborate between multiple systems

#### Progress Report: (optional) *\*new*

Developed mental health satellite clinics in a primary care health office. Community Services opened a satellite mental health clinic at Olean Medical Group that now operates full-time. Directions In Independent Living offers such groups.

#### Priority Rank: 3

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *\*new*

- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan

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

### Strategy 3.1

Develop a mental health clinic at other primary care health offices.

**Applicable State Agency:** OMH

### Strategy 3.2

Offer more wellness self-management services throughout the county. Continue to plan for this strategy through the Mental Health Subcommittee.

**Applicable State Agencies:** OASAS OMH OPWDD

### Priority Outcome 4:

To ensure community supports are available for individuals with disabilities, especially as hospital beds are closing, and fewer options are available for residential or inpatient treatment.

### Progress Report: (optional) *\*new*

OMH approved the merger of PROS Program with Rehabilitation Center's CDT Program. Discussions continue around the mechanics of the merger and long-term planning.

### Priority Rank: 4

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *\*new*

- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan

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

### Strategy 4.1

Merge the Cattaraugus County Personalized Recovery Oriented Services (PROS) with the Rehabilitation Center Continuing Day Treatment (CDT) program for dual diagnosed (MH/DD) individuals. This may likely be the only option to ensure continued services for the individuals with dual diagnosis that attend the CDT Program.

**Applicable State Agencies:** OASAS OMH OPWDD

### Strategy 4.2

Develop emergency respite services for youth in crisis.

**Applicable State Agencies:** OMH OPWDD

### Strategy 4.3

Transition children's targeted case management program to a Health Home model for children as this becomes available through the Office of Mental Health.

**Applicable State Agencies:** OASAS OMH

**2017 Community Service Board Roster**  
 Cattaraugus Co Community Services Dept (70690)  
 Certified: Rebecca Dash (6/7/16)

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.

**Co-chairperson**

**Name** Sondra J. Fox, RN, MSN  
**Physician** No  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2017  
**eMail** sondra@fox-financial.com

**Co-chairperson**

**Name** Gail S. Mayeaux  
**Physician** No  
**Psychologist** No  
**Represents** Universal Primary Care (FQHC)  
**Term Expires** 12/31/2017  
**eMail** gspeedy@upchealth.net

**Member**

**Name** Christina L. Veno  
**Physician** No  
**Psychologist** No  
**Represents** Family, Public Representative  
**Term Expires** 12/31/2017  
**eMail** c.veno@roadrunner.com

**Member**

**Name** Kevin D. Watkins, MD, MPH  
**Physician** Yes  
**Psychologist** No  
**Represents** Cattaraugus County Dept. of Health  
**Term Expires** 12/31/2017  
**eMail** kdwatkins@cattco.org

**Member**

**Name** Robert C. Wood  
**Physician** No  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2017  
**eMail** robertwood@wildblue.net

**Member**

**Name** Jon Baker  
**Physician** No  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2019  
**eMail** basilira@gmail.com

**Member**

**Name** Gail F. Hammond  
**Physician** No  
**Psychologist** No  
**Represents** School Psychologist, Special Education, Family  
**Term Expires** 12/31/2019  
**eMail** gailfhammond@gmail.com

**Member**

**Name** Mari L. Howard  
**Physician** No  
**Psychologist** No  
**Represents** The Rehabilitation Center, Inc. (Peer Agency)  
**Term Expires** 12/31/2019  
**eMail** mhoward@rehabcenter.org

**Member**

**Name** Susan Labuhn  
**Physician** No  
**Psychologist** No  
**Represents** Cattaraugus County Legislature  
**Term Expires** 12/31/2019  
**eMail** slabuhn@cattco.org

**Member**

**Name** Steve E. McCord  
**Physician** No  
**Psychologist** No  
**Represents** Veterans' Services  
**Term Expires** 12/31/2019  
**eMail** semccord@cattco.org

**Member**

**Name** Amy George  
**Physician** No  
**Psychologist** No  
**Represents** Cattaraugus County Sheriff's Office  
**Term Expires** 12/31/2016  
**eMail** aegeorge@cattco.org

**Member**

**Name** Daniel P. Piccioli  
**Physician** No  
**Psychologist** No  
**Represents** Cattaraugus County Dept. of Social Services  
**Term Expires** 12/31/2016  
**eMail** dppiccioli@cattco.org

**Member**

**Name** Leonard X. Liguori

**Member**

**Name** Richard C. Trietley, Jr.

**Physician** No  
**Psychologist** No  
**Represents** Directions in Independent Living (Peer Agency)  
**Term Expires** 12/31/2016  
**eMail** lennyliguori@roadrunner.com

**Physician** No  
**Psychologist** No  
**Represents** Education  
**Term Expires** 12/31/2016  
**eMail** rtrietle@sbu.edu

**Member**  
**Name** William F. Mills, MD  
**Physician** Yes  
**Psychologist** No  
**Represents** Upper Allegheny Health System (Hospitals)  
**Term Expires** 12/31/2016  
**eMail** wmills@uahs.org

**OMH Transformation Plan Survey**  
Cattaraugus Co Community Services Dept (70690)  
Certified: Rebecca Dash (6/7/16)

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.

NEED TO CONFIRM WITH SHARON/D.C.S. ACCOUNTANT: OMH awarded Transformation Plan funding to Chautauqua County with the stipulation the funds would establish shared services between Chautauqua and Cattaraugus Counties. Mobile Transitional Support Teams (1 profession with 1 peer) were established in each county, and the Eagles Nest Respite Home was established in Chautauqua County.

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

Cattaraugus County would like to open a Respite Home within our own borders as transportation to the Chautauqua County location has been a barrier to Cattaraugus County residents.

**2017 Mental Hygiene Local Planning Assurance**  
Cattaraugus Co Community Services Dept (70690)  
Certified: Rebecca Dash (6/7/16)

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.