

2017  
Local Services Plan  
For Mental Hygiene Services

Clinton Co. Community Services Board  
August 4, 2016



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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**2017 Mental Hygiene Executive Summary**  
Clinton Co. Community Services Board  
Submitted for Approval: Marialice Ryan (6/14/16)  
Certified: Peter Trout (6/7/16)  
Approved: Marialice Ryan (6/14/16)

Clinton County's 2017 Local Service Plan is a continuation of last year's master plan. Major initiatives identified last year were multi-year projects designed to improve the quality of integrated healthcare, increase the community's awareness of and reduce the stigma of having a mental health or substance abuse challenge. Strategies have been adjusted to reflect the progress achieved in 2016, with new goals and objectives for the upcoming year.

**2017 Needs Assessment Report**  
 Clinton Co. Community Services Board (70020)  
 Certified: Peter Trout (6/8/16)

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.

Clinton County is a rural county with issues consistent with other upstate counties. Higher than average suicide rate, consistently high use of alcohol and marijuana with growing use of heroin and related issues like unemployment and higher foster care utilization

**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 and gaps in services remain the same as previous year Significant issue recruiting and retaining qualified health professionals across all three service delivery systems Need additional resources and programming to assist with outreach, engagement and harm reduction services designed to hook individuals that are not reaching the treatment providers front door

**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 type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| d) Opioid Treatment Services                   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input checked="" 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 type="radio"/>            | <input checked="" 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 checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input 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 checked="" type="radio"/> | <input 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 type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input checked="" 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 type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| r) Care Coordination                           | <input 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 checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input 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 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 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"/> |
| <b>Developmental Disability Services:</b>      |                                  |                                  |                                  |                                  |                                  |                       |

|  |                                  |                                  |                       |                                  |                                  |                       |
|--|----------------------------------|----------------------------------|-----------------------|----------------------------------|----------------------------------|-----------------------|
| aa) Crisis Services                              | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" 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 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 checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input 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 type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" 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 checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| mm) Transportation                               | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" 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 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 checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input 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.  
Evidence based prevention interventions work but many schools districts do not include SUD prevention in their curriculum

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

**3b1.** Briefly describe the issue and why it is a high need for the populations selected.  
Approximately 66% of super utilizers of ER (10 or more ER visits in year)at UVM CVPH in 2015 had SUD or MH issues not effectively treated in outpatient setting. Withdrawal and stabilization services will be helpful when new program opens in 2Q 2017

**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.  
Timely access to inpt beds is critical in an effective continuum of services

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

**3g1.** Briefly describe the issue and why it is a high need for the populations selected.  
Stable housing critical to any recovery effort. Stable, quality, affordable dry housing is needed with wrap around supportive services

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

**3h1.** Briefly describe the issue and why it is a high need for the populations selected.  
Transportation to inpt settings outside of the county are limited County bus system is helpful but limited in the scope of services and frequency or bus runs due to smaller population

**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.  
SUD clients in recovery need to re-tool and acquire education and employment skills to replace addictive behavior. without acquiring these skills, relapse rates are higher

**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.  
The pool of qualified CASAC's is limited and area providers regularly recruit from their competitors. Overall stock of competent professionals has not grown to meet demand. Lack of Addiction Psychiatrist is glaring problem

**Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3k)**

**3k1.** Briefly describe the issue and why it is a high need for the populations selected.  
SUD clients report being treated with stigma and prejudice in many other medical and hospital settings. Increase of cross training healthcare workers crucial to effectively integrating care

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

**3m1.** Briefly describe the issue and why it is a high need for the populations selected.  
Stigma of mental illness continues to prevent individuals struggling from seeking assistance. Majority of deaths by suicides in county were individuals not engaged in services. Integration of BH and primary care will continue to assist as well as bringing services closer to people in need, like school based clinical services

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

**3n1.** Briefly describe the issue and why it is a high need for the populations selected.  
Same response as in 3.b. Need for crisis diversion programming strong as ER is not trained to deal with this population and service is more expensive than needs to be

**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.  
HCBS services will provide a continuum of critical services to support and advance individuals in their recovery

**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.  
Same response as 3s1.

**Follow-up Questions to "Other Recovery and Support Services" (Question 3u)**

**3u1.** Briefly describe the issue and why it is a high need for the populations selected.  
Successful rehabilitation and recovery require additional skills and supports than are provided in an outpt clinic setting. Supportive services tied to clients natural environment are key

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

**3v1.** Briefly describe the issue and why it is a high need for the populations selected.  
Individuals are often paying 75-80% of monthly income on housing/utilities that is sub par and not conducive setting to promote recovery. Housing is the cornerstone of recovery

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

**3w1.** Briefly describe the issue and why it is a high need for the populations selected.  
Same as response to 3h1

**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.  
Lack of area NPP and psychiatrist in particular are problematic to effective delivery of integrated services due to lack of supply both inpt and outpt services are compromised as often only urgent clients get seen in timely manner

**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.  
Integration of primary care and BH have shown to improve healthcare outcomes and reduce costs. Critical need for area is to improve access to and collaboration with primary care. Coordination of services with hospital through super utilizer project will be instrumental in altering the care and lessening the cost of providing care for this population not acclimated to routine, ongoing healthcare

**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.  
All people have difficulty making transitions to the next stage. Extra supports need to be in place to ensure the "warm handoff" is successful

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

**3ff1.** Briefly describe the issue and why it is a high need for the populations selected.  
consistently the highest request service by families members and is cost effective as it keeps family members out of higher cost services

**Follow-up Questions to "Family Supports" (Question 3gg)**

**3gg1.** Briefly describe the issue and why it is a high need for the populations selected.  
Families describe need for more service need for care managers as aging parents are often providing needed services and cannot sustain these efforts indefinitely

**Follow-up Questions to "Front Door" (Question 3ll)**

**3ll1.** Briefly describe the issue and why it is a high need for the populations selected.  
Hear frequent comments about the inability to access services

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

**3oo1.** Briefly describe the issue and why it is a high need for the populations selected.  
Change in Sheltered Employment eligibility impacts many consumers. New opportunities need to be developed

**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.  
Same response as above but specific to residential staff and care managers

**Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3qq)**

**3qq1.** Briefly describe the issue and why it is a high need for the populations selected.  
Coordination of services for individuals with dual diagnosis is often complicated as regulatory world reinforces separation. Without adequate integration, positive outcomes are compromised

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.

**4a.** If you would like to elaborate on why you believe the overall needs of the mental health population have stayed about the same over the past year, briefly describe here

Despite interventions to bring services to individuals in need at primary care settings and providing suicide prevention skills to over 200 community members, needs have stayed the same. Continued consistent application of prevention training and integration of services over a multiple year period may result in reduced needs but we are far from that at this time

**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

consistent high needs related to marijuana and alcohol with growing need to address heroin A large number of individuals in need are not accessing treatment

**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

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.

MEB is integrated into county prevention agenda plan. Regular attendance, participation and collaboration between departments, an improvement from previous years

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.

Clinton County Housing Coalition regarding new housing developments, combating NIMBY and HUD funding opportunities

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.

Quarterly North county LGU meetings

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

suicide prevention, housing needs, integration of primary care and BH , crisis stabilization and ambulatory detox



**2017 Multiple Disabilities Considerations Form**  
Clinton Co. Community Services Board (70020)  
Certified: Peter Trout (4/4/16)

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

**LGU:** Clinton Co. Community Services Board (70020)

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:

Data is collected monthly from the service providers regarding the number of people in the mental health and addiction system that have a co-occurring disorder including a developmental disorder. The PSYCHES data and Health Home data is under review through the LGU office and SPOA to determine who in the county has co-occurring and co-morbid conditions that result in high use of services and the need for care management.

Clinton County LGU has joined CVPH and other community stakeholders in forming a Super Utilizer group to address coordination of care issues related to 106 high users of the local ER

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:

The planning for services for this population is integrated into the annual planning process.

the CVPH Super Utilizer project will address identification of and planning for the high users of the ER. Coordination will include a community care plan incorporating all relevant providers along with regular case reviews to discuss barriers to coordination

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:

An informal process has been developed that seeks to resolve disputes and/or assignment of services for complex cases through meetings facilitated by the DCS with all stakeholders.

**Mental Hygiene Priority Outcomes Form**  
Clinton Co. Community Services Board (70020)  
Plan Year: 2017  
Certified: Peter Trout (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:**

In partnership with the Adirondack Health Institute (AHI) Preferred Provider System behavioral health and health care are integrated on a regional basis

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

BHSN received \$3.8 million in capital grant to renovate their Center for Well Being into an integrated health care facility Design work is underway. CCMHAS has added four new primary care practices where mental health care is being provided, bring total co-located sites to eight.

**Priority Rank: 1**

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** \*new

- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

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

**Strategy 1.1**

Utilize DSRIP funding to integrate primary care into BHSN's Center for Wellbeing Metric: BHSN will develop building plans that facilitate integration Metric: BHSN will identify primary care partner

**Applicable State Agencies:** OASAS OMH

**Strategy 1.2**

Continue integration of mental health and substance use disorder treatment into eight (8) primary/pediatric care practices. CCMHAS will establish a warm hand-off for all individuals referred for assessment based on positive PHQ-2 or PHQ-9 depression screening tools

**Applicable State Agencies:** OASAS OMH

**Strategy 1.3**

Recipients will be screened for tobacco use at all outpatient mental health clinic admission and quarterly thereafter Metric: Confirmed users will have a tobacco diagnosis/treatment goal identified Metric: The percentage of confirmed users that receive evidenced based education/cessation counseling will increase

**Applicable State Agency:** OMH

**Strategy 1.4**

Integrated services continue to be sensitive to the needs of the senior population Metric: the percentage of seniors utilizing behavioral health services in primary care sites will increase to 22%

**Applicable State Agency:** OMH

**Priority Outcome 2:**

in partnership with AHI PPS stabilization and withdrawal services are integrated on a regional basis

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

OASAS has approved capital application from Champlain Valley Family Center to renovate the former DFY facility in Schuyler Falls, NY for purposes of operating an 10 bed stabilization and withdrawal program serving the tri county region. Temporary housing will be available to those in need. OASAS has secured the transfer of the property from DEC. Architectural work is under way with anticipated renovation to last 9 months

**Priority Rank: 2**

**Applicable State Agencies:** OASAS

**Aligned State Initiative:** \*new

- 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 2.1

CVFC will market new stabilization and withdrawal services to community partners and general public Metric: CVFC will conduct meetings to coordinate services with community partners and disseminate referral information to general public

**Applicable State Agency:** OASAS

### Strategy 2.2

Stabilization and withdrawal services for North Country citizens will be provided locally by 2Q 2017 Metric: Eligible candidates are admitted for detoxification services

**Applicable State Agency:** OASAS

### Priority Outcome 3:

Mental health crisis stabilization services are integrated on a regional basis

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

BHSN applied for CRFP funding but was not awarded project funding. BHSN is discussing crisis diversion programming with several community partners in hopes of developing a stabilization and outreach program

#### **Priority Rank:** 3

**Applicable State Agencies:** OASAS OMH

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

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

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

### Strategy 3.1

BHSN and community partners will explore feasibility of establishing a crisis diversion program

**Applicable State Agency:** OMH

### Priority Outcome 4:

A Zero-Suicide system-wide approach to suicide prevention is adopted by the community

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

Clinton County Suicide Prevention Coalition has coordinated the training of 124 people in QPR; 78 in Safe Talk and approximately 20 in Connect postvention Clinton County has formed a Postvention team focused on deaths by suicide. Training ongoing with anticipated rollout of team county-wide in Fall, 2016 Active anti-stigma campaign was developed with presentations at several service clubs, a semi-colon tattoo event and an Open Mike for Open Minds event. The Anti-stigma committee developed a logo and will be awarding three media companies with awards for their positive handling of mental health and substance abuse issues

#### **Priority Rank:** 5

**Applicable State Agencies:** OASAS OMH

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

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Adult Medicaid Behavioral Health Managed Care Implementation

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

### Strategy 4.1

Advance the prevention/intervention training initiative by training two community members as trainers in QPR and Safe Talk

**Applicable State Agencies:** OASAS OMH

### Strategy 4.2

Continue development (team training and community marketing of role) of county-wide postvention team that responds to community members responding to a death by suicide Metric: Suicide Postvention team will meet with law enforcement and first responders to inform them of role

**Applicable State Agencies:** OASAS OMH

### Strategy 4.3

Continue anti-stigma community campaigns to reduce community stigma and promote recovery by offering quarterly community-wide events promoting behavioral health education

**Applicable State Agencies:** OASAS OMH

### Strategy 4.4

Integrate Youth Mental Health First Aid into two school districts

**Applicable State Agencies:** OASAS OMH

### Priority Outcome 5:

A community action plan is developed to foster community education through education, prevention and treatment of substance abuse

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

71 local professionals have been trained in SBIRT (22 in 12 hour training and 49 in 4 hour training) 16 individuals have been trained locally in Recovery Coaching As of 4/1/16: 135 individuals have been enrolled in syringe exchange program; 34 overdose reversals and 4 referrals to treatment As of 4/1/16: 139,000 needles have been dispersed, 72,000 collected As of 4/1/16: 725 community stakeholders have been trained in naran

#### **Priority Rank:** 4

**Applicable State Agencies:** OASAS

**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
- Combat Heroin and Prescription Drug Abuse

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

### Strategy 5.1

Increase public education and knowledge of community resources for substance abuse by conducting a public forum and developing a facebook page

**Applicable State Agency:** OASAS

### Strategy 5.2

Complete data analysis of community substance abuse trends and identify one action strategy to be implemented locally

**Applicable State Agency:** OASAS

### Strategy 5.3

Explore grant funding opportunities to advance Coalition efforts by submitting applications to a minimum of two funding sources

**Applicable State Agency:** OASAS

### Priority Outcome 6:

The stock of affordable, quality housing and continuum of housing opportunities is enhanced through collaboration with the Clinton County Housing Coalition

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

BH&SN opened 25 supported housing beds as part of the 64 unit Homestead on Ampersand housing project. ETC collaborated with private developer to propose 36 unit supportive housing project in Town of Plattsburgh but project has meet with NIMBY issues. Community providers supporting advancement of this project

#### **Priority Rank:** Unranked

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** \*new

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

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

### Strategy 6.1

County housing providers will secure additional funding to develop affordable, supportive and transitional housing and expand available housing slots by 10%

**Applicable State Agencies:** OASAS OMH

### Strategy 6.2

Increase adult home and nursing home acceptance of residents with mental health and substance abuse disorders by hosting collaborative meetings with area adult homes and nursing homes to identify potential solutions to barriers for admission

**Applicable State Agency:** OMH

### Priority Outcome 7:

Clinton County behavioral health workforce is bolstered

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

BHSN has successfully recruited a full complement of prescribers. CCMHAS continues active recruitment of Psychiatric Nurse Practitioner. CVPH has critical shortage of psychiatrists and has reduced bed limit until staffing is filled

**Priority Rank:** *Unranked*

**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

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

### Strategy 7.1

In collaboration with AHI Workforce Development Coordinator, explore state initiatives that strengthen recruitment and retention of psychiatrist, psychiatric nurse practitioners and social workers

**Applicable State Agencies:** OASAS OMH

### Strategy 7.2

Utilize telepsychiatry to expand prescriber supply and offer psychiatric consultation to area primary care practices

**Applicable State Agency:** OMH

### Priority Outcome 8:

Current technology is utilized to enhance knowledge of mental health and substance abuse services

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

Meetings with community providers was held regarding both 211 and NY Connects. Providers will be utilizing both systems to market services

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS OMH

**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
- Child Medicaid Behavioral Health Managed Care Implementation

**Is this priority also a Regional Priority?** \*new No

### Strategy 8.1

Utilize existing 211 information line and NY Connect to promote mental health, substance abuse and developmental disabilities resources and access points

**Applicable State Agencies:** OASAS OMH

### Strategy 8.2

Explore feasibility of utilizing recovery-based apps to support clients in recovery

**Applicable State Agencies:** OASAS OMH

### Priority Outcome 9:

Developmental Disability Services will work collaboratively with Mental Health and Addiction providers to provide treatment across the system.

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

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS OMH OPWDD

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

Adult Medicaid Behavioral Health Managed Care Implementation

OPWDD People First Transformation

**Is this priority also a Regional Priority?** *\*new* No

### Strategy 9.1

The LGU will continue to coordinate complex case reviews to be attended by all relevant providers with an outcome of care coordination and collaboration.

**Applicable State Agencies:** OASAS OMH OPWDD

### Strategy 9.2

OPWDD, OMH and OASAS providers will participate in cross system training designed to increase access of individuals with dual diagnosis

**Applicable State Agencies:** OASAS OMH OPWDD

**2017 Community Service Board Roster**  
 Clinton Co. Community Services Board (70020)  
 Certified: Peter Trout (4/7/16)

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.

**Chairperson**

**Name** Wouter Rietsema  
**Physician** Yes  
**Psychologist** No  
**Represents** CVPH - hospital  
**Term Expires** 2/28/2017  
**eMail** wrietsema@cvph.org

**Member**

**Name** Theresa Bennet  
**Physician** No  
**Psychologist** No  
**Represents** Family member  
**Term Expires** 3/15/2019  
**eMail** tbenn002@plattsburgh.edu

**Member**

**Name** Sara Rowden  
**Physician** No  
**Psychologist** No  
**Represents** Public  
**Term Expires** 10/24/2016  
**eMail** srowden@charter.net

**Member**

**Name** Bryan Hartman  
**Physician** No  
**Psychologist** No  
**Represents** Public  
**Term Expires** 6/11/2017  
**eMail** hartmabg@plattsburgh.edu

**Member**

**Name** Kelly Donoghue  
**Physician** No  
**Psychologist** No  
**Represents** Public  
**Term Expires** 4/7/2017  
**eMail** kelly.donoghue@clintoncountygov.com

**Member**

**Name** Brenda Stiles  
**Physician** No  
**Psychologist** No  
**Represents** Public  
**Term Expires** 3/11/2017  
**eMail** bstiles@cvph.org

**Member**

**Name** Nicole Louis  
**Physician** No  
**Psychologist** No  
**Represents** Public  
**Term Expires** 10/24/2016  
**eMail** nichole.louis@clintoncountygov.com

**Member**

**Name** Trevor Laughlin  
**Physician** No  
**Psychologist** No  
**Represents** consumer  
**Term Expires** 10/24/2016  
**eMail** laughlintd@gmail.com

**Member**

**Name** Brendan Owens  
**Physician** No  
**Psychologist** No  
**Represents** Public  
**Term Expires** 4/7/2019  
**eMail** bowens@soctlaw.com

**OMH Transformation Plan Survey**  
Clinton Co. Community Services Board (70020)  
Certified: Peter Trout (3/10/16)

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.

Clinton County received Transformation funding from 2014-15 budget. Funding was allocated to NAMI-CV for the purposes of hiring a peer outreach worker, dedicated to helping clients who had formerly received outpt mental health services but were not currently, to re-engage in outpt services. The role has helped individuals not decompensate and further and re-engage in services, avoiding expensive ER visits and hospitalizations. The Peer Outreach Worker, not bound by stringent Medicaid regulations and paperwork, spends the necessary time to successful address and remedy the presenting issue, often spending entire days interacting with the client and their environment. Very effective and needed Clinton County did not receive any Transformation funding in 2015-16, which is disappointing

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

It is unfortunate that 2015-16 Transformation funding did not make it to the county level but apparently used to bolster state psych center employment. these initiatives, like the MIT, could be better managed and implemented less expensively by local program Please continue releasing funding through the county for implementation and oversight



**2017 Mental Hygiene Local Planning Assurance**  
Clinton Co. Community Services Board (70020)  
Certified: Peter Trout (3/10/16)

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.