

2017
Local Services Plan
For Mental Hygiene Services

Schoharie Co. Community Services Board
August 16, 2016



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Schoharie Co. Community Services Board	70740	(LGU)
Executive Summary	Optional	Not Completed
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Multiple Disabilities Considerations Form	Required	Certified
Priority Outcomes Form	Required	Certified
Community Services Board Roster	Required	Certified
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LGU Emergency Manager Contact Information	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified
 Schoharie Co. Community Services Board	 70740/70740	 (Provider)
 Schoharie Co Chemical Dependencies OP	 70740/70740/50427	 (Treatment Program)

2017 Needs Assessment Report
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (6/1/16)

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.

Schoharie County is still recovering from flood, and it is difficult to find housing. Unemployment is high with little opportunity for a job, and those that are working tend to have an income that will not cover good stable housing. Also, in our county, we have no homeless shelters, and as a result people are being sent out-of-county to a shelter. This often leaves our residents making the difficult decision to either stay with friends or leave the supports that they are most familiar and comfortable with. Providing care coordination to our clients who don't meet the criteria for the Health Home is essential, as it would assist those folks who are more may be more stable, but need assistance with medication and medical services.

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.

DD: Providing more START services to the developmental disabilities population would be very helpful. In-home services to this population would also be of assistance as parents often want to keep their child home and have little resources to maintain 24-hour care. Another gap in service is the young DD couple needing parenting support; often the child is removed from the parents. CD: We continue to see an increase in the prevalence of opioid-use disorders in the population. There are very limited Medication Supported Treatment options. While we are able to provide Vivitrol, it requires a period of abstinence before it can be started. There continue to be no suboxone providers and we do not always have close care coordination with outside suboxone providers. Additionally, there are very few resources for detox services, and we often have opioid abusing clients turned away from detox facilities in neighboring counties. Housing continues to be an issue, and any individual seeking residential treatment must be relocated out of the county. Public Transportation is limited within the county, and if an individual seeking treatment does not live within one of the towns, they can have significant difficulty getting to treatment, especially if they do not qualify for Medicaid transportation. Cost for taxis is prohibitive.

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

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
Substance Use Disorder Services:						
a) Prevention Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d) Opioid Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
f) Residential Treatment Services	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
i) Other Recovery Support Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
j) Workforce Recruitment and Retention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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"/>					
Mental Health Services:						
m) Prevention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
n) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
p) Clinic Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
q) Other Outpatient Services	<input type="radio"/>					
r) Care Coordination	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
s) HARP HCBS Services (Adult)				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) HCBS Waiver Services (Children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
u) Other Recovery and Support Services	<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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
y) Coordination/Integration with Other Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental Disability Services:						
aa) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ff) Respite Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
gg) Family Supports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
kk) Residential Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
ll) Front Door	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
oo) Employment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
pp) Workforce Recruitment and Retention.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" 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 "Opioid Treatment Services" (Question 3d)

3d1. Briefly describe the issue and why it is a high need for the populations selected.
 Opioid use continues to increase, and a high percentage of new referrals are for opioid abusing clients. We have difficulty engaging opioid abusing clients as we do not have ready access to Medication Assisted Therapies, so often clients come in for an appointment, but do not follow through when they cannot work with a medication provider, particularly for suboxone. When clients do not engage, they are at higher risk for negative outcomes.

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 are no residential services in the county, and clients must be placed out of county if they are in need of residential services.

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

3g1. Briefly describe the issue and why it is a high need for the populations selected.
 Clients have difficulty maintaining stable housing due to limited options. Many low-cost options were lost in a 2011 flood within the county, and clients have had difficulty with managing high rental payments on stagnant wages. There is also no sober housing option within the 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.
 In-patient services are scarce and sometimes people are left in the community with high needs and without the appropriate supports.

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

3v1. Briefly describe the issue and why it is a high need for the populations selected.
 Schoharie County has never really fully recovered from Hurricane Irene. Housing is a high need in the county in general, but especially for the population of three disabilities. In a meeting with the Health Home to discuss areas of need housing was the primary need identified by recipients.

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

3aa1. Briefly describe the issue and why it is a high need for the populations selected.
 There has been an increase in crisis services utilized by the youth population.

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.

Unfortunately, often in our county the child is not identified for DD services and then it takes a long time for this person to go through the eligibility process once they have left school.

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.

4d. If you would like to elaborate on why you believe the overall needs of the mental health population have been a mix of improvement and worsening over the past year, briefly describe here

There have been a broadening of services with improved coordination and accessibility which have helped improved service delivery to consumers. However, due to the socio-economic factors listed in previous responses, it appears that the need continues to rise which has made our intake list longer (for non-crisis clients) and the wait for out patient psychiatric services longer. With MCAT located in our community, we have had an increase in our adult population, coming into services for the first in their advanced years.

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.

5d. If you would like to elaborate on why you believe the overall needs of the substance use disorder population have been a mix of improvement and worsening over the past year, briefly describe here

We have worked with a medical provider to administer Vivitrol, a medication to assist opioid or alcohol dependent clients. However, we have still not been able to work with a suboxone provider, and continue to struggle with inpatient and residential referrals.

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

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

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

Improvements include adults using the county crisis system more effectively, the individuals who are receiving START services, and better coordination with other systems within the county. An area that has worsened is an increase in crisis services for children and youth. It takes longer for the eligibility process using the Front Door and therefore individuals are not getting the services they need. There are more in-home services being identified, but less resources available. Also, our primary provider for this population has difficulty obtaining and maintaining staff.

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

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.

The Schoharie County DSS Commissioner applied for a grant to partner with Schoharie County Office of Community Services to assign a social worker from the clinic to serve as a liaison between the two departments. This social worker would provide direct consultation to caseworkers regarding families who might benefit from behavioral health services along with education and training.

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.

Chenango, Delaware, Otsego and Schoharie County Directors of Community Services meet approximately eight times a year to discuss regional initiatives.

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

- a. Yes
- b. No

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

- a. Yes
- b. No

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

The four counties (Chenango, Delaware, Otsego and Schoharie) have discussed expanding the Warm Line as part of our Community Stabilization Program. Delaware, Otsego and Schoharie counties have identified the need to develop supported housing for the substance abuse population.

2017 Multiple Disabilities Considerations Form
Schoharie Co. Community Services Board (70740)
Certified: Bonnie Post (5/25/16)

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

LGU: Schoharie Co. Community Services Board (70740)

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:

The Director of Community Services (DCS) is responsible for ensuring that all persons are getting the services that they require. Given that the county runs the mental health and chemical dependency clinic all referrals participate in a standardized evaluation to identify the appropriate treatment modality. We also offer daytime crisis evaluations and triage so that all consumers get the care they need.

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 Community Services Board (CSB) is responsible for the planning process to ensure that all persons with multiple disabilities are getting the services that they require. Staff members sit on the various subcommittees to provide an overall lens of the services provided. The DCS is the delegate from CSB that is charged in implementing the plan.

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:

The DCS will investigate all complaints whether made formally by another provider or informally through various channels, such as letters or phone calls. The DCS takes the lead in resolving disputes concerning provider responsibility and will follow up with contact to the provider regarding the accusation and work with the two entities to resolve the issue so that the individual is getting the best care available.

Mental Hygiene Priority Outcomes Form
Schoharie Co. Community Services Board (70740)
Plan Year: 2017
Certified: Bonnie Post (5/25/16)

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:

To increase availability, accessibility and acceptability of behavioral health services to meet the needs of the community.

Progress Report: (optional) **new*

Promoting community awareness of services has been very strong through participating in tabling events, such as the county fair, FAM Run, CARRT along with informational bulletin boards. Also the county resource directory is available on the county website. MCAT (Mobile Crisis Assessment Team) is a front line service that often based on their field assessments refer potential consumers to the Mental Health Clinic. We coordinate closely with that program when individuals do not follow through with services and they provide outreach services to help engage individuals whenever possible.

Priority Rank: 1

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- 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
- OMH Transformation Plan

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

Strategy 1.1

Further advance our mission of reducing stigma with environmental promotion of behavioral health disorders and services, such as billboards, bus wraps, informational bulleting board, radio public service announcements, our internet presence, and flyers/handouts. Continue to have a presence at events to promote community services, such as the FAM Run, CARRT events, and local health fairs. Provide at least four community forums/presentations throughout the year on a behavioral health topic.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.2

Continue the implementation of meaningful use standards in the electronic medical record.

Applicable State Agencies: OASAS OMH

Strategy 1.3

Monitor and evaluate programs through the collection of data from service reports, utilization reviews, incident reviews, corporate compliance, staff meetings, client satisfaction surveys, and meetings with senior/supervisory staff members.

Applicable State Agencies: OASAS OMH

Strategy 1.4

Evaluate the pros and cons of pursuing the integrated license to merge the Mental Health and Chemical Dependency Clinics, and then determine if it would be beneficial to the community.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.5

Ensure that mental health clinicians will receive training on addiction to better serve the population.

Applicable State Agencies: OASAS OMH

Strategy 1.6

Through the Open Access initiative clients will be seen on the same day or the following day for their intake at the Mental Health Clinic. Implementation will improve treatment engagement and reduce the need for a higher level of care.

Applicable State Agencies: OASAS OMH

Strategy 1.7

The START (Systemic, Therapeutic, Assessment, Resources, & Treatment) Program will provide crisis response and prevention for individuals with developmental disabilities who present with complex behavioral and mental health needs. The program will create a support network able to respond to crisis needs at the community level; therefore, enabling an individual to remain in their home or community residence.

Applicable State Agency: OPWDD

Priority Outcome 2:

Primary care and behavioral health will form a collaborative relationship with regular communication and coordination of treatment plans.

Progress Report: (optional) **new*

Schoharie County Office of Community Services is part of the Leatherstocking PPS and serve an important role in the system due to the significant behavioral health agenda.

Priority Rank: 2

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

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

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

Strategy 2.1

Schoharie County Office of Community Services will actively participate in the projects "Behavioral Health - Integration of Primary Care and Behavioral Health Services" and the "Ambulatory Detox" as a Leatherstocking performing provider within the Mohawk Valley DSRIP.

Applicable State Agencies: OASAS OMH

Strategy 2.2

Schoharie County Office of Community Services will continue to provide health home services as part of the Bassett Health Home, as well as, state funded non-Medicaid health home care management. Primarily, we are assisting with individuals who have a behavioral health diagnosis. Clients who have a more significant medical diagnosis alongside their mental health condition will be assigned to the Behavioral Health Nurse for health home services.

Applicable State Agencies: OASAS OMH

Strategy 2.3

Wellness is an active, lifelong process which includes adopting healthy behaviors such as: eating nutritional foods, exercise, positive coping strategies, stress management, and avoiding alcohol, drugs and tobacco. There will be a focus on tobacco cessation. The county clinics will add tobacco use to their electronic medical record and promote smoking cessation counseling to all tobacco users.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 2.4

Schoharie County will be involved in monitoring the quality of the Bassett Health Home Care Management program through meetings with the health home administration and reports from the New York State Dept. of Health on a variety of quality indicators.

Applicable State Agencies: OASAS OMH

Strategy 2.5

The clinics will join HIXNY, which is an on-line access to a patients community health record.

Applicable State Agencies: OASAS OMH

Strategy 2.6

The Behavioral Health Nurse employed at the clinics will meet with clients to perform health screenings, create linkages to primary care and specialists as needed, and coordinate with the medical providers. The Behavioral Health nurse will also follow up on any client who is hospitalized by contacting the hospital within two days of notification of the hospitalization to ensure good discharge planning.

Applicable State Agencies: OASAS OMH

Priority Outcome 3:

Improve and expand peer recovery supports in our community.

Progress Report: (optional) **new*

The Family Support Expansion is in full operation. A dedicated skill builder has been employed at SCCAP's Family Support unit. She offers individual and group skill-building for parents. In addition, Catholic Charities has begun to offer Family Support services in the Community.

Priority Rank: *Unranked*

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
- Combat Heroin and Prescription Drug Abuse

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

Strategy 3.1

Expand the existing Warm Line with a regional warm line that would extend hours, employ peers and work closely with the MCAT.

Applicable State Agencies: OASAS OMH

Strategy 3.2

A Recovery Coach will be housed at SCCASA, but also collaborate with clinicians and attend meetings at the CD Clinic. This is a peer based support service that is non-clinical and utilizes a strengths based to help the person better access their recovery. This person will provide services out in the community.

Applicable State Agencies: OASAS OMH

Strategy 3.3

A Peer Engagement Specialist will provide outreach and engagement to individuals served by the Schoharie County Mental Health Clinic.

Applicable State Agency: OMH

Priority Outcome 4:

Enhance services to youth within Schoharie County.

Progress Report: (optional) **new*

The Mental Health Clinic is now offering services in three out of the six school districts in the county. The CD Clinic has seen a slow increase in referrals on adolescents/youth.

Priority Rank: 3

Applicable State Agencies: OASAS OMH

Aligned State Initiative: **new*

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

Strategy 4.1

Provide a specific 12 week group for youth (under 18 years of age) at the clinics addressing the topics of addiction, family dynamics, conflict resolution, bullying, and healthy coping skills.

Applicable State Agencies: OASAS OMH

Strategy 4.2

Probation will identify adolescents to be referred to the clinic for a CD/MH screening and/or Teen Intervene provided by SCCASA.

Applicable State Agencies: OASAS OMH

Strategy 4.3

A CD clinician will attend the Children's SPOA to improve the referral process and prompt early intervention for an assessment to the CD clinic.

Applicable State Agency: OASAS

Strategy 4.4

To partner with the local DSS Children Services unit by assigning a social worker who will serve as a liaison between the two departments and provide direct consultation with CPS caseworkers regarding families who could potentially benefit from behavioral health services, as well as with education and training.

Applicable State Agencies: OASAS OMH

Strategy 4.5

Participate in the Children's Health Home initiative.

Applicable State Agencies: OASAS OMH

Priority Outcome 5:

Reduce the number of attempted and completed suicides in our community.

Progress Report: (optional) **new*

The Suicide Prevention brochures and other written material have been placed out in the community. Also MCAT (Mobile Crisis Assessment Team) members and county staff have met with various community groups including the local ambulance crews, police agencies, other county departments and schools to offer information on resources and referral process. Safe-Talk and ASSIST trainings have been offered in the community.

Priority Rank: 4

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- OMH Transformation Plan

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

Strategy 5.1

The Suicide Prevention Task Force will participate in the Coalition Academy through the Suicide Prevention Center of NY State, with a focus on long-term goals, risk factors, intervention, action plan, and evaluation.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.2

Improve internet presence for the Suicide Prevention Task Force, as well as local resources, by creating webpages and/or social networking sites. Coordinate with other county agencies to add information to directory as needed, for both the public and private sector.

Applicable State Agencies: OASAS OMH

Strategy 5.3

The Suicide Prevention Task Force will help to reduce stigma by offering trainings in the community.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.4

The Suicide Prevention Task Force will increase membership to include business owners, faith leaders, cornors, medical providers, hospice, and private providers..

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 6:

Affordable safe housing.

Progress Report: (optional) **new*

Rehabilitation Support Services, Inc (RSS) was awarded additional Supported Housing beds, and by county request, have worked to ensure that at least four of the beds were occupied by transitional youth.

Priority Rank: 5

Applicable State Agencies: OASAS OMH

Aligned State Initiative: **new*

- OMH Transformation Plan

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

Strategy 6.1

Develop a supported housing program for Transitional Youth (from age 18 to 25), with wrap-around supports, to assist them on their journey towards living independently in the community.

Applicable State Agency: OMH

Strategy 6.2

A respite apartment is available for clients for up to 14 days, with the goal to provide stabilization and prevent hospitalization. The use of the respite apartment will be reviewed and discussed at SPOA meetings to ensure that it is being fully utilized.

Applicable State Agencies: OASAS OMH

Strategy 6.3

Collaborate with surrounding rural counties to develop housing initiatives and opportunities for the substance abuse population.

Applicable State Agency: OASAS

Strategy 6.4

The SPOA Coordinator and Mental Hygiene Services Administrator will monitor the OMH housing in Schoharie County to ensure that the individuals in the housing program are in the appropriate level of care, review their housing plans, and ensure that work on discharge planning commences when program goals are met.

Applicable State Agency: OMH

Priority Outcome 7:

Increase awareness of opioid misuse/abuse and enhance treatment options for opioid abusing clients.

Progress Report: (optional) **new*

The Director of Community Services is involved in the Opiate Task Force. Staff from the CD Clinic attend meetings and participate in community events sponsored by the task force. The CD Clinic has a referral process in place for clients that are interested in pursuing Vivitrol. Several clients are currently participating in Vivitrol medication assisted treatment at the clinic.

Priority Rank: *Unranked*

Applicable State Agencies: OASAS

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
- Combat Heroin and Prescription Drug Abuse

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

Strategy 7.1

Collaborate with medical staff to improve access to medication-assisted treatment for opioid dependent clients.

Applicable State Agency: OASAS

Strategy 7.2

Participate in the Opiate Task Force to increase community awareness of opioid abuse, risks, and treatment options.

Applicable State Agency: OASAS

2017 Community Service Board Roster
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (5/25/16)

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 Patricia Clancy
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2018
eMail pclancy@mssny.org

Member

Name Lynn Macan
Physician No
Psychologist No
Represents Community
Term Expires 7/31/2017
eMail lynnmacam@mac.com

Member

Name Cyd Collischonn
Physician No
Psychologist No
Represents Community / Faith based
Term Expires 12/31/2018
eMail cyd@cobleskill.org

Member

Name Ridhared Bialdowski
Physician No
Psychologist No
Represents Community/Law enforcement
Term Expires 12/31/2018
eMail rbialkowski@cobleskill.org

Member

Name Neha Gupta, MD
Physician Yes
Psychologist No
Represents Community/Medical
Term Expires 12/31/2019
eMail Neha.gupta@bassett.org

Member

Name Cyril Kozak
Physician Yes
Psychologist No
Represents Community/Medical
Term Expires 12/31/2018
eMail cyril@bassett.org

Member

Name Susan Cimino-Cary
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2018
eMail susan.ciminocary@bhsc.org

Member

Name Darlene Rinaldo
Physician No
Psychologist No
Represents Community/Consumer
Term Expires 9/30/2017
eMail titidarla@gmail.com

Member

Name Philip R. Skowfoe, Jr.
Physician No
Psychologist No
Represents Board of Supervisors
Term Expires 12/31/2017
eMail Philip.R.Skowfoe.Jr@co.schoharie.ny.us

OMH Transformation Plan Survey
Schoharie Co. Community Services Board (70740)
Certified: Bonnie Post (5/31/16)

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 mental health services 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.

In 2014, Chenango, Delaware, Otsego and Schoharie County Directors of Community Services developed an innovated, cost effective four county community stabilization program. A MCAT (Mobile Crisis Assessment Team) worker was embedded in each county operated clinic. The MCAT worker provides emergency mental health services to adults and children. The MCAT services include both face-to-face and phone services from a variety of sources including individuals in crisis, concerned family members or friends, community providers, social service agencies, schools, government and law enforcement agencies. Also as part of this program a Peer Specialist was placed in each clinic too. Their job is to provide outreach and engagement. Referrals come from the county clinic and they also work closely with the MCAT worker. One In-Home Stabilization Specialist was hired for the four counties to evaluate their current needs. The goal is to assist and stabilize a person to stay in their home. Another component is a Flex Service Dollar Program for adults and children. It is small pot of money that is able to provide limited financial assistance to individuals with a mental illness who are in crisis or at risk of crisis. The Community Stabilization Program has been very successful in Schoharie County. Schoharie County was awarded eight additional Supported Housing beds. Four of these beds were targeted for transitional youth as we were identifying that this population was having difficulty with their passage from the children's world into the adult world. These additional beds have been well utilized and assisted in keeping individuals in the community and reduced hospitalizations. Schoharie County was granted funding for Family Support Services Expansion and a Skill Builder. The Family Support Services Expansion included an Outreach Specialist who is out in the community working with families to connect them to services and providing advocacy and in-home peer support. This has been a very successful program with great utilization.

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

Schoharie County is very grateful to OMH for the support and funding that has been granted to us in providing community based services to assist individuals to stay in the community.

2017 Mental Hygiene Local Planning Assurance
Schoharie Co. Community Services Board (70740)
Certified: Bonnie Post (6/1/16)

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.