2018
Local Services Plan
For Mental Hygiene Services

Schenectady Co Office of Comm Services
October 31, 2017

NEW YORK STATE OF OPPORTUNITY.

Office of Mental Health | Office of Alcoholism and Substance Abuse Services | Office for People With Developmental Disabilities

Table of Contents

2017 Mental Hygiene Executive Summary
Schenectady Co Office of Comm Services
Certified: Margaret Coker (7/3/17)

Attachments

- 2017 Needs Assessment Report-County Plan 2017.docx - Executive Summary

Mental Hygiene Goals and Objectives Form
Schenectady Co Office of Comm Services (70440)
Certified: Margaret Coker (6/30/17)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:
The Ellis Hospital Mental Health Clinic had lost 3 prescribers over the course of 2016 creating a longer waitling list. It often takes 2 months or more before a client can see a doctor after the initial intake; the exceptions being the priority population of persons being discharged from the hospital, AOT clients, and those being released from prison with a serious mental illness. The general shortage of Psychiatrists in the state has contributed to the problem across the board. The Ellis Hospital Mental Health clinic moved to a new and much larger facility in June of 2017 as did the Schenectady Community Service Center, the CDPC satelilte clinic. The expansion of each clinic's capacity sould help alleviate the current crisis in 2018. The shortage of hosuing is worsening for a growning population of persons with mental illness and has been a long standing issue. The reality of long wait lists due to the lack of affordable apartments is preventing many persons from accessing the services that they need.

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

Please Explain:
The opioid epidemic has placed a larger burden on substance abuse agencies, especially for those with co-occuring disorders (mental health and substance use). Through DYSRIP project planning there is reason to be hopeful, but the plan for an ambulatory detox and increaed peer services has yet to be developed. There is a gradual increase in admissions to NY OASAS cerftified programs for opiate addiction. In 2013 there was 831 admissions compared to 1200 in 2016. The opiate crisis has also dramatically impacted crisis visits to Ellis Hospital. The number of evaulations done in 2015 compared to those in 2016 increased by over 100%. There is a limited amount of beds in rehabilitation facilities as the crisis continues. Additionally, many persons who are on managed Medicaid are more often limited to a 2 week stay in rehab compared to 28 days for persons who have private insurance.

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

Please Explain:
Due to the closing of many OPWDD facility beds the DD poplulation and their fmailies have not had the community support that is desperately needed for respite services and Medicaid Service Coordination which does not always meet the needs of the individuals they serve. Aging parents of adult children who have developmental disabilities are susceptible to domestic violence and often lack the skills that are needed to safely maintain their family members. To care for their fmaily member is is often a 24/7 committment to that gives little opportunity to rest and regenerate. The general lack of support has created many problems fo rfmailies and issues within the community.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	**OMH**	**OPWDD**
a) Housing	☑	☑	☑
b) Transportation	☐	☐	☐
c) Crisis Services	☑	☑	☑
d) Workforce Recruitment and Retention (service system)	☐	☑	☑
e) Employment/ Job Opportunities (clients)	☐	☐	☐
f) Prevention	☑	☑	
g) Inpatient Treatment Services	☐	☐	
h) Recovery and Support Services	☐	☐	
i) Reducing Stigma	☐	☐	
j) SUD Outpatient Services	☐		
k) SUD Residential Treatment Services	☐		
l) Heroin and Opioid Programs and Services	☑		
m) Coordination/Integration with Other Systems for SUD clients	☐		
n) Mental Health Clinic		☐	
o) Other Mental Health Outpatient Services (non-clinic)		☐	
p) Mental Health Care Coordination		☑	☑
q) Developmental Disability Clinical Services			☐
r) Developmental Disability Children Services			☐
s) Developmental Disability Adult Services			☐
t) Developmental Disability Student/Transition Services			☐
u) Developmental Disability Respite Services			☐
v) Developmental Disability Family Supports			☐
w) Developmental Disability Self-Directed Services			☐
x) Autism Services			☐

y) Developmental Disability Person Centered Planning	[redacted]	[redacted]	☐
z) Developmental Disability Residential Services	[redacted]	[redacted]	☐
aa) Developmental Disability Front Door	[redacted]	[redacted]	☐
ab) Developmental Disability Service Coordination	[redacted]	[redacted]	☐
ac) Other Need (Specify in Background Information)	☐	☐	☐

2a. Housing - Background Information

The housing shortage continues in Schenectady County for established housing programs for the mentally ill. The two primary agencies, Mohawk Opportunities and Rehabilitation Support Services have waitlist lists for all levels of care. Attempting to serve the primary population of those with SMI, a number of individuals could ramin on the list for a year or more. The estabilishment of the Rivers Casino in Schenectady has encouraged landlords to increase their rents in most of the city. Because of this even the allotted supported apartment beds from OMH are difficult to fill as our primary housing agencies have increased problems in finding appropriate and affordable apartments.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ◉ Yes ○ No

OCS will seek funding opportunities to increase housing opportunities across OMH, OASAS, and OPWDD and work with community based organizations and state agencie to increase the number of housing opportunities for Schenectady County residents.OCS will also partner with agencies and the community and advocate for increased funding for this regard.

Objective Statement

Objective 1: Continue to transition persons in supportive housing programs to other community apartments as they become available

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

Objective 2: The Adult SPOA Coordintator will create more movement in the system by closely monitoring those who would be able to transition to a lower level of care to allow for a reduction in waiting lists and provide more access to community residences

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

Change Over Past 12 Months (Optional)

The opening of the Rivers Casino has caused landlords to increase rent resulting in difficulties for providers and clients in finding safe and affordable housing

2c. Crisis Services - Background Information

In 2015 the crisis unit conducted 2,685 evaluations. The number in 2016 increased to 5,275 evaluations, an over 100% increase.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ○ No

The goal would be to reduce the number of crisis visits to the hospital and through DYSRIP projects, create an ambulatory detoxification sites in order to divert persons with substance use in urgent situations from the Ellis Hospital MH Crisis Unit. In addition we would work with the regional Adult Mobile Crisis teams to expand capacity and hours of operation.

Objective Statement

Objective 1: Work with DYSRIP projects to encourage movement towards establising ambulatory detox

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

Objective 2: With Public Health we will track trends and data related to opioid use

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

Objective 3: Work with the regional office to encourage expansion of the Mobile Crisis team

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

Objective 4: Explore and identify best practice models for emergency room diversion

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

Change Over Past 12 Months (Optional)

2d. Workforce Recruitment and Retention (service system) - Background Information

Hiring direct care staff in residential programs especially for OMH and OPWDD agencies is increasingly difficult. Collaborative meetings with community providers highlight the difficulty in hiring qualified staff due to poor salaries and the challeges of caring for people with disabilities. Agencies have been forced to lower job qualifications such as educational levels. It is not uncommon to hire persons with only high school diplomas as the basic requirement. Direct care staff often leave agencies to work with other employers in the fast food industry where pay is comparable and the responsibility is less.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ○ No

We will work with agencies to seek appropriate legislative and state agency redress for multiple years of COLA's not keeping pace with the actual cost of living

Objective Statement

Objective 1: Meet regularly with agencies to track vacancies in order to maitain the optimal level of staffing

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

Objective 2: Assist provider agencies in creating other incentives for employment that do not rely on salary alone

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

The problem of on-going substance abuse and addiction is widespread, and Schenectady County is similiar to surrounding counties in dealing with this problem. Many factors contribute to drug addiction such as genetics, family and community distress, overprescibing pain medications, certain mental illnesses that make a person more prone to usage and of course, childhood trauma. In the ACE's study men with high scores are over 6,000 tunes more likely to use intravenous drugs. In addition, the availability of street drugs such as heroin are cheap and readily available due to economic factors. Poverty and unemployment create a sense of hopelessness witch makes it difficult for vulnerable persons to resist the opportunity to feel better.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ○ No

The goal of Schenectady County is to reduce the number of persons who are addicted to opiates in particular, and to establish prevention measures on multiple fronts.

Objective Statement

Objective 1: OCS will monitor the incidents of heroin/opioid use in collaboration with the department of Public Health

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

Objective 2: New Choices Recovery Center will provide substance abuse assessments and interventions in the Schenectady City school system

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

Objective 3: A community needs assessment will be conducted in collaboration with Public Health and community agencies

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

Objective 4: OCS will partner with other community agences to provide community education and trainings on prevention strategies, heroin opioid problems, Narcan and other effective interventions

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

Change Over Past 12 Months (Optional)

2l. Heroin and Opioid Programs and Services - Background Information

In addition to Prevevtion there is a need for greater access to rapid treatment for those who are ready to stop their usage. As previously stated, the need for hospital diversions is essential. This population has a substatial majorityof persons who are incarcerated for substance abuse and opioid addiction. The heroin crisis is made more critical due to the lacing of heroin with fentynal. Overall, the need far outways the opportunities. New Choices Recovery Center for example admitted 718 persons to their clinics in 2015. In 2016 there wee 1,062, a 60% increase in one year.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ○ No

The goal is to increase capacity for outpatient treatment among all providers in the county.

Objective Statement

Objective 1: Work with the DYSRIP project team in developing detox centers

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

Objective 2: Collaborate with community inpatient rehabs in finding ways to gain more rapid access to treatment

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

Objective 3: Collaborate with other community coalitions to explore ideas and opportunities to provide more education and training in the community

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

Objective 4: Pursue opportunities for state and grant funding with the jail and prison populations

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

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

As stated previously, the lack of intensive case management services in general has impacted care for persons with mental illness and developmental disabilities. More often than not a case manager need only to have contact with an individual once or twice a month. The former ICM model provided more intensive and more frequent services than any other case management system resulting in fewer crisis visits and hospitalizations. With more and more individuals being placed in the community because of bed closures and prison releases, the need for improved services is growing. OPWDD is especially hard hit as Medicaid case management services do not meet the needs of persons who need an increased level of support.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? ○ Yes ○ No

Seek additional funding through state agencies, grants and advocacy to meet the needs of the disabled population.

Objective Statement

Objective 1: Work with DYSRIP projects that invest in case management expansion of services

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

Objective 2: Facilitate the development of peer mentoring and support for persons in the community

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

Objective 3: Collaborate with community agencies in seeking more opportunities to advocate and support parents of adult developmentally disabled persons

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

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	☐	☑	☐
b) Delivery System Reform Incentive Payment (DSRIP) Program	☐	☑	☐
c) Regional Planning Consortiums (RPCs)	☑	☑	☑
d) NYS Department of Health Prevention Agenda	☑	☑	☐

3a. Medicaid Redesign - Background Information

As the system continues to role out there is a greater need for education regarding value based payment

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal? ○ Yes ◉ No

The rollout of the transition to managed Medicaid has experienced many delays and changes in timelines and seems to continue adjusting to the mandates of reducing Medicaid expenditures. Agencies have struggled to grapple with this ever changing environment

Objective Statement

Objective 1: Continue to seek opportunities to provide in person training for agencies that are impacted by the VBP system

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

Objective 2: Continue to alert and inform agencies about all statewide training opportunities

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

Change Over Past 12 Months (Optional)

3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information

As a non-provider of services the Schenectady County LGU has not been as involved with DYSRIP projects as perhaps other LGU's have. Thus there is limited input from OCS into the priorities and reimbursement aspects of the DYSRIP initiative.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal? ○ Yes ◉ No

Continue to attend meetings of the identified projects in order to keep pace with what is happening in the community as a result of DYSRIP funding

Objective Statement

Objective 1: Select meetings that are particularly associated with behavioral health projects and planning

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

Change Over Past 12 Months (Optional)

3c. Regional Planning Consortiums (RPCs) - Background Information

The Office of Community Services in Schenectady County is actively involved in the Regional Planning Consortium. As a result the Adult Mobile Crisis team was instituted. Serving a wide geographical area, including many outlying rural communities the response time of the team can be delayed for an hour or more, by which time the person is no longer in crisis or has beed brought to the hospital.

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal? ○ Yes ○ No

OCS will collaborate with regional partners with regard to expanding the MCT for adults.

Objective Statement

Objective 1: OCS will collaborate with the MCT in tracking response times that may result in crisis visits and hospitalizations that are due to distance the MCT has to travel in order to respond

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

Change Over Past 12 Months (Optional)

3d. NYS Department of Health Prevention Agenda - Background Information

OCS has been collaborating with Public Health in creating a needs assessment for opioid use and outcomes, establishing a data base to this end

Do you have a Goal related to addressing this need? ◉ Yes ○ No

Goal Statement- Is this Goal a priority goal? ○ Yes ○ No

The Prevention initiative is actively involved in the community in an effort identify and monitor the opioid epidemic. OCS is a partner in helping to find solutions to this on-going problem and will continue to collaborate in identifying needs.

Objective Statement

Objective 1: Work with Public Health in advocating for more defined information on deaths due to opioid overdoses but not necessarily reported as such

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

Do you have a Goal related to addressing this need? ○ Yes ○ No

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Schenectady Co Office of Comm Services (70440)
Certified: Margaret Coker (6/6/17)

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

1. For Criminal Procedure Law 730 Chargeback Budgeting: Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- [x] Mental hygiene/community services
- [ ] Sheriff/county law enforcement
- [ ] Other

If "other" please indicate how these charges are budgeted

Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

2. For Local Administration of the Assisted Outpatient Treatment Program:
a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment.
All AOT petitions are reviewed, processed and scheduled for court hearings by the SPOA for Adults Sytems Coordinator.
b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.
There are a number of providers that participate in serving those persons with an AOT order: Ellis Hospital, Ellis Hospital Mental Health Clinic and Case Management, CDPC Community Services sattelite clinic, ACT team, RSS and Mohawk Opportunities housing programs. Also the 9.60 pick up orders and the county court system.
c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.
All AOT case management referrals are assigned to the Ellis Care Management Team (formerly ICM). The ACT team is also involved in case management services.
Questions regarding this survey item should be directed to Rebecca Briney at Rebecca.Briney@omh.ny.gov or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System,
please contact the OASAS Planning Unit at 518-457-5989 or by email at oasasplanning@oasas.ny.gov

Community Service Board Roster
Schenectady Co Office of Comm Services (70440)
Certified: Margaret Coker (6/27/17)

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

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 Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson	
Name	Kathryn Martin
Physician	No
Psychologist	No
Represents	Public Agency
Term Expires	12/31/2018
eMail	kmartin832@gmail.com

Member	
Name	Roy Neville
Physician	No
Psychologist	No
Represents	NAMI/Family Member
Term Expires	12/31/2018
eMail	rneville@nycap.rr.com

Member	
Name	Paul Stephens
Physician	No
Psychologist	No
Term Expires	12/31/2018
eMail	paulanns@netzero.com

Member	
Name	Patrick Carrese
Physician	No
Psychologist	No
Term Expires	12/31/2018
eMail	pcarrese@sphcs.org

Member	
Name	Robert Corliss
Physician	No
Psychologist	No
Term Expires	12/31/2018
eMail	robertcorliss3@gmail.com

Member	
Name	Richard Garnett
Physician	No
Psychologist	Yes
Term Expires	12/31/2018
eMail	unknown

Member	
Name	Al Tompkins
Physician	No
Psychologist	No
Term Expires	12/31/2018
eMail	havenfc@gmail.com

Member	
Name	Christine Parsons
Physician	No
Psychologist	No
Represents	Bridges Out of Poverty
Term Expires	12/31/2018
eMail	unavailable

Member	
Name	Robert Winchester
Physician	No
Psychologist	No
Represents	Town of Niskayuna
Term Expires	12/31/2018
eMail	trustinbob@aol.com

Member	
Name	Betty Barlyn
Physician	No
Psychologist	No
Term Expires	12/31/2018
eMail	unknown

Member	
Name	Joseph Mancini
Physician	No
Psychologist	No
Term Expires	12/31/2018
eMail	joseph.mancini@ocfs.ny.gov

Member	
Name	Robin Boyd
Physician	No
Psychologist	No
Term Expires	12/31/2021
eMail	unknown

Member	
Name	Prince Sprauvre
Physician	No
Psychologist	No
Term Expires	12/31/2021
eMail	princesprauve@yahoo.com

Member	
Name	Michael Petta
Physician	No
Psychologist	No
Term Expires	12/31/2018
eMail	petta@aol.com

Member

Name	Karyn Watson
Physician	No
Psychologist	No
Represents	Ellis Pyschiatric Services
Term Expires	12/31/2020
eMail	

Alcoholism and Substance Abuse Subcommittee Roster
Schenectady Co Office of Comm Services (70440)
Certified: Margaret Coker (6/27/17)

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

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

Member	
Name	kathryn.martin
Represents	Community
eMail	kmartin832@gmail.com
Is CSB Member	Yes

Member	
Name	Joanne Egnaczyk
Represents	Conifer Park
eMail	jegnaczyc@libertymgr.com
Is CSB Member	No

Member	
Name	Laura Combs
Represents	New Choices Recovery Center
eMail	">LCombs@newchoicesrecovery.org>
Is CSB Member	No

Member	
Name	Kevin Pausley
Represents	Schenectady County Probation
eMail	kevin.pausley@schecnectadycounty.com
Is CSB Member	No

Member	
Name	James Wolff
Represents	Schenectady County Probation
eMail	james.wolff@schenectadycounty.com
Is CSB Member	No

Member	
Name	Ronald Butler
Represents	Schenectady County Drug Court
eMail	rbutler@courts.state.ny.us
Is CSB Member	No

Member	
Name	Stuart Rosenblatt
Represents	New Choices Recover Certer
eMail	srosenblatt@newchoicesrecovery.org
Is CSB Member	No

Member	
Name	Patrick Carrese
Represents	St Peter's Recovery Center
eMail	pcarrese@sphcs.org
Is CSB Member	Yes

Member	
Name	Christine Parsons
Represents	Bridges Out of Poverty
eMail	unavailable
Is CSB Member	Yes

Mental Health Subcommittee Roster
Schenectady Co Office of Comm Services (70440)
Certified: Margaret Coker (6/27/17)

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

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

Member	
Name	Art Payeur
Represents	Parent Advocate
eMail	unknown
Is CSB Member	No

Member	
Name	Audrey LaFrenier
Represents	Northern Rivers
eMail	lafrena@parsonscenter.org
Is CSB Member	No

Member	
Name	Mary May
Represents	Ellis Outpatient Mental Health
eMail	maym@ellismedicine.org
Is CSB Member	No

Member	
Name	Jodi Kovach
Represents	Mohawk Opportunities
eMail	jkovach@mohawkopportunities.org
Is CSB Member	No

Member	
Name	Joseph Gallagher
Represents	Mohawk Opportunities
eMail	jgallagher@mohawkopportunities.org
Is CSB Member	No

Member	
Name	Lynn Davidson
Represents	Ellis Peer Advocacy Program
eMail	davidsonla@ellismedicine.org
Is CSB Member	No

Member	
Name	Mark Sheehan
Represents	ARC Schenectady
eMail	marksh@schenectady.org
Is CSB Member	No

Member	
Name	Robert Corliss
Represents	NAMI
eMail	robertcorliss3@gmail.com
Is CSB Member	Yes

Member	
Name	Patrick Carrese
Represents	St. Peters Recovery Services
eMail	pcarrese@sphcs.org
Is CSB Member	Yes

Member	
Name	Kimberly Hostig
Represents	SCSC--CDPC Clinic
eMail	kimberly.hostig@omh.ny.gov
Is CSB Member	No

Member	
Name	Roy Neville
Represents	NAMI
eMail	rneville@nycap.rr.com
Is CSB Member	Yes

Developmental Disabilities Subcommittee Roster
Schenectady Co Office of Comm Services (70440)
Certified: Margaret Coker (6/27/17)

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

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

Member	
Name	Kathryn Martin
Represents	NERIC
eMail	kmartin@gw.neric.org
Is CSB Member	Yes

Member	
Name	Joseph Mancine
Represents	OCFS
eMail	joseph.mancini@ocfs.ny.gov
Is CSB Member	Yes

Member	
Name	Joseph Morelli
Represents	Living Resources Corp.
eMail	joe.morelli@livingresources.org
Is CSB Member	No

Member	
Name	Kathy Lupi
Represents	Schenectady City Schools
eMail	lupik@schenectady.k12.ny.us
Is CSB Member	No

Member	
Name	Toni Wakefield
Represents	Family and Child Services of Schenectady
eMail	twakefield4@verizon.net
Is CSB Member	No

Member	
Name	Chris Schelin
Represents	Center for Disability Services
eMail	schelin@cfdsny.org
Is CSB Member	No

Member	
Name	Mark Sheehan
Represents	Schenectady County ARC
eMail	marksh@arcschenectady.org
Is CSB Member	No

Member	
Name	Sheila Brazie
Represents	Capital District DDSO
eMail	sheila.brazie@omr.state.ny.us
Is CSB Member	No

Member	
Name	Al Tompkins
Represents	Haven
eMail	havenfc@gmail.com
Is CSB Member	Yes

2017 Mental Hygiene Local Planning Assurance
Schenectady Co Office of Comm Services (70440)
Certified: Margaret Coker (6/23/17)

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

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 2018 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 2018 Local Services planning process.

2018 Needs Assessment Report
Schenectady Co Office of Comm Services (70440)
Certified: Margaret Coker (6/23/17)
Consult the LSP Guidelines for additional guidance on completing this exercise.
PART A: Local Needs Assessment
1. Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

The last analysis of data in 2016 gathered during planning activities associated with multiple system transformation projects an estimated 19% of Schenectady County residents were diagnosed with a mental illness, 4% with serious mental illness. While Schenectady County's facilitated health insurance enrollment and other linkage to services initiatives has resulted in 90% of residents having health insurance coverage, the rate of Emergency Department visits and hospitalizations secondary to mental illness is higher than that of the rest of the state. In 2015 there were 2,685 crisis evaluations done. In 2016 there were 5,275; an increase of over 100%. In identified high risk neighborhood; predominately inner city neighborhoods impacted by poverty, gang violence, food insecurities, housing insecurities, family and community trauma, substance abuse including heroin addiction, and underground economies, mental health crisis visits were up to 5x higher for this population. High risk neighborhoods were also 2 to 6x's higher in hospitalization and Emergency Department rates for self-inflicted injury compared to the rest of state. Schenectady County is ranked in the 3rd risk quartile for suicide mortality and 4th risk quartile for self-inflicted injury hospitalizations. Schenectady County falls in the 4th quartile for both adult obesity and no leisure time activities. With regard to substance use related indices, Schenectady County was shown to have a significantly higher rate of newborn drug related hospitalizations and overall higher substance use related hospitalizations with high risk neighborhoods demonstrating 5 to 11x more substance use related Emergency Department visits and 2 to 4x higher hospitalization rates. Specific to Opiate related trends, data shows a drop in opiate related admissions, however, use of the Emergency Department is steadily overtaking hospitalization rates. Estimates indicate approximately 4,000 residents 12 y/a and older identified as having a substance use disorder with 2,700 residents identified as needing but not receiving treatment.

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.
The capacity of existing resources available to meet identified needs, including services accessed outside the funded and certified systems, is comprised of licensed clinical provider agencies, community service agencies, and local government agencies working collaboratively to provide a broad range of services. Ellis Medicine, a 438 bed community teaching hospital serves as the

county's one acute care hospital. The county is also served by a single federally qualified health center, Hometown Health Center, and a specialty hospital, Sunnyview Rehabilitation Hospital, a member of an Albany based system.

Ellis Medicine operates 3 campuses, provides teaching residencies in Family Medicine and General Dentistry, and includes a skilled nursing facility, women's health center, and an emergent care facility, which provides urgent care services. Ellis Medicine also provides the only local adult and adolescent inpatient psychiatric unit and crisis service. In addition to hospital based care, Ellis Medicine operates an adult outpatient mental health services, a child/adolescent outpatient mental health clinic, a PROS program,case Management program, and a Peer Services Program. Ellis Medicine also operates a number of primary and specialty care medical practices.

- Ellis Medicine's Psychiatric Inpatient unit has a capacity of 36 and had 1,111 admissions in 2015. In 2016 there were 1,253 admissions. Crisis Services provided 2,685 crisis evaluations in 2015. In 2016, 5,275 crisis evaluations were conducted, an increase of over 100%.
- The adult outpatient clinic served 1,657 individuals in 2014. That number increased to 1,892 in 2015. In 2016 the number of clients served was somewhat less due to the loss of 3 Psychiatrists. The PROS program served 284 clients in 2015 and 253 clients in 2016.
- In 2015, the Intensive Case Management program served 156 clients and generated 1,300 client visits. That number increased to 1,887 visits in 2016.
- Ellis Medicine's Peer Service program provided 1,499 units of service in the Ellis Emergency Department and Crisis Services Department, co-facilitated 566 groups on the inpatient unit, and facilitated or co-facilitated 44 groups within Schenectady County. In 2016 peers provided 1,184 units of service.

The New York State Capital District Psychiatric Center provides inpatient psychiatric care to patients whose symptoms have not stabilized with brief or short term care in a community hospital. Schenectady County has a 24 bed allocation. The rate of occupancy in the 24 beds has decreased by approximately 50% due to the closing of beds in the facility.

The Schenectady Community Support Center, an outpatient satellite clinic operated by the Capital District Psychiatric Center, served 432 individuals in 2015 and 335 in 2016. This decrease can be attributed to the loss of prescribers in that period of time.
Assertive Community Treatment Services (ACT) is operated by Mohawk Opportunities Inc., and provides community based psychiatric, mental health, and intensive case management services to individuals with significant persistently chronic mental health disorders who are not able to engage in standard outpatient care modalities. Schenectady County's ACT team has a capacity of 48 and maintains full utilization.

The Child and Adolescent system is also experiencing a significant shortage of services. The IFEP program (In-Home Respite) has 15 families on the waiting list. 3 spots are funded for SPOA. For recreational respite there are 37 children on the waitlist. Currently 12 spots are funded for SPOA, but only 7 are receiving services at this time. Waiver services have 21 children on the wait list with 24 spots funded. Most of the SPOA referrals do end up getting case

management services if they have Medicaid. Right now there about 10 non-Medicaid families who receive case management services which are for the most part, paid for by the county. There is also a dearth of services for young people who have substance abuse issues. Conifer Park no longer has an adolescent unit and outpatient services for youth cannot meet the need.

Hometown Health Center offers comprehensive mental health care, providing psychiatric counseling, and support services to children over the age of 5 and adults. The program is designed to be a bridge service helping clients access care quickly until a longer term plan is coordinated. Hometown Health also expedites prescriptions for individuals released from the county jail as individuals are released with only a 7 day supply of medications. Appointment for primary care services are also priorities for individuals in re-entry to the community.

New Choices Recovery Center provides community based residential, rehabilitation, and outpatient services for individuals in recovery from substance use disorders and co-occurring disorders. The 4 community residence programs have a total capacity of 75, with a 21 bed capacity for female clients and a 54 bed capacity for male clients. The day rehabilitation program admitted 329 individuals. Data for 2016 is not available. In 2015 the outpatient clinics admitted 718 individuals into treatment in 2015. In 2016 admission 1062, a 67% increase.

Conifer Park provides a 225 bed residential treatment program that offers Medically Supervised Withdrawal with a 34 bed capacity, Inpatient Rehabilitation with a 171 bed capacity, and Residential Rehabilitation with a 20 bed capacity. Conifer Park also operates an outpatient treatment center located in Schenectady. St. Peter's Addiction Recovery Clinic, located in Rotterdam, provides outpatient recover services to 347 clients in 2015. The trend is much the same as New Choices.

Housing support services within Schenectady County include OMH supported and certified residential and housing programs coordinated and accessed through the SPOA program, HUD and grant funded housing programs and case management, advocacy, and resource supports for individuals who are chronically homeless, displaced, and have been affected by mental, emotional, or behavioral health problems, and Medicaid Redesign Team housing programs for individuals coping with significant chronic mental health problems. Schenectady County is served by 5 Community Residence programs specifically allocated for individuals with significant mental illness. The community residences are commonly at capacity.

Mohawk Opportunities, Inc. operates a 12 bed crisis residence which provides short term support and housing to individuals with a severe and persistent mental illness. Individuals referred to the program have experienced a crisis that has disrupted their stability in the community or are in the process of transitioning back to the community.

The Capital District Psychiatric Center residence has a capacity of 13 beds and provides community based housing for individuals transitioning from long-term and intermediate hospitalizations; OMH Certified and Supported Housing Programs, Transitional Supported Housing, Crisis Housing, Family Care Homes, and Continuum of Care.
Supported Housing Programs are operated by various agencies within the community. Each program serves a specific demographic based on eligibility and need.

OMH Certified and Supported Housing Programs offer affordable housing and community based supports to individuals with a severe and persistent mental illness.
Mohawk Opportunities, Inc. operates a Certified Apartment Program which serves 40 individuals. Standard OMH Supported Housing Programs within the county are operated by Mohawk Opportunities and Rehabilitation Support Services.

Supported Housing programs allow individuals with mental health issues and their families to live independently. Mohawk Opportunities Standard Supported Housing has a capacity of 43 with an average waitlist of 45-50 individuals. Mohawk Opportunities also operates the Young Adult Apartment Program, a subcomponent of the supported housing program. This program has a capacity of 5.

Rehabilitation Support Services Supported Housing has a capacity of 59. The average waitlist is 40-45 individuals. RSS operates 3 respite beds and 3 beds are dedicated to the forensic population. In addition to standard supported housing beds, both RSS and Mohawk Opportunities also have allocated targeted beds for: High Needs for individuals who have been served by OMH licensed residential programs; Priority Long Term beds for individuals transitioning from long-term stays at the Capital District Psychiatric Center for individuals transitioning into the community from correctional facilities, and Medicaid Redesign Team beds for individuals being served by the county's Health Home. Additional housing resources within the community serving individuals who are impacted by mental health challenges, substance use difficulties, and homelessness include:

- New Choices Recovery Center Shelter Plus Care Program
- New Choices Recovery Center Medicaid Redesign Team Housing Program
- Community Action Program Permanent Housing Program
- Schenectady County Community Action Program Shelter Plus Care Program
- Schenectady Community Action Program Solutions in Supported Housing Program Schenectady Community Action Program Sojourn House
- Mohawk Opportunities Continuum of Care Services Supported Housing Program
- Bethesda House Beacon Residential Program Bethesda House Lighthouse
- Program
- YMCA's Men's Housing Program
- YWCA's Rosa's House Program
- City Mission of Schenectady's Transitional Housing Apartment Program Emergency
- In 2017 the DePaul apartment program will open 25 beds in support of the mental health population who are able to transition to independent livine.

Shelter and Crisis Housing supports in Schenectady County include:

- City Mission of Schenectady's 35-bed Women and Children's Shelter City Mission
- Schenectady's 76-bed Men's Shelter Schenectady County
- Department of Social Services Emergency
- Housing Bethesda House
- Veteran's Emergency Bed Program

Access to care coordination services is managed through Schenectady County's Health Home, Care Central for Medicaid or Medicaid eligible individuals who are experiencing a significant

mental health condition and/or 2 chronic medical conditions. Individuals who are involved with Assisted Outpatient Treatment Services are linked to ACT services or Ellis Medicine Intensive Case Management services via Schenectady County's Office of Community Services. Mohawk Opportunities Inc. Transitional Services Program provides short term support and quick access to needed psychotropic medication for individuals with a history of mental illness who have recently been released from jail or prison or discharged from the hospital.

Through a grant provided by the New York State Office of Mental Health, our Transitional Manager works closely with release/discharge coordinators from local and state correctional facilities and hospitals to identify individuals who will be in need of mental health services upon their return to the community. The Transitional Manager is then able to help link these individuals to needed services in the community and provide them with a Medication Grant Card that will enable them to obtain needed medications while they await Medicaid eligibility determination or obtain third party health insurance.

Bethesda House and the Schenectady Community Action Program also provide case management services including: crisis case management, advocacy support, financial management, budgeting supports, linkage to health care services, and rapid rehousing and advocacy support for individuals at risk for homelessness. These services also seek to serve persons who have a difficulty engaging with traditional mental health services.

Schenectady County Crisis response resources include regional adult mobile crisis service and a child and adolescent mobile crisis, both operated by Northern Rivers Family Services. Parson's launched an Adult Mobile Crisis program in 2015 to support adults in crisis in Rensselaer, Schenectady, Saratoga, Warren and Washington Counties. In 2015 the criteria for services was restricted to working with higher risk individuals who have recently been discharged from NYS psychiatric facilities, forensic mental health clients recently released from NYS correctional facilities, and individuals currently receiving Assisted Outpatient Treatment. In 2016 services expanded to the SMI population in general.

Alternative Living Group Inc. (ALG) is a not-for-profit organization that provides a wide range of services to individuals with intellectual and developmental disabilities. The Individuals Support Services Program includes independent living skills, training and supports to persons in their own homes. In addition, individuals in this program also receive a monthly rental subsidy which is based upon their income. The program currently has a capacity of 16.

The Medicaid Service Coordination Program provides linkage, advocacy and other supports to individuals residing in both community and residential settings. The program has a capacity of 225 and is unable to meet the needs of the community. The residential program has a variety of residential opportunities that are provided in the community. The programs are designed to encourage independence. In general, housing, supervision, skills training, transportation and recreational activities are provided. Respite Services, as needed, are available 24 hours a day, 7 days a week. This program has a capacity of 55 and is currently beyond the maximum level. Many persons in need are waitlisted. The Community Habilitation Program offers one to one rehabilitative and support services to people in community-based settings. This program has a capacity of 49 and is currently beyond capacity.

Schenectady ARC operates several day habilitation programs which introduce participants to a wide array of fun, safe and enriching person-centered activities necessary for community-based living and employment. ARC also provides a wide array of services to support families of individuals with intellectual and developmental disabilities who reside at home. Medicaid Service Coordination provides assistance and advocacy to individuals and their families in identifying and accessing programs and activities necessary to achieve life goals. Schenectady ARC provides afterschool services to students with intellectual and developmental disabilities who reside in the Scotia-Glenville Central School District. Schenectady ARC's residential programs provide varying levels of structure and support to help individuals with developmental disabilities ages 18 years and older to successfully life in the community.

Living Resources employment program provides employment services to individuals with disabilities. The Employment Services Program Staff help individuals explore what kinds of jobs they might like to do, find a job that matches their interests and abilities, learn the various job tasks, and maintain employment. Services are available to individuals who have been diagnosed with either a developmental disability or a brain injury. Residential services provide support to individuals living in a variety of group or individual settings. Staff support varies from 24/7 to as little as 2 hours per week based on the individual's needs and abilities. Living Resources residential services operates ten residential programs with a capacity of fifty. The Service Coordination
Department monitors all services received by any individual. The Service Coordinator ensure that the services meet the consumer's needs or advocates to amend to replace services that enhance individuality, integration and independence.

Schenectady County is a community supported by committed programs with a strong collaborative cross systems network of service providers are poised to respond to existing gaps, barriers, and complex service challenges. Schenectady County may technically be geographically the second smallest county in Upstate New York. It serves a population of approximately 155,000 residents. Within the community there are several high risk/high need neighborhood areas, denoted by zip code, struggling with high unemployment, persistent poverty, housing and food insecurity issues, high rates of imposed violence and self-inflicted injury. The City of Schenectady has a significant number of residents in living in poverty, over 41.9% impacting children. Approximately 1/3 of the population receives Medicaid benefits. This high percentage contributes to the exacerbation of identified risks and places additional stress on existing resources.

The last community needs assessment in 2016 reported that between 2009 and 2013 Schenectady County had the highest percentage of low-income household, 22.5% as well as the lowest percentage of high income households, 22.4% compared to the surrounding Capital District Region. In addition, the City of Schenectady experienced a sharp rise in unemployment across 2009-2014, with a comparatively shallower recovery than the overall county. In relation to violent crime, reports in 2013 recorded 17 violent crimes per 1,000 residents within the City of Schenectady. It can be said that the situation is much the same and worsening.

Research demonstrates lower socio-economic status contributes to higher risk for mental illness. Some studies have indicated correlations between higher unemployment, poverty, and a lack of safe affordable housing accounts for more than 1/2 of community differences in psychiatric hospitalization rates. This is proven to be true given the number of visits to the crisis unit at Ellis Hospital increased by over 100% between 2015 and 2016.

The CDC reported that lower socio-economic status shapes exposure to psychosocial, environmental, environmental and biomedical risk factors that directly and indirectly affect mental health. The 2016 needs assessment reported that several neighborhoods in Schenectady County within the City of Schenectady have been identified as high risk and have shown indices of higher mental health admissions and higher rates for self-inflicted injuries. Schenectady is also ranked in the 3rd risk quartile for suicide mortality and 4th risk quartile for self-injury hospitalizations.

As the County of Community Services identified during planning activities for 2017 many of the service gaps and areas of need within the community are indicative of constellations of circumstances related to poverty, violence, trauma, and socio-economic insecurities. Individuals who engage in self- harming behaviors, or who engage in behaviors threatening to others have a difficult time maintaining housing and outpatient treatment engagement.

Many services are not accessible or available for those who cannot afford to pay out of pocket expenses or who are not covered by commercial insurance. Many find themselves on waitlists for supported housing, outpatient mental health care, or medication assisted treatment due to maximized resources, included limited number of prescribing practitioners. For others, the focus and energy expended on trying to meet basic needs supersedes the motivation to meet mental health and physical health care needs. For some, the established patterns noted are to not follow through with outpatient services and utilization Emergency Department services when the need breaches a threshold that is not necessarily a standard Emergency Department circumstance.

Other's in the community struggle with access to services based on specific sets of social, emotional, and cognitive learning disabilities that undermine independent living functional abilities, but their unique needs do not fit well with current community residence supports available. For many fitting into the eligibility criteria and having demonstrable documentation to support eligible for services can cause delays in linkage that undermine follow through. This is a particular concern for providers who offer outreach to individuals who are homeless or have a short window of opportunity in which to access care.

As providers and recipients of OPWDD services adjust to changes in the system's structure there has been noted concerns regarding increases in waitlists for respite services, funds for transportation, and an inability to accommodate the need for day respite spots. There is also a stated increase in reports of domestic violence and concerns regarding the capacity to manage behavioral problems both in terms of limited number of beds available in the S.T.A.R.T program, a significantly reduced number of psychiatrists' currently providing services, and the need for additional clinical staff to manage the behavioral issues in a community based setting.