

2018
Local Services Plan
For Mental Hygiene Services

Otsego County Community Services Board
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Planning Form	LGU/Provider/PRU	Status
Otsego County Community Services Board	70120	(LGU)
Executive Summary	Optional	Not Completed
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Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified
 Otsego County Community Services Board	 70120/70120	 (Provider)
 Otsego Co Community Svcs CD OP	 70120/70120/50325	 (Treatment Program)

Mental Hygiene Goals and Objectives Form
Otsego County Community Services Board (70120)
Certified: Susan Matt (5/30/17)

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:

In 2016 the Family Stabilization Program (FSP) in-home clinical service to children at risk of placement began services after a year of searching for qualified professional staff. It quickly reached a full caseload and the second position (funded by DSS) was recently filled. Workforce is the greatest obstacle for this program. The Mobile Crisis Assessment Team continues to demonstrate success through early intervention, linkage, and community based assessments. We continue to see a decline in law enforcement involvement in our urban center but the challenge of the rural nature of our county still results in NYS and County Sheriff responses showing little decline. The MCAT is used extensively by the schools and this has been successful in ED diversion. However ED numbers are not declining even with MCAT which is largely due to the increase in ED visits related to active addiction and the lack of addiction crisis services in our county. The challenge continues to be educating the community to use the MCAT and to find a way to engage those who are reluctant to seek treatment. We still have access challenges to OP treatment due to availability of medical providers. Otsego County Community Services will be pursuing a brief solution focused model as an option for treatment. We have seen improved access to primary care with a successful relationship with the health home for our population. Otsego County submitted a SAMSHA System of Care Expansion grant application on January 3, 2017. This process brought together all the Otsego County School Districts through BOCES, community based providers, health care and the Bassett Research Institute to work together on improving access, family/person centered services and early intervention. 18.5% of all school aged children in Otsego County have had at least one behavioral health service. The termination of the legacy rates and the health home rates for adults and children threaten the stability of our providers by reducing rates by 65%. It is too early to see any clinical decompensation due to reduced level of services. In the rapidly changing healthcare environment administrative resources are stretched in both their ability to plan and to operate while the system is in transition. A challenge for VBP is to recognize the importance of social-environmental intervention in the overall wellness and recovery of our population.

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:

Within our own outpatient services we have seen a higher demand for treatment, at times about 35% higher. The demand for services has increased due to increased community education/awareness, improved collaboration with community partners and the funding of treatment through the Affordable Care Act. The Otsego County Addiction Recovery Services has seen improved engagement and retention as the result of streamlining the intake process and the co-occurring treatment competency of the clinical team. 45% of patients self-identify as having a co-occurring treatment need, 85% would refer the Otsego County Addiction Recovery Services to a friend or family member. (Perception of Care Surveys) Like many rural counties Otsego County has struggled to find MD's willing to treat addiction and prescribe buprenorphine therefore requiring individuals to travel an hour away. Since October 2016 the county operated addiction recovery services has been able to provide buprenorphine to those engaged in treatment through an agreement with Bassett Hospital. Overall we have seen an increase in medication assisted treatment (MAT). There are several promising initiatives that have potential to significantly change the way we treat addiction. Through the Leatherstocking Collaborative Health Partners PPS we have been developing an ambulatory withdrawal practice through the primary care sites scattered throughout the region. PCPs are participating in an ECHO project to develop their knowledge and skills in treating addiction including MAT. Specialty addiction services are part of this project. SBRIT training is being conducted with the PCP sites as well. In 2016 our recovery center was awarded Clubhouse funding. There have been challenges in the model working well in rural communities. Otsego County submitted an application on January 3, 2017 to SAMSHA for the System of Care Expansion grant. If awarded this grant will significantly improve the early identification and intervention for youth at risk for substance abuse. In 2016 our recovery center received increased funding to allow for more recovery oriented activities. Having an adequate volunteer and workforce pool to meet these demands is challenging.

Access to inpatient and residential is our greatest challenge due to availability, distance and clinical presentation of the individual. It is very difficult to manage someone in the community, who has met criteria for inpatient, while waiting for a bed to open up and transportation to the bed is also a challenge. Individuals are also waiting in jail for residential beds to open. Wait times are 7 days at best for inpatient and much longer for residential. Outreach, engagement and linkage services are needed to assist individuals frequenting hospital EDs. Over 50% of our high risk/high needs individuals who are visiting the ED and acute inpatient care struggle with addiction. Peer and family engagement services out of Oneida County (2 hours away) have had minimal utilization (3 referrals from individuals/families receiving services in Oneida County) and little impact for Otsego County. These individuals are often too progressed in their addiction to engage in outpatient treatment and likely need a higher level of care that is difficult to access. A challenge for VBP is that with inpatient difficult to access individuals often bounce around in the community with frequent ED visits and unsuccessful outpatient treatment due to not having a higher level of care available.

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:

As significant changes take place in the service delivery system for the special populations, the OPWDD system continues to lag behind. The significant difference between services approved via the front door process and services delivered demonstrates the gap in service need vs availability. With the traditional services being dismantled the new services are essentially non-existent resulting in the individual not getting services. The push for self-directed care appears to be contrary to the fundamental understanding of what these disabilities involve. Community based employment requires access to competitive employment opportunities and a way to get to work. We have seen an increase in the number of adolescents and young adults on the spectrum who are determined eligible for services but are not receiving them. In many cases services are not available. Otsego County has 32 individuals requesting certified housing with 4 openings. Accessible, affordable non-certified housing is also needed. Even with changes in respite rates in home respite is still lacking due to the travel time to and from the home which is not reimbursed. Workforce challenges included both the lack of DSPs as well as skilled professionals such as Behaviorist, Behavioral Health and other specialties. START has not started. The lack of crisis services continues resulting in avoidable ED visits and hospitalizations. Limited respite also contributes to situations becoming a crisis. The psychiatric needs of this population are not being met appropriately.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)
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	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

Otsego County Community Services has identified a need for sober/recovery housing for over 12 YEARS!! Housing is a priority of the Opiate Task Force. As a rural county the majority of recovery support services and treatment are located in Oneonta which makes it difficult for individuals entering recovery to get to when living in the small communities. Safe/sober living environments are essential for individuals to succeed in their recovery. OASAS housing models are designed for urban areas. There are housing models used by OMH and OPWDD that are well suited for small communities. Nearly 50% of the high ED utilizers (PSYCKES) in Otsego County are individuals struggling with addiction. Individuals struggling with addiction make up the majority of the homelessness and jail population. We need more certified housing for individuals with DD. Currently we have 32 individuals requesting certified housing and 4 vacancies. Housing for special populations is included in this need. Overall there is a need for affordable quality housing that would allow individuals and families the least restrictive living environment. Rents in Otsego County are 25% higher than our neighboring counties due to demand from the two colleges and tourist.

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

Increase housing options.

Objective Statement

Objective 1: Create a housing workgroup for supportive recovery housing.

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

Objective 2: Provide community education on the benefits of supportive recovery housing.

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

Objective 3: Expanded access to certified housing.

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

Objective 4: Explore adding capacity for individuals with co-occurring disorders within OMH CR.

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

Change Over Past 12 Months (Optional)

In the past twelve months we have had two meetings with Central NY Services to explore supportive recovery housing options. At neither time was there available funding for housing suited for Otsego County. Started discussion with OMH CR housing provider on adding capacity for individuals with co-occurring housing needs.

Opiate Task Force's Housing Workgroup meeting regularly to identify barriers for supportive recovery housing and in discussion with city leaders.

2b. Transportation - Background Information

Due to the rural nature of Otsego County transportation challenges exists on many levels. When providing in home services transportation cost increase while billable service time decreases. Workforce challenges are greater when travel time and cost are added to low and medium wage jobs. Public transportation is limited for individuals to get to treatment(non-Medicaid), work and to engage in community events promoting wellness and recovery.

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

Reduce transportation as a barrier to care.

Objective Statement

Objective 1: Participate in Regional Transportation Workgroup

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

Objective 2: Advocate for transportation add-on to rates.

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

Objective 3: Provide funds for those who need assistance in maintaining transportation.

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

Change Over Past 12 Months (Optional)

The Otsego County Transportation Workgroup has partnered with the Southern Tier and health care providers to work together.

2c. Crisis Services - Background Information

PSYCKES data shows approximately 50% of ED visits are by individuals struggling with addiction. There are no crisis services for individuals struggling with addiction and access to detox and inpatient care is an hour away at best. The Peer and Family Specialist assigned to Otsego County are 60-90 minutes from the closest hospital. Adding addiction crisis services to the Mobile Crisis Assessment Team (MCAT) currently operating would be beneficial. OASAS 822 clinics cannot use the Crisis APG codes use by OMH certified OPCs which would help in working with individuals struggling with addiction in the community. These APG codes allow for reimbursement that accurately reflects the time and effort put into addressing the needs of an individual in crisis. The OPWDD system still has no crisis response team (START) serving this area. Individuals with developmental disabilities remain in acute care hospitals due to no crisis services or housing capacity. The lack of services such as appropriate housing, respite, behavioral management contribute to the use of crisis services and acute hospital care.

Through OMH funding the Southern Tier moved from a hospital based crisis program to an MCAT in 2014. From tracking crisis data for a number of years consistently about 30% of the individuals who use a crisis service do not engage in treatment. Adding a brief clinical community based intervention post crisis may reduce recidivism through problems solving, education and successful engagement in treatment.

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

Reduce the number of individuals visiting EDs due to their active addiction.

Objective Statement

Objective 1: Increase referrals to addiction services from primary healthcare providers.

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

Objective 2: Improve outreach and linkage in the community.

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

Objective 3: Increase SBRIT training to healthcare providers

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

Objective 4: Increase access to MAT through PCPs

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

Change Over Past 12 Months (Optional)

Through the Leatherstocking Collaborative Health Partners PPS we have been working on providing MAT and ambulatory withdrawal through the Primary Care practices. This innovative practice significantly increases availability of addiction treatment in our rural community, reduces stigma, is science based and person centered.

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

Workforce challenges exist at all levels and across all three specialty areas.

There is growing competition for the direct service professionals such as DSPs, MSCs, Care Coordinators, MH workers, navigators, etc. with a limited pool of potential candidates and low wages.

There is a shortage of qualified professional staff that includes not only MDs, NPPs, RNs but also LCSWs, specialty therapist such as speech, PT, OT, Behavioral Therapist, and addiction professionals.

Primary care and pediatricians are reluctant to prescribe medications for behavioral health disorders making it difficult to discharge individuals from special behavioral health services once they are stable.

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

To develop career pathways in the human services and healthcare for our local workforce.

Objective Statement

Objective 1: Expand internship opportunities with local and regional colleges.

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

Objective 2: Maintain National Health Services Corp Designation for loan forgiveness

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

Objective 3: Advocate for fair wages.

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

Objective 4: Create collaborative relationships that enhance employment opportunities.

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

Objective 5: Increase competence in primary care settings to treat individuals with behavioral health needs.

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

Change Over Past 12 Months (Optional)

We have expanded our opportunities for internships for undergraduates.
We have steady demand for MSW field placements.
We have added a macro level MSW field placement.
We have four clinicians now receiving loan forgiveness(NHSC).
In 2016 one large provider became a National Health Services Core (NHSC) site.
SUNY Binghamton graduated 10 NPPs with a psych specialty.
Many direct care staff will receive cost of living increases or higher.
An ECHO project is operating to increase education and skill in treating addiction in a primary care setting.

2f. Prevention - Background Information

Otsego County has above the state average of deaths from completed suicides. The at risk group are white males between the ages of 35-60. Both the PHIP and the Otsego County Suicide Prevention Coalition have this as a priority focus. The approaches to education and suicide prevention activities include:

- Education on gun safety and distribution of gun locks.
- SafeTalk and ASSIST trainings.
- Promotion of ManTherapy
- Community education events

Otsego County has an well developed Opiate Task Force and support throughout the community. To address the continuing opiate epidemic our priorities are to provide:

- Community Education by increasing the number of individuals trained in the use of NARCAN.
- Monitoring the safe prescribing and disposal of opiates.
- Advocate for a more comprehensive approach to pain management
- Advocate for quick access to treatment.

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

Reduce the number of pre-mature deaths related to completed suicides and overdoses.

Objective Statement

Objective 1: Increase the number of individuals trained in the use of NARCAN.

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

Objective 2: Reduce the number of opiate prescriptions being dispensed through increased awareness and education.

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

Objective 3: Reduce means to suicide through promotion of gun safety devices.

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

Objective 4: Provide rapid communication on lethal illicit drugs in our community.

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

Objective 5: Increase mental health awareness among at risk population.

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

Change Over Past 12 Months (Optional)

Both the PHIP and the Otsego County Suicide Prevention Coalition have narrowed their focus to white males between the ages of 35-60. Strategies to reach this group include a promising practice of "ManTherapy" and outreach to events and activities frequented by this segment of the population. Otsego County's Opiate Task Force meets bi-monthly with the priorities of Community Education, Public Policy and Stakeholder Involvement. Through the System of Care grant application process the relationships with the schools, community based organizations, and healthcare have been strengthened.

2g. Inpatient Treatment Services - Background Information

Access to inpatient addiction treatment remains difficult due to bed availability and distance. Having met criteria for inpatient treatment individuals are waiting 7-10 days for a bed to become available. The wait is much longer for residential beds. All inpatient beds are a minimum of an hour away. Community supports are limited to support these individuals while they wait for the level of care they need.

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

Enhance community supports while individuals are waiting to get the appropriate inpatient treatment.

Objective Statement

Objective 1: Increase utilization of the recovery center and its services.

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

Objective 2: Expand community based services.

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

Objective 3: Improve linkage between healthcare, law enforcement and treatment.

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

Objective 4: Communicate barriers to appropriate care to OASAS.

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

Change Over Past 12 Months (Optional)

There has been a significant increase in services offered by the recovery center with more expansion of community services such as recovery coaching planned. Otsego County is adding an Addiction Counselor to work within the jail and to assist law enforcement and hospital EDs in linkage to services.

2k. SUD Residential Treatment Services - Background Information

SUD Residential Treatment Services still have a significant wait time which means that individuals are often waiting at other levels of care inappropriately or worst yet, waiting in jail.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Development and access to SUD Residential Treatment Services are not within our control.

Change Over Past 12 Months (Optional)

Wait time have been reduced from 3 months to 2 months.

2q. Developmental Disability Clinical Services - Background Information

Access to appropriate clinical services is a challenge primarily due to the lack of qualified practitioners.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Addressed under Workforce.

Change Over Past 12 Months (Optional)

Approval for an Article 16 clinic for a large local provider will increase capacity.

2r. Developmental Disability Children Services - Background Information

There has been an increase in youth and their families seeking psychotherapy services for youth with autism and aspergers due to the lack of appropriate services such as behavioral management.
Once again this is primarily a workforce challenge.

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

See 2d. Workforce

Objective Statement

Change Over Past 12 Months (Optional)

The Children and Family Behavioral Health Services currently has about 12% of the youth receiving services are on the autism/aspergers spectrum. This is a significant increase over the historical 5%.

2u. Developmental Disability Respite Services - Background Information

The gap between authorized respite services and delivered respite services is significant. Nearly 50% of all individuals passing through the Front Door request respite services but very few services are provided. The benefit of respite is significant in supporting caregivers and reducing stress that may result in a crisis. Although changes in reimbursement for respite services has made some improvement in the ability to provide respite the majority of individuals want in home respite which still is financially challenging. Travel time to and from the home is not reimbursed and the rate of pay for respite work does not justify the time spent in doing the job.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Funding for these services are beyond our control.

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

Currently we have 32 individuals requesting certified housing and 4 vacancies. Housing for special populations is included in this need. Maintaining individuals in a level of care that is not appropriate has multiple negative consequences such as placing the person's well being in jeopardy, placing caregivers at risk, increasing the likelihood of unnecessary use of acute hospital and ED services.

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

Develop more certified housing and expand housing options for individuals and their families for certified settings.

Objective Statement

Objective 1: Increase certified housing options.

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

Change Over Past 12 Months (Optional)

A slight increase in the number of certified beds but still 28 individuals and their families are waiting for a certified housing option..

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3a. Medicaid Redesign - Background Information

Otsego County has been committed to a person centered community based system that cares for over 20 years. Hospital re-admission rates have been historically below the state average but have been negatively impacted by the reduction of local acute care beds due to provider shortages. Since 2014 we moved from a hospital based crisis service to a Mobile Crisis Assessment Team resulting in a decline in hospital ED visits for psych admissions while seeing an increase for admissions related to addiction. The profile of individuals using hospitalization has shifted from individuals struggling with serious mental illness to those struggling with co-occurring disorders. The provider system in Otsego County has worked collaboratively in the transition from traditional case management (TCM) to health homes and from the start promoted health home care coordination for individuals struggling with addiction. County operated addiction services have seen an increase in utilization, at times about 35% higher. The demand for services has increased due to increased community education/awareness, improved collaboration with community partners and the funding of treatment through the Affordable Care Act. Otsego County submitted an application on January 3, 2017 to SAMSHA for the System of Care Expansion grant. As we moved toward value based payment there are many challenges. Although there is a strong collaborative history in our provider system it lacks access to important services that directly relate to outcomes. Some of those key challenges are workforce, lack of social-environmental supports for individuals struggling with addiction and access to inpatient beds.

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

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

Refer to 2a,b,c,d,f

Objective Statement

Change Over Past 12 Months (Optional)

Refer to 2a,b,c,d,f

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

There are several promising initiatives that have potential to significantly change the way we treat addiction. Through the Leatherstocking Collaborative Health Partners PPS we have been developing an ambulatory withdrawal practice through the primary care sites scattered throughout the region. PCPs are participating in an ECHO project to develop their knowledge and skills in treating addiction including MAT. Specialty addiction services are part of this project. SBRIT training is being conducted with the PCP sites as well.

Integration of BH and PCP sites will improve access by reducing transportation challenges, reducing stigma and expanding a very limited behavioral health provider network. Barriers to successful integration are a priority for the Mohawk Valley RPC.

Include ID/DD population in existing regional services such as health homes rather than create a parallel system.

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

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

Refer to 2 c,d,g

Increase competency of primary health care providers in treatment of behavioral health disorders.

Objective Statement

Objective 1: Increase primary care providers participating in ECHO project for Withdrawal Management

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

Objective 2: Allow for same day billing for BH clinical staff in primary care settings

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

Objective 3: Provide linkage and support for primary care settings to specialty behavioral health services.

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

Objective 4: Maintain a regionally centered system of care.

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

Change Over Past 12 Months (Optional)

Refer to 2 a,b,c,f,d,g

Increased collaboration between community based services and healthcare partners via health homes, DSRIP, PHIP, RPC.

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

The priorities for the Mohawk Valley RPC echo many of the priorities previously identified.

Specifically:

Integration of Primary Care and Behavioral Health

Improving access to health homes, HARP and HCBS services

Successful transition of our regional provider system to Value Based Payment

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

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

Otsego County has above the state average of deaths from completed suicides. The at risk group are white males between the ages of 35-60. Both the PHIP and the Otsego County Suicide Prevention Coalition have this as a priority focus. The approaches to education and suicide prevention activities include:

- Education on gun safety and distribution of gun locks.
- SafeTalk and ASSIST trainings.
- Promotion of ManTherapy
- Community education events

Otsego County has an well developed Opiate Task Force and support throughout the community.

To address the continuing opiate epidemic our priorities are to provide:

- Community Education by increasing the number of individuals trained in the use of NARCAN.
- Monitoring the safe prescribing and disposal of opiates.
- Advocate for a more comprehensive approach to pain management
- Advocate for quick access to treatment.

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

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

Refer to 2 f above- PREVENTION

Objective Statement

Change Over Past 12 Months (Optional)

Refer to 2 f- Prevention

4. Other Goals (Optional)

Other Goals - Background Information

A key goal for Otsego County is to preserve and improve the quality of services in our community. Otsego County has a long history of collaboration across all three O agencies and recognizes that individual's needs often cross systems. As a small rural county maintaining and improving our regional service delivery system is important. Individuals cannot travel great distances for services and we understand that our population density and workforce challenges limits our service development. All of the state initiatives have brought our systems together with a better understanding of how we all play an important role and share the common goal of improving the overall health of our community.

Otsego County is committed to preserving our regional provider network and believe that strengthen our regional system of care will be the best road to positive health outcomes.

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

Goal Statement- Is this Goal a priority goal (Only 5 goals can be selected as priority goals)? Yes No

Build a regional system of care than is inclusive of all specialty populations and is a strong partner to our primary health care system.

Objective Statement

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Otsego County Community Services Board (70120)
Certified: Susan Matt (5/1/17)

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.

- 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. In Otsego County the SPOA Coordinator is also the AOT Coordinator and the transitional case manager for the jail. The biggest challenge is the psychiatrist for the AOT. We have one part-time psychiatrist. Not only is his time very limited but he also may be the treating psychiatrist for the individual pre or post AOT.
 - 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. The AOT Coordinator works under the supervision of the DCS. Otsego County does not have IOP, partial hospital, CDT or ACT.
 - c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals. Rehabilitation Support Services, Inc.
- 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
 Otsego County Community Services Board (70120)
 Certified: Susan Matt (4/19/17)

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

Chairperson

Name James Zians, PhD
Physician No
Psychologist Yes
Represents College/Education
Term Expires 12/31/2019
eMail James.Zians@oneonta.edu

Member

Name Judith Thistle
Physician No
Psychologist No
Represents Clergy
Term Expires 12/31/2017
eMail thistleja@stny.rr.com

Member

Name Eric Mastrogiovanni
Physician No
Psychologist No
Represents Provider Agency
Term Expires 12/31/2017
eMail emastrogiovanni@rehab.org

Member

Name Paulette Majestic
Physician No
Psychologist No
Represents Lived Experience
Term Expires 12/31/2016
eMail

Member

Name Pat Knuth
Physician No
Psychologist No
Represents ARC Otsego
Term Expires 12/31/2018
eMail knuthp@arcotsego.org

Member

Name Susan Lettiss, ESQ
Physician No
Psychologist No
Represents Child and Family Services
Term Expires 12/31/2018
eMail lettiss@otsegocounty.com

Member

Name Noel Clinton-Feik
Physician No
Psychologist No
Represents Business Owner
Term Expires 12/31/2016
eMail noel.clinton.feik@gmail.com

Member

Name Chris Wolf-Gould
Physician Yes
Psychologist No
Represents Healthcare
Term Expires 12/31/2017
eMail

Member

Name Laurie Zimmiewicz
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2020
eMail

Alcoholism and Substance Abuse Subcommittee Roster
 Otsego County Community Services Board (70120)
 Certified: Susan Matt (4/19/17)

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 Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson

Name James Zians, PhD
Represents SUNY Oneonta
eMail
Is CSB Member Yes

Member

Name Kelly Liner
Represents FOR-DO Recovery Center
eMail
Is CSB Member No

Member

Name Susan Lettis, ESQ
Represents Children and Families/DSS
eMail
Is CSB Member Yes

Member

Name Deb France
Represents Family
eMail
Is CSB Member No

Member

Name Julie Dostal
Represents LEAF Inc. Prevention
eMail
Is CSB Member No

Member

Name Noel Clinton-Feik
Represents Crossroads/Faith/Housing
eMail
Is CSB Member Yes

Member

Name Ameen Aswad
Represents Jail Ministry/Catholic Charities
eMail
Is CSB Member No

Member

Name Pam Levy
Represents Community Advocate
eMail
Is CSB Member No

Mental Health Subcommittee Roster
 Otsego County Community Services Board (70120)
 Certified: Susan Matt (4/19/17)

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 Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson		Member	
Name	Michael Miller	Name	Marion Mossman
Represents	Education	Represents	Mental Health Association
eMail		eMail	
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Michelle Zuk	Name	Paulette Majestic
Represents	Family	Represents	Lived Experience
eMail		eMail	
Is CSB Member	No	Is CSB Member	Yes
Member		Member	
Name	Celeste Johns, MD	Name	Eric Mastrogiovanni
Represents	Bassett Healthcare	Represents	RSS
eMail		eMail	
Is CSB Member	No	Is CSB Member	Yes
Member		Member	
Name	Kim Illowitz	Name	Kate Hewlett
Represents	NAMI	Represents	Lived Experience
eMail		eMail	
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Tammy Burrows	Name	Jack Henson
Represents	Lived Experience	Represents	Veterans
eMail		eMail	
Is CSB Member	No	Is CSB Member	No
Member			
Name	Jennifer Johnson-Carr		
Represents	Schools		
eMail			
Is CSB Member	No		

Developmental Disabilities Subcommittee Roster
 Otsego County Community Services Board (70120)
 Certified: Susan Matt (5/11/17)

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 Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson		Member	
Name	Pat Knuth	Name	Paul Landers
Represents	ARC Otsego	Represents	Pathfinder Village
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
 Member		 Member	
Name	Judith Thistle	Name	Ann Marie Petersen
Represents	Clergy/Fox Hospital	Represents	Regional Office
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
 Member		 Member	
Name	Michelle Zuk	Name	Patricia Kennedy
Represents	families	Represents	Springbrook
eMail		eMail	
Is CSB Member	No	Is CSB Member	No

2017 Mental Hygiene Local Planning Assurance
Otsego County Community Services Board (70120)
Certified: Susan Matt (5/30/17)

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.