

2018  
Local Services Plan  
For Mental Hygiene Services

Montgomery Co 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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| <br><b>Montgomery Co Community Services Board</b>  | <br><b>70110/70110</b>  | <br><b>(Provider)</b> |

**Mental Hygiene Goals and Objectives Form**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (4/5/17)

**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:

All programs in the OMH field have remained the same.

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:

We were granted a Youth Clubhouse

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:

There has not been any change

**2. Goals Based On Local Needs**

| Issue Category   | Applicable State Agenc(ies)         |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
|  | OASAS                               | OMH                                 | OPWDD                    |
| a) Housing   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| b) Transportation  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) Crisis Services   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d) Workforce Recruitment and Retention (service system)        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| e) Employment/ Job Opportunities (clients)                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| f) Prevention  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| g) Inpatient Treatment Services                                | <input type="checkbox"/>            | <input checked="" 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 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 type="checkbox"/> |
| r) Developmental Disability Children Services                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input 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 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 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**

The housing needs are an issue because the model is abstinence based and not harm reduction. There are strict restrictions as well in order to enter a CR for SUD.

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):  
As with most programs, funding is an issue.

Change Over Past 12 Months (Optional)

**2b. Transportation - Background Information**

Due to being in a rural area, transportation is an issue. Lack of bus system, limited taxi services and geographic location of services hinders services.

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):  
With case management /;changing this is a difficult goal to reach.

Change Over Past 12 Months (Optional)

**2c. Crisis Services - Background Information**

There has been a lot of movement in crisis services for SUD. An new ambulatory detox program was awarded but that was via DOH not OASAS.

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

A new program via DOH will be opening.

Objective Statement

Change Over Past 12 Months (Optional)

**2g. Inpatient Treatment Services - Background Information**

Montgomery County has an adult in-patient unit that serves Fulton and Montgomery Counties as well as other surrounding Counties. The need is for more accessible Children's in patient beds.

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):  
Beds are being closed and funds are being "re-invested." This is not a good plan by the State.

Change Over Past 12 Months (Optional)

**3. Goals Based On State Initiatives**

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

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

Montgomery County is actively involved with the RPC and works closely with providers and stakeholders.

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

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

The goals are based on the various regions needs for services and VBP.

Objective Statement

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**  
Montgomery Co Community Services Board (70110)  
Certified: Sara Boerenko (4/5/17)

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](mailto: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. AOT is facilitated by St. Mary's Healthcare with the oversight of the LGU/DCS. When a patient is deemed to fit criteria for AOT the LGU/DCS is contacted and the petition is signed in collaboration with the attending MD. Case management and services are then provided by St. Mary's Healthcare.
  - 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. LGU/DCS meets with AOT team periodically to discuss caseloads.
  - c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals. SPOA is run by the Mental Health Association in conjunction with LGU and case management is provided by St. Mary's Healthcare.
- Questions regarding this survey item should be directed to Rebecca Briney at [Rebecca.Briney@omh.ny.gov](mailto: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](mailto:oasasplanning@oasas.ny.gov)

**Community Service Board Roster**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (4/5/17)

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.

**Member**  
**Name** Jeff Smith  
**Physician** No  
**Psychologist** No  
**Represents** Montgomery County  
**Term Expires** 12/31/2017  
**eMail**

**Member**  
**Name** Lucille Sitterly  
**Physician** No  
**Psychologist** No  
**Represents** Probation  
**Term Expires** 12/31/2017  
**eMail**

**Member**  
**Name** Robin Devito  
**Physician** No  
**Psychologist** No  
**Represents** Community Member  
**Term Expires** 12/31/2017  
**eMail**

**Member**  
**Name** Brenda Rava  
**Physician** No  
**Psychologist** No  
**Represents** Montgomery County  
**Term Expires** 12/31/2017  
**eMail**

**Member**  
**Name** Janine York  
**Physician** No  
**Psychologist** No  
**Represents** Youth Bureau  
**Term Expires** 12/31/2017  
**eMail**

**Member**  
**Name** Shawn Bowerman  
**Physician** No  
**Psychologist** No  
**Represents** Montgomery County  
**Term Expires** 12/31/2017  
**eMail**

**Member**  
**Name** John Nasso  
**Physician** No  
**Psychologist** No  
**Represents** Provider  
**Term Expires** 12/31/2017  
**eMail**

**Member**  
**Name** Kathy Paton  
**Physician** No  
**Psychologist** No  
**Represents** Provider  
**Term Expires** 12/31/2017  
**eMail**

**Member**  
**Name** Sara Boerenko  
**Physician** No  
**Psychologist** No  
**Represents** LGU  
**Term Expires** 12/31/2017  
**eMail**

**Alcoholism and Substance Abuse Subcommittee Roster**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (4/5/17)

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.

**Member**  
**Name** Ann Rhodes  
**Represents** Agency  
**eMail**  
**Is CSB Member** Yes

**Member**  
**Name** Rachel Trunkenmiller  
**Represents** Agency  
**eMail**  
**Is CSB Member** Yes

**Member**  
**Name** Jeff Smith  
**Represents** County  
**eMail**  
**Is CSB Member** Yes

**Member**  
**Name** Lucille Sitterly  
**Represents** County  
**eMail**  
**Is CSB Member** Yes



**Mental Health Subcommittee Roster**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (4/5/17)

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**

**Name** Sara Boerenko  
**Represents** LGU  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Robin Devito  
**Represents** Community  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Lucille Sitterly  
**Represents** County  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Jeff Smith  
**Represents** County  
**eMail**  
**Is CSB Member** Yes

**Developmental Disabilities Subcommittee Roster**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (4/5/17)

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** Sara Boerenko  
**Represents** LGU  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Erin Abele  
**Represents** Agency  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Mike McMahon  
**Represents** County  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Robin Devito  
**Represents** Community  
**eMail**  
**Is CSB Member** Yes

**2017 Mental Hygiene Local Planning Assurance**  
Montgomery Co Community Services Board (70110)  
Certified: Sara Boerenko (4/5/17)

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.