

2018  
Local Services Plan  
For Mental Hygiene Services

Hamilton County Community Services  
October 31, 2017



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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**2017 Mental Hygiene Executive Summary**  
Hamilton County Community Services  
Certified: Robert Kleppang (7/5/17)

The needs and priorities noted below specifically reflect desired outcomes identified through Hamilton County's own continuing strategic planning process. The county has utilized regularly scheduled public forums, archival data and surveys to identify needs and assets that support the development and implementation of initiatives that promote the delivery of effective mental hygiene services to its residents. These needs/priorities, in addition to being the product of a comprehensive needs assessment process, also reflect the realities of Hamilton County's very rural existence. More specifically, Hamilton County is New York States only county that meets the federal governments criteria for designation as a frontier county (under six persons per square mile; Hamilton = 2.9). The needs and priorities below must then also be seen in the context of a county that –despite being the geographical equivalent of the state of Rhode Island –has no public transportation, no pharmacy, no hospital, and a population density that cannot viably support the vast majority of mental health programs designed to be funded through Medicaid. This reality leads to significant concerns on the part of the Hamilton County Community Services Board that current efforts to reform Medicaid, through a transition to a managed care model, may make it impossible to deliver accessible behavioral health services to the county's residents. Discussions with OMH and OASAS to date have not been reassuring with respect to how Hamilton County can continue to provide in-county services, and the prospect of its residents needing to travel one to two hours one-way for services outside the county is simply not realistic.

**Mental Hygiene Goals and Objectives Form**  
 Hamilton County Community Services (70090)  
 Certified: Robert Kleppang (7/7/17)

**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 shortage of mental hygiene professionals, particularly psychiatry and social work, in the region and county continues to significantly challenge the ability of our county's mental health provider to deliver timely and accessible services. Tele-health, as a supplemental resource to address these shortages, has been explored and efforts are underway to provide limited tele-psychiatry and tele-counseling during the coming year that will enhance both timely availability and accessibility. At present the level of unmet need remains the same from the previous year.

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:

Over the past year Hamilton County continues to see a trend upward in individuals with opiate addiction. While the overall numbers are not large the resources available require significant travel time and, with limited transportation available for county residents, this can be challenging. Hamilton County will work with OASAS and regional providers to develop strategies to better meet the treatment needs of individuals with opiate addiction, with particular focus upon accessibility.

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:

The limited availability of respite and residential opportunities, for individuals residing in the community, has been a challenge...particularly for children and adolescents. The lack of these services has put children at risk and required intervention by local DSS's Child Protective Services to maintain safety. These issues have been brought to the attention of local OPWDD and, while sympathetic, there has been no discernable progress in addressing this issue.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input 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 checked="" 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 checked="" 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 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 type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

**2b. Transportation - Background Information**

Medicaid transportation in Hamilton County is limited and unreliable. Multiple calls have to be made at times to arrange transportation for clients followed by calls to supervisors to address a lack of response or incorrect information regarding a provider's status as an approved destination for a client. This issue has been brought to the attention of Hamilton County's DSS Commissioner as well who has intervened, but to date progress in providing greater access and number of rides has not improved. There is no public transportation in the county and clients with transportation needs struggle to make appointments. Hamilton County does have a volunteer transportation system but this system, while effective with transportation arrangements made several days in advance, cannot respond to immediate needs.

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

All appropriate requests for Medicaid transportation will be met.

**Objective Statement**

Objective 1: Address Medicaid transportation with the state.

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**

Recruitment of professionals to provide mental health and substance abuse treatment has been difficult. Staff openings, on average, have been 18 months for such positions and some remain unfilled for the past two years. The area DSRIP initiative is addressing this issue but, to date, there has been no progress seen. Several issues impact this issue; lack of professionals living in area, obstacles to relocation with many having spouses/ significant others needing to find a position as well, availability of affordable housing and compensation.

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

Fill needed professional positions within 30 days.

**Objective Statement**

Objective 1: Work with regional DSRIP to improve recruitment and retention of professional staff.

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

Change Over Past 12 Months (Optional)

**2j. SUD Outpatient Services - Background Information**

Hamilton County's only SUD outpatient provider is at capacity with respect to available revenue to support necessary staffing. The provider model, whereby county qualified mental health professionals provide treatment under the license and support of an out of county not for profit provider, needs to be expanded.

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

County SUD treatment provider will increase capacity by 50%.

**Objective Statement**

Objective 1: Hamilton County Community Services will work with OASAS and the North Star Chemical Dependency Services to increase capacity of SUD services in the county through increasing available revenue for staffing.

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

Change Over Past 12 Months (Optional)

**2n. Mental Health Clinic - Background Information**

Hamilton County Community Services, the county's only MH outpatient treatment provider, is currently at capacity with a waiting list for counseling and psychiatric services. The primary obstacle to increasing service capacity is staff vacancies, some vacant for two years, in these areas.

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

Hamilton County Community Services will recruit necessary staff to meet service demand through both in-person and virtual (e.g., tele-psychiatry) modalities

**Objective Statement**

Objective 1: Hamilton County Community Services will implement tele-psychiatry during the coming year.

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

Change Over Past 12 Months (Optional)

**2u. Developmental Disability Respite Services - Background Information**

Respite services for individual residing at home within the county have been difficult to obtain in timely manner, if at all. This has been particularly true for children and adolescents. This inability to provide such services in a timely manner has put individuals at risk and, at times, required the intervention of county Child Protective 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

Respite services for county residents with developmental disabilities will be adequate to meet the need and provided in a timely manner.

**Objective Statement**

Objective 1: OPWDD will work with the county to increase the availability of respite services for all county residents.

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

Change Over Past 12 Months (Optional)

**2aa. Developmental Disability Front Door - Background Information**

Children and adolescents in need of residential opportunities have struggled to find such placements in a timely way. Requests for placements have been made, under some circumstances, to place these individual in OMH programs which have been rejected as inappropriate by Hamilton County's SPOA.

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

Residential opportunities will be provided in a timely manner for developmentally disabled individuals qualified for such placements.

**Objective Statement**

Objective 1: Residential placements will be created as needed

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Hamilton County Community Services has been involved with it's regional DSRIP in two areas; prevention and engagement. To date there have been trainings in the county on "Bridges Out of Poverty" for professionals working with effected county residents. The next phase will include trainings on trauma informed care. Given capacity issues there has been limited activities to date with engagement.

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

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

Hamilton County Community Services will increase service delivery of effective mental hygiene services to it's underserved population

**Objective Statement**

Objective 1: Hamilton County Community Services will complete delivery of training for trauma informed to behavioral health professionals working in the county.

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

Objective 2: Hamilton County will use engagement funds to reduce underserved residents in need of behavioral health services

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

Change Over Past 12 Months (Optional)

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

Hamilton County Community Services has been actively engaged in it's RPC since it's inception. While not a Medicaid provider, despite providing mental health services, this involvement has been seen as an avenue to explore ways in which the county can continue to provide mental hygiene services to it's residents within the county. Medicaid reform, to date, has been a threat to the county's ability to do so as Medicaid based program models are not viable in the states most rural county and, it would appear, the state is determined to fund all such services under Medicaid. Currently services are funded under Community Reinvestment which has allowed the county to right-size service to it's residents.

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

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

Hamilton County advocate for local behavioral health services through it's RPC.

**Objective Statement**

Objective 1: Hamilton County Community Services will be active on it's RPC's Medicaid sub-committee.

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**  
Hamilton County Community Services (70090)  
Certified: Robert Kleppang (4/21/17)

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. Requests for AOT investigations are directed to the Director of Community Services (DCS). Upon review the DCS forwards a request to the County AOT Coordinator (St. Mary's Hospital) for investigation and processing of all petitions and related filings.
  - 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. Referral for services are made by the AOT Coordinator to the County's only MH Program...Hamilton County Community Services (HCCS). In conjunction with HCCS's adult SPOA services are identified and implemented in accordance with AOT treatment plan.
  - c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals. Hamilton County Community Services is the sole provider of Care Management Services in Hamilton County.
- 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**  
Hamilton County Community Services (70090)  
Certified: Robert Kleppang (7/5/17)

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.

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Mary Kiewicz	<b>Name</b>	Willaim Farber
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	Yes	<b>Psychologist</b>	No
<b>Represents</b>	Community	<b>Represents</b>	Community
<b>Term Expires</b>	12/31/2017	<b>Term Expires</b>	12/31/2019
<b>eMail</b>	schlansker@frontiernet.net	<b>eMail</b>	Chairman@HamiltonCountyNY.Gov
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Bryan Rudes	<b>Name</b>	Clark Seaman
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Community	<b>Represents</b>	Community
<b>Term Expires</b>	12/31/2019	<b>Term Expires</b>	12/31/2017
<b>eMail</b>	bsrudes@aol.com	<b>eMail</b>	llsuper@adironackacres.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Paul Williamsen	<b>Name</b>	John Simons
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Community	<b>Represents</b>	Community
<b>Term Expires</b>	12/31/2017	<b>Term Expires</b>	12/31/2017
<b>eMail</b>	spsail@citlink.net	<b>eMail</b>	JWScarnut2@yahoo.com
<b>Member</b>			
<b>Name</b>	Deb Ameden		
<b>Physician</b>	No		
<b>Psychologist</b>	No		
<b>Represents</b>	Community		
<b>Term Expires</b>	12/31/2017		
<b>eMail</b>	hamiltoncountycas@yahoo.com		

**Alcoholism and Substance Abuse Subcommittee Roster**  
Hamilton County Community Services (70090)  
Certified: Robert Kleppang (7/5/17)

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** John Simons  
**Represents** Community  
**eMail** jwsimons@frontiernet.net  
**Is CSB Member** Yes

**Member**

**Name** William Farber  
**Represents** Community  
**eMail** william.g.farber@gmail.com  
**Is CSB Member** Yes

**Member**

**Name** Judy Durkin  
**Represents** Community  
**eMail** judy.durkin@yahoo.com  
**Is CSB Member** No

**Mental Health Subcommittee Roster**  
Hamilton County Community Services (70090)  
Certified: Robert Kleppang (7/5/17)

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** Bryan Rudes  
**Represents** Community  
**eMail** bsrudes@aol.com  
**Is CSB Member** Yes

**Member**

**Name** PattiJo Hicks  
**Represents** Community  
**eMail** pattijohicksleswr@gmail.com  
**Is CSB Member** No

**Member**

**Name** Deb Ameden  
**Represents** Community  
**eMail** hamiltoncountycas@yahoo.com  
**Is CSB Member** Yes

**Member**

**Name** Paul Williamson  
**Represents** Community  
**eMail** spsail@citlink.net  
**Is CSB Member** Yes

**Developmental Disabilities Subcommittee Roster**  
 Hamilton County Community Services (70090)  
 Certified: Robert Kleppang (7/5/17)

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** Clark Seaman  
**Represents** Community  
**eMail** llsuper@adironackacres.com  
**Is CSB Member** Yes

**Member**

**Name** Kathy Hutchins  
**Represents** Community  
**eMail** kahutchins@frontiernet.net  
**Is CSB Member** No

**Member**

**Name** Alex Logie  
**Represents** Adirondack Arc  
**eMail** alogie@adironackarc.org  
**Is CSB Member** No

**Member**

**Name** Mary Cannan  
**Represents** OPWDD  
**eMail** Mary Cannan  
**Is CSB Member** No

**Member**

**Name** Mary Kiewicz-Schlansker  
**Represents** Community  
**eMail** schlansker@frontiernet.net  
**Is CSB Member** Yes

**2017 Mental Hygiene Local Planning Assurance**  
Hamilton County Community Services (70090)  
Certified: Robert Kleppang (7/11/17)

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.