

2018
Local Services Plan
For Mental Hygiene Services

Jefferson County Comm. 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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Mental Hygiene Goals and Objectives Form
 Jefferson County Comm. Services Board (70380)
 Certified: Roger Ambrose (7/18/17)

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:

Despite the increased number of clinical providers in Jefferson County, we still have an unmet need. Recent discussions and attempts to determine why this is have resulted in a number of possibilities, including the reduction of State Inpatient operations, clinicians keeping patients on service longer (and perhaps longer than necessary), and an increased awareness of service and insurance availability. This along with the continuing presence of Fort Drum soldiers, families and dependents and a depressed economy, make it difficult to make progress in meeting the mental health needs of the area.

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

Please Explain:

The heroin epidemic that is present across the state and the country has certainly taken its toll in Jefferson County. We have had the good fortune to add a Licensed OTP program as well as a Recovery Center to the community. We expect that these additions will have an immediate impact on the unmet need in Jefferson County in 2018.

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:

That the state makes the majority of decisions in regards to the Developmentally Disabled in our community means that the changing landscape of services at this time is difficult to assess.

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 checked="" 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 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"/> |

2b. Transportation - Background Information

Jefferson County is a large rural county with frequent weather problems that make it difficult for individuals seeking services to get to and from those locations. No viable system has been successful in alleviating this problem.

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):
To date we have no funding mechanism to address a public transportation system for individuals seeking services.

Change Over Past 12 Months (Optional)

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

Mental Hygiene workforce issues are not new to Jefferson County. Nearly 10 years ago we were able to bring Keuka College to the county to offer a BSW program. Shortly afterwards, The Rochester Collaborative (Nazereth and Brockport Colleges) began offering an MSW program. Both of these efforts have been successful but still has not filled the need. The Fort Drum Health Planning Organization also has provided recruitment efforts for Physicians, Nurses and other providers, but we continue to experience a shortage. Also, the county has seen less individuals working towards or receiving CASAC credentials for our CD providers. Fort Drum and NY State facilities, who have a significantly higher pay capability, often employ local staff once they have gotten initial training, supervision and credentials.

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 recruitment and retention efforts for all disability areas for staffing, supervision and support.

Objective Statement

Objective 1: Meet with College officials to incorporate a Chemical Dependency course into the program

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

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

Jefferson County has experienced long wait times for children brought to the Emergency Room for serious Mental Health issues resulting in the need for hospitalization.

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):
The emphasis for the past several years has been on strengthening community based services to avoid hospitalizations. The consideration of a children's unit during this time seemed contrary to that direction. The need could be easily established, but diversion programs have been the priority.

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 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 type="checkbox"/> |
| c) Regional Planning Consortiums (RPCs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) NYS Department of Health Prevention Agenda | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3a. Medicaid Redesign - Background Information

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

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

Provide services in collaboration with Medical Community

Objective Statement

Objective 1: Seek integration of Behavioral Health services in Primary Care programs.

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

Change Over Past 12 Months (Optional)

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

Integration of Behavioral Health and Primary care is one of the major goals of our DRRIP program.

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

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

Provide services in collaboration with Medical Community

Objective Statement

Objective 1: Submit PAR applications for integrated services

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

Objective 2: Provide training for Primary Care MD's in the area of Behavioral Health collaboration.

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
Jefferson County Comm. Services Board (70380)
Certified: Roger Ambrose (7/18/17)

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. Community Services provides oversight for the AOT program. Petitions are investigated and filed through the county with coordination within the Community Services office.

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 out of the Community Services office and works directly with contracted providers in the community to ensure that the services included in the Treatment Plan are provided.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

Care Coordination of Northern New York through the Children's Home of Jefferson County.

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
 Jefferson County Comm. Services Board (70380)
 Certified: Roger Ambrose (7/18/17)

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 | | Member | |
| Name | Christina O'Neil | Name | Elizabeth Stevens |
| Physician | No | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Samaritan Medical Center | Represents | Credo |
| Term Expires | 12/31/2018 | Term Expires | 12/31/2017 |
| eMail | coneil@shsny.com | eMail | lizs@credocommunitycenter.com |

| | | | |
|---------------------|---------------------------------|---------------------|-------------------|
| Member | | Member | |
| Name | Jennifer Draper | Name | Aileen Martin |
| Physician | No | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Jefferson Rehabilitation Center | Represents | NRCIL |
| Term Expires | 12/31/2019 | Term Expires | 12/31/2017 |
| eMail | jmdraper@jeffrehabcenter.org | eMail | aileenm@nrcil.net |

| | | | |
|---------------------|------------------------------|---------------------|----------------------------------|
| Member | | Member | |
| Name | Maureen Cean | Name | Rebecca Small-Kellogg |
| Physician | No | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Transitional Living Services | Represents | Family of Consumer |
| Term Expires | 12/31/2018 | Term Expires | 12/31/2017 |
| eMail | mcean@tlsny.com | eMail | bsmall-kellogg@sunyjefferson.edu |

| | | | |
|---------------------|-------------------------------------|---------------------|----------------------------|
| Member | | Member | |
| Name | Karen Richmond | Name | Robert Ferris |
| Physician | No | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Children's Home of Jefferson County | Represents | County Legislature |
| Term Expires | 12/31/2019 | Term Expires | 12/31/2017 |
| eMail | krichmond@nnychildrenshome.com | eMail | rferris@co.jefferson.ny.us |

| | | | |
|---------------------|-------------------------|---------------------|------------------------------|
| Member | | Member | |
| Name | Christopher Paige | Name | Joey Marie Horton |
| Physician | No | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | PIVOT - Prevention | Represents | Family Health Center |
| Term Expires | 12/31/2017 | Term Expires | 12/30/2017 |
| eMail | cpaige@pivot2health.com | eMail | jhorton@nocofamilyhealth.org |

| | | | |
|---------------------|------------------------------------|---------------------|-------------------------|
| Member | | Member | |
| Name | Jennifer Lachenauer | Name | Jill Rupp |
| Physician | No | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Credo | Represents | Community Member |
| Term Expires | 12/31/2019 | Term Expires | 12/31/2017 |
| eMail | jenniferl@credocommunitycenter.com | eMail | jrupp@sunyjefferson.edu |

| | | | |
|------------------|-----------------|------------------|--------------|
| Member | | Member | |
| Name | Martin Morrison | Name | Suzanne Raso |
| Physician | No | Physician | No |

Psychologist No
Represents County Government
Term Expires 12/31/2017
eMail martinm@co.jefferson.ny.us

Member
Name Sandy Petrillose
Physician No
Psychologist No
Represents JRC - MH Subcommittee Member
Term Expires 12/31/2017
eMail sjpetrillose@jeffrehabcenter.org

Psychologist No
Represents FDRHPO
Term Expires 12/31/2018
eMail sraso@fdrhpo.org

Member
Name Lynn Pietroski
Physician No
Psychologist No
Represents Jefferson Rehabilitation Center-MH
Subcommittee Member
Term Expires 12/31/2017
eMail ceo@watertownny.com

Alcoholism and Substance Abuse Subcommittee Roster
Jefferson County Comm. Services Board (70380)
Certified: Roger Ambrose (7/18/17)

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.

Mental Health Subcommittee Roster
Jefferson County Comm. Services Board (70380)
Certified: Roger Ambrose (7/18/17)

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.

Developmental Disabilities Subcommittee Roster
Jefferson County Comm. Services Board (70380)
Certified: Roger Ambrose (7/18/17)

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.

2017 Mental Hygiene Local Planning Assurance
Jefferson County Comm. Services Board (70380)
Certified: Roger Ambrose (7/18/17)

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.