2017
Local Services Plan
For Mental Hygiene Services

Otsego County Community Services Board
August 15, 2016

NEW YORK STATE OF OPPORTUNITY.

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

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2017 Needs Assessment Report
Otsego County Community Services Board (70120)
Certified: Susan Matt (6/15/16)

Consult the LSP Guidelines for additional guidance on completing this exercise.
PART A: Local Needs Assessment

1. Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

Otsego County has done well with managing and providing services to those with serious and persistent mental illness. The greatest challenge at this point is the assessment and engagement of individuals who have mental health conditions that impair their ability to navigate the socio-economic landscape as well as those with a co-occurring medical condition and addiction. These are the individuals in our community who struggle with mental health issues but who are difficult to engage in our clinic based treatment models. They often frequent the hospital EDs, resident in our jails, and are the parents to the children in our systems.

2. Analysis of Service Needs and Gaps - In this section, describe and quantify (where possible) the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

The challenges of our rural community is the limitation of services due to the lack of medical providers as well as many treatment levels of care and housing models do not work well within the rural areas. On the mental health side we have OPCs that cannot meet the demand. Inpatient/residential services for youth and individuals struggling with addiction are over an hour away at best. Although we have a mobile crisis assessment team and community stabilization services our hospital is seeing an increasing demand on their ED. We need to develop an urgent access brief treatment and diagnostic service to assist individuals and families in their immediate crisis and to provide comprehensive evaluation and successful linkage to appropriate service. The increasing number of individuals with DD and behavioral management needs are placing excessive demand on the EDs. Our jail population is over 60% drug/alcohol involved but we have no support for in jail services and transitional services.

3. Assessment of Local Needs - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

	Youth (< 21)			Adult (21+)		
Issue Category	**High**	**Moderate**	**Low**	**High**	**Moderate**	**Low**
Substance Use Disorder Services:						
a) Prevention Services	○	○	◉	○	○	◉
b) Crisis Services	◉	○	○	◉	○	○
c) Inpatient Treatment Services	○	◉	○	◉	○	○
d) Opioid Treatment Services	○	◉	○	○	◉	○
e) Outpatient Treatment Services	○	○	◉	◉	○	○
f) Residential Treatment Services	○	○	◉	○	◉	○
g) Housing.	○	○	◉	◉	○	○
h) Transportation.	○	◉	○	◉	○	○
i) Other Recovery Support Services	○	○	◉	○	◉	○
j) Workforce Recruitment and Retention	○	◉	○	○	◉	○
k) Coordination/Integration with Other Systems	◉	○	○	◉	○	○
l) Other (specify): jail services	○	○	○	◉	○	○
Mental Health Services:						
m) Prevention	◉	○	○	◉	○	○
n) Crisis Services	○	◉	○	◉	○	○
o) Inpatient Treatment Services	○	◉	○	○	◉	○
p) Clinic Treatment Services	○	○	◉	○	◉	○
q) Other Outpatient Services	◉	○	○	◉	○	○
r) Care Coordination	○	◉	○	○	◉	○
s) HARP HCBS Services (Adult)				○	◉	○
t) HCBS Waiver Services (Children)	◉	○	○			
u) Other Recovery and Support Services	○	◉	○	○	◉	○
v) Housing	○	○	◉	○	◉	○
w) Transportation	○	◉	○	○	◉	○
x) Workforce Recruitment and Retention	◉	○	○	◉	○	○

y) Coordination/Integration with Other Systems	○	◉	○	○	○	◉
z) Other (specify):	○	○	○	○	○	○
Developmental Disability Services:						
aa) Crisis Services	◉	○	○	◉	○	○
bb) Clinical Services	◉	○	○	◉	○	○
cc) Children Services	○	◉	○			
dd) Adult Services				○	◉	○
ee) Student/Transition Services	○	◉	○	○	◉	○
ff) Respite Services	◉	○	○	◉	○	○
gg) Family Supports	○	◉	○	○	◉	○
hh) Self-Directed Services	○	○	◉	○	○	◉
ii) Autism Services	○	◉	○	○	◉	○
jj) Person Centered Planning	○	○	◉	○	○	◉
kk) Residential Services	○	◉	○	○	◉	○
ll) Front Door	○	○	◉	○	○	◉
mm) Transportation	○	◉	○	○	◉	○
nn) Service Coordination	○	◉	○	○	◉	○
oo) Employment	○	○	◉	○	◉	○
pp) Workforce Recruitment and Retention.	◉	○	○	◉	○	○
qq) Coordination/Integration with Other Systems.	○	◉	○	○	◉	○
rr) Other (specify):	○	○	○	○	○	○

Follow-up Questions to "Crisis Services" (Question 3b)

3b1. Briefly describe the issue and why it is a high need for the populations selected.
Addiction resources need to be linked to crisis services already operating under MH funding. We currently have no 24/7 resource for individual and families struggling with addiction. Addiction resources and assessments should be built on to the mobile crisis teams,crisis services and EDs.

Follow-up Questions to "Inpatient Treatment Services" (Question 3c)

3c1. Briefly describe the issue and why it is a high need for the populations selected.
There are none locally. The closest inpatient/residential is over an hour away if it has openings. Getting individuals to treatment is a challenge since an available bed can be 2-3 hours away. The distance also makes involvement of family very challenging.

Follow-up Questions to "Outpatient Treatment Services" (Question 3e)

3e1. Briefly describe the issue and why it is a high need for the populations selected.
Otsego has two OPCs that serve both adults and children plus an extensive school based health system. Due to the lack of medical staff access to the hospital operated clinic is very limited. We also see where individuals do not want to go to a MHC and need to think about brief treatment models that can help engage individuals more successfully.

Follow-up Questions to "Housing" (Question 3g)

3g1. Briefly describe the issue and why it is a high need for the populations selected.
There is no housing or housing support for individuals trying to become sober. For over 10 years this has been identified a a top need yet no housing initiatives have been supported for the rural counties.

Follow-up Questions to "Transportation" (Question 3h)

3h1. Briefly describe the issue and why it is a high need for the populations selected.
Many individuals struggling with addiction are not on Medicaid and therefore have no access to services. For those who do have Medicaid and can use transportation the three day notification impedes access in a timely manner.

Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3k)

3k1. Briefly describe the issue and why it is a high need for the populations selected.
There are many more resources for individuals struggling with mental health issues than those struggling with addictions. Addiction services should be added on to the existing services. Fund expansion of case management, housing, crisis services, etc.

Follow-up Questions to "jail services" (Question 3l)

3l1. Briefly describe the issue and why it is a high need for the populations selected.
There is a missed opportunity to not provide services to individuals struggling with addiction while they are incarcerated. It is well documented that the percentage of individuals in jails whose criminal activity is tied to their addiction is well over 50% yet only the largest jails have services and case management for this population. The administration of Vivitrol is one option but needs to be part of a broader clinicial intervention.

Follow-up Questions to "Prevention" (Question 3m)

3m1. Briefly describe the issue and why it is a high need for the populations selected.
We need a integrated approach to prevention that identified multi-generation risk factors.

Follow-up Questions to "Crisis Services" (Question 3n)

3n1. Briefly describe the issue and why it is a high need for the populations selected.
Although we moved to a Mobile Crisis Assessment Team and Community Stabilization Services in 2014 we are seeing an increase demand on crisis services from 911 calls to ED presentations. Timely access to OP treatment, brief treatment models and BH in urgent care with a brief treatment and evaluation component all need to be considered.

Follow-up Questions to "Other Outpatient Services" (Question 3q)

3q1. Briefly describe the issue and why it is a high need for the populations selected.
We need to design services that work for those difficult to engage individuals. Right now we have crisis and clinic services. A diagnostic and brief treatment approach will serve the needs of schools, primary care and courts, social services.

Follow-up Questions to "HCBS Waiver Services (Children)" (Question 3t)

3t1. Briefly describe the issue and why it is a high need for the populations selected.
We do not have enough providers or services.

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3x)

3x1. Briefly describe the issue and why it is a high need for the populations selected.
Recruitment and retention of qualified medical and clinical staff.

Follow-up Questions to "Crisis Services" (Question 3aa)

3aa1. Briefly describe the issue and why it is a high need for the populations selected.
START for our region has not started. With more individuals living in the community more supports are needed. Hospitals and EDs should not be used for behavioral management. Respite is proven to reduce crisis yet the payment for respite is too low for it to be readily available.

Follow-up Questions to "Clinical Services" (Question 3bb)

3bb1. Briefly describe the issue and why it is a high need for the populations selected.
With the change in payment structure access to psychiatric services for this population has become even more challenging. Tele-medicine in Article 16 clinics would improve access.

Follow-up Questions to "Respite Services" (Question 3ff)

3ff1. Briefly describe the issue and why it is a high need for the populations selected.
Respite services support individuals and their families in community living. Without adequate respite the potential for a crisis rises and the negative consequences are felt throughout the systems. The payment structure for respite impedes its availability.

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3pp)

3pp1. Briefly describe the issue and why it is a high need for the populations selected.
Difficulty recruiting and retaining specialty and direct service staff. Raise in minimum wage will make it more challenging as well as new regulations around exempt and non-exempt. Factors in workforce and recruitment are the lack of quality housing in the rural communities and transportation.

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

4. How have the overall needs of the **mental health** population changed in the past year?

- ○ a) Overall needs have stayed about the same.
- ○ b) Overall needs have improved.
- ○ c) Overall needs have worsened.

◉ d) Overall needs have been a mix of improvement and worsening.
○ e) Not sure.

4d. If you would like to elaborate on why you believe the overall needs of the mental health population have been a mix of improvement and worsening over the past year, briefly describe here

Overall individuals struggling with a serious mental illness can have a quality life within their communities and be more engaged in community life. We have some positive housing models and are moving in a positive direction for peer empowerment, vocational pursuits and de-stigmatization. Our treatment models still focus on long term clinic services with not a lot of choices. Many of our consumers do not want to be wed to an OPC and do not see the need for a therapist. The demands, desires and needs of today's individuals struggling with a mental illness is very different from 20-30 years ago and we need to listen to what will work for them.

5. How have the overall needs of the **substance use disorder** population changed in the past year?
○ a) Overall needs have stayed about the same.
○ b) Overall needs have improved.
◉ c) Overall needs have worsened.
○ d) Overall needs have been a mix of improvement and worsening.
○ e) Not sure.

5c. If you would like to elaborate on why you believe the overall needs of the substance use disorder population have worsened over the past year, briefly describe here

With the opiate epidemic, having immediate access to treatment is essential and life saving. Individuals will not be successful in outpatient, the most common level of treatment, due to the social/environmental risks. The abstinence only approach has created a culture that makes it difficult to engage and certainly is not person centered. Lots of work ahead to have a effective treatment approach.

6. How have the overall needs of the **developmentally disabled** population changed in the past year?
○ a) Overall needs have stayed about the same.
○ b) Overall needs have improved.
◉ c) Overall needs have worsened.
○ d) Overall needs have been a mix of improvement and worsening.
○ e) Not sure.

6c. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have worsened over the past year, briefly describe here

As more individuals are living in the community the demands on the local service system has increases. START Teams should have been fully operational before individuals were moved to the community. Access to behavioral health and specialty services has been a challenge for years and also should have been improved before the transition of high needs individuals to community placement.

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

7. In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?
◉ a. Yes
○ b. No

7a. Briefly describe those planning activities with your Local Health Department.

We are working jointly on pre-mature deaths from suicide and substances. Our LHD has been very active in the addiction areas and we all are actively engaged in our PPS and PHIP.

8. In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?
◉ a. Yes
○ b. No

8a. Briefly describe those planning activities with other local government agencies and non-government organizations.

We are having ongoing communication with our schools about the increasing needs of youth. Many of our providers and social services system is looking at the trauma informed approach.

9. In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?
◉ a. Yes
○ b. No

9a. List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

The Southern Tier continues to do regional planning although there has been a shift with the realignment through the PPS and the forthcoming RPC. The PPS initiative have a strong behavioral health regional approach that 50% of the LGUs participate in.

9b. Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

◉ a. Yes
○ b. No

9c. Did the counties in your region reach a consensus on what the regional needs are?
◉ a. Yes
○ b. No

9d. Briefly describe the consensus needs identified by the counties in your region

We need addiction medicine, sober housing, recovery services. We need to address the increasing demands on hospital Eds and CPEP despite a mobile crisis/community stabilization service.

2017 Multiple Disabilities Considerations Form
Otsego County Community Services Board (70120)
Certified: Susan Matt (5/9/16)

Consult the LSP Guidelines for additional guidance on completing this form.
LGU: Otsego County Community Services Board (70120)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

◉ Yes
○ No

If yes, briefly describe the mechanism used to identify such persons:

Individuals with multiple disabilities are identified through SPOA, CCSI, Health Home and the clinical delivery system.

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

◉ Yes
○ No

If yes, briefly describe the mechanism used in the planning process:

Information on the needs for individuals with multiple disabilities are identified at the Community Services Board and its three subcommittees; through the SPOA process; through the quality assurance activities; and through the clinical systems.

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

◉ Yes
○ No

If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

We have a multi-system MOU but most disputes are managed through SPOA , agency leadership and the DCS. We are very fortunate to have a provider system that works well together and is consumer/ patient /family centered.

Mental Hygiene Priority Outcomes Form
Otsego County Community Services Board (70120)
Plan Year: 2017
Certified: Susan Matt (6/15/16)

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

2017 Priority Outcomes - Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.

Priority Outcome 1:

Access to appropriate services.

Progress Report: (optional) *new*
We continue to experience high demand on our hospital ED despite an active Mobile Crisis Assessment Team, Community Stabilization Services, MIT and an active health home. Individuals struggling with addiction/co-occurring are about 30% of this population. Youth are about 15% but due to the lack of children's beds and other effective community resources are the most challenging for the ED and service providers. It is still difficult for individuals and families to access OP treatment in a timely manner. Even with the county operated services having same day access individuals have challenges in getting to treatment. About 30% of those visiting the ED do not follow-up with treatment. Crisis services are not a substitute for treatment and new evaluation and brief treatment models need to be explored. The shortage of psychiatrists and PNPs limits available services under our existing treatment models. Addiction Services are abstinence based and do not promote engagement through a motivational model of care. Demand on the hospital ED also includes the DD population. DD crisis services (START) have not been developed and the increasing number of individuals with challenging behaviors in the community without adequate respite and access to behavioral health services places excessive demand on the ED. Changes in payment for OPWDD has reduced access to psychiatric services. The development of tele-medicine will be extremely beneficial in delivering care to all populations. Having standardized regulations and payment across all specialty populations, OMH, OASAS, and OPWDD should be a goal.

Priority Rank: 1

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new*

- [x] Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- [x] Adult Medicaid Behavioral Health Managed Care Implementation
- [x] Child Medicaid Behavioral Health Managed Care Implementation
- [x] OMH Transformation Plan
- [x] Combat Heroin and Prescription Drug Abuse
- [x] OPWDD People First Transformation

Is this priority also a Regional Priority? *new* Yes

Strategy 1.1

Promote the use of health homes and SPOA to identify high needs individuals, access appropriate services, improve care coordination and identify gaps in services.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.2

Promote early intervention and community stabilization. Increase access to behavioral health services through community based crisis assessment and follow-up, immediate access to OP services and integration into primary care/school based health services. Evaluate payment for respite services based on respite preventing hospitalization.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.3

Enhance outpatient services to accept increase demand and improve treatment engagement. Standardize regulations and payment for tele-medicine to improve access for both integrated and specialty settings, including Article 16 clinics.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.4

Develop regional strategy to increase behavioral healthcare providers in the rural Southern Tier/Mohawk Valley.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.5

Address workforce shortage that includes: Overall shortage of psychiatrists, addictionologist and psychiatric nurse practitioners Lack of psychiatrists, PNPs interested in working in the public sector and with challenging populations Lack of direct care professionals Lack of specialty providers such as behaviorist, crisis staff, recovery coaches, specialty therapists (ie: speech)
Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 2:

Successful Reform of Health Care Delivery System

Progress Report: (optional) *new
Regional PPS has selected several projects with behavioral health focus. Behavioral Health Integration, Ambulatory Withdrawal Management and strengthening the Mental Health and Substance Abuse Infrastructure all can make a significant positive change in our local service delivery system. Most of our community agencies/providers have been participating. The role of behavioral health is better understood and valued through the many conversations that occur. Our PPS has also had active participation from our OPWDD providers.

Priority Rank: 2

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

- [x] The Prevention Agenda 2013-2018
- [x] Population Health Improvement Plan (PHIP)
- [x] Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- [x] Adult Medicaid Behavioral Health Managed Care Implementation
- [x] Child Medicaid Behavioral Health Managed Care Implementation
- [x] OMH Transformation Plan
- [x] Combat Heroin and Prescription Drug Abuse
- [x] OPWDD People First Transformation

Is this priority also a Regional Priority? *new Yes

Strategy 2.1

Ensure that all individuals' care needs are identified and included in the system redesign and transformation.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 2.2

Support health home, HARP and transition to managed care for all populations.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 2.3

Work with local and regional provider system to understand, prepare and participate in healthcare reform.
Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 3:

Recovery Support Services

Progress Report: (optional) *new
Our peer support services for mental health have grown significantly and are increasingly visible in the community. We would like to develop a stronger peer development track that would include "internships" in our EDs, IP unit, and other sites in the community. We would also like to have paid internships for peers to support their recovery and provide the experience required for certification. Despite years of training recovery coaches there are none working in that capacity and the availability of recovery coaches for paid employment is questionable. The expansion of peer support services is supported by the DSRIP activities. We were recently awarded the "clubhouse" funding and are building a rural community model for outreach and engagement that will include all youth and families.

Priority Rank: 3

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

- [x] The Prevention Agenda 2013-2018
- [x] Population Health Improvement Plan (PHIP)
- [x] Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- [x] Combat Heroin and Prescription Drug Abuse

Is this priority also a Regional Priority? *new Yes

Strategy 3.1

Engage peers in the development of peer services.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 3.2

Educate current provider systems to the engagement and activities of peer/recovery services.
Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 4:

Housing.

Progress Report: (optional) *new
We received four additional transformation beds from OMH which are being used. The overall community issues are affordable housing and public transportation. The most significant lack of housing is for individuals struggling with addiction and in early recovery. There is no funding for housing for individuals entering recovery for addiction. The models sought are complex and difficult to implement for the rural areas. Lack of available quality housing to promote the recruitment of professionals is also a challenge.

Priority Rank: 4

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

- [x] Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- [x] Adult Medicaid Behavioral Health Managed Care Implementation
- [x] OMH Transformation Plan
- [x] Combat Heroin and Prescription Drug Abuse

Is this priority also a Regional Priority? *new Yes

Strategy 4.1

Work with OASAS, social services and the community systems to create housing options that promote recovery and improve quality of life.
Applicable State Agencies: OASAS OMH OPWDD

Strategy 4.2

Increase community supports to maintain high need individuals within the community.
Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 5:

Integrated Prevention, Treatment and Recovery/Support Services.

Progress Report: (optional) *new
Through both the DSRIP and PHIP the level of understanding and collaboration has gone up significantly. There has been a lot of cross-system discussions that identify successes and create synergy. It is expected that the RPC will assist in implementation of the agenda items. The Recovery Support services locally have grown significantly for both mental health and addiction recovery with a shared day of recovery as well as all inclusive initiatives. Our major healthcare provider has a strong behavioral health integration agenda which is assisting in uniting all the systems.There is a great deal of interest in a trauma informed approach to care and some preliminary discussion about a 2017 application for a System of Care grant.

Priority Rank: 5

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

- [x] The Prevention Agenda 2013-2018
- [x] Population Health Improvement Plan (PHIP)
- [x] Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- [x] Combat Heroin and Prescription Drug Abuse

Is this priority also a Regional Priority? *new Yes

Strategy 5.1

Reduce regulatory and fiscal barriers to person centered integrated care.
Applicable State Agencies: OASAS OMH

Strategy 5.2

Provide integrated prevention services focused on development of children and families.
Applicable State Agencies: OASAS OMH

Priority Outcome 6:

Reduce pre-mature deaths.

Progress Report: (optional) *new

To date in 2016 we have seen a significant reduction in pre-mature deaths. In 2015 we had 10 reported completed suicides and 9 unintended drug related deaths. To date in 2016 we have 1 completed suicide and 3 overdose deaths.

Priority Rank: *Unranked*

Applicable State Agencies: OASAS OMH

Aligned State Initiative: **new*

☑ The Prevention Agenda 2013-2018
☑ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
☑ Combat Heroin and Prescription Drug Abuse

Is this priority also a Regional Priority? **new* Yes

Strategy 6.1

Increase awareness and participation of suicide prevention/risk factors for individuals struggling with addiction.
Applicable State Agencies: OASAS OMH

2017 Community Service Board Roster
Otsego County Community Services Board (70120)
Certified: Susan Matt (5/10/16)

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

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson	
Name	Marion Mossman
Physician	No
Psychologist	No
Represents	Mental Health Association
Term Expires	12/31/2017
eMail	m.mossman@mhainulster.org

Member	
Name	Judith Thistle
Physician	No
Psychologist	No
Represents	Clery
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	Peers
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 Lettis, 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	James Zians, PhD
Physician	No
Psychologist	Yes
Represents	College/Education
Term Expires	12/31/2019
eMail	James.Zians@oneonta.edu

Member	
Name	Carol Beechy, MD
Physician	Yes
Psychologist	No
Represents	Bassett Medical Center
Term Expires	12/31/2017
eMail	

OMH Transformation Plan Survey
Otsego County Community Services Board (70120)
Certified: Susan Matt (6/8/16)

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

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" $59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, $15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

- (●) a) Yes
- ( ) b) No
- ( ) c) Don't know

If "Yes":
Please briefly describe any impacts the reinvestment resources have had since implementation, particularly as it relates to impacts in State or community inpatient utilization. If known, identify which types of services/programs have made such impacts.
We received $80,400 to start a Family Stabilization Program designed to provide clinical and case management services to high risk families and youth. The goal is to provide intensive clinical services to improve overall family functioning and reduce ED and hospitalization of youth. Recruitment was a significant challenge. However recently our contractor hired an excellent, experienced social worker who shares this treatment philosophy.

2. Please provide any other comments regarding Transformation Plan investments and planning.
State operations used funding to develop the Mobile Integration Teams which are primarily serving the urban areas. For ours the majority of their work has been in Broome County.

2017 Mental Hygiene Local Planning Assurance
Otsego County Community Services Board (70120)
Certified: Susan Matt (6/15/16)

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

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 2017 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 2017 Local Services planning process.