

2018  
Local Services Plan  
For Mental Hygiene Services

Niagara County Dept Mental Health Srvs  
October 31, 2017



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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<b>Niagara County Dept Mental Health Svcs</b>	<b>70150</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Certified</b>
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 <b>Niagara Co Dept of MH Services OP</b>	 <b>70150/70150/52984</b>	 <b>(Treatment Program)</b>

**2017 Mental Hygiene Executive Summary**  
Niagara County Dept Mental Health Svcs  
Certified: James Graziano (5/22/17)

2018 NIAGARA COUNTY LOCAL SERVICES PLAN

EXECUTIVE SUMMARY

The Niagara County Department of Mental Health (NCDMH) is the administrative arm of the Niagara County Community Services Board. In 2016 and 2017, there was significant activity in regard to the 2018 Local Services Plan, which is noted below.

\* Planning staffs of NCDMH attended provider meetings of OASAS agencies, which are held 10-times a year and attended by staffs of the OASAS Western Region Office.

\* Planning staffs of NCDMH attended provider meetings of the OMH agencies, which are scheduled bi-monthly.

\* The NCDMH Deputy Director has attended the Niagara County Developmental Disabilities Self Advocacy Coalition meetings on a monthly basis.

\* Planning staffs, as well as the NCDMH Deputy Director, attended the Consumer Planning and Advisory Council (CPAC) group meeting on 4/20/17 to gather consumer priorities for the 2018 plan. A consumer representative also was invited to attend a Community Services Board Joint Subcommittees meeting that was held on 3/22/17.

\* Planning meetings were held with the subcommittees (Mental Health, Alcoholism and Substance Abuse, and Developmental Disabilities) of the Community Services Board. Individual meetings were held with the subcommittees on (12/8/16 and 5/3/17) and there were two (2) Joint Subcommittee meetings (9/22/16 and 3/22/17). It should be noted that service providers and a consumer representative were invited to the 3/22/17 meeting. Also, Community Services Board members were invited to all of the planning meetings of the subcommittees.

\* A Planning meeting was held with Community Services Board on 5/15/17, at which the 2018 Local Services Plan was approved.

\* LGU staffs have collaborated with representatives of the Buffalo Psychiatric Center and Western New York Children's Psychiatric Center on State Hospital Transition plans.

\* LGU and planning staffs have attended Performing Provider Systems planning and workgroup meetings.

\* The Director of Community Services has met with the local state senator and Niagara County department heads (Office for the Aging, Probation, Sheriff, Social Services) to discuss and coordinate long range plans.

\* Planning staffs have participated in the Niagara County and the Erie County Opioid Epidemic Task Force meetings.

\* The Niagara County Director of Community Services is a member of the Niagara County Opioid Task Force.

The above meetings were utilized to review the progress of the 2017 plan and to develop the 2018 Local Services Plan.

Throughout our planning efforts and discussions with service providers, consumers and their family members, and subcommittee members; several themes emerged this year which are reflective of the concerns and opportunities resulting from the rapid system changes.

One consistent message from this and previous year's planning process was the need for increased public transportation in Niagara County. Changes over the past few years eliminated

direct cross-county bus routes. As a result, county residents have experienced much difficulty in accessing needed mental hygiene and related services. In order to address this issue, members of the subcommittees and agency providers agreed to develop an ad hoc transportation committee.

Another concern was the lack of housing (supported living, emergency, and respite). Furthermore, concerns were expressed regarding workforce recruitment and retention, inpatient treatment services, SUD outpatient services and residential services, children's outpatient mental health clinics, developmental disability respite services, and the heroin and opioid epidemic. With regard to the later, one of the county's SUD services providers was approved to expand opioid services in Niagara Falls, but has met extreme local resistance, despite the overwhelming need.

In addition, the Niagara County Local Services Plan included the following topics. Recovery and Support Services; Responding to the Opioid Crisis, including expanding Substance Abuse treatment in the jail; Reducing Stigma; Mental Health Care Coordination; Developmental Disabilities Adult, Children's Services, and Self Directed Services; and Provider Planning Coordination with the LGU.

Niagara County has an active Opiate Taskforce as well as a Behavioral Health Criminal Justice Committee. Both groups have identified several short and longer term strategies for addressing the current Opiate crisis. Strategies include: expanded public awareness and prevention campaigns; broader access to Narcan training for community groups, such as churches; substance abuse treatment for sentenced inmates and facilitated post-discharge linkages; increasing the availability of and range of medication assisted treatment in the community; and expanded access to all levels of treatment, including 24/7 crisis beds, inpatient and residential care.

Several other themes were consistent throughout the planning process. There are concerns related to the long-term viability of programs (especially smaller niche programs) in the managed care environment due to new contracting systems, uncertain funding streams and cash flows, and complex data tracking and reporting. Consumers and service providers expressed that they cannot keep up with the extremely rapid pace of change. This creates problems ranging from engagement and retention in services (especially if service offerings/availability have changed) to concerns for quality of care. Finally providers expressed significant concerns related to the regionalization of care, (i.e. through large, complex PPS systems) indicating concern that the needs of the local community will not be met by a vast regional network that is not embedded in or connected with the community.

In response to system changes, including integrated care and managed care, providers, although concerned about system transformation, are openly and actively discussing opportunities for collaborating in innovative ways to effectively meet individuals' complex, cross-systems needs. For example, smaller agencies are discussing contracting with larger agencies for shared services, such as billing. Mental health providers, substance abuse providers, and care coordination agencies are discussing how to effectively provide a higher level of integration than the care we currently provide.

System changes, including reinvestment of savings from reduced inpatient bed capacity, have allowed for the development of new services, including peer-run recovery services and community-based mobile treatment teams. Potential expansion of these services, which are designed to wrap supports around individuals in the community, is an exciting opportunity.

The 2018 plan reflects the multitude of transitional changes that are taking place across the three disability areas, some of which are listed below:

- \* Transportation
- \* Housing
- \* Expansion of Methadone and Suboxone Treatment Slots
- \* Opioid Epidemic
- \* Medicaid Redesign
- \* DISRIP/Preferred Provider Systems
- \* Regional Planning Consortia
- \* Integrated Care
- \* Workforce Recruitment and Retention
- \* Health Homes
- \* Home and Community Based Services (HCBS)
- \* Value Based Payments (VBP)
- \* Inpatient Treatment Services
- \* Outpatient Services
- \* Supported Employment
- \* The Front Door
- \* Provider Coordination with the LGU in Planning
- \* Provider Coordination with other Providers in Planning

**Mental Hygiene Goals and Objectives Form**  
 Niagara County Dept Mental Health Svcs (70150)  
 Certified: James Graziano (5/22/17)

**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 improvement in mental health service needs is attributed to the work that is taking place regarding clinic integration. As a result of clinic integration, clients have access to a medical health care professional, as well as mental health and substance use services in one location. Clients also have access to medical assessment and wellness services that include Diabetes monitoring, smoking cessation, and weight monitoring and control. These improvements in the adult clinics of the Niagara County Department of Mental Health have been aided by a recent 4-year SAMHSA grant. The Niagara County Department of Mental Health (NCDMH) is one of a few clinics in the county providing integrated care. The NCDMH also provides hospital diversion, Hope House OMH Respite Service, and peer supports through contracts.**

**The Niagara Falls Memorial Medical Center's Outpatient Mental Health Services provide an array of wellness services. Horizon Human Services Outpatient Mental Health Clinics offer substance abuse optional services at each of its sites.**

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 decline in substance abuse service needs is attributed to the increase in identified opiate addicted people and the current opiate crisis. In addition, the creation of integrated clinical services has identified mental health and primary care individuals who have co-occurring substance abuse issues who have not accepted referrals to the substance abuse service system. There have been improvements in the service system with the awarding of an integrated operating certificate in the NCDMH adult outpatient clinics, expansion of the inpatient rehabilitation beds at both the Eastern Niagara and Mt. St. Mary's Hospitals, the addition of twenty five (25) residential treatment beds at Horizon Village, and the approval for relocation and expansion of Northpointe's Methadone clinic in Niagara Falls.**

**The service system needs to increase its ability to provide Medication Assisted Therapies as a best practice to meet the opiate crisis, needs to provide therapeutic services to individuals who are in the County Jail, and needs to provide expanded public awareness and address stigma to prevent substance abuse and to link individuals in need to services.**

**Niagara County has formed an Opiate Task Force for the identified opiate problem. The LGU/CSB will evaluate needs and plans identified through this Task Force and other entities and will include into the plan as amendments as appropriate.**

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 Resource/Respite Center in Dansville, NY expects to be up and running June or July 2017.
- The Resource/Respite Center in the far western part of the region will be open in 2017.
- The Front Door is running smoothly and the DDRO has been orienting agencies and educating families to the Front Door process.
- The Galisano grant at the Niagara Falls Memorial Medical Center is operational and Rivershore, Inc. maintains an office there.
- \$10,000,000.00 was appropriated in the 2016 NYS Budget with \$1,000,000.00 earmarked for the seventeen (17) Western Region counties to address the support needs of individuals identified as having substantial and current residential needs.
- \$1,500,000.00 was allocated in the 2016 NYS Budget for the expansion of non-certified integrated housing.
- Empower provided respite services at Niagara County Community College in 2016 and is considering providing respite services at the college on a permanent basis. In addition, Empower is considering expanding its respite footprint in Niagara County.
- OPWDD continues to participate in the integration process with PPSs/DSRIPs.
- All agencies that operate sheltered workshops have submitted proposals to transform their programs into integrated business models.
- Self-direction continues to grow in scope.
- An RFP for a Care Coordination Pilot is to be published in 2017.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

f) Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**2a. Housing - Background Information**

Based on information obtained from the Adult SPOA Coordinator of the county, there is a waiting list of two hundred (200) individuals for supported housing. Also, the SPOA Coordinator noted that there is a shortage of emergency housing and respite beds. In addition, information gleaned from planning and other meetings with providers and consumers (Consumer Planning and Advisory Committee - CPAC, and the DD Self Advocacy Group) indicated that there is a lack of housing resources in the county across the three (3) disabilities. Lockport Treatment Court staffs have reported that the number of SUD supervised residential beds are not meeting the needs of consumers, resulting in the lengthening of jail sanctions while they are waiting for residential placement.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Increase the number of supported housing, respite, supervised residential services, and emergency housing beds for the three (3) disabilities.**

**Objective Statement**

Objective 1: The LGU will encourage providers to increase the number of supported, respite, supervised residential, and emergency housing beds in the county for the three disabilities.

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

Objective 2: The LGU will advocate with the three state offices (MH, OPWDD, OASAS) to provide adequate funding and slots for supported, respite, supervised residential and emergency housing beds in the county for the three disabilities.

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

**Change Over Past 12 Months (Optional)**

**DePaul broke ground for a 60-bed supported/affordable housing facility in Niagara County. It expects an opening date of spring 2018.**

**2b. Transportation - Background Information**

Transportation is a longstanding need in Niagara County, which is composed of urban and rural areas. This has been the consistent consensus of provider agencies and consumers (Consumer Planning and Advisory Committee - CPAC and the Developmental Disabilities Self Advocacy Group) during various planning and other types of meetings. The problematic transportation in Niagara County has been a clear impediment for residents accessing services. As a result of a planning meeting for the 2018 Local Services Plan, a committee is being formed to deal with this issue on a county-wide basis. CPAC and DD Self Advocacy Group members stated that they were very concerned that transportation to services, jobs, and recreation is very inadequate. These consumers also voiced that, without sufficient transportation, they are becoming isolated.

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

**Niagara County will improve access to transportation for county residents.**

**Objective Statement**

Objective 1: A Transportation Committee will be formed, consisting of provider agencies, consumers and other relevant parties.

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

**Change Over Past 12 Months (Optional)**

**Over the past twelve (12) months, transportation has been a significant issue in the county.**

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

**Crisis Intervention and Response is a focal point for OMH in 2018. The NCDMH utilizes its 24/7/365 Crisis Phone Line to triage and address many crisis situations. The NCDMH has a robust Mobile Crisis response with teams responding on-site to an immediate crisis within forty-five (45) minutes anywhere in the county.**

**Expanded Hospital Diversion staffing and Peer Respite services are clearly identified needs. The NCDMH has paired a Hospital Diversion staff with peers in Crisis Respite. The Hospital Diversion staff has a caseload that provides a ready resource for hospital and emergency room diversion, including after typical business hours, response. Increasing the funding for Hospital Diversion and Respite, included as a component of Crisis Intervention and Response, would result in the increase of Hospital Diversion clinical slots and create additional opportunities for peer programming and staffing. This would result in effective Hospital Diversion, as well as provide a resource for increased consumer opportunities.**

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

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Increase Hospital Diversion staffs and clinical slots, peer-operated programs, and peer staffing.**

**Objective Statement**

Objective 1: The LGU will support the increase of Hospital Diversion clinical slots, peer-operated programs, and peer staffing employed in Crisis Respite.

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

**Change Over Past 12 Months (Optional)**

**Niagara County has begun to build the Hospital Diversion staffs and consumer staffs involved in Crisis Respite. This has shown to be effective in reducing hospitalizations and emergency room visits.**

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

**Based on planning and other various meetings (including the Consumer Planning and Advisory Committee - CPAC, and the DD Self Advocacy Group) , there is consensus among providers that it continues to be difficult to recruit and retain qualified staffs, including psychiatrists and other prescribers, Qualified Health Professionals, and non-professional. Staffs are being lost to insurance companies and governmental agencies due to significantly higher wages and fringe benefits. This problem has a negative impact on service provision to the point that there is not enough staffs to conduct daily business on a consistent basis.**

**One agency site had to temporarily close because there were not enough staffs to operate the program. Other agencies have declined to provide additional services, such as HCBS, due to no available staffs.**

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

**Niagara County provider agencies will have access to qualified individuals for recruitment, hiring, and retention.**

**Objective Statement**

Objective 1: The state agencies (OMH, OASAS, OPWDD) and other funders will provide sufficient reimbursement to agencies in order to recruit, hire, and retain qualified individuals.

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

**Change Over Past 12 Months (Optional)**

**The work force issue has become more problematic over the past twelve (12) months.**

**2e. Employment/ Job Opportunities (clients) - Background Information**

**The consumers from CPAC and the DD Self Advocacy Group discussed barriers to employment falling into a number of categories: local training and support for the skills required for jobs; limited transportation, both in location and timing for jobs; and the lack of available jobs for all populations in Niagara County.**

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

**The LGU will support the development of conflict-free employment skills training opportunities for all disability populations.**

**Objective Statement**

Objective 1: The LGU will work with and support a provider which has expertise in the skill building area.

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

Objective 2: The Persons with Developmental Disabilities Subcommittee of the CSB identified the need to train the persons with disabilities and legal issues to interview for jobs.

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

**Change Over Past 12 Months (Optional)**

**The demand for jobs has increased as more individuals move into supported housing and independent living opportunities, but the jobs and transportation to the jobs have not increased to meet the demand.**

**2f. Prevention - Background Information**

**For decades, Northpointe Council has been the only funded chemical dependency prevention provider in Niagara County. With the loss of the county-operated drug abuse program in 2008, the county has experienced a reduction in prevention activities. This area needs additional support, both at the school and community level, and the LGU will support a variety of approaches to prevention with particular attention to evidenced-based initiatives.**

**The agency has been forced to rely on Stop DWI funding to continue limited chemical dependency prevention activities in communities and schools with the opiate crisis. Expanded prevention activities are warranted.**

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

**Due to the opiate crisis, additional chemical dependency prevention activities need to be expanded in Niagara County.**

**Objective Statement**

Objective 1: The LGU will support additional chemical dependency prevention activities in the county.

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

**Change Over Past 12 Months (Optional)**

**There have been no changes over the past twelve (12) months.**

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

**With regard to SUD inpatient, one agency noted that it is difficult to place clients into inpatient rehabilitation after they have successfully completed detoxification due to insufficient beds. This agency, as well as two other agencies and the Lockport Treatment Court, indicated that there always is a waiting list for inpatient rehabilitation with a wait time of approximately 3 - 4 weeks. There is a backlog of individuals entering detoxification, due to the lack of rehabilitation beds, which results in extended stays in detoxification.**

**In terms of OMH inpatient beds, the CPAC consumers said that there were not enough bed for adults or children. This has resulted in longer psychiatric emergency room stays due to the backlog of inpatient beds. The only Children's mental health inpatient unit, comprised of 12 beds, in Niagara County, is at Eastern Niagara Hospital. Beds are typically always full. For obvious reasons, preference is to need, not county of residency. However this leaves a service gap.**

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Increase the number of inpatient rehabilitation, detoxification, and OMH inpatient beds.**

**Objective Statement**

Objective 1: The LGU will advocate for additional rehabilitation, detoxification, and OMH inpatient beds.

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

Objective 2: The LGU will advocate for additional OASAS rehabilitation and OASAS detoxification beds.

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

Objective 3: The LGU will advocate for additional OMH inpatient beds.

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

**Change Over Past 12 Months (Optional)**

**First Step, a program of Northpointe Council, recently added seven (7) new Medically Supervised Detoxification beds. Mt. St. Mary's and Eastern Niagara Hospitals added two (2) new inpatient beds at each site and have applications to expand by eight (8) additional beds at each site.**

**2h. Recovery and Support Services - Background Information**

**It is well known that relapse is likely as an individual enters substance use recovery and, with the right supports, episodes of sobriety, hopefully, become longer in duration. Therefore, the continuum of care from detoxification through long-term residential care increases an individual's opportunity to maintain long-term rehabilitation.**

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

**Niagara County is in need of long-term alcohol and drug-free supervised housing to support recovery and rehabilitation.**

**Objective Statement**

Objective 1: The LGU will work with housing providers to expand this level of care.

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

**Change Over Past 12 Months (Optional)**

**No change over the past twelve (12) months.**

**2i. Reducing Stigma - Background Information**

**It is well known that an individual's concern of being identified as an addict, mentally ill, or any other disability/legal problem label has been a barrier to those willing to seek treatment services and jobs. Therefore, the population in need of treatment and other community-based supports, including peer supports, is probably larger than those currently participating in the service system. This creates a situation where there is a known unmet need, but it is not defined by data as to the size of the unmet need.**

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**There is a need in the county for anti-stigma campaigns related to the three (3) disability areas.**

**Objective Statement**

Objective 1: The LGU will support initiatives for anti-stigma campaigns related to the three (3) disability areas.

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

**Change Over Past 12 Months (Optional)**

**There has no change in this issue over the past twelve (12) months.**

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

**There is a need in Niagara County for more treatment slots for heroin and opioid-addicted individuals. This is detailed below in the section on "Heroin and Opioid Programs and Services." In addition, there is another issue related to SUD outpatient services. This involves a limited number of providers in the county who are willing/able to prescribe Suboxone following an individual discharge from SUD outpatient treatment. As a result, there is a likelihood that individuals will relapse following treatment in their use of heroin and other opioids.**

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Increase the number of Suboxone prescribers in Niagara County, as well as other prudent efforts to expand the availability of other Medication Assisted therapies.**

**Objective Statement**

Objective 1: The LGU will encourage appropriate providers in the county to obtain approval to prescribe Suboxone and other Medication Assisted Therapies.

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

**Change Over Past 12 Months (Optional)**

**There has been no change in this issue over the past twelve months, regarding medication treatment for opioid-addicted people.**

**2k. SUD Residential Treatment Services - Background Information**

There is a need for increased residential beds in Niagara County. Horizon reports that its residential facility in Sanborn, NY has a wait list of approximately 50. The wait before admission is from 3 - 4 weeks. Information that the LGU has received from the Lockport Treatment Court also indicates a need for increased SUD residential beds.

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

Niagara County will increase the number of SUD residential beds.

Objective Statement

Change Over Past 12 Months (Optional)

## 2l. Heroin and Opioid Programs and Services - Background Information

Planning meetings, which included providers and consumers (Consumer Planning and Advisory Committee - CPAC and the DD Self Advisory Group), indicated the need for more outpatient therapy and Medication Assisted Therapies for addicted consumers. The heroin and opioid problems in Niagara County reflect that which is happening in New York State and other parts of the country. The opiate and heroin data that has been reported in Niagara County include:

- Emergency room visits for all opioid overdoses - January - September 2016: 179
- Emergency room visits for heroin overdoses - January - September 2016: 111
- Emergency room visits for opioid overdoses excluding heroin - January - September 2016: 63 (with incomplete data)
- Hospitalizations for all opioid overdoses - January - September 2016: 43
- Hospitalizations for heroin overdoses - January - September 2016 - suppressed data for confidentiality
- Opioid overdoses, excluding heroin - January - September 2016: 34
- Deaths from all opioid overdoses - January - September 2016: 20
- Heroin overdose deaths - January - September 2016: 8
- Overdose deaths - January - September 2016: 16

Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

There is difficulty accessing Naloxone/Narcan in Niagara and other counties. Trained individuals have Naloxone/Narcan that is expired and have been unable to replace it. At Naloxone/Narcan training, the medication is not being distributed because of the shortage.

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

Niagara County will increase the number of individuals served with heroin and opioid addictions through an increase in outpatient services slots, and an increased number of residential beds, supervised residential, peer and family support programs.

Objective Statement

Objective 1: LGU will advocate with OASAS for an increased number of relevant treatment slots and funding for same.

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

Objective 2: The LGU will encourage and support providers to increase services/programs for heroin and opioid addictions.

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

Objective 3: The LGU will support activities to expand public awareness, reducing stigma, and encouraging prevention services.

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

Change Over Past 12 Months (Optional)

Northpointe Council was approved by OASAS to move to another site in Niagara Falls, which would have permitted an increase in Methadone treatment slots. However, its efforts have been thwarted by local residents and the Niagara Falls city government. As an alternative, Northpointe Council is renovating additional space in its current location. The latter expansion has been delayed due lease issues as reported by Northpointe staffs. Northpointe Council hopes to begin increased Methadone services ninety (90) days after the lease is signed. With the additional space, Northpointe Council will be able to increase the number of Methadone clients served from 130 to no cap.

## 2m. Coordination/Integration with Other Systems for SUD clients - Background Information

Beginning in 2016, the LGU participated in Niagara County Health Department planning, joint programming with the Niagara County Department of the Aging, and integration with primary care physicians in the community. The issue at the Niagara County Jail is that the number of inmates who have substance use disorders is growing and is more than 50% of the current jail population as reported by the jail. Currently, the only SUD services available at the jail are Medical Detoxification for individuals as they enter the jail and, subsequently, once weekly in a readiness for treatment/prevention group that is always at capacity and has lengthy waiting list. There are no resources for assessment/evaluation or true SUD treatment for the inmates while in jail. since there is no Assessment/evaluation aside from Medical Detoxification, discharge planning cannot fully address SUD treatment 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

**Niagara County will continue its efforts with coordination/integration of systems for SUD clients.**

**Objective Statement**

Objective 1: The LGU will support efforts with coordination/integration of systems for SUD clients.

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

Objective 2: The LGU will support treatment for substance abuse in the jail and linkage of inmates to SUD outpatient services upon release.

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

**Change Over Past 12 Months (Optional)**

**Beginning in 2016, the LGU participated in Niagara County Health Department planning, joint programming with the Niagara County Department of the Aging, and integration with primary care physicians in the community.**

The Niagara County Behavioral Health Justice Committee continues to meet monthly to address the needs of individuals who have mental health and substance use concerns and who are involved in the criminal justice system. This committee has supported the development of specialized probation case loads; peer facilitated groups to support probation involved individuals; and real time information exchange between jail medical/mental health staff and treatment providers. The Committee has identified that there is a growing number of individuals who are in the county jail who have mental health and substance abuse concerns. The need for Substance Abuse treatment for county inmates is significant.

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

Based on planning and other various meetings, it appears that the county would benefit from additional children's mental health clinic providers. Since the county has one county-wide full-service provider and two satellite service providers in schools in Niagara Falls and North Tonawanda, additional clinics will provide choices for county residents. The children's outpatient mental health clinics are concentrated in the Niagara Falls and Lockport areas of the county. Exploration is needed to assess the need for such services in underserved areas of the county.

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

**The LGU will explore the need for additional children's mental health outpatient clinics in the county, targeting areas where need is clearly identified.**

**Objective Statement**

Objective 1: The LGU will monitor the need for additional children's mental health outpatient clinics.

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

Objective 2: The LGU will monitor client/parent satisfaction with children's mental health outpatient services from feedback from meetings and other relevant sources.

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

**Change Over Past 12 Months (Optional)**

**New Directions Youth and Family Services applied for and received approval to operate a children's mental health outpatient clinic in Niagara Falls. Child and Adolescent Treatment Services is operating two (2) children's satellite mental health outpatient clinic in the North Tonawanda School District (North Tonawanda High School & North Tonawanda Middle School) and Gateway-Longview is operating two (2) children's satellite mental health outpatient clinics in the Niagara Falls School District (Henry Kalfas Magnet School & Niagara Street Elementary School).**

**2p. Mental Health Care Coordination - Background Information**

**There is a need for the state to fully develop Children's Health Homes. In the development of the Adult Health Homes, errors were made, such as the assignment of consumers by the Health Homes to service providers, Health Homes unable to locate consumers, consumers not receiving services, inadequate education of consumers, and correspondence not understood by consumers.**

**There are many issues regarding Health Homes Serving Children (HHSC). Children's SPOA is not being notified about SED children being served because referrals do not need to go through SPOA. SPOA does not have access to the referral/record portal called MAPP, resulting in the inability of SPOA to complete its assigned tasks. These include monitoring services provided through SPOA, ensuring non-duplication of services, triaging cases by acuity, ensuring linkages to other available service, such as family support, Multi-Systemic Therapy, and residential placement.**

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

**The state must fully and adequately develop Children's Health Homes and not repeat the errors from the development of the Adult Health Homes.**

**Objective Statement**

Objective 1: The LGU will support the state in fully and adequately developing Children's Health Homes.

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

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

Based on information from the People with Developmental Disabilities Subcommittee of the Community Services Board, more collaboration is needed with the goal of a one-stop shop for children's services. Furthermore, additional physicians for children with developmental disabilities are needed as Niagara County parents need to seek treatment services for their children in the Rochester area.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Increase the number of services for children with developmental disabilities, including medical, in Niagara County.

Objective Statement

Objective 1: The LGU will support an increase in the number of services, including medical, in the county for children with developmental disabilities.

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

Change Over Past 12 Months (Optional)

There have been no changes over the past twelve (12) months.

2s. Developmental Disability Adult Services - Background Information

The Western New York DDSO has not worked with the LGU to contract with local service providers in an adequate fashion to expand the reach of services to consumers.

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

The Western New York DDSO needs to work through the LGU to contract with local service providers for additional services in order to expand the reach of services to consumers.

Objective Statement

Objective 1: The LGU will support efforts of the Western New York DDSO to work with the LGU to contract with local service providers for additional services to expand the reach of services to consumers.

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

Change Over Past 12 Months (Optional)

There have been no changes during the past twelve (12) months.

2u. Developmental Disability Respite Services - Background Information

The DDSO noted that there is a shortage of respite beds in Niagara County. The Resource Center in Dansville, NY is projected to open in June or July 2017.

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

The LGU will advocate and take proactive actions to increase the number of respite beds for the developmentally disabled population.

Objective Statement

Objective 1: The LGU will encourage providers to increase the number of respite beds in the county for the developmentally disabled population.

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

Objective 2: The LGU will advocate with OPWDD to provide adequate funding and slots for respite beds in the county for the developmentally disabled population.

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

Change Over Past 12 Months (Optional)

Empower began providing respite services at Niagara County Community College in 2016 and is considering providing these services at the college on a permanent basis. In addition, Empower is considering expanding its respite footprint in Niagara County.

2v. Developmental Disability Family Supports - Background Information

Based on information provided by the People with Developmental Disabilities Subcommittee of the Community Services Board, Family

**Supports are inadequate, are inadequately funded, and are over regulated. Families do not understand the services and the OPWDD system has not learned what families need. Families are leaving the area due to inadequate Family Support.**

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

**Increase the quality of Family Supports and fully educate the families regarding these services.**

**Objective Statement**

Objective 1: The LGU will support well-defined Family Support and family education related to them.

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

Change Over Past 12 Months (Optional)

There have been no changes over the past twelve (12) months.

**2w. Developmental Disability Self-Directed Services - Background Information**

**Based on information from the People with Disabilities Subcommittee of the Community Services Board, families and consumers lack an understanding of the complexity of Self-directed Services. Therefore, over time, service provision becomes problematic. For example, a family initially may find a service provider who quits after a short period of time. Then, the family has no one to fill the gap.**

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

**OPWDD needs to develop a process to fully educate families and consumers about Self-directed Services.**

**Objective Statement**

Objective 1: The LGU will support efforts to fully educate families and consumers about Self-directed Services.

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

Change Over Past 12 Months (Optional)

There have been no changes over the past twelve (12) months.

**2ac. Other Need (Specify in Background Information) - Background Information**

**There have been issues in Niagara County of agencies and parties circumventing the LGU in processing proposals/program development and failing to coordinate with other county service providers. When agencies and parties meet with the LGU (Niagara County Department of Mental Health) in order to address and fulfill identified needs, non-duplication, financial feasibility, and coordination with other service providers in the county will be ensured. Without these elements, applications to provide services in Niagara County will not be approved.**

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

**The development and implementation of new or expanded services will be approved by the LGU only when coordinated with the LGU by meetings and joint planning efforts.**

**Objective Statement**

Objective 1: The LGU seeks to ensure all services developed and implemented meet all LGU statutory and planning requirements, including that they fulfill identified needs, are non-duplicative, are financially feasible, meet regulatory requirements, and are in coordination with other services. This includes the various initiatives introduced by NYS through Medicaid Redesign, such as, but not limited to, Health Homes, HCBS, and peer supports.

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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

### 3a. Medicaid Redesign - Background Information

The Niagara County Department of Mental Health has done much work in the area of clinic integration. For several years, the department has collaborated with Northpointe Council, a local SUD provider, in relationship to the provision of mental Health/SUD services. In June 2016, the department received a license from OASAS to operate an 822 outpatient clinic program, which is now in operation, providing chemical dependency counseling, relapse prevention, and toxicology testing. The 822 outpatient clinic program accepts referrals from the local treatment court. In addition, the department is in its first year of a 4-year SAMHSA grant for outpatient clinic integration (mental health, substance abuse and primary medical care).

Several local providers applied for and were approved to be HCBS providers, but have placed these services on hiatus due to low rates, difficult admission steps, and lack of staff.

In the most recent survey, no Niagara County service provider has identified being ready to enter into Value Based Payment contracts. All providers are aware that services being reimbursed based on outcomes is part of their future and are committed to develop the Value Based Payment models. While the target for 80% of all service providers to be in Value Based contracts is set for the year 2020, all providers are aware that moving forward and being ready before this target date is necessary.

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

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

The Niagara County Department of Mental Health will continue its efforts to support Medicaid redesign implementation, including clinic integration, and value based payment readiness.

#### Objective Statement

Objective 1: The Niagara County Department of Mental Health will assign staffs as needed to continue its implementation of outpatient clinic integration.

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

Objective 2: The Niagara County Department of Mental Health will support providers efforts toward value based payment readiness.

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

Since the inception of DISRIP, The Niagara County Department of Mental Health has been a participant in the local Preferred Provider Systems. This has included participation in meetings, work groups, and data collection.

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

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

The Niagara County Department of Mental Health will continue its active participation (meetings, data collection, and work groups) in the following Performing Provider Systems (PPS): Millennium Collaborative Care and the Community Partners of Western New York.

#### Objective Statement

Objective 1: The Niagara County Department of Mental Health will continue to assign staffs to participate in the local Performing Provider Systems.

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

#### Change Over Past 12 Months (Optional)

The Niagara County Department of Mental Health (NCDMH) actively participated in the Crisis Stabilization Project for Millennium Collaborative Care (MCC) and in the Integrated Care (mental and physical health) for both MCC and Community Partners of Western New York (CPWNY). The NCDMH developed with MCC the Crisis Stabilization tool, which can be used in primary care, clinics, and non-for-profit agencies. This tool utilizes evidenced-based protocols, recommending when to stabilize the individual in the community, when to contact Crisis Services, when to implement Mobile Crisis Outreach, and when to call the police. A focus of the tool is hospital diversion. The NCDMH also assisted in developing a training PowerPoint that is utilized to train NCDMH staffs during Mobile Crisis meetings.

Related to Crisis Stabilization, Northpointe Council expanded to a medically supervised unit at its First Step program, with a goal of avoiding unnecessary hospitalizations.

The NCDMH, as part of integrated care, participated with the MCC and Niagara Falls Memorial Medical Center in the Rapid Cycle Change meetings, with a focus of assisting people to connect with blood testing for Diabetes and developing warm handoff protocols to help improve attendance and follow up within seven (7) days of hospital discharge. The NCDMH participated in the planning and execution of a conference that took place in the city of Niagara Falls on addiction and women's health.

The NCDMH collaborated with CPWNY for a social worker to provide services at a physician's office that will develop into a satellite clinic. This service is scheduled to begin the first week of May 2017. The NCDMH adult outpatient mental health clinics applied for and received an integrated care license from the NYS Department of Health. This license enables the expansion of health services provided in the department's outpatient clinics. In March 2017, the NCDMH staffs were trained in Patient Activation Measures, as well as cultural competency and health literacy, from the MCC contract trainers. The DISRIPs have begun to track participation in activities leading toward Value Based Payments.

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

The LGU has been an active participant in the development and implementation of the Regional Planning Consortiums. In fact, the Regional Planning Consortium Coordinator - Western Region has an office at the LGU. The Western New York Regional Planning Consortium is developing work groups to address regional and state issues that have been identified. The first work group will focus on working with local departments of social services with the goal of linking clients to Medicaid and to other services. Two additional work groups will be created to address issues related to Health Homes, HARP, HCBS, Value Based Payments, as well as Managed Care. The Niagara County Director of Community Services is a voting member of the Regional Planning Consortium and the Niagara Health Department Director has been invited to attend future meetings where health issues will be discussed.

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

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

**The LGU will continue its active participation in the Regional Planning Consortiums.**

**Objective Statement**

Objective 1: The LGU will assign staffs as needed to participate in the Regional Planning Consortiums.

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

**Change Over Past 12 Months (Optional)**

**The Regional Planning Consortiums has been in development over the past twelve (12) months.**

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

The Niagara County Departments of Mental Health and Health have worked in a collaborative fashion in the development of the Health Department's annual plan. Likewise, the Niagara County Director of Health was invited by the Niagara County Director of Community Services to provide input into the Niagara County LGU's Annual Local Services Plan.

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

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

**The Niagara County Departments of Mental Health and Health will continue its collaborative work.**

**Objective Statement**

Objective 1: The Niagara County Departments of Mental Health and Health will provide staffs as needed to work in a collaborative manner.

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

Objective 2: The Niagara County Departments of Mental Health and Health will attend each other's meetings related to the planning process.

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

**Change Over Past 12 Months (Optional)**

**The changes over the past twelve (12) months include the invitation of the Niagara County Director of Community Services to the Niagara County Director of Health to attend the Region Planning Consortium meetings and to provide input into the Niagara County LGU's Local Services Plan.**

**4. Other Goals (Optional)**

**Other Goals - Background Information**

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

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

**Change Over Past 12 Months (Optional)**

**Office of Mental Health Agency Planning Survey**  
Niagara County Dept Mental Health Svcs (70150)  
Certified: James Graziano (5/22/17)

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. Assisted Outpatient Treatment staffs assess each referral and make recommendations for admission when the individual meets criteria. The staffs make recommendations for court petitions when the client is out of compliance. The Director of Community Services utilizes the County attorney to file petitions in Supreme Court. These petitions are prepared by AOT staffs. The psychiatrist on staff conducts evaluations, completes reports and, when necessary, testifies in court.

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.

Court-ordered and voluntary Assisted Outpatient Treatment clients are monitored by three (3) AOT Social Workers to ensure that services being delivered by providers and that court-ordered clients are being compliant with their treatment plan. Providers are required to send a monitoring report to the AOT Social Workers following each direct client contact to ensure the level of compliance.

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

- Family and Children's Services of Niagara
- Horizon Health Services
- Buffalo Psychiatric Center

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**  
Niagara County Dept Mental Health Svcs (70150)  
Certified: James Graziano (5/22/17)

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

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

**Chairperson**

**Name** Chrystyn Newlin  
**Physician** No  
**Psychologist** No  
**Represents** Community  
**Term Expires** 12/31/2020  
**eMail** Chrystyn\_Thibault@yahoo.com

**Member**

**Name** Patricia M. Hartmayer  
**Physician** No  
**Psychologist** No  
**Represents** Community  
**Term Expires** 12/31/2020  
**eMail** mphartmayer@gmail.com

**Member**

**Name** Jennifer Stahl, R.Ph.  
**Physician** No  
**Psychologist** No  
**Represents** Family Member of Consumer  
**Term Expires** 12/31/2020  
**eMail** jenjesben@aol.com

**Member**

**Name** Annette Dobrasz, Ed.D.  
**Physician** No  
**Psychologist** No  
**Represents** Community  
**Term Expires** 12/31/2020  
**eMail** rdobrasz@roadrunner.com

**Member**

**Name** Therese Mudd  
**Physician** No  
**Psychologist** No  
**Represents** Community  
**Term Expires** 12/31/2019  
**eMail** tmudd62931@gmail.com

**Member**

**Name** Robin Stevens  
**Physician** No  
**Psychologist** No  
**Represents** Community  
**Term Expires** 12/31/2019  
**eMail** rstevens@mail.niagara.edu

**Member**

**Name** Robert Spuller  
**Physician** No  
**Psychologist** No  
**Represents** Community  
**Term Expires** 12/31/2018  
**eMail** bobspuller@gmail.com

**Member**

**Name** Peter Butera, Ph.D.  
**Physician** No  
**Psychologist** Yes  
**Represents** Community  
**Term Expires** 12/31/2019  
**eMail** pbutera@niagara.edu

**Member**

**Name** Bruce Shields, Ph.D.  
**Physician** No  
**Psychologist** No  
**Represents** Community  
**Term Expires** 12/31/2018  
**eMail** bshields@daemen.edu

**Member**

**Name** Kathryn Dolpp  
**Physician** No  
**Psychologist** No  
**Represents** Family Member of Consumer  
**Term Expires** 12/31/2018  
**eMail** gar3field@aol.com

**Member**

**Name** Daniel Norton  
**Physician** No  
**Psychologist** No  
**Represents** Community  
**Term Expires** 12/31/2018  
**eMail** daniel.norton.10@us.af.mil

**Member**

**Name** Mary Armstrong  
**Physician** No  
**Psychologist** No  
**Represents** Mental Health Advocacy  
**Term Expires** 12/31/2019  
**eMail** cleanfreak@roadrunner.com

**Member**

**Name** Rosamond Siegwarth  
**Physician** No

<b>Psychologist</b>	No
<b>Represents</b>	Community
<b>Term Expires</b>	2/21/2017
<b>eMail</b>	rhsiegwart@aol.com

**Alcoholism and Substance Abuse Subcommittee Roster**  
 Niagara County Dept Mental Health Svcs (70150)  
 Certified: James Graziano (5/22/17)

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** Christyn Newlin  
**Represents** Community Services Board  
**eMail** cteebz@gmail.com  
**Is CSB Member** Yes

**Member**

**Name** Mark Bonacci, Ph.D.  
**Represents** Community  
**eMail**  
**Is CSB Member** No

**Member**

**Name** Michelle McGovern  
**Represents** Community  
**eMail** mmcGovern@cazenoviarecovery.org  
**Is CSB Member** No

**Member**

**Name** Carrie Claire  
**Represents** Community  
**eMail** cclare@northpointecouncil.org  
**Is CSB Member** No

**Member**

**Name** Anthony Massaro  
**Represents** Community  
**eMail** massaro1@yahoo.com  
**Is CSB Member** No

**Member**

**Name** Amanda Alexander  
**Represents** Community  
**eMail**  
**Is CSB Member** No

**Member**

**Name** Robert Spuller  
**Represents** Community Services Board  
**eMail** bobspuller@gmail.com  
**Is CSB Member** Yes

**Mental Health Subcommittee Roster**  
Niagara County Dept Mental Health Srvs (70150)  
Certified: James Graziano (5/22/17)

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** Patricia M. Hartmayer  
**Represents** Community Services Board  
**eMail** mphartmayer@gmail.com  
**Is CSB Member** Yes

**Member**

**Name** Peter Butera, Ph.D.  
**Represents** Community Services Board  
**eMail** pbutera@niagara.edu  
**Is CSB Member** Yes

**Member**

**Name** Daniel Norton  
**Represents** Community Services Board  
**eMail** daniel.norton.10@us.af.mil  
**Is CSB Member** Yes

**Member**

**Name** Sally Dedicke  
**Represents** Community  
**eMail** sdedicke@ndyfs.org  
**Is CSB Member** No

**Member**

**Name** Cindy Oberjosh, Ed.D.  
**Represents** Community  
**eMail** oberjosh@niagaracc.suny.edu  
**Is CSB Member** No

**Member**

**Name** Sarah Lanzo  
**Represents** Community  
**eMail** slanzo@wnyil.com  
**Is CSB Member** No

**Member**

**Name** Daniel Neal  
**Represents** Community  
**eMail**  
**Is CSB Member** No

**Member**

**Name** Phyllis Badali  
**Represents** Community  
**eMail** mhapb9262@yahoo.com  
**Is CSB Member** No

**Member**

**Name** David Skiba  
**Represents** Community  
**eMail**  
**Is CSB Member** No

**Member**

**Name** Tanyetta Carter, LMSW, M.S.Ed  
**Represents** Community  
**eMail** tanyetta1@msn.com  
**Is CSB Member** No

**Developmental Disabilities Subcommittee Roster**  
 Niagara County Dept Mental Health Svcs (70150)  
 Certified: James Graziano (5/22/17)

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** Therese Mudd  
**Represents** Community Services Board  
**eMail** tmudd62931@gmail.com  
**Is CSB Member** Yes

**Member**

**Name** Jennifer Stahl, R.Ph.  
**Represents** Community  
**eMail** jenjesben@aol.com  
**Is CSB Member** Yes

**Member**

**Name** Robin Stevens  
**Represents** Community Services Board  
**eMail** rstevens@mail.niagara.edu  
**Is CSB Member** Yes

**Member**

**Name** Jeffrey Paterson  
**Represents** Community  
**eMail** jpaterson@empower.wny.org  
**Is CSB Member** No

**Member**

**Name** Katrina Spina  
**Represents** Community  
**eMail** ktbear4378@aol.com  
**Is CSB Member** No

**Member**

**Name** Peter Drew  
**Represents** Community  
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**Is CSB Member** No

**Member**

**Name** Carly Lapp  
**Represents** Community  
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**Is CSB Member** No

**2017 Mental Hygiene Local Planning Assurance**  
Niagara County Dept Mental Health Svcs (70150)  
Certified: James Graziano (5/22/17)

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.