



Office of Addiction  
Services and Supports

Office of  
Mental Health

Office for People With  
Developmental Disabilities

## 2023 Goals and Plans Form

### Hamilton County Community Services

**Goal 1:** Workforce Development

**Goal 2:** Transportation

**Goal 3:** Developmental Disabilities Respite Services

#### **Annual and intermediate plans for addiction services:**

Continue to expand opiate treatment services. Specifically, develop a dedicated MAT program for the community and the county jail.

Continue to expand range of SUD treatment services in local clinic.

Address accessibility of services by developing transportation services.

#### **Annual and intermediate plans for developmental disability services:**

Continue efforts to develop local resources for respite services for children and adults with I/DD.

Continue to provide training to local first responders to better serve the I/DD community

Develop home based services that have been lacking during the pandemic.

#### **Annual and intermediate plans for mental health services:**

Continue to expand telehealth based psychiatry, medication management and counseling for children and adults.

Address workforce issues that are limiting service availability/ delivery.

Address accessibility of services by developing transportation services.

Create opportunities for peer run services.

**LGU Representative Name:** Robert Kleppang

**LGU Representative Title:** Consultant

**Submitted for:** Hamilton County Community Services



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## **2023 Needs Assessment Form**

### **Hamilton County Community Services**

#### **Adverse Childhood Experiences Yes**

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Need description (Optional):

#### **Employment/volunteer (client) Yes**

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional):

#### **Housing Yes**

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Need description (Optional):

#### **Outpatient Treatment Yes**

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Need description (Optional):

#### **Transportation Yes**

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Need description (Optional):

#### **Workforce Yes**

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Adults Only

Need description (Optional):

**LGU Representative:** Robert Kleppang

**Submitted for:** Hamilton County Community Services