

2018
Local Services Plan
For Mental Hygiene Services

Orange County Dept of Mental Health
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Planning Form	LGU/Provider/PRU	Status
Orange County Dept of Mental Health	70430	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

Mental Hygiene Goals and Objectives Form
 Orange County Dept of Mental Health (70430)
 Certified: Regina LaCatene (6/20/17)

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:

Orange County believes that the level of unmet mental health service needs, in general, has worsened over the past year. This is evidenced by the impact of the transition of services from Case Management Services to Health Home Care Coordination. Though the transition to Health Home Care Management has increased the access to care for those with medical needs, those with chronic behavioral health needs have seen a decrease in the intensity of the services they receive. Another area in which we have seen an increase in unmet needs is in the area of crisis stabilization and housing. Due to an insufficient number of services for people with high needs and multiple complex issues, including crisis stabilization, crisis respite, crisis beds, and high level behavioral health services (Partial Hospitalization, Intensive Outpatient, Psychiatry/Medication Therapy, and Specialized Co-Occurring services), there is a gap in the continuum of care that leads to increased use of higher cost services such as hospitalization and Emergency Room visits.

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:

Orange County, like the rest of the nation is experiencing an opiate epidemic, as evidenced by higher numbers of fatal overdoses due to an increase in access to derivatives such as Fentanyl. Meeting the demand for Medication Assisted Treatment, a vital component of effective treatment, is increasingly difficult and presents the most significant barrier to accessing treatment. Psychiatrist are in high demand and scarce as a resource across behavioral health in general, but addiction specific psychiatrists are almost impossible to identify and retain, which further compounds the epidemic. Additionally, effectively educating the public and those in need of available treatment resources continues to be a challenge and barrier to accessing and receiving treatment.

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:

For children and adults with developmental disabilities, the level of unmet need has worsened due to increased volume of people entering the system and authorized for services, many with co-occurring disorders and other complexities including high acuity of problem behaviors. At the same time, the system is not meeting the needs. Providers struggle to recruit and retain staff to deliver both certified and non-certified services/supports. Many people authorized for services are under-served or un-served due mainly to the staffing crisis. Rate decreases for some programs is an additional factor. Additionally, when delivered, quality and outcomes can be poor because the supports are not matched to the complexity of the person, staff do not have the skill set needed, staff are not compensated adequately. Finally, expertise and dedicated specialty treatment for those with co-occurring disorder does not exist.

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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>

- y) Developmental Disability Person Centered Planning
- z) Developmental Disability Residential Services
- aa) Developmental Disability Front Door
- ab) Developmental Disability Service Coordination
- ac) Other Need (Specify in Background Information)

2a. Housing - Background Information

The rising cost of housing in Orange County has made affordable housing a challenge. Orange County has lost 10 high level State Operated transitional living housing beds in 2017. Prior to the loss of these beds, Orange County consistently had a waitlist for housing (please see average number of people on waitlist below):

- Community Residences: 91.2
- Supportive Licensed Treatment Apts.: 135.2
- PRP/Enhanced Supportive Treatment Apts.: 47
- Supported-Non-Licensed Individual Apts.: 326
- Supported-Non-Licensed HUD Family Apts.: 66

Housing for the substance abuse field is limited. NYS OASAS had implemented the residential redesign, which hopefully will have a positive impact on the housing crisis. Providers have been directed to focus on crisis stabilization and rehabilitation as priority areas and not to focus on the reintegration component. As such, resources are not being directed to enhance housing opportunities. People facing addiction often are impacted by social determinates of health, such as lack of housing, unemployment or disrupted employment, legal issues, etc.. Inadequate housing and wrap around supports lead to individuals entering the criminal justice system for addiction related crimes and when released are relapsing within hours. Adequate housing and removing barriers between state agencies such as The Office of Temporary Disability Assistance (OTDA) and OASAS is necessary to accomplish more positive outcomes.

In the developmental disabilities system, housing is complicated. Over the past few years the number of certified beds available have been reduced but often times for very good reasons e.g., reduce the overall number of beds in a home or beds within a shared room to improve quality of life, outcomes, management of behaviors, attraction to those seeking housing, etc. Vacancies in certified homes locally and across the region are high due in part to mortality rates and opposing populations (those residing in these homes an those seeking housing). Reconfiguration of existing homes is challenging but it has been done and needs to continue. While housing can be "right sized" and semi-customized to meet the needs of special populations (people leaving secure centers or transitioning from residential school programs) because they have access to special "template" funding, those living at home with families that have the same types and level of need do not; they only have access to the physical and staffing configurations of existing housing stock. With regard to the waitlist, Orange County was the single point of access for over 25 years until OPWDD put together a centralized regional process. While it makes sense to ensure continuity and uniformity across the state, the providers, county and it's citizens have lost the personal connection, collaboration and collective responsibility of the county and providers to work across agencies to serve the highest priority people. While there is no wait list for non-certified housing, Orange County is concerned about a new review or screening process implemented by the DDRO that attempts to identify "readiness". The concept is valid in that appropriate supports should be in place to maximize success up front however, the county believes this process should include providers experienced in delivering the services, the challenges and solutions; they also know the local cross systems resources to wrap around the person. Housing supports are not just room and board, supports must be matched to the complexity of the people and that requires new ways of working and with different types of competencies including but not limited to providing trauma informed supports and maintaining continuity of interventions using evidenced based practices and strategies with folks transitioning from residential schools, secure settings, and day school placements such as applied behavior analysis, use of visuals and schedules, etc. In doing so, emergency room visits, hospitalizations, arrests, jail, admission and return from secure centers should decrease. Finally, staffing shortages is of great concern. Agencies struggle to maintain ratios required in certified settings. Existing staff must work more shifts that can lead to undesirable outcomes for those receiving services, staff and the agencies providing the service, e.g., increased errors, decreased ability to provide individualized support, errors in judgement, documentation, medication administration, etc.

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

Work collaboratively with Federal, State and Local partners to increase stable housing in compliance with the Olmstead Act.

Objective Statement

Objective 1: Continue to work collaboratively with the Department of Social Servies, and the Orange County Housing Consortium to explore new community housing options in safe communities and to increase access to existing housing options through addressing regulatory, policy and practice barriers.

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

Objective 2: Through the Housing Consortium/COC work collaboratively with agencies awarded HUD housing to ensure Orange County is effectively managing housing options.

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

Objective 3: Continue to work closely with the DDRO and providers to monitor and manage requests of county citizens seeking certified housing options through the Regional Single Point of Access (SPOA) process for certified settings known as Access to Residential Opportunities Community (AROC) and requests for non-certified options. Promote routine screening at intake for trauma history and TI Care and use of evidenced based practices for all but especially emphasize the importance of maintaining continuity of interventions and strategies for transitioning from residential schools, secure settings and day school placement to decrease emergency room visits, hospitalization, arrests, jail, admission and return from secure settings. The county will continue to provide specialized training including but not limited to applied behavior analysis, autism, co-occurring disorders, trauma & DD, Essentials for Living, etc. .

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

Objective 4: Continue to enhance existing housing and supports for transition age youth, including youth aging-out of the foster care, residential treatment centers (RTC), secure developmental centers, residential schools, and hospital behavioral health inpatient units. All programs that provide housing to transition age youth will provide programming and activities to promote wellness, employment, socialization, transportation, and independent living using evidenced or research based practices.

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

Objective 5: Advodate to include providers in the DDRO's process to review requests for non-certified options that builds on the Stages of Change philosophy and that makes recommendations for what to include in the plan to maximize success to balance the risk adversity view.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Orange County consists of both urban and rural areas making transportation to behavioral health a challenge for many individuals. The lack of public

transportation has often been given as a barrier to seeking treatment. Medicaid transportation is only available to individuals with active Medicaid and there are few, if any, other alternatives, preventing many people from accessing care. The current opiate epidemic has resulted in growing numbers of those struggling with addiction who have private healthcare or lapse in healthcare. They do not have the supports or means necessary to get to and from treatment. There are treatment providers that will provide transportation to and from inpatient treatment on a limited basis.

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

Coordinate data collection with the Orange County Planning Department to create a statement of need. Participate in local efforts to develop transportation resources.

Objective Statement

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

Crisis services remain an area of need for Orange County. Due to an insufficient number of crisis stabilization services, including crisis beds, and high level behavioral health services (Partial Hospitalization, Intensive Outpatient), there is a gap in the continuum of care that leads to increased use of higher cost services such as hospitalization and emergency room visits for the most complex individuals (please see housing for more details). Orange County, like the nation as a whole, has seen an increase in the number of individuals with co-occurring mental health, developmental disabilities, and/or addiction needs. These individuals often do not fit into one system or another and are presented with admission challenges to each system (treatment, housing, hospital). The transition of services from Case Management Services to Health Home Care Management has also contributed to the use of high level hospital based services. Though the transition to Health Home Care Management has improved the care management for those with complex medical needs, those with chronic behavioral health needs have seen a decrease in the intensity of the services they receive. NYS OASAS rolled out their Residential Redesign simultaneously as the NYS Department Of Health DSRIP goals and incentives with primary focus on enhancing and expanding crisis stabilization and diversion services from high cost services to more effective community based strategies. Orange County has worked with DSRIP PPS's to plan and develop care transition protocols to enhance crisis stabilization services and standardize the continuum of care.

Orange County has more crisis prevention, crisis response and behavioral intervention service than surrounding counties, yet it appears providers make more referrals to the OPWDD START team than other counties.

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

Improve current behavioral health system to include adequate crisis stabilization services.

Objective Statement

Objective 1: Review current funded services to ensure they have the appropriate training and capacity to meet the needs of individuals in need of crisis services regardless of disability area.

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

Objective 2: Explore the option of developing centralized crisis stabilization services.

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

Objective 3: Advocate with NYS funding opportunities for additional resources to address crisis needs including housing.

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

Objective 4: Reallocation of reinvestment funds to address gaps in community based services that contribute to the high utilization of high level crisis services such as emergency room and hospital admissions.

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

Objective 5: Bring together the providers of OPWDD funded crisis and crisis prevention services to look at utilization and referrals to START to identify what can be done differently to utilize existing services more efficiently to meet the need, identify service gaps and reduce referrals to START.

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

Change Over Past 12 Months (Optional)

Orange County has participated in planning with the DSRIP's around crisis stabilization services during the past year. We completed a Local Government Unit (LGU) mapping exercise with local PPSs to identify the current services, gaps in services and potential areas for improvement. Orange County utilized OMH reinvestment funds to create an Adult Outreach Team. This team works directly with individuals to help them successfully transition from state hospital care to community care. The two County operated OMH licensed outpatient mental health clinics implemented open access for individuals seeking services eliminating the waitlist for first appointment, and facilitated training for another licensed provider to do the same. Orange County also continues to build capacity in the Chemical Dependency system through innovative collaborations with national experts such as Dr. Corey Waller and the Camden Coalition.

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

Orange County has experienced difficulty in recruiting Psychiatrists and Psychiatric Nurse Practitioners. The cost to recruit and retain Psychiatrists and Psychiatric Nurse Practitioners has also increased in the past year. The Chemical Dependency system is experiencing a shortage of competent CASAC level practitioners that is negatively impacting the service system and challenges them to meet regulatory requirements.

Like much of the country, Orange County is experiencing a staffing crisis for entry level human service jobs, specifically direct support professionals in the developmental disabilities system. This is having a significant impact on the access and delivery of both certified and non-certified supports. In a snapshot taken one year ago, there were over 200 vacancies in certified residential and day programs in the county. Currently, the demand for non-certified supports far exceeds the system's capacity to deliver with over 400 people un-served or under-served based on a half year survey completed in 2016 due to lack of staff. For approximately two years the county facilitated a workgroup tasked with studying the complexities related specifically to non-certified supports, identify barriers and potential solutions. This resulted in the creation of the Centralized Supports Linkage Option Initiative (see 2ac below) designed to optimize the delivery of quality supports matched to the complexity of those authorized for community habilitation and/or respite. Many of the strategies to be implemented through this multi-agency, collaborative initiative call for changes to policy and practices to improve recruitment and retention.

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

Continue to focus on workforce issues, particularly targeting the unique needs and challenges of recruiting and retaining Psychiatrists (OMH/OASAS), Psychiatric Nurse Practitioners (OMH/OASAS), CASACS (OASAS) and direct support professionals (OPWDD).

Objective Statement

Objective 1: Explore possibility of hiring of residents/students in psychiatry (MD/NP).

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

Objective 2: Advocate with State to expand the tele psychiatry regulations to allow for more flexibility than the current regulations.

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

Objective 3: Advocate with State to change the regulation requiring an MD to sign treatment plans and to allow for NP's to sign treatment plans as well.

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

Objective 4: Offer and Coordinate evidenced based practices such as Motivational Interviewing, Cognitive Behavioral Therapy, Stages of Change, etc. to build competency and encourage retention of qualified staff.

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

Objective 5: Implement the Centralized Support Linkage Option (see 2ac below) strategies including but not limited to: Development of tiered job titles tied to hourly rates of pay and skill, Facilitating continued discussions with agencies, OPWDD, SUNY Orange and BOCES to develop a DSP track and to pursue grants.

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

Change Over Past 12 Months (Optional)

2e. Employment/ Job Opportunities (clients) - 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):

Employment/job opportunities for clients is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Prevention has historically been undervalued for its critical role, and although our nation is experiencing an opioid epidemic and the numbers of individuals with mental illness and co-occurring disorders has not decreased, the fight for prevention dollars is uphill.

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

Orange County will continue to advocate for prevention dollars and resources.

Objective Statement

Objective 1: Encourage and partner with providers to implement evidenced based prevention strategies in community agencies, schools and through community education.

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

Objective 2: Advocate for new prevention dollars from NYS OASAS to support prevention efforts across the County.

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

Change Over Past 12 Months (Optional)

No additional funding has been received through OASAS. OMH has provided limited funding for suicide prevention. Orange County has partnered with schools and the community to promote prevention through education and training of evidenced based practices.

2g. Inpatient Treatment Services - Background Information

Orange County has capacity for both Emergency Room and Inpatient Adult Treatment services, but there is a lack of consistent screening, diversion and admission criteria, and there are no inpatient services for children and adolescents. Although inpatient care is intended to stabilize individuals, there is still a high level of recidivism. Individuals discharged from hospital care are not consistently connected with appropriate outpatient services. There is also a need for training and ongoing support to understand and treat co-occurring mental health and developmental disabilities.

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 consistency and quality of screening, diversion, treatment and discharge process at Orange County 9.39 hospitals.

Objective Statement

Objective 1: Encourage the use of consistent practices and policies by 9.39 hospitals, including the use of evidence and research based tools and strategies for assessment, diversion, treatment and discharge planning to increase positive outcomes and reduce recidivism.

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

Objective 2: Improve collaboration between community based agencies and hospitals.

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

Objective 3: Improve the pathway to care and transitions between levels of care for children and adults.

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

Objective 4: Orange County will continue to support county hospitals to collect, share, and utilize data as a means of improving outcomes for individuals, particularly those individuals who are high utilizers of hospital level care.

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

Change Over Past 12 Months (Optional)

With the ongoing downsizing of higher level inpatient services community based services are challenged to adequately care for those that present with complex needs.

2h. Recovery and Support Services - Background Information

Orange County has a PRO's program for adults with Severe Mental Illness (SMI), and Peer/Recovery Coaching services for those with substance use disorders. In addition, On-Track NY addresses recovery for individuals ages 16 - 30 that present with first episode psychosis.

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

Promote expansion of recovery resources.

Objective Statement

Objective 1: Apply for additional funding for recovery services and initiatives.

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

Change Over Past 12 Months (Optional)

Orange County was awarded funding for a Recovery Center by NYS OASAS. It is a regional recovery center. ON-Track NY was added to Orange County System of Care in the last 12 months. Funding was awarded to Orange County for a Family Navigator to assist those seeking treatment and recovery.

2i. Reducing Stigma - Background Information

Over the past few years Orange County has partnered with agencies and programs to implement strategies to reduce stigma through community education, awareness events, and through the promotion of Peer Supports and Services.

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):

Orange County has dedicated considerable resources to reducing stigma over the last several years and continues to make progress in this area. Therefore, this was not selected as a priority goal at this time.

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Orange County has multiple out-patient providers for adolescent and adults. Historically, providers have required abstinence but in recent years, providers have begun to take harm reduction approach.

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

Orange County will work with community providers to improve current out-patient system care for those with chemical dependency.

Objective Statement

Objective 1: Orange County will partner with Dr. Robert Corey Waller and the Camden Coalition to outline a map of the current substance abuse system of care and create a new value based map with the goal of improving quality of care and aligning client outcomes with value based metrics.

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

Change Over Past 12 Months (Optional)

There have been significant NYS OASAS regulatory changes in the past year, such as the ability to provide and bill for offsite services, however, providers have not yet availed themselves of these opportunities. The number of clients served at out-patient clinics in Orange County has continued to drop despite the current opiate epidemic. Two out-patient providers closed down in the past year. Adequate medication assisted treatment is not yet available. Evidenced based practices have become standards of practice in all levels of care for Substance Use Disorder (SUD) such as Motivational Interviewing, Stages of Change, and Cognitive Behavioral Therapy, etc. OASAS has implemented clinical standards/scope of practice for all levels of care.

2k. SUD Residential Treatment Services - Background Information

Orange County has limited residential services for those with Substance Use Disorder (SUD) needs. There are no residential services for women or adolescents. Orange County has to rely on out of county providers and has worked to develop relationships with those providers.

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

Orange County will support and educate providers and the community on changes to residential care and will seek funding opportunities to expand.

Objective Statement

Objective 1: LGU will dedicate time to educate providers and community about residential resources and will apply for funding to expand services should it become available.

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

Change Over Past 12 Months (Optional)

OASAS residential substance abuse services transitioned to 820 regulations. Full implementation of a common assessment tool (LOCADTR) by OASAS will determine level of care. Insurance companies must wait 14 days prior to requiring an authorization for inpatient substance abuse treatment services, **however**, payers can retroactively refuse to pay for services rendered in the first 14 days.

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

Prior to the past 12 months, Orange County was limited in the number of people it could treat with Methadone. Other Medication Assisted Treatment providers have also historically been limited.

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

Expand access to Medication Assisted Treatment for opiate related disorders.

Objective Statement

Objective 1: Promote partnerships between existing chemical dependency providers, and between chemical dependency and primary care providers to maximize current prescribing resources.

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

Change Over Past 12 Months (Optional)

In the last 18 months the cap has been lifted for OTP providers; which will serve as an asset once available. The only OTP provider in Orange County has a wait list of 176 due to a lack of appropriate staffing by the provider. There is a lack of Medication Assisted Treatment (MAT) prescribing physicians, specifically Addiction Specialists and doctors/nurse practitioners who are certified to prescribe Suboxone, and those who are available are not prescribing for the maximum number of individuals permitted by regulations.

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

Orange County promotes the WELCOME Orange philosophy to ensure a comprehensive continuous integrated system of care for those with complex care needs. Orange County providers meet monthly to improve communication, stay abreast of legislative updates and changes, and for opportunities to collaborate to improve the service system both within the chemical dependency system and between the following systems:OPWDD, OASAS, and OMH.

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

Promote the WELCOME Orange philosophy.

Objective Statement

Objective 1: Continue to provide education about WELCOME Orange and to implement the philosophy across Orange County.

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

Objective 2: Invite more stakeholders to become WELCOME Orange agencies/providers.

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

Objective 3: Planning and coordinating cross system training to build professional development and expertise for specialized co-occurring disorders.

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

Change Over Past 12 Months (Optional)

WELCOME Orange orientation was offered twice during the past year.

2n. Mental Health Clinic - Background Information

Orange County has five (5) agencies with OMH licensed outpatient clinics. There is one intensive outpatient program for adults (PROS) and one for children (IDT), which can only be accessed through school districts. There is a need for expanded intensive outpatient services to help reduce the need for higher level, higher cost inpatient care. While two of the licensed programs have implemented same day access for first appointments there is still a need for others to implement this practice. There is also a need for training and ongoing support to understand and treat co-occurring mental health and developmental disabilities.

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

Expand access to outpatient care and increase capacity for intensive outpatient services.

Objective Statement

Objective 1: Facilitate training on same day access model for Orange County Providers.

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

Objective 2: Advocate for regulatory expansion to allow for the creation of an intensive outpatient track for those individuals in need of stabilization prior to standard outpatient clinic care.

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

Objective 3: Track implementation of Home Community Based Services (HCBS) Services.

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

Change Over Past 12 Months (Optional)

2o. Other Mental Health Outpatient Services (non-clinic) - 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):

Other Mental health Outpatient Services (non-clinical) is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

The transition to Health Home Care Management has improved the care coordination for those with medical needs; however, those with chronic behavioral needs have seen a decrease in the intensity of the services they receive. In addition, there are fewer care management services available for individuals who do not have Medicaid.

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

Advocate for changes to the current care management model including increasing the intensity of services, decreasing caseload size and expanding access for individuals who do not have Medicaid.

Objective Statement

Objective 1: Orange County SPOA and LGU will continue to provide general, and case specific support and monitoring, while advocating for system change and funding opportunities to expand services.

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

Objective 2: Orange County SPOA will continue to facilitate communication among the care management agencies and other community providers serving individuals in Orange County.

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

Change Over Past 12 Months (Optional)

Although anecdotal evidence suggests a large portion of the Substance Use Disorder (SUD) population would qualify for Care Management through Health Homes, the majority of those entering treatment do not have Care Managers. The lack of knowledge and expertise in other behavioral health systems as well as in primary care is by far one of the biggest barriers to truly providing good coordination of services. Primary healthcare does not consistently reach out to the local behavioral health system that is already in place and required under Mental Hygiene law. They instead are reinventing the wheel and DSRIP goals seem to be supporting embedding behavioral health into primary care, but not primary care into behavioral health.

2q. Developmental Disability Clinical Services - Background Information

In general, the level of clinical services available needs substantial improvement to support the complexity of people requiring those supports. The county has developed a "complexity wheel" to identify specific areas that need to be addressed. This is not just an OPWDD issue, it's also a OMH and OASAS. Agencies are encouraged to use evidence based practices and offered free training yet they have been slow to embrace them, resulting in poor outcomes for those most vulnerable.

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 capacity and expertise to address areas defined on the "complexity wheel" that identifies what should inform assessment and interventions.

Objective Statement

Objective 1: Identify resources to address issues defined on the complexity wheel.

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

Objective 2: Continue to provide training for clinical staff and service coordinators including but not limited to assessing trauma in the DD population, trauma informed support, Essentials for Living assessment and curricula, Stages of Change, Applied Behavioral Analysis.

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

Objective 3: Promote routine screening for trauma history as part of the intake process minimally for residential, day programs and service coordination.

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

Objective 4: Introduce training on co-occurring mental illness and developmental disabilities

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

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

With the exception of the Coordinated In-Home Supports Project, Individual Service Plans are often created without input from school assessments or the educational plan. This can result in working on valued outcomes that may never be achieved or that conflict with the areas or teaching interventions being worked on at school. The county has been promoting the need for coordination with school for children and will continue to do so. While there are a number of services and supports available to children, there are few targeting youth ages 12-17. See also below.

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

To increase social and recreational opportunities for youth ages 12 - 17, and promote coordination of supports to children with their educational program.

Objective Statement

Objective 1: Develop more options through family support service funding that focus on health and wellness for youth ages 12-17, those with significant communication challenges needs as well as those with conversational skills

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

Objective 2: To continue to promote consistency between OPWDD supports for children with their educational program, ensuring that ISP's and Com Hab plans are integrated.

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

Change Over Past 12 Months (Optional)

2s. Developmental Disability Adult Services - 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):

Developmental Disability Adult Services is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2t. Developmental Disability Student/Transition Services - 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):

Developmental Disability Student Transition Services is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

As discussed above, more and more teens and young adults with a mild or no intellectual disability often presenting with mental illness are seeking services, but they do not want to be associated with people that have a developmental disability. Often they are coming from stressful household situations and in need of respite, however, the population that generally access available overnight respite options is in need of higher levels of supervision and support. People have been successfully served in respite certified through the OMH, however, an OPWDD option needs to be available, particularly for hospital diversion and step down. There is no goal at this time as there are two state initiatives being developed that may partially meet the need within the region.

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):

Developmental Disability Respite Services is an important area of focus, however due to two current State initiatives being developed that may partially meet the needs within the region, Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2v. Developmental Disability Family Supports - Background Information

In addition to the above, under adult and children's services, families find the system difficult to navigate and complicated, they experience it as unresponsive and unhelpful. WELCOME Orange addresses much of this, however, despite many efforts, agencies that provide support to people with developmental disabilities are slow to embrace the concepts. The number of calls that come to the OCDMH office seeking assistance and information after calling other agencies is challenging to manage. A family partner similar to the model in mental health would be a valuable support not currently offered. While a number of service coordinators are also parents, having a true "peer" would help to engage families and offer basic handholding needed.

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

Promote the development of family partners within the OPWDD system.

Objective Statement

Objective 1: Establish as a pilot, one Family Partner funded through family support service funding to assist families navigate the system, provide information and assistance with eligibility until handed off to a service coordinator.

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

Change Over Past 12 Months (Optional)

2w. Developmental Disability Self-Directed Services - 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):
Developmental Disability Self Directed Services is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2x. Autism Services - 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):
Autism Services is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2y. Developmental Disability Person Centered Planning - 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):
Developmental Disability Person Centered Planning is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

See under housing (above)

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):
Developmental Disability Residential Services is an important area of focus, however due to two current State initiatives being developed that may partially meet the needs within the region, Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2aa. Developmental Disability Front Door - 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):
Developmental Disability Front Door is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

2ab. Developmental Disability Service Coordination - 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):
Developmental Disability Service Coordination is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

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

Currently, the demand for non-certified supports far exceeds the system's capacity to deliver with over 400 children and adults un-served or under-served based on a half year survey completed in 2016 due to lack of staff. **Individuals and family members often experience the service delivery system as confusing, fragmented, inconsistent, and ineffective.** For approximately two years, the county facilitated a workgroup tasked with studying the complexities related to this problem, identifying barriers and potential solutions. **Agencies worked with the county to craft a systematic approach to manage service needs and deliver quality services using data to quantify, track and monitor those needs; assess the impact of strategies implemented; inform policy and practice decisions. It is believed that by sharing information, resources, the obligation and collective responsibility, the delivery and quality of supports can be improved. The Orange County Centralized Support Linkage Option Initiative is designed to optimize the delivery of quality supports matched to the complexity of those authorized to receive these supports through the achievement of three overarching goals fundamentally consistent with Triple Aim, OPWDD's transition toward managed care and value based payments that will result in improved service experiences, outcomes, and efficiencies.**

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

Reduce the number of people authorized for community habilitation and respite who are un-served and under-served by 1/3 **by optimizing the delivery of quality supports matched to the complexity of those in need.**

Objective Statement

Objective 1: Manage un-served and under-served as a system.

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

Objective 2: Provide services matched to the complexity/intensity of a person's needs.

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

Objective 3: Build capacity required to meet the demand.

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 checked="" type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>

3a. Medicaid Redesign - 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):

Medicaid Redesign is an important area of focus, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

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

Orange County has interaction with three (3) DSRIP PPSs; Westchester Medical, Montefiore and Refuah. All three are working on performance measures relating to smoking cessation, crisis stabilization/hospital discharge follow-up and integration with primary care. The needs of people with developmental disabilities have not been integrated into these discussions.

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

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

Orange County will provide advocacy and education to the DSRIP PPSs to ensure DSRIP goals are aligned with Orange County needs.

Objective Statement

Objective 1: Orange County will continue to support local providers in reaching the PPS goals in order to improve outcomes for individuals.

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

Objective 2: Orange County will serve as the bridge between PPSs, local hospitals and providers in planning and implementation of local crisis stabilization projects.

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

Change Over Past 12 Months (Optional)

Orange County has seen the formal roll out of the Westchester Medical Center/Bon Secours Hospital Medical Village in the Port Jervis community and the WMC/Orange Regional Medical Center Medical Neighborhood in the Middletown community. There are ongoing discussions about future medical neighborhoods/villages in other parts of the County.

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

Orange County has representation on the RPC's. As OPWDD begins its transition toward managed care with the development of care coordination organizations (DD Health Homes) in 2018, oversight is needed and it may make sense for that oversight entity to be integrated into the RPCs.

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

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

Maintain representation and participate in regional planning for OMH and OASAS. Look at the feasibility of RPCs including CCOs as part of their charge.

Objective Statement

Objective 1: Orange County will continue to actively participate in the RPCs.

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

Change Over Past 12 Months (Optional)

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

We partner with local agencies and regional initiating to promote health & wellness for Mental Health, Substance Abuse, and Developmental Disabilities. This

includes representation on the DOH board, DOH grants and initiatives, identification & linkage for behavioral health services through public health detailing.

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):
NYS Department of Health Prevention Agenda is an important area of focus, and Orange County is partnering with local agencies and regional initiatives in this area, however due to competing demands for resources Orange County did not identify a priority goal at this time.

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
We do not have any "other goals" at this time.

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Orange County Dept of Mental Health (70430)
Certified: Regina LaCatene (4/17/17)

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

1. For Criminal Procedure Law 730 Chargeback Budgeting: Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted

Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

2. For Local Administration of the Assisted Outpatient Treatment Program:

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment.

Forensic Services Coordinator:

- Oversees submitted referrals for AOT from all sources.
- Determination for eligibility is made by written referral, records and attending special needs meetings when indicated.
- Case reviews at SPOA meetings identifying high risk.
- Attend ACT Team meetings one time per week for review of highest risk individuals.
- Conferencing with local 939 hospital regarding challenging individuals, discussing if AOT is appropriate/necessary.
- Tracking 730 incapacitated individuals designated to Rockland Psychiatric Center and requesting release so they conference discharged planning and jointly determine if AOT is necessary or beneficial.
- Communication by Orange County Jail Clinic Director when an individual is high risk and may benefit from AOT.
- Local County Courts and also may call to inquire as well as Attorneys, especially Legal Aid.
- Once determined AOT is indicated, Forensic Services coordinator assists, facilitates process with referral services and/or initiating petition.

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.

Forensic Services Coordinator works with ACT, ICM, Care Managers on a daily basis, or as often as needed, by email or phone. To ensure both are individual and agency services in the order are compliant with treatment plan, Forensic Coordinator attends meetings with the individuals Treatment Team, and at times initiates meetings with Treatment Team & Psychiatrist to brainstorm/change or add services to assist with compliance. Weekly written report is submitted by Care Managers.

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

- ACT Team of Orange County - Rockland Psychiatric Center
- Intensive Case Management - Rockland Psychiatric Center
- Rehabilitation Support Services - Care Management dedicated AOT Care Managers
- ACCESS Supports For Living - Care Management dedicated AOT Care Managers

Questions regarding this survey item should be directed to Rebecca Briney at Rebecca.Briney@omh.ny.gov or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System, please contact the OASAS Planning Unit at 518-457-5989 or by email at oasasplanning@oasas.ny.gov

Community Service Board Roster
 Orange County Dept of Mental Health (70430)
 Certified: Regina LaCatene (4/12/17)

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.

Co-chairperson

Name James Conklin
Physician No
Psychologist No
Represents Alcohol & Drug Abuse Council of Orange County
Term Expires 12/31/2018
eMail jconklin@adacinfo.com

Co-chairperson

Name Susan Murray-Tetz
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2019
eMail smurraytetz@yahoo.com

Member

Name Dawn Wilkin
Physician No
Psychologist No
Represents Catholic Charities Community Services of O.C.
Term Expires 12/31/2019
eMail Dawn.Wilkin@archny.org

Member

Name Eli Avila
Physician Yes
Psychologist No
Represents O.C. Department of Health
Term Expires 12/31/2016
eMail eavila@orangecountygov.com

Member

Name Carol Chichester
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2016
eMail OCCSB@orangecountygov.com

Member

Name Nolly Climes
Physician No
Psychologist No
Represents Rehabilitation Support Services, Inc.
Term Expires 12/31/2016
eMail nclimes@rehab.org

Member

Name Matthew Corrigan
Physician No
Psychologist Yes
Represents Community
Term Expires 12/31/2016
eMail Matthew.Corrigan@liu.edu

Member

Name Julia R. Fraino
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2016
eMail jfraino@nhcpas.com

Member

Name Sharraine Franklin
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2018
eMail OCCSB@orangecountygov.com

Member

Name Becky Johnson
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2018
eMail BJohnson@orangecountygov.com

Member

Name Peggy Spagnola
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2018
eMail OCCSB@orangecountygov.com

Member

Name Jose De Jesus
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2019
eMail driversafetyinstitute@yahoo.com

Member

Name Carol Lamoreaux

Member

Name Michele Iannuzzi Sucich

Physician No
Psychologist No
Represents Family
Term Expires 12/31/2019
eMail Lamoreaux131@yahoo.com

Physician Yes
Psychologist No
Represents Community
Term Expires 12/31/2019
eMail OCCSB@orangecountygov.com

Alcoholism and Substance Abuse Subcommittee Roster
 Orange County Dept of Mental Health (70430)
 Certified: Regina LaCatene (4/13/17)

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.

Co-chairperson
Name Maureen Sailor
Represents Community
eMail
Is CSB Member No

Co-chairperson
Name Rachel Masella
Represents Families/Providers
eMail
Is CSB Member No

Member
Name Dawn Wilken
Represents Community
eMail
Is CSB Member Yes

Member
Name Jim Conklin
Represents Families/Community
eMail
Is CSB Member Yes

Member
Name Chris Molinelli
Represents Community/Providers
eMail
Is CSB Member No

Member
Name Daniel Maughan
Represents Community/Providers
eMail
Is CSB Member No

Member
Name Dr. Jennifer Roman
Represents Community
eMail
Is CSB Member No

Member
Name Dr. Matthew Corrigan
Represents Community
eMail
Is CSB Member Yes

Member
Name Joy Hansen
Represents Families
eMail
Is CSB Member No

Mental Health Subcommittee Roster
 Orange County Dept of Mental Health (70430)
 Certified: Regina LaCatene (4/13/17)

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		Member	
Name	Nolly Climes	Name	Julia Fraino
Represents	Families/Providers	Represents	Community
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	Yes
Member		Member	
Name	Susan Murray-Tetz	Name	Dhanu Sannesy
Represents	Community	Represents	Families
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Peggy Spagnola	Name	Mandy Stewart
Represents	Families	Represents	Community
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Angela Turk	Name	Mark Cerberville
Represents	Families/Providers/Community	Represents	Providers
eMail		eMail	
Is CSB Member	No	Is CSB Member	No

Developmental Disabilities Subcommittee Roster
 Orange County Dept of Mental Health (70430)
 Certified: Regina LaCatene (4/13/17)

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		Member	
Name	Carol Lamoreaux	Name	Michael Bark
Represents	Families	Represents	Community
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Nicholas Batson	Name	Jose De Jesus
Represents	Families/Community	Represents	Families
eMail		eMail	
Is CSB Member	No	Is CSB Member	Yes
Member		Member	
Name	Sharraine Franklin	Name	Delores McFadden
Represents	Families	Represents	Families/Community/Providers
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Penny Pagliaro	Name	Lisa Currao
Represents	Families/Providers	Represents	Families/Providers
eMail		eMail	
Is CSB Member	No	Is CSB Member	No
Member			
Name	Vacant		
eMail			
Is CSB Member	No		

2017 Mental Hygiene Local Planning Assurance
Orange County Dept of Mental Health (70430)
Certified: Regina LaCatene (4/13/17)

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.