

2018
Local Services Plan
For Mental Hygiene Services

Schoharie Co. Community Services Board
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Mental Hygiene Goals and Objectives Form
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (5/31/17)

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:

Mental health needs have worsened over this past year in Schoharie County as reported in various feedback sessions and completed surveys. There has been an increase in completed suicides in the county, predominantly in the middle-aged male Caucasian population. Most of these are occurring in the southern part of the county, where there are no local clinical services for adults. There has been an increase in the use of MCAT services, especially within the children and adolescent population. There are more 9.45 orders being written (involuntary transport to the hospital for a psychiatric evaluation) during MCAT's assessments. There appears to be a lack of support services for these individuals. The loss of the targeted case management program and transition into the Medicaid Health Home Care Management Agencies has resulted in adults and children getting less qualified services now than in the past. These programs are designed to stabilize individuals and keep them in the community; however, the way the Medicaid Health Home has been set up encourages higher caseloads and less contact with each individual depending on their acuity scores. There are more requests being made for services for the 0 to 5 population and few options exist in the county to meet these mental health needs. No child under five can be seen presently at the mental health clinic as it requires a separate OMH operating license. There has been an increase in need for direct clinical services for both children and adults. It is taking about 2-3 weeks for an individual to access direct services and get an appointment. The transitional youth tend to get lost between the child and adult mental health systems, and the services available do not fully capture the needs of this age group. There is a need for a peer specialist for the transitional youth. There is a lack of respite services for youth and parents. Housing - the need for more housing directed for specific groups. Lack of qualified trained paraprofessionals.

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:

There have been several opioid overdoses in the county, which have resulted in some deaths. We continue to combat significant stigma associated with substance abuse. Families struggle to engage in treatment due to the associated stigma, and thus there are often no supports in place, other than self-help. Drug Court numbers continue to rise. There is a lack of community awareness and education regarding the problem in the county. There is no specific housing so these individuals tend to be homeless or "couch surf" with family. Also, there is a lack of case management specific to this population.

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:

OPWDD is becoming more stringent with who is eligible for services among the children and adult populations. It is a tough system to work in, and for families to navigate. There has been a decrease in funding with the expectation to provide the same types of services as before, even as population numbers continue to increase in the county. There has been a shift away from purchasing housing units and seeking more rental agreements in the county. This is challenging, as there is not a lot of safe and affordable housing in the county and multiple agencies are often seeking rental agreements from the same individuals. Respite services are minimal (1 house) in the county for both children and adults. Families are often asked to use self-direction but cannot find a reliable workforce for their loved ones. The START program had great success for the three individuals who had these services in place, but since then it has been on hold in the county with no foreseeable movement in the near future. Currently employment opportunities are sparse making jobs more challenging to find for individuals within this population and they tend to be competing with college graduates for the same entry level positions.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input 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 type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- s) Developmental Disability Adult Services
- t) Developmental Disability Student/Transition Services
- u) Developmental Disability Respite Services
- v) Developmental Disability Family Supports
- w) Developmental Disability Self-Directed Services
- x) Autism Services
- 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

It appears that over the past year, more and more individuals are seeking the OMH beds available within the county. There has been a noticeable increase in homeless individuals, most of whom have an SPMI diagnosis, putting a strain on the system. These individuals have priority, but tend not to be linked and/or stay linked with mental hygiene services, which makes poor use of the existing beds and programs. Schoharie County has been hit hard by the opioid crisis, and while there are some strong programs in place, there is no housing specifically allotted for individuals with SUD, or those with SUD concurrent with MH diagnoses, again placing strain on the existing housing slots. Both professionals and paraprofessionals in these support programs have limited education within the SUD field and lack the knowledge and expertise to implement evidence based/best practices for these individuals. This leads to a lot of chaos within the program for these individuals, as well as other individuals in the program with a MH diagnosis. Clients with SUDs often face eviction from their assigned MH program due to continued use, on again/off again CD and/or MH treatment, denial of a problem, or lack of an adequate recovery program. Model continues to provide a one size fits all approach to programming. The Coffee House program works for the older SPMI population who report satisfaction with more sedentary activities, including crafts, peer led support groups, and a lack of additional support staff availability. Transitional youth, homeless, and younger populations need more supportive services and a wider variety of recreational and social supports. Respite apartment continues to be utilized and is almost always full.

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

Implement sober living environments through safe, affordable transitional housing.

Objective Statement

Objective 1: Modify current transitional youth housing beds and offer treatment apartments (2 units) with two to three bedrooms per unit. Offer wrap around services so the transitional youth population can learn independent living skills.

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

Objective 2: Collaborate with DSS and other partnering agencies to increase sober living housing and provide interim case management for these targeted populations: substance abusing populations, homeless, and individuals coming out of prison and jail, ultimately leading to permanent, safe housing.

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

Objective 3: SPOA/LGU will continue to monitor OMH housing in Schoharie County to ensure that the individuals in the program are in the appropriate level of care, review their housing plans, and ensure that work on the discharge planning commences when program goals are met.

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

Objective 4: Increase supported housing beds, these appear to be the most pressing need and have the largest wait list.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Transportation needs continue to come up as a major issue within the county despite a bus system in place, cab (Medicaid eligible) availability, and a lot of individuals with access to a personal vehicle. County transportation continues to work very well with the major systems (MH, DSS, etc.) here to come up with solutions to address these needs. Bus routes exist in the more populated villages/towns with daily routes to the annex and county buildings. The southern end of the county tends to have less routes to and from county services making access to the clinics more challenging. The SPMI population may also have difficulty accessing and utilizing the existing transportation services for a multitude of reasons, associated often with their diagnoses. Individuals who do have access to a personal vehicle often lack adequate and road-worthy vehicles. These same individuals or families tend to have very limited monetary resources, which then have to be budgeted around vehicle maintenance, transportation costs, and supporting their family and housing needs. Individuals and families often face tough choices about what they utilize their inadequate vehicle for, and inevitably clinical appointments are canceled or clients do not engage in services due to the need to maintain the vehicle for jobs and transportation costs associated with that. There has been an increase in requests through the state aid Adult Flex Funds that individuals with a mental health diagnosis can access. These funds are a last resource for vehicle repairs, and the committee often has a difficult time approving them due to the funding criteria. However, the committee is approving more and more of these requests if a direct correlation can be drawn between the request and keeping individuals stabilized and out of the hospital and remaining housed.

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):

Schoharie County is a large rural community and there is little funding to expand the existing transportation system. However, the administration that oversees this service is always willing to explore alternative options.

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

START (Systemic, Therapeutic, Assessment, Resources, & Treatment) is an OPWDD program. It is a community based program that provides crisis response services to individuals with intellectual and developmental disabilities who present with complex behavioral and mental health needs and to their families. The START Program had a very limited presence in our county. The few clients they worked with had significant improvement. Unfortunately, this program has been on hold over the past year. As a result, we have seen an increase in this population accessing the emergency rooms inappropriately, as ARC residence staff members are not adequately equipped/trained to handle mental health crises.

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

Individuals diagnosed with an Intellectual Developmental Disability will receive wrap around crisis services including: service coordination, skills training, respite, nursing services, behavioral supports, counseling, and psychiatric assessment/medication management.

Objective Statement

Objective 1: Advocate for the START Program to be more available in Schoharie County.

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Children and youth in Schoharie County continue to be referred through the Child/SPOA process; but in the last year there appears to be a significant increase in the level of care needed to adequately meet their needs. It appears that children and youth are not being referred early enough for mental hygiene services. As a result, when clients reach the committee, their needs are overwhelmingly high, and the committee struggles to find appropriate services for these children and youth, as well as their families and/or guardians. While there are not always prior mental health or substance abuse treatment histories, many of these children and youth have had some prior contact in recent years with one of the systems- DSS, probation, or school, with no apparent follow up to mental health services (unable to ascertain whether or not this is due to a lack of referral from the various systems, if families/guardians are not following through on referrals or another reason). Schoharie county has had a significant increase in the number of children and youth placed in care (this includes foster care placements, and OMH therapeutic treatment programs) this past year, and there is a direct correlation with the increase of opioid use disorders. In a modified CDC survey, the Youth Risk Behavior Survey (2016 statistics reported on), Schoharie County had 100% of school participation and 70% of students participate in it. It is done bi-annually. 26% of students reported being bullied, with a higher percentage falling on females within the past 30 days and 21% of students reported that they were electronically bullied within the past 12 months. This latter statistic is significantly higher than the rest of NYS and again, females are two times as likely to be electronically bullied versus males. 16% report that they have bullied someone else in the past 30 days. 18% report self-harming behaviors without wanting to die in the past 12 months; females are four times as likely as males to report self-harming behaviors. In the past 12 months, 28% of all students report feelings of sadness/hopelessness that affect them for at least two weeks and 14% made a plan about how they would commit suicide. Females are twice as likely to express these feelings and make a plan to attempt suicide. Seven percent of the students surveyed attempted suicide and while this is lower than the rest of NYS 20% of these reported needing medical treatment following the attempt. This is significantly higher compared to NYS. Alcohol, tobacco, and other drugs remain a significant issue for the children and youth in the county. 17% of the students reported drinking alcohol before the age of 13 and more than a third of the students surveyed reported consuming at least one drink in the last 30 days. 9th graders were significantly less likely to consume alcohol while 12th graders significantly more likely to consume alcohol. Overall, 6% of the students surveyed reported smoking in the past 30 days and 10% report smoking at least one cigarette in the past 30 days and of these, and out of this, 4% report smoking 20 or more days. 13% of students report ever taking a prescription pain reliever not prescribed to them. Seven percent of students report taking a prescription pain reliever not prescribed to them in the last 30 days. Overall, 4% of students reported misusing a stimulant and 6% reported misusing a prescription pain reliever. Cocaine and heroin use is significantly lower compared to the rest of NYS, however, 4% reported using cocaine, 7% reported using inhalants, 2% reported using methamphetamines and 2% reported using heroin over their lifetime.

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 mental health supports, services, and outcomes for youth

Objective Statement

Objective 1: Educate the community, local service providers, and other systems regarding Adverse Childhood Experiences and its potential ramifications on families, specifically youth.

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

Objective 2: Implement multiple groups for children under 18 embedded within the schools and MH/CD clinic focusing on coping skills, behavioral health/wellness, peer and family conflicts

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

Objective 3: Offer respite as an additional service through FOCUS for all children, whether or not they have case management services in place

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

Objective 4: Collaborate with probation around the newly created law, Raise the Age, to create a shared staff clinician who would provide Evidence Based Treatment and case management services specifically for the 16-17 year olds

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

Objective 5: ACES screening tool will be incorporated into the clinic/CSPOA intake process. Staff will continue to complete training in evidenced based practices for trauma informed care.

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

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

The most common disabilities in America are anxiety and depressive disorders. 1 in 5 adults are living with a DSM-5 diagnosis. The rate of depression has tripled over the past few years. 1/10 Americans are on an anti-depressant. Overdose is the fourth leading cause of death in the United States and suicide is the tenth leading cause.

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 understanding that recovery from mental health and substance use disorders is possible for all, while increasing protective factors against suicide.

Objective Statement

Objective 1: Reframe information, messaging and images on website, brochures, educational materials, social media, public service ads to target specific populations (i.e. middle-aged, Caucasian male)

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

Objective 2: To strengthen the coordination of the local suicide task force and programming.

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

Objective 3: Hold community forums reaching all areas of the county on relevant behavioral topics, such as ACES, Suicide Prevention, Opioid crisis.

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

Objective 4: Offer trainings to include Safe Talk, ASSIST and Mental Health First Aid.

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

Objective 5: MCAT workers will continue to reach out to law enforcement, schools, and other agencies to promote their services and provide linkage

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

Change Over Past 12 Months (Optional)

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

Over the past several years, Schoharie County has seen an increase in the number of individuals seeking treatment with an opioid addiction at the Chemical Dependency Clinic. There were four deaths linked to opioid use and several other overdoses that are suspected to be linked to opioid use. Law enforcement and paramedics are reporting an increase in young adults abusing heroin and other opioids. To address this problem, we need to provide prevention, treatment and recovery services in the county. The Opioid Task Force will continue to focus on prevention activities and provide community education. We have partnered with another county on a grant to provide a family navigator to assist these individual and their families to get the needed services.

Over this past year physicians at the local Bassett primary care sites have been trained on providing medication assisted treatment to this population. The Office of Community Services is working with the Bassett primary care in a DSRIP project on engaging consumers who are identified in need of medication assisted treatment along with behavioral health services.

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

Decrease the rate of opioid addiction and resulting complications that are impacting our community.

Objective Statement

Objective 1: Provide community education on the opioid crisis in our community.

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

Objective 2: Provide specific group therapies addressing opioid addiction/recovery.

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

Objective 3: Provide support to Bassett primary care sites in Schoharie county as consumers are identified in need of medication assisted treatment along with behavioral health services.

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

Change Over Past 12 Months (Optional)

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

In Schoharie County, the number of children being placed in foster care has doubled over the past couple of years. Most of these removals involve parents with substance use disorders. DSS oversees these removals and while working under an entirely different set of regulations; struggle with engaging these individuals and families in often, mandatory services following their Family Service Plan (FSP). The parent(s)/guardian(s) and their extended families who are impacted by the addiction often feel "punished" for their loved one's substance use problem do not sense that DSS truly wants the families to succeed. DSS caseworkers lack an in-depth knowledge about the science behind addiction and how recovery works. Unfortunately, this directly impacts on how these families engage in DSS FSP and tends to lead to a more conflictual relationship.

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

Create and implement a family based intensive treatment program that would support families staying together in the community.

Objective Statement

Objective 1: Partner with DSS and embed a social worker/clinician between DSS and OCS who will serve as the point person for caseworkers and administration

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

Objective 2: To provide cross trainings between the two departments.

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

Objective 3: Utilizing ACES and trauma informed care to better build resilience within the families served.

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

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

When children are the identified client we need to be able to treat the entire family so they are a successful unit. Families often do not understand the role of therapy and children do not always wish to have family present in their sessions. Research shows that families are an integral part of treatment for children and without their support change is very difficult and unlikely to happen. A family oriented approach enables families to cope and find better solutions to their problems.

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 family involvement/engagement in mental health treatment, and improve identified client acceptance of the value of this involvement to his/her well-being.

Objective Statement

Objective 1: Hold family nights at the mental health clinic on a monthly or quarterly basis to provide support and education on mental health diagnoses and issues

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

Objective 2: Develop strategies to review and utilize clinical data to support the value of family involvement for successful treatment outcomes.

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

To be successful with the state goals around DSRIP, the Prevention Plan along with the RPC initiative and provide better care to the consumers it is important to break down barriers and not work in silos.

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 communication/collaboration among all agencies involved in behavioral health services in the County (including, but not limited to, MH Clinic, CD Clinic, RSS, DSS, ARC, SCCAP, CC, etc.)

Objective Statement

Objective 1: Schedule on-going monthly committee meetings to clarify what is needed to meet an outcome that is fully client-centered, and to identify possible current obstacles to that outcome.

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

Objective 2: Explore ways to collaboratively and successfully address obstacles, utilizing the concept of the breaking down

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

Objective 3: Develop concrete plans based on these discussions for committee members to bring back to their agencies; members to provide status reports as the first order of business at monthly meetings.

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

3a. Medicaid Redesign - Background Information

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

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

Increase quality improvements as the system prepares for a value based payment structure.

Objective Statement

Objective 1: Avoid hospitalizations for people with mental health disorders and support them in the community.

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

Objective 2: Provide Open Access at the Mental Health Clinic.

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

Objective 3: Increase communication between behavioral health providers and primary care.

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Schoharie Co. Community Services Board (70740)
Certified: Bonnie Post (5/31/17)

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

The cost of this comes out of the county's contingency account.

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.

The Director of Community Services also serves as the AOT Coordinator. I meet weekly with the Deputy Director (Clinical Supervisor of the Mental Health Clinic) and we discuss any high risk cases and if the individual meets criteria for an AOT. As a result, I am aware of any possible petitions on individuals who may need an AOT filed.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

The Director of Community Services meets weekly with the Deputy Director, who is the clinical supervisor of the Mental Health Clinic and the SPOA Coordinator who supervises the Care Manager. I check in with the treating psychiatrist at least once a month. Approximately, every four months there is a provider meeting to review current status and any concerns.

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

Schoharie County Community Mental Health Clinic

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
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (5/26/17)

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 Patricia Clancy
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2018
eMail pclancy@mssny.org

Member

Name Lynn Macan
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2017
eMail lynnmacan@mac.com

Member

Name Cyd Collischonn
Physician No
Psychologist No
Represents Community / Faith based
Term Expires 12/31/2018
eMail cyd@cobleskill.org

Member

Name Ridhared Bialdowski
Physician No
Psychologist No
Represents Community/Law enforcement
Term Expires 12/31/2018
eMail rbialkowski@cobleskill.org

Member

Name Neha Gupta, MD
Physician Yes
Psychologist No
Represents Community/Medical
Term Expires 12/31/2019
eMail Neha.gupta@bassett.org

Member

Name Joyce Burton, DO
Physician Yes
Psychologist No
Represents Community/Medical
Term Expires 12/31/2020
eMail joyce.burton@bassett.org

Member

Name Susan Cimino-Cary
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2018
eMail susan.ciminocary@bhsc.org

Member

Name Darlene Rinaldo
Physician No
Psychologist No
Represents Community/Consumer
Term Expires 9/30/2017
eMail titidarla@gmail.com

Member

Name Philip R. Skowfoe, Jr.
Physician No
Psychologist No
Represents Board of Supervisors
Term Expires 12/31/2017
eMail Philip.R.Skowfoe.Jr@co.schoharie.ny.us

Alcoholism and Substance Abuse Subcommittee Roster
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (5/26/17)

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 Susan Cimino Cary
Represents CSB
eMail susan.ciminocary@icloud.com
Is CSB Member Yes

Member

Name Richard Bialkowski
Represents Law enforcement
eMail rbialkowski@cobleskill.org
Is CSB Member Yes

Member

Name Cyd Collischonn
Represents Faith based
eMail cyd@cagcobleskill.org
Is CSB Member Yes

Member

Name James Scket, District Attorney
Represents Legal community
eMail sacketj@co.schoharie.ny.us
Is CSB Member No

Member

Name Julie Sammons
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Is CSB Member No

Member

Name Danielle Reu
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eMail ReuDN@cobleskill.edu
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Member

Name Pam Levy
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Is CSB Member No

Member

Name Denise Minton
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Is CSB Member No

Member

Name Don Hewlett
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eMail don.hewlett@co.schoharie.ny.us
Is CSB Member No

Mental Health Subcommittee Roster
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (5/26/17)

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 Lynn Macan
Represents CSB
eMail lynnmacan@mac.com
Is CSB Member Yes

Member

Name Pat Clancy
Represents Public
eMail pclancy@mssny.org
Is CSB Member No

Member

Name Neha Gupta
Represents Medical
eMail neha.gupta@bassett.org
Is CSB Member Yes

Member

Name Kim Culver
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Is CSB Member No

Member

Name Samantha Spalti
Represents Peers
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Is CSB Member No

Member

Name Jennifer Page
Represents Housing
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Is CSB Member No

Member

Name Shannon Breault
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Is CSB Member No

Member

Name Sarah Nies
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Is CSB Member No

Member

Name Donna Rozon
Represents Family/Peer
eMail drozon@twc.com
Is CSB Member No

Member

Name Rachael Hisert
Represents Community
eMail RachaelH@neighborhoodctr.org
Is CSB Member No

Member

Name Kathleen Reinhart
Represents Community
eMail kathleenr@catholiccharitiessc.org
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (5/27/17)

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 Darlene Rinaldo
Represents CSB
eMail titidarla@gmail.com
Is CSB Member Yes

Member

Name Philip Skowfoe
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Is CSB Member Yes

Member

Name Joyce Burton, DO
Represents Medical
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Is CSB Member Yes

Member

Name Terry Tetlak
Represents ProviderARC
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Is CSB Member No

Member

Name Pam Wilsey
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Is CSB Member No

Member

Name Kyra Romanello
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Is CSB Member No

Member

Name Sarah Nies
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Is CSB Member No

Member

Name Melissa Kennison
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Is CSB Member No

2017 Mental Hygiene Local Planning Assurance
Schoharie Co. Community Services Board (70740)
Certified: Bonnie Post (5/31/17)

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.