

2018
Local Services Plan
For Mental Hygiene Services

Chenango County Community Srvs 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
 Chenango County Community Srvs Board (70010)
 Certified: Ruth Roberts (6/16/17)

1. Overall Needs Assessment by Population (Required)

Please explain why or how the overall needs have changed and the results from those changes.

a) Indicate how the level of unmet **mental health service needs**, in general, has changed over the past year: Improved Stayed the Same Worsened

Please Explain:

The complexity and acuity of needs have increased. We are serving more individuals who have a more serious mental illness, individuals with dual diagnosis (mental health and intellectual/developmentally disabled) and individuals with co-occurring disorders (mental health and chemical dependency). This increase in complexity and acuity has required all local providers across the local healthcare delivery system (including physical health), housing, and social services to carefully consider. These individuals typically require more intensive efforts to maintain stability in the community.

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, in general, has changed over the past year: Improved Stayed the Same Worsened

Please Explain:

The opioid (heroin) epidemic continues to present as a need in our small rural county. We are experiencing an uptick in the the abuse of methamphetamine. Alcohol abuse continues to be an identified need. We lack detox resources in the community, crisis services and housing options for individuals with substance abuse needs. There is a large gap between inpatient options and outpatient options.

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:

In Chenango County we primarily rely on the voluntary providers, SpringBrook, Chenango ARC and Chenango County Catholic Charities, to provide programing for the ID/DD population. State operations have a smaller footprint in the county although the Developmental Disabilities Regional Office (DDRO) has been very helpful in terms of planning and problem solving. With the closure of Broome Developmental Center and with more individuals with ID/DD now living in the community and getting services in the community, there remain areas where there are shortages and gaps. There are few dentists who are willing to provide care requiring individuals to travel great distances to be seen by a dentist. Psychiatric services available to the ID/DD population are severely limited and continues to be a challenge. Respite services, family supports and residential options are needed. Problems with staff recruitment and retention in local OPWDD programs creates situations where individuals and the family is eligible for a service, providers are willing to provide but there are wait lists due to the lack of trained staff. These situations place additional stress and strain on the overall system and too often ultimately lead to a crisis. Our region does not have a START program and there are no crisis services specifically serving the I/DD population available in our region making a presentation at a local emergency room or CPEP much more likely.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2a. Housing - Background Information

The availability of safe and affordable housing to individuals across all three disabilities remains a serious challenge. In our small rural county housing options available are housing units built in the 1950's or earlier and due to the down turn in the economy and real estate market many have not been kept in good repair, thus limiting the options for the mentally disabled. Very little new house construction and mobile homes are much more common.

Rural homelessness is on the rise.

For the general population in Chenango County it is reported that 43.25%* of households who rent are overburdened in Chenango County.

When you consider the additional barriers associated with having a mental disability, the overburden increases.

*Data derived from 2010 Census and 2014 5-Year American Community Survey.
 † Margin of Error: ± 4.4 percentage points.

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 safe and affordable housing options for individuals with a mental illness and/or substance use disorder and/or developmental disability in Chenango County.

Objective Statement

Objective 1: In partnership with the Chenango County Housing Council, pursue opportunities through state released RFPs to establish permanent and transitional housing in Chenango County.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

There is a public transportation system in Chenango County that's very limited due to cuts in funding. The bus system has in the recent years reduced several routes. Chenango County is geographically vast with very rural. There are 20 small towns and villages with only one city, Norwich, that make up Chenango County. Individuals often identify lack of transportation as a barrier to accessing healthcare including primary care, preventive care and behavioral health. Lack of transportation also impacts the ability to access healthy food and recreational activities.

Chenango County has the highest rate of obesity across the state and is second highest for adults. Access to fresh foods, lack of exercise and healthy lifestyle choices contribute to the high obesity rates. This is further complicated by low socioeconomic status.

Lack of transportation is considered a major factor when considering health disparities. Many efforts through the Chenango Health Network, Rural Health Network of the Southern Tier, HealthLinkNY (Population Health Improvement Plan, PHIP) and the Southern Tier Regional Consortium (RPC) are working toward increasing transportation options available however it remains a major barrier to achieving positive health outcomes.

- <http://www.rhnsny.org/programs/mmscnycny>
- <http://www.chenangohealth.org/>
- <http://www.healthlinkny.com/population-health-pg.html>
- http://www.clmhd.org/rpc/Southern-Tier_204_pg.htm

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 existing public transportation system and pursue the development of new transportation options in Chenango County.

Objective Statement

Objective 1: Work with County Officials and other county department heads to advocate for additional dollars to support transportation throughout the county.

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

Objective 2: Partner with the Rural Health Network, Chenango Health Network, HealthLinkNY and the Southern Tier Regional Planning Consortium to develop additional transportation options.

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

Objective 3: Explore the development of a peer operated transportation.

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

We currently have 24/7 crisis services available in the county serving Chenango County citizens. These services are funded through OMH and include outreach and engagement services along with in-home stabilization peer services. Crisis services are also by the county operated Article 31 clinic during regular business hours. Still the resources are stretched due to the vast geographical area.

OASAS does not fund crisis services in Chenango County although a high percentage of individuals accessing crisis services or presenting at the nearest CPEP have substance use or abuse issues. We are in need of crisis stabilization and detox resources in Chenango County or regional area.

There is a lack of respite services and family supports for individuals with I/DD and served by the OPWDD or for those individuals where OPWDD eligibility has not yet been determined. This shortage contributes to the increase likelihood that when a crisis does occur, it will require more intense and more costly response.

We are the last region scheduled to have OPWDD implement Systemic, Therapeutic Assessment, Resources and Treatment (START). There are no crisis services available to individuals who have an intellectual / developmental disability and/or a mental health condition in Chenango County. Often these individuals are served by the existing crisis services however most often individuals require a trip to the ER or CPEP. Often these situations create a great strain on the overall healthcare system and are extremely frustrating for the individual with I/DD and their family.

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

In collaboration with OMH, OASAS, OPWDD and local partners, improve the response to crisis in effort to prevent and intervene at the community level in effort to avoid unnecessary ER/CPEP visits or inpatient level of care.

Objective Statement

Objective 1: Collaborate with regional CPEP to better divert and manage referrals.

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

Objective 2: Collaborate with regional OPWDD office in the implementation plan of START

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

Objective 3: Work with OASAS to develop county or regional detox and/or crisis stabilization resources

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

Change Over Past 12 Months (Optional)

Chenango County, along with Otsego, Delaware and Schoharie Counties, contract with the Neighborhood Center Inc. for a Mobile Crisis Assessment Team (MCAT). We review data on a regular basis and in 2016, 85% of adult individuals and 86% of children served by MCAT were successfully diverted from inpatient psychiatric care as a result of MCAT services. Additionally, 92% of adults and 84% of children experienced improved engagement with an outpatient treatment provider.

START is scheduled to be implemented some time in 2018 however there is concern that one START team serving the entire Region 2 will not adequately meet the crisis needs of individuals with I/DD who also have a behavioral health condition.

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

In Chenango County, there are severe shortages and challenges in recruiting and retaining qualified health professionals specifically, social workers, psychologists, registered nurses, nurse practitioners and psychiatrists. The availability of psychiatrists, particularly child and adolescent psychiatrist is extremely limited in our county and region.

Physical health providers express the same challenges and there is currently a shortage of primary care practitioners.

OPWDD providers struggle to recruit and retain the required professional staff and direct care providers. This has created stress and strain for local providers in assuring regulatory staffing requirements. Additionally, the Justice Center investigations have created additional staffing challenges.

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):

This problem is a state and national problem and is not one that Chenango County or the region has been able to successfully address over the past several years. This will require greater efforts at the state and national level to address.

Telemedicine and Telepsychiatry does hold promise but to date, has not offered relief.

Change Over Past 12 Months (Optional)

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

Employment / Volunteerism / Educational opportunities are critical components in the path of recovery and community integration. In Chenango County there is a shortage of opportunities for individuals with a mental disability. Despite the US Bureau of Labor of Statistics reporting a decline in the unemployment rate in Chenango County over the past 7 years, there are still barriers for individuals who have a mental disability in achieving their employment goals.

According to the New York Work Pays (NYWP) project which used data from the American Community Survey (ACS) for the time period of 2008-2010, the employment rate for working-age people with disabilities in Chenango County is 28.2%, compared to 75.6% for people without disabilities, a gap of 47.4%. Further, 32.2% of working-age people with disabilities live below the federal poverty level which is more than 3 times the poverty rate for people without 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 employment / volunteerism / educational opportunities for individuals with a mental disability.

Objective Statement

Objective 1: Engage local employers, stakeholders and the state agencies to create new opportunities.

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Chenango County has an OASAS prevention program that supports one full time school-based prevention worker and program that serves four out of eight school districts in the county. Chenango County does not have a Prevention Council and receives little prevention OASAS prevention aid compared to neighboring counties.

In response to the opioid epidemic, the Chenango Substance Abuse Prevention Council was organized and is currently planning to pursue prevention funding through Drug Free Communities and partner with Central New York Prevention Resource Center for support. Plan is to expand prevention strategies to enhance community prevention efforts and environmental efforts.

OMH prevention is less defined however I wanted to note. Much of what we see coming into our outpatient OMH clinic setting is **preventable** in the sense that it is related to trauma and the impact of social determinants. While there is recognition through PHIP and DSRIP projects, we do not have comprehensive prevention strategies through OMH. So much of mental illness is the result of environmental exposures including trauma, and not an organic illnesses. This is an opportunity to intervene and interrupt.

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 substance abuse prevention efforts at the community level by expanding school-based substance abuse prevention services in Chenango County.

Objective Statement

Objective 1: Pursue expanding school-based prevention services throughout the eight school districts.

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

Objective 2: Through the Chenango Substance Abuse Coalition develop a comprehensive environmental prevention plan.

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

The county operated SUD outpatient clinic, Chenango County Behavioral Health Clinic, is the only outpatient OASAS certified provider in Chenango County. Chenango County Behavioral Health Clinic offers open access and in reviewing access and utilization, the clinic is usually operating at capacity with no waitlist.

We lack detox resources in Chenango County. When an individual is in need of detox they most often must travel to a neighboring county where there are usually long waitlists. One of the area health providers is gearing up to provide ambulatory detox services (Suboxone) within their primary care settings and they are doing this through the Leatherstocking DSRIP but will only be providing this services to their existing patients.

Medication Assisted Treatment is not readily available in the county. Individuals who require MAT must travel outside the county. There are Suboxone providers in the county however most are not willing or interested in coordinating care with outpatient SUD treatment. These provider operate on a cash only basis and there have been problems with drug diversion in many instances.

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 community outpatient services and supports at the county / regional level.

Objective Statement

Objective 1: Develop a detox and/or crisis stabilization resource and support in the county/ region.

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

Objective 2: Implement Vivitrol program in the county jail.

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

Objective 3: Reach out to area Suboxone providers in effort to coordinate treatment.

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

Heroin and opioid abuse continues to be a problem in the county placing great strain on the overall healthcare system, law enforcement and local jail. The effects have taken a great toll on individuals and families.

The Chenango Substance Abuse Prevention Coalition has organized their efforts to address the heroin and opioid crisis. Projects focused on harm reduction, Hep-C education, prevention and treatment and access to treatment. Prevention efforts are focusing on school-age children and youth and county environmental strategies to prevent substance abuse.

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

Through the efforts of multiple stakeholders at the local and regional level, develop services and supports to improve and expand the community response to the heroin and opioid crisis.

Objective Statement

Objective 1: CSAPC in coordination with community stakeholders will make recommendations to the LGU

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

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

Chenango County great difficulty recruiting and retaining qualified health professionals including social workers, psychologists, nurses, nurse practitioners and psychiatrist. There are severe shortages of psychiatric services. The medical community reports the same challenges and there is currently a shortage of primary care providers available in the county. Access to specialty services is challenging and typically require traveling to larger urban areas.

Individuals with I/DD who require medical and specialty services are often served in Broome County. The existing health disparities threaten true community integration for individuals with I/DD.

According to 2015 OPWDD data, 36% of individuals with I/DD are dually diagnosed with a mental health disorder. The lack of psychiatric or behavioral health practitioners available to serve the dually diagnosed remains a great challenge at the local level.

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):
This must be addressed at the national, state and regional level.

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

Chenango County lacks respite services for individuals with I/DD. This places strain on the current provider system, the family and creates situations where a crisis is much more likely to occur. Often the crisis leads to a trip to the emergency room or local CPEP which of course is more costly and rarely resolves the crisis situation. The lack of respite services often threatens stability of program placement.

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

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

Objective Statement

Objective 1: Work with local voluntary OPWDD providers and the state agency to expand respite opportunities in Chenango County.

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

Change Over Past 12 Months (Optional)

2v. Developmental Disability Family Supports - Background Information

Chenango County lacks family support services for individuals with I/DD. This places strain on the current provider system, the family and creates situations where a crisis is much more likely to occur. Often the crisis leads to a trip to the emergency room or local CPEP which of course is more costly and rarely resolves the crisis situation. The lack of family support services often threatens the stability remaining with family.

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

Objective Statement

Objective 1: Work with local voluntary OPWDD providers and the state agency to expand family supports in Chenango County

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Chenango County is a member of the Participating Partner System as part of the Care Compass Network. As the LGU, I am participating on the Clinical Governance Committee. As the Director of the county operated outpatient article 31 and article 21 clinics we are participating on the integration projects. We are also conducting Patient Activation Measure (PAM) surveys and using this information to adjust care in order to avoid unnecessary ER visits, hospital admissions and readmissions, medication adherence and more.

We are currently exploring opening an article 31 satellite located in a large article 28 pediatric practice. In addition, we are discussing having primary care services delivered on-site in the county operated article 31 and 32 clinic.

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

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

Deliver behavioral health services in a primary care setting; have primary care services delivered in the county operated behavioral health clinic.

Objective Statement

Objective 1: Pursue regulatory requirements through OMH, OASAS, and DOH.

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

Change Over Past 12 Months (Optional)

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

Chenango County is a member of the Southern Tier RPC and is where collaboration, problem solving and system improvements for the integration of mental health, addiction treatment services and physical healthcare can occur in a way that is data informed, person and family centered, cost efficient and results in improved overall health for adults and children in our communities.

The RPC will work closely with State agencies to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings.

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

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

Improved health outcomes for all Chenango County citizens.

Objective Statement

Objective 1: Forward relevant issues to address local and regional issues related to access and continuity of care.

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

Chenango County Community Mental Hygiene Services is participating on the following Health Prevention Agenda:

- 1) Chenango County Public Health - Education, prevention and treatment of Hep C
- 2) Chenango Health Network Inc. - Mobility Management of South Central NY to expand transportation options; Chenango Substance Abuse Prevention Coalition
- 3) HealthLink - Social Determinants of Health

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

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

Address social determinants that create barriers to achieving positive health outcomes.

Objective Statement

Objective 1: Partner with local stakeholders and consumers to reduce barriers to healthcare.

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
Chenango County Community Svcs Board (70010)
Certified: Ruth Roberts (5/23/17)

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. The Chenango County AOT Coordinator receives inquiries and referrals for AOT. Effort is made to assess criteria and also consider diversion opportunities. If an individual meets the criteria the AOT Coordinator coordinates efforts with the individual, family members, OMH, the local court and Mental Hygiene Legal services. In most cases when there is an AOT inquiry, diversion efforts are successful and a court petition is not needed.

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.

This occurs primarily through the Adult SPOA process where individuals who have an AOT treatment plan are regularly reviewed in terms of the status of the plan to ensure continuity and also address any emerging needs. In the Chenango County operated Article 31 clinic (only Article 31 clinic in the county), these individuals are considered daily on our "high risk / high needs" population data collection and discussion. Efforts of outreach and engagement and community resources are utilized whenever concerns exist regarding individuals who are have an AOT treatment plan.

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

In Chenango County the Adult Health Home is Bassett and the care coordination provider is Chenango County Catholic Charities.

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
 Chenango County Community Srvs Board (70010)
 Certified: Ruth Roberts (5/23/17)

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 John Bennett
Physician No
Psychologist No
Represents Community Advocate / Consumer
Term Expires 12/31/2016
eMail

Member

Name Louise Gregg
Physician No
Psychologist No
Represents Community Advocate / Consumer
Term Expires 12/31/2017
eMail

Member

Name Lauren Clark
Physician No
Psychologist No
Represents Community Advocate / Retired Probation Director
Term Expires 12/31/2016
eMail

Member

Name Fred Heisler
Physician No
Psychologist No
Represents Board Supervisor / Family Advocate
Term Expires 12/31/2017
eMail

Member

Name Robin Cotter
Physician No
Psychologist No
Represents Community Advocate
Term Expires 12/31/2017
eMail

Member

Name Kim McCarthy
Physician No
Psychologist No
Represents Local Hospital
Term Expires 12/31/2019
eMail

Member

Name Grace Nucero-Alger
Physician No
Psychologist No
Represents Community Advocate / Board Supervisor
Term Expires 12/31/2019
eMail

Alcoholism and Substance Abuse Subcommittee Roster
 Chenango County Community Srvs Board (70010)
 Certified: Ruth Roberts (5/29/17)

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 John Bennett
Represents Consumer
eMail
Is CSB Member Yes

Member

Name Louise Gregg
Represents Family / Community Advocate
eMail
Is CSB Member Yes

Member

Name Darlene Gramstad
Represents Public Health
eMail
Is CSB Member No

Member

Name Laureen Clark
Represents Retired Probation Director / Community Advocate
eMail
Is CSB Member Yes

Member

Name Kim McCarthy
Represents Chenango Memorial Hospital
eMail
Is CSB Member Yes

Member

Name Lois LoPresti
Represents Department of Social Services
eMail
Is CSB Member No

Member

Name Fred Heisler, Jr.
Represents Family / Board of Supervisors
eMail
Is CSB Member Yes

Mental Health Subcommittee Roster
 Chenango County Community Svcs Board (70010)
 Certified: Ruth Roberts (5/29/17)

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	John Bennett	Name	Louise Gregg
Represents	Family / Community Advocate	Represents	Community Advocate / Family
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	Yes

Member		Member	
Name	Darlene Gramstad	Name	Brian Wessels
Represents	Public Health	Represents	Area Office on Aging
eMail		eMail	
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Jeff Cheseboro	Name	Laureen Clark
Represents	Community Advocate / Catholic Charities	Represents	Retired Probation Director / Community Advocate
eMail		eMail	
Is CSB Member	No	Is CSB Member	Yes

Member		Member	
Name	Kim McCarthy	Name	Nancy Hale
Represents	Chenango Memorial Hospital	Represents	Faith Community
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No

Developmental Disabilities Subcommittee Roster
 Chenango County Community Srvs Board (70010)
 Certified: Ruth Roberts (5/29/17)

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	John Bennett	Name	Heidi Slentz
Represents	Consumer	Represents	OPWDD Regional Office
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Brian Wessels	Name	Robin Cotter
Represents	Area Office on Aging / Long Term Care	Represents	Chenango County Catholic Charities
eMail		eMail	
Is CSB Member	No	Is CSB Member	Yes
Member		Member	
Name	Mallroy Carhart	Name	Lisa Berard
Represents	Springbrook Inc.	Represents	Chenango ARC
eMail		eMail	
Is CSB Member	No	Is CSB Member	No
Member			
Name	Kim McCarthy		
Represents	Chenango Memorial Hospital		
eMail			
Is CSB Member	Yes		

2017 Mental Hygiene Local Planning Assurance
Chenango County Community Svcs Board (70010)
Certified: Ruth Roberts (5/12/17)

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.