

2018
Local Services Plan
For Mental Hygiene Services

Oneida Co. Department 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
Oneida Co. Department of Mental Health	70210	(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
 Oneida Co. Department of Mental Health (70210)
 Certified: Todd Stokes (6/1/17)

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:

For adults with mental health issues, Oneida County is still seeing the affects of hospital closure. This has placed a strain on finding suitable housing for individuals with higher level of care needs. There also seems to be a lessening of services for individuals who are intellectually disabled and are being sent to the mental health system for assistance. These issues are having an affect on all providers in the system.

Children & Youth: Oneida County Department of Mental Health Children and Youth Services will continue to work with our community partners to share updates, education, and resources: build and maintain partnerships among neighboring entities; offer opportunities to discuss and problem solve challenging situations; and identify service gaps and /or barriers, trends, and successes. Single Point of Access (SPOA) will continue to be family focused and family driven in meeting the needs of children and their families. We will be continuing to use our contracted providers and community resources to keep children and their families find pathways to success..

Needs:

- Children and families in our county face several service limitations and barriers in the areas of -
- Meaningful preventive services (little opportunity for mentoring relationship with demise of programs such as Big Brother/Big Sister program)
- Crisis respite services (families with children who require a high level of care have very few options, especially children with behavioral concerns who may present at the ED but are deemed not eligible for inpatient admission)
- Adequate recreation outlets (lack of afterschool activities for kids in various communities and/or lack of sufficient staff to supervise children with special needs)
- Children & youth psychiatric services (long waiting lists for evaluations at community clinics and no other local Medicaid providers)
- Counseling appointments (most clinic individual sessions are scheduled weeks apart)
- Transportation (families who reside in the rural parts of the county have little access to convenient public transportation)
- Appropriate service provision for dually-diagnosed (mental health & developmentally disabled) children and youth

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:

Oneida County has had its first Opioid Clinic opened through Beacon Center in Rome. All clinics currently provide walk-in services and offer Medicated Assisted Treatment (MAT). Two of the clients, Milestones and Insight House, provide off site assessments and have been working closely with probation, the court system, the county jail and House of the Good Shepherd. The admission process to start treatment has improved. The Addiction Crisis Center (ACC) has employed two Peer Engagement Specialists who work closely with the community's emergency rooms and community members. Center for Family Life and Recovery has employed the first Family Navigator to assist family members of people with addictions. All local outpatient clinics have or are in the process of hiring Family Navigator and Peer Engagement Specialists.

The Oneida County Jail in conjunction with CNY Services Milestones will be initiating the Vivitrol program for all sentenced inmates elect to enroll in a recovery program.

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:

Adult: Services have been cut back drastically for individuals who are mentally ill/developmentally disabled. Hospital ERs are seeing frequent admissions for individuals are not eligible for the psychiatric units but have no other options within the developmentally disabled system. There are not adequate HCBS resources /services available as of yet.

Children & Youth: Children with developmental disabilities face similar challenges. Limited additional unmet need is appropriate service provisions for children & youth that are dually diagnosed with mental health and developmental disabilities. Access into the developmental disability system is challenging for families to navigate the increasingly limited services, as well as, for those who are already enrolled.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input 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 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

With the closing of the OMH hospital many high need individuals require housing that is adequate for their needs. A shortage of housing available for individuals who require 24 hour care and supervision exist and, if fact, is growing. The move toward the increase in supported housing units will not support individuals who are unable to live independently in the community adequate services are not yet available to support and create a safety net for this segment of the population. Providing a continuum of person centered care will require a more robust effort.

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

Oneida County and the cities of Utica/Rome are working with DePaul developers to create 2 housing units that will allow a limited number of units to be available. Oneida County is working with the Rescue Mission of Utica to support Rescue Missions 62 unit building project currently under way. We are also waiting approval of 22 additional beds from OMH.

Objective Statement

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

For many of our rural clients there are limited transportation services and no city to city accessible transportation. There is no reasonably priced transportation for non-Medicaid clients, posing a barrier for many low income clients.

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

Oneida County Mental Health is collaborating with Oneida County Department of Social Services and Workforce Development to assist in improved service delivery.

Objective Statement

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

OMH Children - additional crisis respite services are needed.
 OMH Adults - need additional staffing to provide community crisis intervention.
 OASAS - need for 24/7 detoxification services. Once clinics close after hours there is no where for the individuals to receive services.OPWDD - need more adequate provisions for dually diagnosed ID/MI individuals who are not considered eligible for the psychiatric unit. Better collaboration between OMH and OPWDD.

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

We will be having a 9.41 Meeting to address issues related to crisis services.

Our crisis center for OASAS will be opening in Syracuse.

Objective Statement

Change Over Past 12 Months (Optional)

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

More services could be available for individuals with mental health issues who are able to work.

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 directly provide those services so we would have to collaborate directly with agencies providing those services.

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

We are planning to provide prevention services through the RFP process. Currently, our prevention provider's contract ends June 30th.

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

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

The goal will be to review and designate a new prevention provider through submitted RFP's.

Objective Statement

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

OASAS - There are long waitlists for inpatient treatment services. Many of our community residents have to leave the area for timely treatment. The time element can be critical because they may lose motivation if inpatient treatment is not available. With a total of 112 inpatient beds in the County, the demand frequently exceeds availability.

OMH - There is a need for more inpatient stabilization beds for both children and adults. There is a need for inpatient services for individuals with a dual diagnosis of ID/MI. There is also a need for longer term inpatient beds.

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

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

OASAS - A regional crisis respite center will be opening this year. Oneida County is one of the counties participating. In addition we are exploring the possibility of adding additional beds.

Objective Statement

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

More Peer Specialists would be a benefit. Additional crisis intervention counselors would also benefit the area.

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

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

Our goal would be to have Peer Specialists embedded in community hospitals. Increase services and oversight for dual recovery programs to ensure a greater success in the community.

Objective Statement

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

There is always a need to educate the community about mental illness and services provided.

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

Our goal is to continually provide training and education to various populations in the community. Another goal is to collaborate with our community providers to bridge the gap in understanding mental illness.

Objective Statement

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

OMH Children - All of our Medicaid eligible clinics have a very long waitlist. The clinics are always dealing with high no-show rates. The majority of our childrens clinics have a waiting list of two weeks for an initial intake, and when they are seeing a therapist, they must have three sessions before a referral can be

made to a psychiatrist. The majority of our children see the therapist every other week.

OMH Adult - For adults looking for an appointment at a Medicaid clinic, the wait can be up to three months. They are generally seen once a month by a therapist, and once every three months by a psychiatrist.

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

We will try to assist the agencies find and apply for grant opportunities to expand service hours. Additional psycho-social club opportunities, skill building, empowerment, support, and other interest groups.

Objective Statement

Change Over Past 12 Months (Optional)

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

There could be an expansion of recreational activities and clubs. There are no formal supports in place at this time for children.

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

Collaborate with agencies to enhance their currently provided services.

Objective Statement

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

There needs to be more collaboration between mental health care coordination, the LGU and service providers. Home and community based care services and Family Navigators that will address the issues of service availability, transportation, and housing. Intergrating MCAT service coordination would also benefit the care coordination.

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

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

The goal is to work toward increasing services available to care coordinators and the families they serve.

Objective Statement

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

Change Over Past 12 Months (Optional)

2s. Developmental Disability Adult Services - Background Information

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

Change Over Past 12 Months (Optional)

2t. Developmental Disability Student/Transition Services - Background Information

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

Change Over Past 12 Months (Optional)

2v. Developmental Disability Family Supports - Background Information

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

Change Over Past 12 Months (Optional)

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

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

Change Over Past 12 Months (Optional)

2x. Autism Services - Background Information

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

Change Over Past 12 Months (Optional)

2y. Developmental Disability Person Centered Planning - Background Information

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

Change Over Past 12 Months (Optional)

2aa. Developmental Disability Front Door - Background Information

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

Change Over Past 12 Months (Optional)

2ab. Developmental Disability Service Coordination - Background Information

Developmental disabilities services are extremely difficult to access. Currently, Oneida County has 2 providers who work with children and adults with profound needs. Both agencies have limited capacity. Individuals with dual diagnosis are in day programs, or, are new referrals and will likely not be served for many months, more likely years.

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

We will continue to try to work with local and district offices to establish efficient pathways and response times leading to successful outcomes. Trying to work with OPWDD is probably the most disturbing and discouraging effort made by the LGU to assure comprehensive services for the developmental disabilities population.

Objective Statement

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

3a. Medicaid Redesign - Background Information

Oneida County is actively engaged in educational and improvement projects and coalitions.

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

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

Oneida County is actively engaged in educational and improvement projects and coalitions.

Objective Statement

Change Over Past 12 Months (Optional)

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

Oneida County is actively engaged in educational and improvement projects and coalitions.

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

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

Oneida County is actively engaged in educational and improvement projects and coalitions.

Objective Statement

Change Over Past 12 Months (Optional)

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

Oneida County is actively engaged in educational and improvement projects and coalitions.

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

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

Oneida County is actively engaged in educational and improvement projects and coalitions.

Objective Statement

Change Over Past 12 Months (Optional)

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

Oneida County is actively engaged in educational and improvement projects and coalitions.

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

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

Oneida County is actively engaged in educational and improvement projects and coalitions.

Objective Statement

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
Oneida Co. Department of Mental Health (70210)
Certified: Todd Stokes (6/1/17)

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

Budgeting is based on past experience through prior budgeting and taking into account the likelihood of additional years fiscal need of additional services. 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. An AOT referral is receiving from the referring agency by the Mental Health Department. The referral is forwarded to the AOT Investigator who arranges to meet with the referent for an assessment. The Investigator will also obtain signatures on releases for information which have been prepared by the Mental Health Department. The releases are then sent out by the Department and records are tracked as they come in. The Investigator reviews the records and determines if the individual meets the eligibility for an AOT.

If the individual is found to be eligible, the records are sent to the psychiatrist appointed by the Mental Health Department to review. Once the doctor has read the records, a time is set for the doctor and a lawyer from Mental Hygiene Legal Services representing the client to meet with the client for an additional assessment. The doctor then sends his Physician's Affirmation, the Treatment Plan, the Medication Worksheet and the Substance Abuse Worksheet (if appropriate) to the AOT Coordinator who prepares the paperwork for court. The final paperwork is signed by the doctor and taken to the County Attorney's Office who will in turn arrange the court date.

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.

Intensive Case Management (ICM) and the Assertive Community Treatment Team prepare weekly reports on each of their AOT clients and forward them to the AOT Coordinator. These reports are then included in the Adult Single Point of Access and Accountability (ASPOAA) meetings. ICM clients are referred to York Street Clinic which also has representatives at the ASPOAA meeting, in addition to representatives from the various substance abuse treatment agencies. There is also regular communication between the care management providers and the AOT Coordinator or ASPOAA Coordinator as needed.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals. AOT clients are assigned to either Intensive Case Management (ICM) or the Assertive Community Treatment Team (ACT) through Mohawk Valley Psychiatric Center and Central New York Health Home.

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
 Oneida Co. Department of Mental Health (70210)
 Certified: Todd Stokes (4/6/17)

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 Ken Abramczyk
Physician No
Psychologist No
Represents Community
Term Expires
eMail kennethabramczyk@gmail.com

Member
Name Lorraine Krup
Physician No
Psychologist No
Represents Community
Term Expires
eMail none

Member
Name Mike Romano
Physician No
Psychologist No
Represents Office for the Aging
Term Expires
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Member
Name Susan Spina
Physician No
Psychologist No
Represents Mohawk Valley Health Systems
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eMail sspina@mvnhealth.com

Member
Name Gretchen Sprock
Physician No
Psychologist No
Represents Community Member
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Member
Name Rose Roberts
Physician No
Psychologist No
Represents Community
Term Expires
eMail

Member
Name Dr. Joanne Joseph
Physician No
Psychologist No
Represents SUNY POLY
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Member
Name Donna White
Physician No
Psychologist No
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Member
Name Morris Pearson
Physician No
Psychologist No
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Term Expires
eMail mpearson@mvcc.edu

Alcoholism and Substance Abuse Subcommittee Roster
 Oneida Co. Department of Mental Health (70210)
 Certified: Todd Stokes (4/6/17)

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.

Member
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Is CSB Member No

Member
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Is CSB Member No

Member
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Represents Liberty Management
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Is CSB Member No

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Is CSB Member No

Member

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Is CSB Member No

Member

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Member

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Is CSB Member No

Mental Health Subcommittee Roster
 Oneida Co. Department of Mental Health (70210)
 Certified: Todd Stokes (4/6/17)

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.

Member
Name Margaret Batson
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Developmental Disabilities Subcommittee Roster
 Oneida Co. Department of Mental Health (70210)
 Certified: Todd Stokes (4/6/17)

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.

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Is CSB Member No
Member Name Joseph Salavamini
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Is CSB Member No

2017 Mental Hygiene Local Planning Assurance
Oneida Co. Department of Mental Health (70210)
Certified: Todd Stokes (6/1/17)

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.