

2018
Local Services Plan
For Mental Hygiene Services

Yates County Dept of Community Service
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
Yates County Dept of Community Service	70390	(LGU)
Executive Summary	Optional	Not Completed
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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
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Mental Hygiene Goals and Objectives Form
 Yates County Dept of Community Service (70390)
 Certified: George Roets (7/2/17)

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 unmet need has increased this year overall due to a number of factors including: community efforts to education about mental health and substance abuse, efforts to enlist community members to identify those in need of services and link them with services, increased referrals (especially from children and youth), staffing turnover at the clinic level, lack of prescribers, housing options, lack of afterhours program and support, the switch from case management to Health Home Care Management (delays in care management enrollments) and limitations in crisis services which rely too heavily on the Hospital Emergency Department. The implementation of managed Care has also led to increased referrals. The more recent Harp program has not had a major impact as of yet.

services and staffing and that should increase availability and reduce reliance on the Hospital Emergency Department. Out patient mental health clinics struggle with high referral numbers and delays in assessments and evaluations. Assessments for medication treatment are also delayed due to lack of staff. The Psychocial club and drop in center remain available for limited hours but are handicapped due to lack of space and staffing turnover. Residential resources out of county remain the bulk of the mental health bed options. this limits in county options. Voluntary beds are available but limited in quality and availability. Crisis residential options are almost entirely out of County.

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 level of unmet need has not improved despite the expansion of outpatient treatment options, the availability of medical treatment options at the jail and in the community, addition of care management and peer services as well as new housing options. detoxification and inpatient treatment remain available in Clifton Springs and elsewhere in the state but are limited by availability and distance. Efforts to provide treatment on demand have not been successful locally but further efforts are under development. The local substance Abuse Coalition has been active working on community options and interventions including prevention efforts. Managed Care has led to increased referrals also. Crisis services are lacking.

Prevention has occurred in the schools but also in the general community. These efforts continue to be extensive and include use of social media, public media and the internet. Evidence based programs have reached more children and youth then ever before.

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:

The unmet needs remain the same during the transformation process underway. residential need remain critical although addition residential options are in process. The new focus on employment over workshop efforts remains a work in progress. Creative efforts in establishing inhouse options as well as community options are in place with more under development. Clinical and rehabilitation services have been consolidated into a clinic(article 28) struggling with the decentralized services approach. Crisis and emergency services remain dependent on the Mental Health System and Hospital Emergency Department while the regional response system is expanded and developed.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input 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 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 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	<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 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| aa) Developmental Disability Front Door | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ab) Developmental Disability Service Coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ac) Other Need (Specify in Background Information) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2c. Crisis Services - Background Information

There were a number of reports, data sets and surveys that powered these efforts including: Regional Planning Reports (Common Ground), OASAS reports, OMH Reports, FLPPS Reegional scan, Child Survey, CLMHD survey data, data reports, local agency reports, innovative Voacational Project reports, Residential reporting from the state, local residential providers and housing agencies, statr reports, medicaid data, etc.

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

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

To promote and advocate for crisis outreach, assessment and intervention on demand 24/7 in Yates County.

Objective Statement

Objective 1: Engage local Government, local agencies, local programs, FLPPS and FLRPC regarding the need for on demand crisis services for the three pop.groups.

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

Change Over Past 12 Months (Optional)

Slow progress noted on path to on demand crisis services but large gaps continue with relaince on the hospital emergency department and the police.

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

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

Change Over Past 12 Months (Optional)

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

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

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

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

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

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

To increase access to recovery and support services for the mentally ill and substance abuse populstion.

Objective Statement

Objective 1: Work with Lakeview health to increase availability of drop in center and psychosocial club.

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

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

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

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

Reduce stigma for mental illness and substance abuse.

Objective Statement

Objective 1: Community education efforts with factas and information.

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

Objective 2: Provide community based trainings- MHFA & YMHA.

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

Objective 3: Provide support for community members to become trainers

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

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):

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

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

Insure adequate access to outpatient care for the mentally ill, substance abuse population of all ages

Objective Statement

Objective 1: Monitor access and waiting times for mh outpatient care.

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

Objective 2: Monitor access and wait times for substance abuse care

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

Objective 3: insure adequate local outpatient care for all ages for mental health and substance abuse.

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

Change Over Past 12 Months (Optional)

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

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

Insure adequate access to care management services for adults and 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

In sure adequate access to care management services for adults and children.

Objective Statement

Objective 1: Link C & Y Care management with C & Y SPOA team.

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

Objective 2: Link adult care management with adult SPOA team.

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

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

see residential goal.

2z. Developmental Disability Residential Services - Background Information

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

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 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"/>

3a. Medicaid Redesign - Background Information

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

Change Over Past 12 Months (Optional)

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

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

Change Over Past 12 Months (Optional)

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

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

Change Over Past 12 Months (Optional)

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

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

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
Yates County Dept of Community Service (70390)
Certified: George Roets (5/6/17)

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

Neither the Community Services department budget or Sheriff's Budget have allocations for 730 restoration. The County would need to look at surplus funds or new allocations to cover such costs. There have been no restoration chargebacks in the last decade.

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 Community Services department and the County Attorney stand ready to insure investigation of petitions and to respond to requests about the use of AOT. The Director for Community Services investigates or assigns someone to investigate potential AOT petitions. The Department policy requires that alternatives to APOT be considered in every case. That option could include the creation of the DCS community plan for an individual designed to meet the individuals needs and the community's concerns. It would utilize the adult SPOA team and and health home care management (HHCM) and consider: evaluation & assessment, MIT, ACT, C-PEP, crisis, crisis residential, crisis transitional housing, respite, outreach, intensive outpatient, outpatient, psychosocial, substance abuse treatment, rehabilitation, supportive living, community support, housing support, other HCBS and peer services.

It is the policy of the Department to consider alternatives to an AOT order. All of the services that could be used for an AOT order would be considered. The approach would include a community treatment planning including the individual, family, significant others including the range of services available. in addition, local law enforcement, legal advocacy and social services agencies would be invited as appropriate. the purpose would be to address the issues, involving the individual providers and agencies that could help in the development of a plan to address the crisis level issues and prevent reoccurrence. Such a plan would be monitored by the DCs and assigned HHCM.

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.

An individual under AOT order will have a specific AOT treatment plan which at a minimum will include a Health Home Care manager (ICM), mental health provider along with a variety of other providers or programs including residential, crisis, psychosocial, peerservices etc. The plan will include weekly reporting by the (ICM) to the DCS in keeping with the monthly state reporting requirements. reports on a monthly basis will be required of the mental health provider and other providers assigned to the DCS. the DCS or designee will also make periodic contact with an AOT to insure that the order and the plan is facilitated by all concerned.

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

The HHCM (ICM) program of the Elmira Psychiatric Center is the primary choice with the HHCM programs at Finger Lakes Substance Abuse Treatment Agency and Solsiers & Sailors Hospital John Kelly Clinic as alternatives.

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
 Yates County Dept of Community Service (70390)
 Certified: George Roets (5/6/17)

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 Michelle Jensen
Physician No
Psychologist No
Represents community
Term Expires 12/31/2017
eMail mjensen@arbordevelopment.org

Member
Name Lauren R. Snyder
Physician No
Psychologist No
Represents family/consumer
Term Expires 12/31/2020
eMail laurensnyder@gmail.com

Member
Name Sara Christensen
Physician No
Psychologist No
Represents health care/public health
Term Expires 12/31/2020
eMail schristensen@yatescounty.org

Member
Name Antonia Gridley
Physician No
Psychologist No
Represents Law enforcement
Term Expires 12/31/2020
eMail agridley@yatescounty.org

Member
Name Becky Bennett-Tears
Physician No
Psychologist No
Represents aging population
Term Expires 12/31/2017
eMail Bennett-TearsB@proactioninc.org

Member
Name Eric Detar
Physician No
Psychologist No
Represents higher education/chaplain
Term Expires 12/31/2020
eMail edetar@keuka.edu

Member
Name John H. Cooley MD
Physician Yes
Psychologist No
Represents community member
Term Expires 12/31/2019
eMail jhcooley@aol.com

Member
Name Richard Hoyt
Physician No
Psychologist Yes
Represents Community
Term Expires 12/31/2019
eMail drrichardhoyt@gmail.com

Alcoholism and Substance Abuse Subcommittee Roster
 Yates County Dept of Community Service (70390)
 Certified: George Roets (5/6/17)

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
Name Gerri Kolbe
Represents consumer/family
eMail gkolbe@flpn.org
Is CSB Member No

Member
Name Edie Mann
Represents community advocacy
eMail backacres1947@gmail.com
Is CSB Member No

Member
Name John H. Cooley
Represents medicine
eMail jhcooley@aol.com
Is CSB Member Yes

Member
Name Jacqueline M Shrader
Represents community advocacy
eMail shraderja@aol.com
Is CSB Member No

Member
Name martin Teller
Represents substance abuse treatment
eMail Martin.Teller@flacra.org
Is CSB Member No

Member
Name Timothy Van Damme
Represents substance abuse prevention
eMail tvandamme@twcmetrobiz.com
Is CSB Member No

Mental Health Subcommittee Roster
 Yates County Dept of Community Service (70390)
 Certified: George Roets (5/6/17)

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 Cathy Lovejoy
Represents community residential
eMail clovejoy@lakeviewmhs.org
Is CSB Member No

Member
Name Stephanie Washburn
Represents primary secondary education
eMail swashburn@dundeecs.org
Is CSB Member No

Member
Name Sherri Borglum
Represents community treatment
eMail sherriborglum@gmail.com
Is CSB Member No

Member
Name Becky bennett-Tears
Represents aging services
eMail bennett-TearsB@proaction
Is CSB Member Yes

Member
Name Lisa Youngs
Represents mental health care
eMail lisa.youngs@flhealth.org
Is CSB Member No

Member
Name John Jenkins
Represents children's support services
eMail jjenkins@dor.org
Is CSB Member No

Member
Name melanie Sullivan
Represents community residential support
eMail melaniesullivan@keukahousingcouncil.org
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Yates County Dept of Community Service (70390)
 Certified: George Roets (5/6/17)

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
Name Deb Fabris Coon
Represents ARC Yates
eMail dfabriscoon@arcofyates.org
Is CSB Member No

Member
Name James E. Wilson
Represents community
eMail jimw805@gmail.com
Is CSB Member No

Member
Name Virginia (Ginny) Penepent
Represents family
eMail ginpene@gmail.com
Is CSB Member No

Member
Name Connie L. Baughman
Represents family advocate
eMail conniebaughman45@yahoo.com
Is CSB Member No

Member
Name Carol G. Schreiner
Represents children's services
eMail cshreiner@rochester.rr.com
Is CSB Member No

Member
Name Stacy Barden
Represents education
eMail sbarden@pycsd.org
Is CSB Member No

Member
Name Richard Hoyt
Represents community
eMail drrichardhoyt@gmail.com
Is CSB Member Yes

2017 Mental Hygiene Local Planning Assurance
Yates County Dept of Community Service (70390)
Certified: George Roets (7/2/17)

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.