

2017
Local Services Plan
For Mental Hygiene Services

Herkimer County MH & Chem Services
August 11, 2016



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
Herkimer County MH & Chem Services	70070	(LGU)
Executive Summary	Optional	Not Completed
Needs Assessment Report	Required	Certified
Multiple Disabilities Considerations Form	Required	Certified
Priority Outcomes Form	Required	Certified
Community Services Board Roster	Required	Certified
OMH Transformation Plan Survey	Required	Certified
LGU Emergency Manager Contact Information	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

2017 Needs Assessment Report
Herkimer County MH & Chem Services (70070)
Certified: Edgar Scudder (5/27/16)

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

PART A: Local Needs Assessment

1. Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

Herkimer County is located in central New York State and has a population of 64,503 (2010 Census). This population is ranked 38th out of the 62 counties in New York State. There are nineteen towns, ten villages and one city in Herkimer County. The city of Little Falls has 4,946 residents, is ranked 60th in population out of the 62 cities in New York State. Herkimer County is the longest county in New York State (north to south) and has the sixth largest land area (1,411 square miles). The majority of the county's population resides in the towns, villages and city that surround the Mohawk River, referred to as the Mohawk Valley Corridor. The county seat is in the Village of Herkimer, which is home to the county's community college. . As you travel north and south of the Valley Corridor the area becomes rural and more sparsely populated. The northernmost section of the county is within the Adirondack State Park. . Because of the large land area and the lack of available public transportation, Herkimer County has consistently struggled with access to services. Herkimer County residents to the North and South of the Valley Corridor often have problems getting to needed services and may have to travel to neighboring counties to meet their needs. As a designated HPSA County (Health Professionals Shortage Area), Herkimer County lacks sufficient professionals in both primary and behavioral health services to adequately serve the population. . The service area is described as impoverished in many ways, foremost of which is evidenced by a declining economic infrastructure. In 2013, the median income for a household in Herkimer County was \$45,047, which was lower than the median household income found in New York State (\$58,003). The per capita income in Herkimer County was \$23,418, which is also lower than the per capita income in New York State (\$32,382) (2009-2013 ACS). About 15% of the population is reported to be below the poverty line. . The Herkimer County Mental Health Department operates an outpatient mental health clinic for adults and children and youth with serious mental illnesses and emotional disorders in Herkimer County. The department budget for 2015 was over three million dollars with nearly half of this amount provided to local mental health and human service agencies for services to county residents. The Mental Health Department employs fifteen full-time staff, including six mental health counselors. Psychiatric services are provided by four part-time physicians. Additional counseling services are provided by four part-time staff. The remaining staff provides clerical, administrative and billing support and services. . In addition to services to the community, county clinic staff provides services to the local correctional facility and family court. The needs of the correctional facility population have been steadily increasing. The state Office of Mental Health is providing state funding to offset the cost of forensic services and for uncompensated care provided to clinic clients. . In 2015, department staff provided over 8,500 therapy sessions to approximately 1,100 children and adults. This is a record high number of sessions. Over 800 visits were provided to correctional facility inmates. Nearly all patient referrals are made through area medical offices or hospitals and as described, are provided solely to individuals who are identified as having a serious mental illness or emotional disorder. Demand for services is very high. All correctional facility inmates are screened to identify those who may be at-risk of doing harm to themselves or others or requiring treatment of an existing mental illness. Increasing numbers of inmates are also identified as having alcohol and substance abuse problems (especially heroin) in addition to mental health problems. The number of inmates served and the number of inmates identified as at-risk to self or others continues to increase each year. Staff are also responsible to ensure that inmates with serious mental illnesses are identified and provided with opportunities to continue treatment following release. In 2015, we successfully initiated substance abuse counseling services for inmates identified with alcohol/substance abuse problems. Department staff continues to provide alcohol/substance abuse screening services to social service beneficiaries identified as having alcohol/substance abuse problems. These individuals are mandated to participate in screening or treatment services as a condition of program eligibility. The Mohawk Valley Psychiatric Center (MVPC) continues to also provide outpatient mental health treatment services for county residents at their outpatient clinic located on Main St., Herkimer. The availability of state services allows Herkimer County to continue to provide services with existing resources. . The Neighborhood Center (agency provider) has made efforts to establish satellite mental health clinics in the Mount Markham and Town of Webb school districts to address the needs of youth and families in the southern and northernmost regions of the county. This response in the Town of Webb area was also prompted by an outpouring of requests by the school district and community members to provide treatment options for those affected by a number of tragic events, including a number of suicides, which have occurred in the community over the past several years. . The issue of Suicide Prevention has been a topic of focus for many years in Herkimer County. Over the past year there have been many successful efforts to implement suicide prevention activities in the county, particularly in the Town of Webb where there has been development of new prevention and clinic treatment services in partnership with the Suicide Prevention Center of New York and the Neighborhood Center. The Town of Webb School District, with assistance from the University of Rochester, adopted the Sources of Strength (SOS) curriculum for students and faculty. In addition, the Herkimer County Prevention Council received \$10,000 in postvention funding to be used for needed services. These funds have been used thus far to provide consultation and training for the Town of Webb School District. . In addition, there are new efforts to develop a county-wide suicide coalition in partnership with the Suicide Prevention Center of New York and Herkimer County Public Health. These efforts will continue through the year. The Herkimer County Prevention Council has received funds from the Suicide Prevention Center of New York to assist with coalition development. The most significant change in 2015 has been the continuing development of the Delivery System Reform and Incentive Program sponsored through the state health department designed to reconfigure the health delivery system to achieve greater fiscal efficiencies, including reducing reliance and use of Medicaid funds. The LGU, contract agencies and county partners continue to become informed about and participate in statewide efforts to redesign service delivery systems, including the reform efforts related to DSRIP, and including Health Homes, HCBS Waiver, and Medicaid redesign. The role of local governmental units has not been defined well by state agencies although our local clinic has been identified as a participating service provider in DSRIP initiatives. It is hoped that this and related initiatives are successful however, they are not addressing some current serious service liabilities, including a severe shortage of psychiatric staff. The availability of psychiatric staff has always been a limited and has grown worse as staff age and are not replaced with younger individuals. To ensure program quality and effectiveness and maximize scarce resources, Herkimer County has adopted the Results Based Accountability (RBA) framework to measure and improve outcomes for all programs and services operated or funded by the county across several county departments and service disciplines. This initiative is coordinated through the county Youth Bureau. County departments, including the Mental Health Department and all Mental Hygiene Services contract agencies and ~~progr~~collect the data necessary to measure program effectiveness. Program performance data, which is collected every six months, is being used to generate a program "Scorecard". This scorecard is being used to analyze program and client progress toward the successful achievement of performance targets and outcomes and to identify the areas in which there is a need for improvement. Program scorecard reviews have already resulted in modifications to existing programs to better meet the needs of the current populations being served and to address system service gaps. . Herkimer County has a long history of collaboration among county departments. The LGU and other county health and human service departments participate in Herkimer County's Integrated County Planning initiative. The purpose of the initiative is to identify, prioritize and address county needs while maximizing resources. . One area of need identified by county leaders has been at-risk youth (and their families) who are involved in the juvenile justice system. These youth and families have a multitude of needs that require intensive intervention, including serious emotional and behavioral challenges and substance use disorders. Parent support and skills training, as well as trauma informed approaches to care, were identified as priority needs for this population. . IMPACT, a Family Support Program operated by the Center for Family Life and Recovery, was fully integrated into the county Family Support PINS Diversion Program in late 2015. Staff members now provide family support services, parent and family advocacy, skill building and counseling services for youth (and their families) involved in the juvenile justice system. The LGU and the Center for Family Life and Recovery will continue to work with the Herkimer County Department of Social Services and the Probation Department to develop and implement best practice program strategies to address the needs of youth and families enrolled in the Family Support PINS Diversion Program, to include the adoption of a trauma-informed treatment and support program in 2016. . Herkimer County Mental Health, in collaboration with the UCP Central New York Health Home Network (CNYHHN), sponsored training on Adverse Childhood Experiences (ACES) and hosted a showing of the film Paper Tigers to illustrate the need for trauma informed care for multi-systems youth. Activities will continue in this area of focus in 2017.

2. Analysis of Service Needs and Gaps - In this section, describe and quantify (where possible) the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

Planning Process The Herkimer County Mental Hygiene Services Advisory Board was created in 2010 to advise and guide the local planning process, discuss needs and share information across service systems. The group includes OASAS, OMH and OPWDD service providers, family representatives and advocates, key agency, government and community stakeholders, and the members of the Community Services Board. Mental Hygiene Services Advisory Board members serve

on the Alcohol and Substance Abuse (ASA), Mental Health, and Developmental Disabilities Subcommittees as well as various other ad-hoc planning committees and groups. During this planning cycle, the Herkimer County Mental Hygiene Services Advisory Board met in October 2015 and April 2016 to discuss and review the implementation of the 2016 Herkimer County Mental Hygiene Services Local Services Plan (LSP) and to update on current initiatives and emerging trends in Herkimer County, including those related to federal and state policy changes which have impacted current operating environments and strategic directions within OMH, OASAS and OPWDD. Examples of these changes include the implementation of Children's Health Homes, the HCBS Waiver and Medicaid Redesign, OPWDD Front Door initiative, and the DOH DSRIP and PHIP initiatives. The LGU and mental hygiene services system representatives have spent time discussing and planning for these changes, and have made it a priority to implement and monitor strategies that improve the current service delivery system and address statewide goals and objectives. In addition to this work, the group reviewed Results Based Accountability Scorecards which measure program performance across Herkimer County Departments and contract agencies, and discussed program progress toward the successful achievement of performance targets and outcomes. The Developmental Disabilities Subcommittee, Mental Health Subcommittee and the ASA Subcommittees each held meetings in April 2016 to review data, discuss policy changes and current needs, and review the tasks associated with the completion of the 2017 Mental Hygiene Services Local Services Plan. Discussions were also held with Integrated County Planning partners, including the Directors of Public Health, Department of Social Services and Probation, to discuss current needs and establish strategies that address priority areas of focus (i.e. suicide prevention and services for the juvenile justice population). Overall, the planning process elicited much discussion related to emerging trends and priority needs in Herkimer County, which included those related to federal and state policy changes. Committee members were asked to identify priority areas of need which are identified below.

Mental Health: Mental Health stakeholders discussed the implementation of Health Homes, DSRIP and Medicaid redesign, and the need for ongoing education and training for professionals. The need to better coordinate services for recipients of mental health services who have serious co-occurring medical problems was also identified, and increasing mental health services for young people involved with the juvenile justice system was identified as an area to be addressed. There also continues to be a need to coordinate services for both adults and children involved with the Child Welfare, Juvenile Justice, OASAS and Mental Health systems amidst Medicaid Re-Design as there may be opportunities for service delivery systems to shift funding to create/expand program opportunities for the non-Medicaid population in need or shift funding to compliment the services offered through Medicaid re-design for the Medicaid population. There remains a barrier in access to home and community based mental health services for adults and kids. A considerable increase in availability of home and community based services will become available to Medicaid eligible youth and adults in the second half of 2016 and into 2017. There will however be a gap in availability for those individuals that have the same level of need but are not enrolled in Medicaid. There is also significant gap in services when transitioning to adult services from children's services (outside of clinic based services and Case Management). There continues to be a lack of (child) Psychiatry in Herkimer County which can be a major barrier to treatment. Transportation is one of the main issues that families struggle with, especially when home based services are scarce. There is a need for more trauma informed care and parent support services for youth and families involved in the juvenile justice system. Parent education is a high need and communities lack the services and supports for parents of children with SEDs or chronic medical conditions. Additional mentoring services for youth with emotional and behavioral challenges and additional education and intervention for youth and young adults at risk of suicide were identified as ongoing areas of need. Ongoing services for Herkimer County farming families affected by the stresses of operating a farm and farm life was also identified as a need.

Substance Use Disorders: Heroin and Opioid use has increased significantly in Herkimer County, as it has in most counties across NYS. The rise in Opioid and Heroin use has strained the existing resources in the county and those accessed outside the county. Beacon Center, the ASA Treatment provider, currently serves about 130 youth and adults for a variety of substance use disorders. The Beacon Center has begun to prescribe Vivitrol and Suboxone as a component of Heroin and Opioid treatment. Preliminary feedback has been favorable. Overall, more individuals accessing treatment services in Herkimer County have been identified as having co-occurring chronic medical and issues. Although more individuals receiving services appear to be insured, large co-pays prevent many individuals from being able to afford or remain in treatment. The Beacon Center has trained Navigators on staff to help with obtaining or changing insurance based on needs. The access to treatment can be slow, and the need for available beds to detox individuals is great. There is not an inpatient treatment facility in Herkimer County and services are utilized out of county in a system that is already overburdened. The lack of inpatient services for youth and housing options for women in treatment were identified as specific areas of need. Transportation continues to be a barrier for those who live in the rural areas of the county and is a barrier to the access of services. The Herkimer County Prevention Council (substance abuse prevention provider) is consistently dealing with new trends and emerging substances. Prevention for youth is on-going and consistent due to the relationships with the school systems. The Community Partnership Coalition, an initiative of the Herkimer County Prevention Council, has been awarded a five year Drug Free Communities Support Program grant. The CPCHC was also recently awarded a grant to address underage drinking in Herkimer County. An increase in prevention services for adults is needed and is being addressed somewhat through the Community Partnership Coalition of Herkimer County. The need to provide ongoing education and training for mental health services staff, law enforcement schools and community providers has been identified as a priority area. Collaboration among agencies and the LGU continues to be positive and effective.

Developmental Disabilities: Developmental Disabilities stakeholders discussed recent systemic changes and the present and future impact on the availability of services, ease of access for families in need of services, and family voice and choice. There is a need for appropriate residential living settings and opportunities for adults. There is a need for the ability to find meaningful employment that a person can make a living wage at in the community. Transitioning adults to employment and/or daily activities was identified as a continued area of concern. Maintaining and increasing the skill level and professional status of direct support professionals was also identified as a need. There is a lack of public and other transportation options for adults and families in the community.

3. Assessment of Local Needs - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
Substance Use Disorder Services:						
a) Prevention Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
d) Opioid Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f) Residential Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g) Housing.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
h) Transportation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Other Recovery Support Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
j) Workforce Recruitment and Retention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
k) Coordination/Integration with Other Systems	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Other (specify):	<input type="radio"/>					
Mental Health Services:						
m) Prevention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

n) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
p) Clinic Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
r) Care Coordination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
s) HARP HCBS Services (Adult)				<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
t) HCBS Waiver Services (Children)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
u) Other Recovery and Support Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
v) Housing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
w) Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
y) Coordination/Integration with Other Systems	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
z) Other (specify):	<input type="radio"/>					
Developmental Disability Services:						
aa) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
bb) Clinical Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc) Children Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
dd) Adult Services				<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
ff) Respite Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
gg) Family Supports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
ii) Autism Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
jj) Person Centered Planning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
kk) Residential Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ll) Front Door	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
mm) Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
nn) Service Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
oo) Employment	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
pp) Workforce Recruitment and Retention.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
qq) Coordination/Integration with Other Systems.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
rr) Other (specify):	<input type="radio"/>					

Follow-up Questions to "Prevention Services" (Question 3a)

3a1. Briefly describe the issue and why it is a high need for the populations selected.
Prevention services are elemental and have been very successful in this county, reaching thousands of children and youth.

Follow-up Questions to "Crisis Services" (Question 3b)

3b1. Briefly describe the issue and why it is a high need for the populations selected.
Emergency detox services have been identified as an unmet need due to lack of availability in the region.

Follow-up Questions to "Inpatient Treatment Services" (Question 3c)

3c1. Briefly describe the issue and why it is a high need for the populations selected.
It is difficult to find inpatient treatment services for youth.

Follow-up Questions to "Opioid Treatment Services" (Question 3d)

3d1. Briefly describe the issue and why it is a high need for the populations selected.
Opioid abuse is rampant and insidious in this county as it is elsewhere. Increasing numbers of individuals who abuse opioids are seeking mental health services and are encountered in the local correctional facility.

Follow-up Questions to "Transportation" (Question 3h)

3h1. Briefly describe the issue and why it is a high need for the populations selected.

Transportation is one of the main issues that individuals and families struggle with, especially when home based services are scarce. Most communities are rural and lack public transportation options. Some services are only available outside of the county.

Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3k)

3k1. Briefly describe the issue and why it is a high need for the populations selected.

OASAS services are poorly integrated on the state level with no mandate to attempt integration with mental health services, including special populations such as forensic clients. Local mental health services provide extensive services to ASA individuals, including individuals admitted but not in need of inpatient psychiatric services.

Follow-up Questions to "Clinic Treatment Services" (Question 3p)

3p1. Briefly describe the issue and why it is a high need for the populations selected.

Clinic treatment services are inadequate and at risk of closure due to lack of psychiatric staff. Fiscal support is lacking with dire predictions of further reductions in current funding and insurance reimbursements.

Follow-up Questions to "Care Coordination" (Question 3r)

3r1. Briefly describe the issue and why it is a high need for the populations selected.

There continues to be a need to coordinate services for both adults and children involved with the Medical, Child Welfare, Juvenile Justice, OASAS and Mental Health systems as many individuals experience multi-system involvement and chronic co-occurring disorders and needs.

Follow-up Questions to "HCBS Waiver Services (Children)" (Question 3t)

3t1. Briefly describe the issue and why it is a high need for the populations selected.

HCBS Waiver Services are in limited supply and have been popular and effective.

Follow-up Questions to "Transportation" (Question 3w)

3w1. Briefly describe the issue and why it is a high need for the populations selected.

Transportation is one of the main issues that individuals and families struggle with, especially when home based services are scarce. Most communities are rural and lack public transportation options. Some services are only available outside of the county.

Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3y)

3y1. Briefly describe the issue and why it is a high need for the populations selected.

There continues to be a need to coordinate services for both adults and children involved with the Medical, Child Welfare, Juvenile Justice, OASAS and Mental Health systems as many individuals experience multi-system involvement and chronic co-occurring disorders and needs.

Follow-up Questions to "Clinical Services" (Question 3bb)

3bb1. Briefly describe the issue and why it is a high need for the populations selected.

As noted, the issue of inadequate psychiatric staff seems to have slipped from the public agency eye and remains unanswered. The reliance on psychiatric clinical services for ASA individuals continues to increase as a mental health responsibility. Similarly, the availability of clinical services for DD individuals is inadequate or lacking altogether.

Follow-up Questions to "Children Services" (Question 3cc)

3cc1. Briefly describe the issue and why it is a high need for the populations selected.

As regarding "Clinical Services", there is an even greater need and dearth of qualified children's psychiatric staff.

Follow-up Questions to "Adult Services" (Question 3dd)

3dd1. Briefly describe the issue and why it is a high need for the populations selected.

See above.

Follow-up Questions to "Student/Transition Services" (Question 3ee)

3ee1. Briefly describe the issue and why it is a high need for the populations selected.

Issues of transition are difficult to address and remain an area of concern.

Follow-up Questions to "Respite Services" (Question 3ff)

3ff1. Briefly describe the issue and why it is a high need for the populations selected. These services are very important to families accessing services and are highly effective.

Follow-up Questions to "Transportation" (Question 3mm)

3mm1. Briefly describe the issue and why it is a high need for the populations selected. Transportation is one of the main issues that individuals and families struggle with, especially when home based services are scarce. Most communities are rural and lack public transportation options. Some services are only available outside of the county.

Follow-up Questions to "Employment" (Question 3oo)

3oo1. Briefly describe the issue and why it is a high need for the populations selected. There is a need for the ability to find meaningful employment that a person can make a living wage at in the community.

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

4. How have the overall needs of the mental health population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

4a. If you would like to elaborate on why you believe the overall needs of the mental health population have stayed about the same over the past year, briefly describe here

5. How have the overall needs of the substance use disorder population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

5c. If you would like to elaborate on why you believe the overall needs of the substance use disorder population have worsened over the past year, briefly describe here

Our samples come from inpatient psychiatric services, the local correctional facility and treatment providers where the number of individuals with primary ASA continues to increase, especially Heroin and Opioid abuse and addiction.

6. How have the overall needs of the developmentally disabled population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

6d. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have been a mix of improvement and worsening over the past year, briefly describe here

There has been progress made with enrollment and access to services (Front Door) but some needs remain unaddressed.

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

7. In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?

- a. Yes
- b. No

8. In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?

- a. Yes
- b. No

8a. Briefly describe those planning activities with other local government agencies and non-government organizations.

Please see Section #2 - Analysis of Service Needs and Gaps

9. In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?

- a. Yes
- b. No

9a. List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

LGU representative attendance of DSRIP and PHIP Behavioral Health Subcommittee meetings.

9b. Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

- a. Yes
- b. No

9c. Did the counties in your region reach a consensus on what the regional needs are?

- a. Yes
- b. No

9d. Briefly describe the consensus needs identified by the counties in your region

Co-location of behavioral and physical health services.

2017 Multiple Disabilities Considerations Form
Herkimer County MH & Chem Services (70070)
Certified: Edgar Scudder (5/27/16)

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

LGU: Herkimer County MH & Chem Services (70070)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

- Yes
- No

If yes, briefly describe the mechanism used to identify such persons:

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

- Yes
- No

If yes, briefly describe the mechanism used in the planning process:

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

- Yes
- No

If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

Mental Hygiene Priority Outcomes Form
Herkimer County MH & Chem Services (70070)
Plan Year: 2017
Certified: Edgar Scudder (5/27/16)

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

2017 Priority Outcomes - Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.

Priority Outcome 1:

Herkimer County will implement new services and supports that will enhance the capacity for integrated care, improve accountability, increase communication among service providers, and provide a greater focus on recovery-oriented services

Progress Report: (optional) **new*

Priority Rank: 1

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OPWDD People First Transformation

Is this priority also a Regional Priority? **new* Yes

Strategy 1.1

The Herkimer Area Resource Center will seek out and pursue initiatives to expand services to people with disabilities in the most responsive and fiscally responsible manner through the managed care service delivery and funding model, as implemented by NYSARC, Inc. and the State of New York. The agency completed its assignment as an OPWDD Case Study Organization and in 2014 attained accreditation from the Council on Leadership to increase focus on personal outcomes, a key aspect of the anticipated managed care service delivery model.

Applicable State Agency: OPWDD

Strategy 1.2

Representatives of the Herkimer County LGU, the county Integrated Planning Project and the Herkimer County Prevention Council will work with Herkimer County Public Health and the Suicide Prevention Center of NYS to develop a county Suicide Prevention Coalition. This steering group will engage representatives of local mental health, substance abuse, education, health, social services, school and law enforcement agencies to identify suicide prevention strategies that address local needs. This strategy addresses the 2013-2018 DOH Prevention Agenda 'Promote Mental Health and Prevent Substance Abuse' priority area (2.3 Prevent suicides among youth and adults).

Applicable State Agency: OMH

Strategy 1.3

The Community Partnership Coalition of Herkimer County (CPCHC) will address underage drinking and the dangers of prescription & synthetic drugs and heroin use. A full time CPCHC Coordinator has been hired to work with members of the Coalition to plan for and implement specific environmental strategies that address these issues.

Applicable State Agency: OASAS

Strategy 1.4

The Herkimer County LGU will improve system and program accountability by utilizing the Results Based Accountability framework to measure and evaluate program performance. The LGU continues to successfully participate in the RBA framework; in use since 2011. County-operated services and all contracted agency services participate in the RBA process, a performance-based service monitoring system.

Applicable State Agency: OMH

Strategy 1.5

The Herkimer County Community Services Board will review Mental Health Department and contract agency Results Based Accountability Scorecards to analyze program and system performance. The Board continues to participate in and review the RBA.

Applicable State Agency: OMH

Strategy 1.6

IMPACT, a Family Support Program operated by the Center for Family Life and Recovery, was fully integrated into the county Family Support PINS Diversion Program in late 2015. Staff members provide family support services, parent and family advocacy, skill building and counseling services for youth (and their families) involved in the juvenile justice system. The LGU and the Center for Family Life and Recovery will continue to work with the Herkimer County Department of Social Services and the Probation Department to develop and implement best practice program strategies to address the needs of youth and families enrolled in the Family Support PINS Diversion Program. Program staff will be trained in Alternatives for Professionals (AFP), a trauma-informed treatment and

support program designed to improve the relationship between children and caregivers in families involved in arguments, frequent conflict, physical force/discipline, child physical abuse, or child behavior problems.

Applicable State Agency: OMH

Strategy 1.7

The Neighborhood Center's Intensive Case Management Program will work with the LGU and the Central New York Health Home Network Inc. to plan for and implement Children's Health Home Care Management in which the focus will be family driven youth guided care coordination between a system of providers to assure access to services, quality care and improve health outcomes.

Applicable State Agency: OMH

Strategy 1.8

The Herkimer County LGU will participate in Delivery System Reform Incentive Program (DSRIP) planning meetings and will work with the Leatherstocking Collaborative Health Partners Group to explore physical and behavioral health integration strategies that will address needs and improve service outcomes.

Applicable State Agency: OMH

Strategy 1.9

The Beacon Center will participate in Delivery System Reform Incentive Program (DSRIP) planning meetings, to include the Mental Health Substance Abuse Committee and the Withdrawal Subcommittee, and will work with the Leatherstocking Collaborative Health Partners Group to explore strategies that will address needs and improve service outcomes. Special attention will be paid to the development of treatment services for the Opiate and Heroin addicted population.

Applicable State Agency: OASAS

Strategy 1.10

The Herkimer County LGU will attend Mental Health Population Health Improvement Program (PHIP) Behavioral Health subcommittee meetings and OMH Regional Planning Consortium(RPC) meetings and will participate in the development of a community based, recovery-oriented system of care for both primary health and mental hygiene services.

Applicable State Agency: OMH

Strategy 1.11

The Herkimer County LGU and the SPOA will work with Children's Health Home designated agencies and the local Department of Social Services to effectively implement Children's Health Home enrollment procedures in Herkimer County. The LGU will utilize Mental Hygiene Services planning meetings and subcommittees to educate and update service providers and key stakeholders on the changes made to the service delivery system for both children and adults (i.e. adult HCBS Waiver services).

Applicable State Agency: OMH

Strategy 1.12

Kids Oneida will begin serving adults through the CNYHHN for Health Home for Care Management Services in late 2016 and will plan for new provision of Adult Behavioral Health Home and Community Based Services (BH HCBS). Four Behavioral Health Home and Community Based Services will be provided: Psychosocial Rehabilitation (PSR), Habilitation, Family Support and Training, and Empowerment Services- Peer Supports. Additionally, KO will work with all three Health Homes designated in Herkimer County to provide Children's Health Home Care Management services beginning in October 2016 and will plan for the provision of an array of Home and Community Based Services which will become available in the Fall of 2017 for Medicaid enrolled youth.

Applicable State Agency: OMH

Priority Outcome 2:

Increase Access and Availability of Services

Progress Report: (optional) *new

Priority Rank: 2

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

Is this priority also a Regional Priority? *new

Strategy 2.1

The Herkimer County Prevention Council, as a Certified Education and Training Provider through OASAS, will collaborate with the Community Partnership Coalition of Herkimer County and other community agencies to provide the most current information through sponsored trainings on the prevention of substance abuse. The HCPC will provide two trainings on current trends in substance abuse in 2017.

Applicable State Agency: OASAS

Strategy 2.2

The Individualized Support Services Program will ensure that eligible service need requests for goods and services are met and that the identified need/problem is resolved in a timely manner.

Applicable State Agency: OMH

Strategy 2.3

The Herkimer Image Center (drop in center operated by Upstate Cerebral Palsy) will increase the number of individuals who attend and partake in activities.

Applicable State Agency: OMH

Strategy 2.4

The UCP Medication Grant Program will eliminate the gap in pharmacy benefits for individuals by increasing the number of clients who pick up Medication Grant card and increasing the number of those who use the card.

Applicable State Agency: OMH

Strategy 2.5

Upstate Cerebral Palsy will continue to expand recreational and social based inclusion opportunities in Herkimer County. UCP will provide information through a Recreation Calendar which includes programs based on woodworking, pet care/therapy, outdoors sports, piano lab and movement as well as arts and crafts, the A.R.T. and Studio Art programs, and the development of an Equine Center and associated farming enterprise.

Applicable State Agency: OPWDD

Strategy 2.6

The Herkimer Area Resource Center will continue to ensure the service and support needs of the Old Forge area are met through their program Outreach Development Connections.

Applicable State Agency: OPWDD

Strategy 2.7

Upstate Cerebral Palsy's Youth Mentoring Program will maintain school-based 1:1 programs in three Herkimer County school districts (Little Falls, Dolgeville and Herkimer) and will explore the possibility of expanding to include other school districts.

Applicable State Agency: OMH

Strategy 2.8

Upstate Cerebral Palsy will source and apply for grant funding opportunities to increase school-based mentoring programs in Herkimer County.

Applicable State Agency: OMH

Strategy 2.9

The LGU will work with the Neighborhood Center, Inc. and the Suicide Prevention Center of New York to develop suicide prevention and clinic treatment services in the Town of Webb (Old Forge).

Applicable State Agency: OMH

Strategy 2.10

Upstate Cerebral Palsy will explore the implementation of a summer mentoring program in Herkimer County that will serve children who may not have the opportunity to participate in other summer programs.

Applicable State Agency: OMH

Strategy 2.11

Upstate Cerebral Palsy will continue to provide Health Home services for adults in Herkimer County. Within 5 days of receiving a Health Home referral, contact to enroll the client will begin. If eligible and interested, the client will be enrolled within 90 days.

Applicable State Agency: OMH

Priority Outcome 3:

Provide Individualized Services and Person Centered Supports

Progress Report: (optional) **new*

Priority Rank: 3

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new*

Strategy 3.1

The Eastern Region of Central New York DDSO Family Support Advisory Council has formed and includes four counties (Herkimer, Oneida, Madison and Lewis). This group includes the combined membership of the county and regional councils and has the task of reviewing all contracted services and family support-like waiver programs. The Council meets nine or ten times a year to review programs, meet with Agencies and review consumer surveys. The Council acts as advocates for the developmentally disabled population and advisory to the central region director, discussing the unmet needs and evaluating those programs that are in place. Family members contact new members and any person or family member who is eligible for family support services are invited to attend the meetings. Service coordinators and family members are encouraged to present any concerns and unmet needs they are aware of so that advocacy for future funding of programs can be discussed.

Applicable State Agency: OPWDD

Strategy 3.2

The Nichol's House Supportive Living residence will improve the three-month retention rate for individuals who are admitted into the program by improving client screening and individualized service planning to improve client engagement. The retention rate in 2015 was 55%.

Applicable State Agency: OASAS

Strategy 3.3

The Beacon Center will improve the three month retention rate for individuals in substance abuse treatment by utilizing "Service First" Customer Service Training and Motivational Interviewing techniques to improve and maintain client engagement. The Clinic had a 64% client retention rate in 2015.

Applicable State Agency: OASAS

Strategy 3.4

The Herkimer Image Center (drop in center operated by UCP) will administer a Customer Satisfaction Survey to measure the effectiveness of services provided and whether interests and needs are addressed.

Applicable State Agency: OMH

Strategy 3.5

The UCP OMH Supported Housing Program will ensure client and landlord satisfaction by completing customer and landlord surveys to insure satisfaction with the program. Any issues reported will be addressed within 5 business days.

Applicable State Agency: OMH

Strategy 3.6

The Herkimer County Mental Health service will continue to provide transitional management services in the county correctional facility. The Herkimer County Mental Health Service assumed operation of all transitional management services in April 2015. County staff provide weekly substance abuse services to existing mental health services to reflect the need for substance abuse services as reported by inmates, including inmates with co-occurring disorders. More visits were provided to inmates, including psychiatric visits and ASA services, in 2015 than ever before.

Applicable State Agencies: OASAS OMH

Strategy 3.7

Two programs of the Neighborhood Center, the Family Ties Program and the Intensive Case Management Program, will use the person-centered approach to develop goals and build service plans around the strengths of youth and family and assure the quality of family driven, youth guided care management.

Applicable State Agency: OMH

Strategy 3.8

The Herkimer Area Resource Center will continue to expand and enhance Day and Community Based programs and employment options.

Applicable State Agency: OPWDD

Strategy 3.9

The Herkimer Area Resource Center will expand and enhance social recreation programming for Herkimer County Children and Youth. Through a Stewart's Holiday Match grant, the Herkimer Area Resource Center has purchased Leap Pad computer-assisted learning technology that will help a therapeutic play group of 3 – 5 year olds improve vocabulary and academic skills through recreation activities. An additional Stewarts Holiday Match grant allowed for the purchase of recreation supplies for play and structured activities that promote physical, mental, emotional, social, and creative development.

Applicable State Agency: OPWDD

Strategy 3.10

The Herkimer Area Resource Center will maintain Recreational Opportunities for Young Children (Pre-school).

Applicable State Agency: OPWDD

Strategy 3.11

The Herkimer Area Resource Center will maintain opportunities and supports for School-age Youth. The Children's Respite/Recreation Program continues to provide day activities for school age children during summer months and all school breaks. This program will continue through 2016.

Applicable State Agency: OPWDD

Strategy 3.12

The Herkimer Area Resource Center will establish a developmental program for adults who are medically frail and who have profound cognitive challenges. The agency will develop and enhance supports to individuals on the Autism Spectrum.

Applicable State Agency: OPWDD

Strategy 3.13

The Center for Family Life and Recovery, as part of the Family Support PINS Diversion Program, will respond to individual needs by providing home-based intensive services to children (and their families) who are identified as having behavioral and emotional challenges. Services provided include assessment, support, case planning, skill building and treatment. The addition of support groups will be explored.

Applicable State Agency: OMH

Strategy 3.14

Upstate Cerebral Palsy will provide the opportunity for Herkimer County families to participate in Individualized Lifespan Transition Planning sessions with trained facilitators to identify individual preferences, long-term life goals, assessment of skills and motivations, and strategies & linkages to realize those goals.

Applicable State Agency: OPWDD

Priority Outcome 4:

Develop Housing Alternatives for Persons with Disabilities and their Families

Progress Report: (optional) **new*

Priority Rank: 4

Applicable State Agencies: OMH OPWDD

Aligned State Initiative: **new*

OPWDD People First Transformation

Is this priority also a Regional Priority? **new*

Strategy 4.1

Upstate Cerebral Palsy will provide Self Direction Services that offer an opportunity for individuals with disabilities to make choices including independent community living. The Upstate Cerebral Palsy's Self Direction Services will provide informational outreach and education forums in Herkimer County to Herkimer County Service Provider Agencies, MSCs, Family Support Advisory Board members, and/or to the public through presentations in the community.

Applicable State Agency: OPWDD

Strategy 4.2

Upstate Cerebral Palsy will develop non-certified apartment living opportunities for individuals identified through referral and public forums. These opportunities will be funded through Self Direction Services.

Applicable State Agency: OPWDD

Strategy 4.3

The Herkimer Area Resource Center will provide alternative, affordable housing opportunities for disadvantaged individuals with disabilities in Herkimer County.

Applicable State Agency: OPWDD

Strategy 4.4

The Herkimer Area Resource Center will continue to support and serve parents with intellectual disabilities by continuing to operate the Valley Commons Learning Center and provide education and training relative to parenting.

Applicable State Agency: OPWDD

Strategy 4.5

The UCP OMH Supported Housing Program will increase the number of individuals who are successfully discharged from the program.

Applicable State Agency: OMH

Priority Outcome 5:

Develop, Expand, and Enhance Employment Opportunities

Progress Report: (optional) **new*

Priority Rank: 5

Applicable State Agencies: OMH OPWDD

Aligned State Initiative: **new*

OPWDD People First Transformation

Is this priority also a Regional Priority? **new*

Strategy 5.1

Upstate Cerebral Palsy will offer additional employment choices and opportunities to individuals in Herkimer County eligible for SEMP, ACCESS and other employment services. Upstate Cerebral Palsy will contact public sector employers in Herkimer County for the purpose of establishing competitive employment opportunities.

Applicable State Agency: OPWDD

Strategy 5.2

Upstate Cerebral Palsy Employment Services program will participate in informational outreach /education forums in Herkimer County regarding individualized employment opportunities. Forums will be offered to Herkimer County Service Provider Agencies, MSCs, Family Support Advisory Board members, and/or to the public through presentations in the community.

Applicable State Agency: OPWDD

Strategy 5.3

The Herkimer Area Resource Center will continue to meet the employment expectations and outcomes of Career Connections' contracts and funding sources to expand employment opportunities in Herkimer County.

Applicable State Agencies: OMH OPWDD

Strategy 5.4

The Herkimer Area Resource Center will prepare young adults for employment. Career Connections plans to support OPWDD individuals through "Pathways to Employment & Community Prevocational Services." STEPS (Supportive Training & Education, a Plan for Success) are located at Herkimer College. STEPS creates community integrated supports through a community based, integrated learning environment that assists individuals in moving forward in career choice, vocational exploration, and life skill acquisition. This is a person-centered, whole person approach to support the person with a disability in the life they choose.

Applicable State Agency: OPWDD

Strategy 5.5

The Herkimer Area Resource Center will prepare adults for employment/independence through the OPWDD Employment Training Program.

Applicable State Agency: OPWDD

Strategy 5.6

The Herkimer Area Resource Center's Career Connections Department will review and update ongoing supports for employed individuals to increase the likelihood of sustained employment.

Applicable State Agencies: OMH OPWDD

Strategy 5.7

The Herkimer Area Resource Center Career Connections will develop supports and services assisting individuals with mental health challenges to obtain and keep employment. The HARC Psych Rehab-Assisted Competitive Employment Program will measure, through Results Based Accountability reports, the number of individuals served, number of hours spent with individuals served, percent of individuals seen within 2 weeks of referral, percent of individuals who attained community employment within the last six months, number of individuals who maintained a job for 90 days, and the percent of individuals who are stable in their employment and are transitioned to ongoing support services.

Applicable State Agency: OMH

Strategy 5.8

The Herkimer Area Resource Center will prepare young adults for employment through a new program, Project Search. Project Search is an international, trademarked and copyrighted intern program model that focuses solely on employment for young adults 18 – 34 years old in collaboration with Herkimer College. Project Search has an intensive focus on achieving competitive employment and maximum independence for each individual. Each intern participates in daily classroom instruction and gains hands on work experience by rotating among three unique unpaid internships. Interns will learn skills that are marketable in their search for community employment.

Applicable State Agency: OPWDD

Priority Outcome 6:

Provide Support for Families

Progress Report: (optional) **new*

Priority Rank: *Unranked*

Applicable State Agency: OMH

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new*

Strategy 6.1

The Center for Family Life and Recovery will assist parents and caretakers of SED and at-risk youth referred through the SPOA or open to the Family Support PINS Diversion Program with the development of effective communication and problem-solving skills utilizing individualized in-home supports, Family Peer Advocacy services, and Common Sense Parenting training. A Certified Family Peer Advocate will administer the FANS (Family Assessment of Needs and Strengths) and will work with families to establish goals based on identified areas of need.

Applicable State Agency: OMH

Strategy 6.2

Cornell Cooperate Extension will operate the Herkimer County Farm Family Assistance Project which provides support and assistance to the Herkimer County farming community affected by the stresses of operating a farm business and farm life. This includes helping farm families look at options during times of uncertainty, conducting trainings and sharing resources that allow farm families to learn from educators and each other around topics of interest.

Applicable State Agency: OMH

Priority Outcome 7:

Promote and Protect Health, Safety and Wellness

Progress Report: (optional) **new*

Priority Rank: *Unranked*

Applicable State Agencies: OPWDD

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new*

Strategy 7.1

The Herkimer LGU will work with the Developmental Disabilities Subcommittee to explore effective strategies to be implemented to address health, safety and wellness.

Applicable State Agency: OPWDD

Strategy 7.2

The Herkimer Area Resource Center will implement a completely accessible outdoor recreational park in collaboration with the Village of Herkimer. With accessible facilities for people of all ages and abilities, the park's focus will be on accessible playground equipment for children six months through 12 years who have ambulatory disabilities that preclude use of typical playground facilities.

Applicable State Agency: OPWDD

Priority Outcome 8:

Develop and Support Quality Staffing and Operating Procedures

Progress Report: (optional) **new*

Priority Rank: *Unranked*

Applicable State Agencies: OMH OPWDD

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new*

Strategy 8.1

The Herkimer County Mental Health Clinic will complete implementation of mandated electronic records system. The system will utilize approved documentation which will address program operating certification items and improve billing system efficiencies. The mental health department has successfully implemented an electronic medical record system that is fully operational.

Applicable State Agency: OMH

Strategy 8.2

The Herkimer Area Resource Center will increase the skill level and professional status of direct support professionals. A Direct Support Professional Career (DSP) Ladder has been developed and became effective July 6, 2015. The Ladder includes various educational and competency-based skill milestones that are associated with increase in wages for DSPs. Milestones include the College of Direct Support on-line program, DSP credentialing, Associate's and Bachelor's degrees.

Applicable State Agency: OPWDD

Strategy 8.3

The Herkimer Area Resource Center will develop proactive plans for Direct Support Professionals and Self-Advocates to participate in advocacy efforts for provider rates more supportive of service needs and adequate staff pay.

Applicable State Agency: OPWDD

2017 Community Service Board Roster
 Herkimer County MH & Chem Services (70070)
 Certified: Edgar Scudder (5/27/16)

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

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.

Member
Name Susan Streeter
Physician No
Psychologist No
Represents Developmental Disabilities Services
Term Expires 12/31/2019
eMail

Member
Name Susan Eaton
Physician No
Psychologist No
Represents Children's Waiver Services
Term Expires 12/31/2019
eMail

Member
Name Chris Farber
Physician No
Psychologist No
Represents Sheriff's Department
Term Expires 12/31/2019
eMail

Member
Name Kathy Moss
Physician No
Psychologist No
Represents Family Advocate
Term Expires 12/31/2016
eMail

Member
Name Gina Giacobelli
Physician No
Psychologist No
Represents Youth Bureau
Term Expires 12/31/2019
eMail

Member
Name Christina Cain
Physician No
Psychologist No
Represents Public Health Service
Term Expires 12/31/2019
eMail

Member
Name Elizabeth Pritchard
Physician No
Psychologist No
Represents Residential & Home Health Services
Term Expires 12/31/2019
eMail

Member
Name Tim Seymour
Physician No
Psychologist No
Represents Department of Social Services
Term Expires 12/31/2016
eMail

OMH Transformation Plan Survey
Herkimer County MH & Chem Services (70070)
Certified: Edgar Scudder (5/27/16)

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

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" \$59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, \$15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

- a) Yes
- b) No
- c) Don't know

2. Please provide any other comments regarding Transformation Plan investments and planning.

2017 Mental Hygiene Local Planning Assurance
Herkimer County MH & Chem Services (70070)
Certified: Edgar Scudder (5/27/16)

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

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 2017 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 2017 Local Services planning process.