

2018
Local Services Plan
For Mental Hygiene Services

Schuyler County Mental Health Clinic
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Schuyler County Mental Health Clinic	70160	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

Mental Hygiene Goals and Objectives Form
 Schuyler County Mental Health Clinic (70160)
 Certified: Shawn Rosno (6/28/17)

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:

Schuyler Mental Health Clinic hired a full time Child/Adolescent Psychiatric Nurse Practitioner to provide assessments, prescriptions and overall treatment for our underserved community.

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

Please Explain:

Schuyler County's SUD provider, FLACRA, increased their Nurse Practitioner hours as well as collaborating with the Mental Health Clinic and Schuyler Hospital to increase suboxone treatment.

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:

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>

2a. Housing - Background Information

There continues to be a need for increased housing in our county and OASAS does not have any local beds available. Utilizing local resources, keeping persons in the community they know, and working with the local SPOE/A committee will help with the persons overall recovery.

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 housing specific to the OASAS population by at least 4 beds.

Objective Statement

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Transportation as a whole continues to be a need for this county and the local Arc has become the main provider. Helping secure more resources and opportunities for expanding the current limited transportation will help the county as a whole.

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 transportation options within the county and connecting to other counties transportation lines.

Objective Statement

Change Over Past 12 Months (Optional)

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

Job skills, coaching and retention continues to be a county need that our local Arc has focused on. They have the basic structure in place to teach and reinforce these skills and with collaboration between agencies this goal should show positive results.

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 basic skills and understanding of how to get and keep a job.

Objective Statement

Change Over Past 12 Months (Optional)

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

Employment in general has been a need that is being addressed with county resources and a larger collaborative effort as a whole. Agencies such as SCOPED provide economic development opportunities that lead to jobs, and working together provides opportunities for the population that Community Services works with.

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 employment opportunities.

Objective Statement

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

SUD's continue to rise in our county and prevention will be helpful in slowing down and possibly reversing this trend.

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

Change Over Past 12 Months (Optional)

To increase awareness and provide prevention services to more community members.

2h. Recovery and Support Services - Background Information

Support services help with connections and collaborations with many treatment providers that help decrease symptoms, improve awareness and increase positive treatment outcomes. Adding supports to our community will increase the likelihood of positive collaborations and at the same time provide someone for the person to simply reach out to when a need comes up.

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

Change Over Past 12 Months (Optional)

To increase support services for community members who need them.

2i. Reducing Stigma - Background Information

Community members continue to talk with other providers, such as Primary Care Physicians, stating they do not want others to see them receive services at the mental health clinic.

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 provide education and positive visibility to the community to start to reduce the stigma of Mental Health Services.

Objective Statement

Change Over Past 12 Months (Optional)

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

Our county has limited resources for opioid treatment and increasing prescriber hour's specific to this treatment will be beneficial. The increase in prescriber time and treatment will also increase therapy time needed to complete the treatment correctly.

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 awareness of the Heroin/Opioid epidemic and increase services, specific to Opioids.

Objective Statement

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

Persons that benefit from OPWDD services do not have enough access to clinical services provided by prescribers and therapists with OPWDD specialties. Creating an onsite clinic at the local Arc will meet this need.

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 clinical hour's specific to the OPWDD population.

Objective Statement

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

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

To be involved with, provide direction to and collaborate with the Regional Planning Consortium. All three O agencies, OASAS, OMH and OPWDD are working together with the Regional Consortium to plan for the changes coming in the near future.

Objective Statement

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

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

To collaborate with the Mental Health Clinic, Public Health Department and the community as a whole specific to reducing suicide in the community.

Objective Statement

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (6/21/17)

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

1. For Criminal Procedure Law 730 Chargeback Budgeting: Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted

Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

2. For Local Administration of the Assisted Outpatient Treatment Program:

- a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment. Schuyler County has not requested AOT in more than five years, instead we utilize a DCS Plan and format that has proven to be successful in our community.
- b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

The DCS Plan brings together the person with service needs and the various service providers to create a detailed plan to help. The plan is written and shared with the respective entities involved and follow up meetings are held as necessary. Each involved service provider updates their specific treatment plan accordingly.

- c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals. SPOA utilizes the Schuyler County Community Services Care Management Program and FLACRA Care Management as needed for the DCS plans. 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
 Schuyler County Mental Health Clinic (70160)
 Certified: Shawn Rosno (6/12/17)

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 Matt Hayden
Physician No
Psychologist No
Represents Community
Term Expires 6/21/2020
eMail

Member

Name John Rahr
Physician No
Psychologist No
Represents Peers
Term Expires 6/21/2020
eMail

Member

Name Edward Lovell
Physician No
Psychologist No
Represents Community
Term Expires 6/21/2020
eMail

Member

Name Marcia Kasprzyk
Physician No
Psychologist No
Represents Community
Term Expires 6/21/2017
eMail

Member

Name Vacant
Physician No
Psychologist No
Represents Community Member
Term Expires 6/21/2021
eMail

Member

Name Cheryl Pruett
Physician No
Psychologist Yes
Represents Vice Chair
Term Expires 6/21/2021
eMail

Member

Name Glenn Larison
Physician No
Psychologist No
Represents Family Member
Term Expires 6/21/2021
eMail

Member

Name JoAnn Fratarcangelo
Physician No
Psychologist No
Represents Community, DSS
Term Expires 6/21/2018
eMail

Member

Name Judith Philips
Physician No
Psychologist No
Represents Community
Term Expires 6/21/2018
eMail

Member

Name Tamre Waite
Physician No
Psychologist No
Represents Community, OFA
Term Expires 6/21/2018
eMail

Member

Name Steven Rogers
Physician No
Psychologist No
Represents Consumer
Term Expires 6/21/2018
eMail

Member

Name Kristina Cummings
Physician Yes
Psychologist No
Represents Family Member
Term Expires 6/21/2019
eMail

Member

Name Barb Halpin
Physician No

Member

Name Ron Alexander
Physician No

Psychologist No
Represents Legislative Appt
Term Expires 6/21/2019
eMail

Psychologist No
Represents Community
Term Expires 6/21/2019
eMail

Member
Name Vacant
Physician No
Psychologist No
Represents Community Member
Term Expires 6/21/2020
eMail

Alcoholism and Substance Abuse Subcommittee Roster
 Schuyler County Mental Health Clinic (70160)
 Certified: Shawn Rosno (6/21/17)

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

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson
Name Marcia Kasprzyk
Represents Community
eMail
Is CSB Member Yes

Member
Name Danielle Tilden
Represents Community
eMail
Is CSB Member No

Member
Name Jim Howell
Represents Legislature
eMail
Is CSB Member No

Member
Name Breck Spaulding
Represents Community
eMail
Is CSB Member No

Member
Name Matt Hayden
Represents Community
eMail
Is CSB Member Yes

Member
Name Gretchen Silliman
Represents Community
eMail
Is CSB Member No

Member
Name Chris Rosno
Represents Community
eMail
Is CSB Member No

Mental Health Subcommittee Roster
 Schuyler County Mental Health Clinic (70160)
 Certified: Shawn Rosno (6/21/17)

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

Note: The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson		Member	
Name	JoAnn Fratarchangelo	Name	Judy Phillips
Represents	Community	Represents	Community
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	Yes
 Member		 Member	
Name	Cheryl Pruett	Name	Ed Lovell
Represents	Community	Represents	Community
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	Yes
 Member		 Member	
Name	John Rahr	Name	Steve Rogers
Represents	Peers	Represents	Consumer
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	Yes
 Member		 Member	
Name	Phil Barnes	Name	Tamre Waite
Represents	Legislature	Represents	Community
eMail		eMail	
Is CSB Member	No	Is CSB Member	No
 Member			
Name	Shannon Carey		
Represents	Community		
eMail			
Is CSB Member	No		

Developmental Disabilities Subcommittee Roster
 Schuyler County Mental Health Clinic (70160)
 Certified: Shawn Rosno (6/21/17)

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

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson		Member	
Name	Gretchen Silliman	Name	Larry Jaynes
Represents	Community	Represents	Community
eMail		eMail	
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Ron Alexander	Name	Renee Gay
Represents	Community	Represents	Consumer
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Van Harp	Name	Nancy St. Julien
Represents	Legislature	Represents	Community
eMail		eMail	
Is CSB Member	No	Is CSB Member	No
Member			
Name	Glenn Larison		
Represents	Community		
eMail			
Is CSB Member	Yes		

2017 Mental Hygiene Local Planning Assurance
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (6/28/17)

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.