

2018
Local Services Plan
For Mental Hygiene Services

Cattaraugus Co Community Services Dept
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
Cattaraugus Co Community Services Dept	70690	(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
 Cattaraugus Co Community Services Dept (70690)
 Certified: Rebecca Dash (6/2/17)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

In reviewing the major goals of the Local Services Plan, Cattaraugus County's mental health services needs have remained the same. We are fortunate to have multiple agencies in the county that effectively collaborate to ensure services continue to be provided to the mentally ill population. Probably the single area that has worsened is the Workforce Recruitment/Retention, which has been ongoing for many years and is slowly progressing.

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:

Cattaraugus County is not alone in its fight against the heroin and opioid epidemic in New York State. Although Narcan is administered to save lives after a heroin/opioid overdose, the drug itself is not a preventative and further education and outreach are needed to combat the problem. There are no existing inpatient detox or stabilization beds in Cattaraugus County, and there are not adequate housing to support community integration for SUD individuals. There is only one provider agency in Cattaraugus County, and even though CARES (Council on Addiction Recovery Services, Inc.) expanded services to other regions of the county, there are not adequate services available to treat the numbers of people who need intervention. The gaps in service are worsening before adequate improvements can be put in place to combat the multiple problems. Incarcerated individuals in the county jail may be given vivitrol therapy, but then the individuals must be appropriately referred to CARES to continue that same therapy on discharge from the jail. Barriers include transportation, insurance coverage, community integration, and program space to accommodate another individual in need of medically assisted therapy. Until CARES can complete its Rapid Expansion project in 2018 to add licensed beds, detox, and stabilization as well as improved community integration, the conditions have worsened.

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:

Overall, the provision of services for the Developmentally Disabled population in Cattaraugus County has remained the same, with the exception of worsening concerns regarding Workforce Recruitment/Retention, Children's Services, and Autism Services. In general, Workforce and Children's Services are closely related by the lack of adequate staff to meet the needs of this population, including provision of services and completion of necessary assessments to determine eligibility or level of services to be provided.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

2a. Housing - Background Information

The 2017 Point-In-Time (PIT) sweep for homeless census did not reflect a large number of people; however, the numbers presenting themselves to Department of Social Services (DSS) for housing assistance continues to show the need for appropriate housing. In 2016, the Temporary Assistance Unit (TAU) in DSS continued to process a high number of emergencies (727 cases and 1,252 individuals or 2% of the total population). Emergencies are usually situations where a household is facing eviction or a utility shut-off. The TAU also provides aid to individuals and families who become homeless as a result of relapse from jail or prison, including sex offenders. This puts high stress on the housing resources that are available to meet the needs of the other homeless individuals. Homeless statistics in Cattaraugus County indicate 46% of the adult homeless population report mental illness. Often times, mental health requires the need for specialized housing with supports in place. Even though individuals need housing and may be appropriate for scattered site beds (supportive housing), the individual often does not meet criteria for the housing facility that actually has a vacancy (i.e., beds licensed for step-down from psychiatric centers or acute inpatient).

Kinley Hill Homeless Shelter's 10 available beds were 80% occupied, and 14 of the 18 Single-Resident Occupancy rooms are occupied with additional move-ins scheduled as of 05/26/17. The shelter is typically filled to at least 80%, as not all referrals are appropriate for the shelter (i.e., violent offenders).

Southern Tier Environments for Living (STEL) now has 35 total beds available that must meet criteria for OMH Supportive Housing, High Needs Supported Housing, Psychiatric Center Long-Stay Supported Housing, Regional Centers of Excellence Supported Housing, and Transformation Supported Housing. In the first 2 quarters of 2016, 29 of 33 available beds were filled, and 35 of the 35 total available beds were filled in the last 2 quarters of 2016; so beds were filled 94% of the time in 2016. There are typically 10-15 people waiting for STEL Housing, due to the limiting criteria for placement. STEL Residents must also apply for Section 8 Housing, which referral process often delays discharge from the STEL program and creates a long-term wait list.

Eagles Nest Respite House is an OMH-funded shared service with Chautauqua County and is located in Jamestown, NY (Chautauqua County). Eagles Nest averaged approximately 8 guests per month from Cattaraugus County in 2016.

Additionally, women and women with children are in need of inpatient addictions treatment and community residence level of services to prevent relapse after discharge to the community, but there are no beds currently licensed for women and women with children in Cattaraugus County.

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

CAReS (Council on Addiction Recovery Services, Inc.) will add 20 beds at its Weston Manor residence facility, including beds for women and women with children.

Objective Statement

Change Over Past 12 Months (Optional)

CAReS (Council on Addiction Recovery Services, Inc.) applied for a Rapid Expansion Grant in 2016 to increase bed capacity under new OASAS 820-regulations. The funding awarded CAReS the opportunity to add 20 licenses for beds at Weston Manor. CAReS hopes to break ground for that expansion by August 2017 with the goal of opening those beds in early 2018.

2b. Transportation - Background Information

Transportation is always a struggle in vastly rural Cattaraugus County. Olean Area Transit Services (OATS) is the only public transit system and serves only the City of Olean with a single connection to the City of Salamanca, where the Seneca Nation of Indians created its own transit system from Salamanca to Irving, including a stop at the county seat in Little Valley. Individuals who cannot navigate the limited public transportation due to physical needs (i.e., no wheelchair access on the local bus) must use other modes of transportation, such as a taxi service where available. There is a lack of flexibility in Medicaid Travel, likely due to the rural nature of county demographics. As an example, a Salamanca resident is transported by a taxi service that travels from Buffalo (approximately 60 miles) to deliver the individual to the PROS Program in Olean (approximately 20 miles from Salamanca), and then the driver actually waits in the PROS parking lot through the day until the individual is ready to return to Salamanca (a 160-mile round trip for the taxi driver).

The Rehabilitation Center now independently provides medical transport for their clients because they can navigate and manage the individual's appointment schedule more successfully than trying to coordinate with a third party vendor, such as Medical Answering Services, LLC (Medicaid Travel). Kinley Hill Homeless Shelter, Eagles Nest Respite House, Veterans' Services, and Foundations for Change PROS Program all provide limited (van) transportation for their agencies' ridership, but only individuals directly involved with those agencies have access to that transportation. As an example, Kinley Hill provided transportation in the first 5 months of 2017 to 115 shelter residents, with an average 3.3 rides each.

Simply put, there are few transportation options for consumers to participate in general life activities (such as employment, shopping, or church and social activities) or to attend necessary appointments (such as social security hearings or medical and dental appointments). Sadly, many consumers in our county rely on local ambulance services to transport them to the Emergency Room when illness strikes.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
There is no long-term plan to resolve the transportation issue in Cattaraugus County, and funding a feasibility study or expansion of the public transit system is unlikely due to fiscal constraints of the New York State Property Tax Cap.

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

Eagles Nest Respite House peer staff answer the Warm Line (phone) and Text Line for Cattaraugus and Chautauqua Counties, and approximately 30% of callers typically report the Warm Line helps them to avoid going to a hospital or ED for mental health assessment. Olean General Hospital maintains the Crisis Hotline and answered 59 calls in January and up to 145 calls in December 2016. The Crisis Hotline is often used as a referral line for housing needs, transportation, and more recently increased substance abuse referrals. The heroin epidemic in Cattaraugus County may contribute to the increased number of crisis calls answered at year-end 2016. Community Services provides after-hours crisis service, as well as crisis intervention during business hours.

Due to closure of inpatient psychiatric beds, the County needs more wrap-around services; however, there is a shortage of personnel, transportation, and licensed staff to provide face-to-face crisis service. The Mobile Intervention Team cannot really provide ongoing crisis intervention, and Mobile Transitional Support Team (serving adults only) is involved more in engaging people in services than in crisis intervention.

Youth in Community Residence placement were evaluated at the Emergency Room 11 times in 2016 with 1 admission and 10 times to-date in 2017 with 2 admissions. The CR staff express concerns regarding the long ER wait times to be assessed (if individual is assessed at all), noting that one child presented at the ER in the early evening and was still not assessed by 9 a.m. the following morning, and in many cases behaviors of initial concern have passed in the several hours the child waited to be assessed.

Six regional proposals were submitted to OPWDD for \$200,000 in Regional Developmental Disabilities Family Support Services for ages 21 and over. Rates are set and regulations are being established for Respite and Crisis Respite, and agencies will be charged with providing the service. However, the only respite for kids is through HCBS Waiver at the Community Residence. Additionally, START services for the developmentally disabled population have never fully been established in Cattaraugus County, so there are currently no crisis intervention services for the developmentally disabled.

Southern Tier Health Care System (STHCS, an FQHC) distributed 707 Narcan kits in 2016, which is significantly increased from 136 in 2015. There were 10 reported overdose deaths from January through June of 2016. Other overdose deaths are likely but death statistics are not considered accurate as most death certificates state "cardiac arrest," even if an overdose is known. Narcan was used 49 times as of 07/22/16, while only 42 kits were used in all of 2015. Three or more doses were administered 27 times in the first 7 months of 2016, but there was never a reported incident of 3 or more doses administered in 2015. Although each of these instances is considered an SUD Crisis, there is no clear process after any "save" to ensure the individual is referred for treatment or follow-up. STHCS reports these distribution and emergency/save statistics to the Cattaraugus County Heroin/Opioid Task Force and to the LGU.

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

Cattaraugus County will provide a crisis hotline for SUD and an ACT Team for mental health crisis intervention.

Objective Statement

Objective 1: The LGU will establish an ACT Team in Cattaraugus County.

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

Objective 2: CAREs will establish a 24/7/365 toll-free Crisis Hotline for SUD services in Cattaraugus County.

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

Change Over Past 12 Months (Optional)

New York State Office of Mental Health offered Cattaraugus County the opportunity to create an ACT Team, and the LGU is awaiting the funding guidelines in order to proceed with the RFP process.

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

Agencies can't fill entry-level positions and can't keep trained staff with Masters' level of education in rural Cattaraugus County. Workforce retention is difficult for any direct care service agency, and one agency identified a 24% rate in turn-over of direct care staff alone in 2016. That same agency offers recruitment incentives to existing staff for bringing referrals who actually stay 30- to 90-day durations. Although generous benefit packages and pay increases are offered, along with management training, to assist with staff retention, there are still several factors working against such efforts. Specifically, entry level wages have been stagnant due to lost revenues as a result of "rate rationalization;" Medicaid reimbursement rates simply are not adequate to support living wages for Direct Service Providers. The economy has improved, so jobs are also more readily available at higher rates of pay (a local grocery starts employees at more than \$12.00 per hour). The Affordable Care Act made healthcare more affordable, so benefits are not as much of a retention factor as they were previously. Staff at one local agency report in exit interviews that they are leaving for better pay or because they no longer want to do a direct service job with its inherent stress and regulations when they can take a similar paying job without the level of demands.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
It is hoped that the minimum wage increase in 2018 will help to alleviate some of the direct care workforce shortages.

Change Over Past 12 Months (Optional)

Craig Zuckerman, PhD, provides psychological assessments for children's services in Cattaraugus County but has announced his retirement in 2017, and the only other psychologists/neuro-psychologists are located in other counties. There are only a very few psychiatrists or nurse practitioners in Cattaraugus County, and Community Services contracts psychiatric services with Jamestown Psychiatric, PC, located in Chautauqua County. Jamestown Psychiatric contracts services with many local mental health, SUD, and inpatient facilities, with their team of providers sharing provision of psychiatric coverage throughout the Southern Tier. This puts an extra burden on the agencies to provide adequate psychiatric coverage to the individual recipients they serve. Many professionals and doctors seek a more urban/cultural center, and it is difficult to recruit in rural Cattaraugus County, even with the sign-on bonus that Jamestown Psychiatric, PC, has offered in the past year.

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

Directions in Independent Living, The Rehabilitation Center, and Community Services all provide employment services and collaborate with other agencies, i.e., Dept. of Social Services, EWOC (Every Woman Opportunity Center), OneStop, ACCESS-VR, etc. There remain gaps in services for "work exempt" individuals (i.e., recently discharged from acute inpatient or enrolled in active addictions treatment) who could still be researching employment options while in treatment. Providers recognize that clients have more success in treatment when they are actively "working at something," whether it's compensated employment or other community activities, such as volunteer work.

One agency referred 57 consumers to ACCESS-VR in 2016, and 43 of those individuals participated in the program, with 18 of the participants successfully finding a job and 14 of those participants successfully maintaining employment for at least 90 days. Agencies are also collaborating and pursuing other alternatives to encourage employment, such as on-the-job coaching or "shadowing" consumers to increase their chances for success in employment.

Needs of the developmentally disabled are being met since transition from Sheltered Workplace, as agencies provide individuals with several options for prevocational and employment supports, including Community Prevocational (consumers developed skills and strong work ethic through more than 2500 hours of volunteer activities at food banks, schools, hospital, colleges, and non-profits in 2016), Pathways to Employment (career exploration and intensive work experience), Employment Training Program (NYS-sponsored program provides wage coverage for individual to work for local employer/s), and Supported Employment (assist individuals to obtain and maintain competitive employment with career exploration, job placement, and job coaching with guarantee of long-term supports). ACCESS-VR also assists the developmentally disabled population with obtaining and maintaining competitive employment.

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

Consumers who receive employment services will achieve a 30% rate of successful employment for a 90-day duration.

Objective Statement

Objective 1: Agencies that offer employment services will report to the LGU on a quarterly basis the numbers of individuals referred for employment services, the number of referrals that actually enroll in an employment program, the number of participants that obtain successful employment or volunteer work, and the number of those same participants who maintain employment for at least 90 days.

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Cattaraugus County is the fifth largest county in New York State. The Allegany Indian Reservation of the Seneca Nation of Indians is located within Cattaraugus County, making up 3.1% of the population in the County. There are disproportionate outcomes for the native population in our county, including drug and alcohol use, disproportionate rates of involvement in the criminal justice system, and higher rates of school dropout. Archival and qualitative data indicates there are a growing number of individuals in Cattaraugus County who are at risk for alcohol and prescription drug abuse, and more recently the heroin epidemic.

Southern Tier Health Care System (an FQHC) distributed 707 Narcan kits in 2016, which is significantly increased from 136 in 2015. There were 10 reported overdose deaths from January through June of 2016. Other overdose deaths are likely but death statistics are not considered accurate as most death certificates state "cardiac arrest," even if an overdose is known. Narcan was used 49 times as of 07/22/16, while only 42 kits were used in all of 2015. Three or more doses were administered 27 times in the first 7 months of 2016, but there was never a reported incident of 3 or more doses administered in 2015. Women accounted for 19% of the user population in 2015, but the gender of users shifted significantly to 27% of users identified as male in 2016. The predominant age group shifted from under-25 in 2015 to 25-34 years old in 2016. The percentage of users aged 35-44 years also increased in 2016.

In Cattaraugus County, 92 Child Protective Services cases involved a parent's drug/alcohol misuse allegation in 2016. Contrary to common belief, people are screened for drugs when they apply for public assistance, and members of 52 families were referred to chemical dependence treatment during their public assistance benefit application process in 2016. Additionally, 71 children were placed in foster care due to a parent's drug dependence. Department of Social Services had to add new staff in Cattaraugus County to deal with the number of cases that involved drug/alcohol misuse.

Community Services continues to treat individuals who have or who are impacted by problem gambling concerns, in part related to the location of a casino on the Allegany Indian Reservation in Cattaraugus County. The number of individuals affected by gambling remains stable; however, CAREs does not provide gambling treatment.

Additionally, Cattaraugus County struggles with the systemic issue of individuals with addiction and mental illness being channeled into the criminal justice system. The county jail population shows a significant percentage of individuals diagnosed with a substance abuse disorder. The mixture of mental health and substance abuse diagnoses follows: 85% Substance Abuse, 65% Mental Health, and over 50% have been identified with a dual diagnosis. Cattaraugus County's Mobile Transitional Support Team works with individuals discharging from jail in an effort to redirect those individuals into appropriate treatment and prevent relapse or return to incarceration.

All provider agencies in Cattaraugus County recognize the need for prevention services, and strive to offer interventions that prevent relapse or readmission to the hospital and to the jail or criminal justice system. SPOA is often the first point of referral to put services in place to engage individuals in appropriate treatment. Dept. Of Health provides prevention/wellness classes at the county jail, and if the jail refers individuals for mental health services, the individual is offered services at the clinics or at the PROS program. The Mobile Transitional Support Team saw 64 clients in 2016 and had a 60% success rate with individuals engaging in ongoing treatment and an average length of involvement between 3 and 6 months. The Mobile Intervention Team provides a wide array of services to children and families in Cattaraugus County but cannot provide regular face-to-face or crisis intervention service. Multiple providers routinely schedule Cross Systems meetings in Cattaraugus County to ensure appropriate services are in place to prevent relapse or readmission.

Finally, CAREs provides alcohol and drug prevention education at public schools in Cattaraugus County through the Healthy Cattaraugus program. CAREs staff also attend discharge planning meetings at the county jail and the hospital's behavioral health unit.

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

50% of individuals who are referred for outpatient mental health or SUD treatment will attend their initial appointment.

Objective Statement

Objective 1: CAREs and Community Services (Clinics and PROS) will report to the LGU on a quarterly basis the number of discharge referrals received from the Jail and the Behavioral Health Unit, the numbers of those referrals that keep their initial discharge/intake referral appointment, and the numbers of those who successfully enroll in treatment.

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

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

Insurance companies are holding hospitals accountable for rapid readmissions, so Olean General Hospital must collaborate with provider agencies to decrease those readmission rates in Cattaraugus County. Provider Agencies attended discharge planning meetings at Olean General Hospital's Behavioral Health Unit prior to 2016. However, the hospital has since refused to collaborate for the effective treatment and discharge of patients enrolled in outpatient treatment, citing HIPAA compliance factors. Readmission to the inpatient acute care facility directly correlates to the individual's success in outpatient mental health or SUD treatment. Outpatient providers must have the inpatient treatment information to effectively intervene and prevent further relapse or readmission.

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

Outpatient Providers will request that every enrolled recipient of services sign a reciprocal Release of Information for Olean General Hospital to provide the individual's behavioral health unit or ER records for any assessment, admission, treatment, and/or discharge.

Objective Statement

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

As noted previously with respect to housing and prevention services, there has been a gap in SUD recovery and support services. There is currently no detox or stabilization service in Cattaraugus County, and there are gaps in service for community integration from the drug/alcohol inpatient setting.

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

As noted above, CAREs will add 20 beds to its Weston Manor facility, to include detox and stabilization services as well as service to women and women with children.

Objective Statement

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

Housing Options Made Easy, Inc., provided training, presentations, and workshops for peer education in Chautauqua County in 2016. CAREs provided Recovery Coach training in early 2017 and will provide additional courses so that enrollees can attain the 500-course hours required to become "Certified Recovery Coaches." Southern Tier Health Care Systems provides Narcan training to all EMS providers and friends and family, and more than 700 kits were distributed in 2016, as noted in the Crisis section above.

Lenny Liguori, Executive Director of Directions in Independent Living, Inc., also sponsors a weekly television show, at which guest speakers are invited to promote services provided by their agencies. Most provider agencies recognize that people in need are on a mission to find services but otherwise do not look for additional education. The same families often attend local/town forums, and parents impacted by special needs seem to attend meetings and training more frequently than the general public. Some local high school students also meet graduation requirements for community service hours by providing childcare during meetings. Typically, after individuals are enrolled in appropriate services (i.e., OPWDD or housing needs are met), they tend to stop coming to education or outreach meetings.

Cattaraugus County's Healthy Livable Communities Consortium is a strong collaboration of providers and agencies that meets quarterly to share service delivery and education information that each participant can then pass on to the individuals it serves.

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

Provide at least 2 presentations for community education and outreach regarding mental health peer advocacy, SUD recovery, and Narcan training and support, as well as general distribution of referral/resource information.

Objective Statement

Objective 1: Housing Options Made Easy Inc. will provide

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

Objective 2: CAREs will provide at least 2

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

Objective 3: Southern Tier Health Care System will provide Narcan training to EMS and Friends/Families; quarterly report to LGU the dates and number of attendees and kits distributed.

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

Objective 4: LGU or designee will attend quarterly Healthy Livable Communities Consortium meetings and report information back to Community Services Board and its Subcommittees to that all providers/agencies have referral/resource information.

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

CAREs (Council on Addiction Recovery Services, Inc.) provides SUD Outpatient Services in Cattaraugus County. Their main office is located in Olean, and they have satellite offices in Salamanca and in Gowanda. The main office in Olean also has a newly established MAT (Medically Assisted Treatment) Wing to monitor medication therapies of Suboxone and Vivitrol. CAREs also recently expanded its staff and provision of services to accommodate immediate treatment options, including inpatient referrals.

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

CAREs will open MAT Wings at both Salamanca and Gowanda satellites.

Objective Statement

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

CAREs applied for a Rapid Expansion Grant in 2016 to increase bed capacity under new OASAS 820-regulations. The funding awarded CAREs the opportunity to add 20 licenses for beds at Weston Manor. CAREs hopes to break ground for that expansion by August 2017 with the goal of opening those beds in early 2018. That expansion will also include detox and stabilization services, which are currently unavailable in Cattaraugus County, and will enhance the continuum of care for residential and outpatient programs. Women with children are currently in need of inpatient addictions treatment and community residence level of services to prevent relapse after discharge to the community. Over 50% of the women discharged from inpatient services relapse due to the drop-off in support. It remains very

difficult to access inpatient treatment for chemical dependence in a timely manner. Although individuals are no longer required to fail outpatient treatment before even being considered for inpatient treatment, there is a currently very limited number of beds available regionally, and fiscal barriers still exist with insurance coverage. The Residential Redesign will address some of those barriers.

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

CAReS will add 20 beds to its Weston Manor residential treatment facility.

Objective Statement

Change Over Past 12 Months (Optional)

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

Cattaraugus County is the fifth largest county in New York State. The Allegany Indian Reservation of the Seneca Nation of Indians is located within Cattaraugus County, making up 3.1% of the population in the County. There are disproportionate outcomes for the native population in our county, including drug and alcohol use, disproportionate rates of involvement in the criminal justice system, and higher rates of school dropout. Archival and qualitative data indicates there are a growing number of individuals in Cattaraugus County who are at risk for alcohol and prescription drug abuse, and more recently the heroin epidemic.

Southern Tier Health Care System (a non-profit, rural healthcare network) distributed 707 Narcan kits in 2016, which is significantly increased from 136 in 2015. There were 10 reported overdose deaths from January through June of 2016. Other overdose deaths are likely but death statistics are not considered accurate as most death certificates state "cardiac arrest," even if an overdose is known. Narcan was used 49 times as of 07/22/16, while only 42 kits were used in all of 2015. Three or more doses were administered 27 times in the first 7 months of 2016, but there was never a reported incident of 3 or more doses administered in 2015. Women accounted for 19% of the user population in 2015, but the gender of users shifted significantly to 27% of users identified as male in 2016. The predominant age group shifted from under-25 in 2015 to 25-34 years old in 2016. The percentage of users aged 35-44 years also increased in 2016.

As the opioid epidemic continues to worsen in Cattaraugus County, agencies are adapting to new services as funding becomes available and programs can be put into place. CAReS applied for a Rapid Expansion Grant to increase bed capacity under new OASAS 820-regulations. The funding awarded CAReS the opportunity to add 20 licenses for beds at Weston Manor. CAReS hopes to break ground for that expansion by August 2017 with the goal of opening those beds in early 2018. That expansion will also include detox and stabilization services, which are currently unavailable in Cattaraugus County, and will enhance the continuum of care for residential and outpatient programs. Women with children are currently in need of inpatient addictions treatment and community residence level of services to prevent relapse after discharge to the community. Over 50% of the women discharged from inpatient services relapse due to the drop-off in support. It remains very difficult to access inpatient treatment for chemical dependence in a timely manner. Although individuals are no longer required to fail outpatient treatment before even being considered for inpatient treatment, there is a currently very limited number of beds available regionally, and fiscal barriers still exist with insurance coverage. The Residential Redesign will address some of those barriers.

In Cattaraugus County, 92 Child Protective Services cases involved a parent's drug/alcohol misuse allegation in 2016. Contrary to common belief, people are screened for drugs when they apply for public assistance, and members of 52 families were referred to chemical dependence treatment during their public assistance benefit application process in 2016. Additionally, 71 children were placed in foster care due to a parent's drug dependence. Department of Social Services had to add new staff in Cattaraugus County to deal with the number of cases that involved drug/alcohol misuse.

Additionally, Cattaraugus County struggles with the systemic issue of individuals with addiction and mental illness being channeled into the criminal justice system. The county jail population shows a significant percentage of individuals diagnosed with a substance abuse disorder. The mixture of mental health and substance abuse diagnoses follows: 85% Substance Abuse, 65% Mental Health, and over 50% have been identified with a dual diagnosis. Cattaraugus County's Mobile Transitional Support Team works with individuals discharging from jail in an effort to redirect those individuals into appropriate treatment and prevent relapse or return to incarceration.

CAReS receives referrals from multiple sources and provider agencies, as well as self-referrals from consumers, and CAReS has modified its internal policy and procedures to accommodate earlier and faster entry into outpatient treatment. If an individual is referred for inpatient treatment, staff also accompany that individual directly to the inpatient facility to ensure effective engagement. Past statistics showed that individuals who were not immediately enrolled in treatment (either outpatient or inpatient), often relapsed before enrollment and continued to struggle with recovery efforts. CAReS is participating in Rapid Expansion and Residential Redesign, which will help to ensure consumers have an opportunity for immediate entry into treatment and have better chance at successfully 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

At least 50% of individuals referred for SUD treatment will enroll in appropriate outpatient treatment or be referred to inpatient treatment.

Objective Statement

Objective 1: CAReS will report to the LGU quarterly the total number of referrals received from outside sources or self-referrals and the number of those referrals enrolled in outpatient treatment or referred to an inpatient facility.

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

Change Over Past 12 Months (Optional)

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

Community Services established a mental health clinic at the main office of CAReS in Olean. The objective of the mental health satellite is to integrate individuals with dual diagnosis into mental health treatment and then successfully transition the consumer to the SUD treatment in the same facility or setting. Individuals who have dual diagnosis with primary SUD symptoms often refuse SUD treatment but may be more open to a mental health approach to initiate expenses.

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

At least 50% of the mental health clients in the Community Services satellite clinic at CAReS will successfully transition to outpatient SUD treatment at CAReS within 180 days.

Objective Statement

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

Cattaraugus County is the fifth largest county in New York State. As of the 2010 census, New York State had a population of 19,378,102, of which Cattaraugus County's population was 80,317, including approximately 3% Native American residents and 26.5% of the total population being age 18 and under. In reviewing major goals of the Local Services Plan, Cattaraugus County has remained somewhat the same as far as mental health services. Cattaraugus County Department of Community Services served approximately 2,867 clients in the Counseling Centers and an average of 135 clients monthly in the PROS program in 2016. The number of clients served in these mental health programs accounts for approximately 4% of the county's total population. We are fortunate to have multiple agencies in the county to ensure services continue to be provided to the mentally ill population. However, as noted above in the Workforce Recruitment section, it is increasingly difficult to recruit and retain professional staff, specifically psychiatrists and nurse practitioners.

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

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

Referring to the Workforce Recruitment section, it is difficult to establish any goals for professional staff recruitment as benefits and sign-on packages have not proved successful. Basically, it will take a person with the right personality and values to appreciate the rural beauty of Cattaraugus County. Although cultural opportunities are attainable in a 2-hour drive, most young professionals prefer to live and work in the more urban areas.

Change Over Past 12 Months (Optional)

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

As noted in Crisis Services above, Cattaraugus County has a shortage of crisis intervention services and would benefit from an ACT or a Crisis Team.

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

Cattaraugus County will provide an ACT Team for mental health crisis intervention.

Objective Statement

Change Over Past 12 Months (Optional)

New York State Office of Mental Health offered Cattaraugus County the opportunity to create an ACT Team, and the LGU is awaiting the funding guidelines in order to proceed with the RFP process.

2p. Mental Health Care Coordination - Background Information

Health Homes are established and serve both adults and children. Health Home referrals are increasing and Care Coordinators seem to be successfully transitioning from case management roles and, as always, refer individuals to the OPWDD Front Door if diagnosis is appropriate. SPOA continues to work with the OPWDD population to assist with referrals to the Front Door when appropriate.

However, outreach and engagement is changing and the reimbursement rate is reducing from \$135 to \$100. Waiver Services for Children's Health Homes is also converting to Health Home Care Coordination, with caseloads doubling from 6 to 12 per care coordinator.

The impact of these changes is not yet known.

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

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

As always, the provider agencies in Cattaraugus County will collaborate to maintain the best possible provision of services to consumers we serve. In reality, our providers were collaborating and coordinating services for our consumers long before "Care Coordination" became a standard term in the field.

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

Craig Zuckerman, PhD, has been providing psychological assessments for children's services in Cattaraugus County, and he is soon retiring. The only other psychologists/neuro-psychologists are in other counties. Schools are mandated to provide the assessments for OPWDD referrals but can't diagnose. Thus, individuals in need can't get the appropriate assessments because there are no local providers. An outreach coordinator to engage with parents and explain services that are available would help to ease the distrust often evident in families first approaching the OPWDD system. It's more difficult to enroll children to start services because approved services are being provided by the schools, which are responsible for certain activities until a child reaches age 22. Parents tend to rely on the school system, and Respite, Care Coordination, and Crisis Behavior Intervention are basically the only services available outside of the school setting for kids, who are not yet eligible for the full range of services made available to adults.

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

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

The Developmental Disabilities Subcommittee and agency representatives recognize the barriers identified above, but goals have not yet been identified to overcome those barriers and improve the level of services available to children. As noted in Workforce Recruitment/Retention above, there is a shortage of professional psychologists and psychiatrists to provide the children's services (i.e., assessments) to determine OPWDD eligibility or to provide the actual services approved if the child is enrolled in OPWDD.

Change Over Past 12 Months (Optional)

2s. Developmental Disability Adult Services - Background Information

There are no Adult Respite providers/agencies for the developmentally disabled population in Cattaraugus County.

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

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

Even if the individual's "Consumer-Directed Services Plan" includes Adult Respite, the individual or family must still find an agency/staff to provide that service, and there is simply a shortage of direct care providers in Cattaraugus County.

Change Over Past 12 Months (Optional)

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

Directions in Independent Living has enrolled many children in Transition Services through schools in Cattaraugus County.

United Way's youth funding provides a 5-ticket pass to Boundless Connections, a new program that helps youth learn technology in Olean, NY.

Directions in Independent Living also just created an Employment Training program for youth.

Summer Camp is also widely available to developmentally disabled kids as an additional means of community integration.

Melissa Ball, SPOA Director, presented referral resource information at the March 2017 Twin-County CSE (Committee on Special Education) Meeting so that CSEs have updated information about services available to students as they transition to their community. Although the Development Disabilities Subcommittee recognized this gap in services and provided links to referral resources over the past year, school CSEs must regularly receive updated service delivery information to ensure adequate supports are in place for the children they serve. As noted above, families trust the schools to provide mandated services until their child reaches age 22, and then transition becomes increasingly difficult if not already initiated.

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

Melissa Ball, SPOA Director, will attend an annual Twin-County CSE Meeting to share updated referral resource information with Committees on Special Education.

Objective Statement

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

As noted in Crisis Services above, six regional proposals were submitted to OPWDD for \$200,000 in Regional Developmental Disabilities Family Support Services for ages 21 and over. Rates are set and regulations are being established for Respite and Crisis Respite, and agencies will be charged with providing the service. However, the only respite for kids is through HCBS Waiver at the Community Residence.

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

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

Until the Family Support Services are awarded and/or until funding is available for respite and crisis respite, there are no other available options for children's respite in Cattaraugus County.

Change Over Past 12 Months (Optional)

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

Self-Directed Services are now established, and individuals seem to be working well with Consumer Directed Plans. The local agencies have trained brokers on staff. Self-directed services are "people-driven" with agency/service choices and 4 different financial intermediaries. One of the issues is that the payment structure will not support a full-time broker, so part-time brokers are doing additional work to ensure services are appropriately established for the consumer.

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

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

The payment structure is not available to support a full-time broker. This points to another Workforce Recruitment/Retention problem, and until the payments structure can accommodate appropriate staffing, part-time staff must perform the duties to ensure services are adequately provided.

Change Over Past 12 Months (Optional)

2x. Autism Services - Background Information

Anecdotally, Transition Services staff from Directions in Independent Living report having attended more manifestation hearings for children who are autistic, fighting to show that students' actions are directly related to their disability. That staff reports the amount of local services available for children on the autism spectrum are slim to none, and there are no openings at either Falk or Summit Schools. Directions in Independent Living will soon be starting an autism group for children, as the population of kids with autism has increased and there remains a lack of appropriate supports for that increase in the county. There are also no local ABA's (Adaptive Behavior Analysts) to help create effective plans for children with autism, and Committees on Special Education seem to lack a thorough understanding of special behavior needs for autistic children.

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

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

The Developmental Disabilities Subcommittee of the Cattaraugus County Community Services Board has only scratched the surface of what appears to be a deep gap in services. The broad range of concerns and lack of specific inventory or statistics makes it difficult to establish an immediate goals. The Subcommittee will review school population data with CSEs, along with service information for support groups and community education.

Change Over Past 12 Months (Optional)

2y. Developmental Disability Person Centered Planning - Background Information

Consumers in Cattaraugus County seem to be transitioning to Person-Centered Planning without many concerns. Agencies are establishing plans based on conflict-free recommendations, and the only fear among providers is the possible lack of supports for the plans established. With the shortage of direct care providers as mentioned in Workforce Retention above, there is growing concern that the plans established based on each individual's needs might put a burden on a strained or limited number of direct care staff who can provide the services requested in the individual's plan.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
As more plans are established, it will become more clear where any actual gaps exist.

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

There appear to be adequate residential services for the developmentally disabled population. However, with increased community integration efforts, it is becoming more apparent that Cattaraugus County lacks safe and secure housing for consumers. Supported beds are limited to placement criteria, and as consumers age and transition to independent living, there must be adequate supports in place to meet their needs. Additionally, as family members age and parents or caretakers become less capable of meeting the consumer's needs, it will put the burden back on the local agencies to find appropriate housing for these consumers.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
There is no specific goal for Residential Services other than to carefully monitor existing beds to ensure future needs are met as consumers age or transition to independent living.

Change Over Past 12 Months (Optional)

2aa. Developmental Disability Front Door - Background Information

Consumers in Cattaraugus County often have difficulty obtaining the required assessments to complete the Front Door application for OPWDD eligibility determination. As mentioned above, the only psychologist in the county will soon be retiring and consumer will be forced to travel outside Cattaraugus County to obtain the required assessments needed for the application. Additionally, families tend to distrust new services, especially for younger children whose needs are currently being met by the local school districts. SPOA also reviews referral options for children who might be eligible for OPWDD, and Care Coordinators assist with Front Door application when appropriate. Lastly, agencies in Cattaraugus County usually help individual consumers schedule a face-to-face interview with OPWDD if eligibility is initially declined.

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

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

The LGU will monitor timeliness of OPWDD applications to ensure eligibility is determined within 180 days. Agencies who refer to the Front Door will report to the LGU quarterly the total number of applications pending (needing assessments, etc.), the number of applications submitted to OPWDD, and the number of applications denied and/or determined eligible by OPWDD.

Objective Statement

Change Over Past 12 Months (Optional)

2ab. Developmental Disability Service Coordination - Background Information

Cattaraugus County Care Management Agencies already provide conflict-free care coordination under Health Homes for mental health services, and agencies should transition smoothly from Medicaid Service Coordination to a similar concept for OPWDD. In the meantime, agencies will continue to provide Medicaid Service Coordination as already established.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Until CMS approves the Care Coordination Plan proposed by OPWDD and the regulations/guidelines for Service Coordination are determined, the LGU cannot establish any goals to monitor any gaps in services. MSC services appear to be adequate at this point in time.

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>

3a. Medicaid Redesign - Background Information

Community Services participates in Care Transitions Network through the OMH Continuous Quality Improvement initiative. Community Services and other provider agencies are participating in various groups and plans to become viable in the new rate system of Medicaid Managed Care Organizations and Value Based Payments. Several agencies are joining with IPAs (Independent Practice Associations) to collaborate to provide for the most efficient and effective services. Cattaraugus County providers continue to be involved in Millennium Collaborative Care's Community Crisis Stabilization Treatment Response Protocols through DSRIP, but few of the agencies have any specific goals in DSRIP. Cattaraugus County Community Services and Housing Options Made Easy, Inc., Directions in Independent Living, and CARES have all actively attended and participated in the RPC meetings and regional planning. All local direct care agencies have been invited to join one or another IPA. Six rural counties have initiated the process to create Integrity Behavioral Health Partners IPA. Direct care agencies all assist with the Healthy Livable Community Consortium's health prevention agenda to promote mental health and prevent substance abuse, which include specific goals for Cattaraugus County. However, there are not specific disparities identified for mental health and substance abuse, so those will be the Consortium's focus in 2016-2018.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
There are no specific measurable goals, but Value Based Payments and the over-arching goal of reducing hospital readmission rates and ED visits are the primary focus of all oversight agencies at this time.

Change Over Past 12 Months (Optional)

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

RPC background and goals are included in the Medicaid Redesign narrative above.

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Cattaraugus Co Community Services Dept (70690)
Certified: Rebecca Dash (6/2/17)

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.

Cattaraugus County AOT Coordinator receives the referral and starts the official investigation to determine if the individual meets AOT Criteria. If the individual refuses to sign a release for information, the Coordinator cannot verify if the individual meets the AOT criteria. If the individual meets criteria, the Coordinator will meet with that individual to offer enhanced services in an effort to avoid a petition and ensure services are in place to adequately support the individual. If a Petition must be completed, the Coordinator will collaborate with the County Attorney, Mental Hygiene Legal Services Attorney, and Psychiatrist to prepare the petition. The Coordinator ensures the attorneys, psychiatrist, and the court adheres to AOT regulations and timelines.

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.

Cattaraugus County AOT Coordinator works with the individual to identify the supports needed to met the goals of the AOT treatment plan. As part of the treatment plan, a care coordinator is assigned to the individual, and AOT Coordinator will work with the Care Coordinator to ensure svcs are in place for the court order.

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

Cattaraugus County Community Services, Southern Tier Environments for Living (STEL), The Rehabilitation Center, New York State (Buffalo Psychiatric Center)

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
 Cattaraugus Co Community Services Dept (70690)
 Certified: Rebecca Dash (5/31/17)

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.

Co-chairperson

Name Sondra J. Fox, RN, MSN
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2017
eMail sondra@fox-financial.com

Co-chairperson

Name Richard C. Trietley, Jr.
Physician No
Psychologist No
Represents Education, Public Representative
Term Expires 12/31/2020
eMail rtrietle@sbu.edu

Member

Name William F. Mills, MD
Physician Yes
Psychologist No
Represents Upper Allegheny Health System (Hospitals)
Term Expires 12/31/2020
eMail wmills@uahs.org

Member

Name Amy George
Physician No
Psychologist No
Represents Cattaraugus County Sheriff's Office
Term Expires 12/31/2020
eMail aegeorge@cattco.org

Member

Name Daniel P. Piccioli
Physician No
Psychologist No
Represents Cattaraugus County Dept. of Social Services
Term Expires 12/31/2020
eMail dppiccioli@cattco.org

Member

Name Leonard X. Liguori
Physician No
Psychologist No
Represents Directions in Independent Living (Peer Agency)
Term Expires 12/31/2020
eMail lliguori@oleanilc.org

Member

Name Christina L. Veno
Physician No
Psychologist No
Represents Family, Public Representative
Term Expires 12/31/2017
eMail c.veno@roadrunner.com

Member

Name Kevin D. Watkins, MD, MPH
Physician Yes
Psychologist No
Represents Cattaraugus County Dept. of Health
Term Expires 12/31/2017
eMail kdwatkins@cattco.org

Member

Name Robert C. Wood
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2017
eMail robertwood@wildblue.net

Member

Name Jon Baker
Physician No
Psychologist No
Represents School Admin. Retiree, Public Representative
Term Expires 12/31/2019
eMail basilira@gmail.com

Member

Name Gail F. Hammond
Physician No
Psychologist No
Represents School Psychologist, Special Education, Family
Term Expires 12/31/2019
eMail gailfhammond@gmail.com

Member

Name Mari L. Howard
Physician No
Psychologist No
Represents The Rehabilitation Center, Inc. (Peer Agency)
Term Expires 12/31/2019
eMail mhoward@rehabcenter.org

Member

Name Susan Labuhn

Member

Name Steve E. McCord

Physician No
Psychologist No
Represents Cattaraugus County Legislature
Term Expires 12/31/2019
eMail slabuhn@cattco.org

Physician No
Psychologist No
Represents Veterans' Services
Term Expires 12/31/2019
eMail semccord@cattco.org

Member
Name Michael H. Prutsman, CPP, MA
Physician No
Psychologist No
Represents Council on Addiction Recovery Services, Inc.
(D&A Agency)
Term Expires 12/31/2017
eMail mprutsman@councilonaddiction.org

Alcoholism and Substance Abuse Subcommittee Roster
 Cattaraugus Co Community Services Dept (70690)
 Certified: Rebecca Dash (5/31/17)

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.

Co-chairperson
Name Michael H. Prutsman, CPP, MA
Represents CARES (D&A Agency)
eMail MPrutsman@CouncilOnAddiction.org
Is CSB Member Yes

Member
Name Richard C. Trietley, Jr.
Represents Education, Public Representative
eMail RTrietle@sbu.edu
Is CSB Member Yes

Member
Name Christa Heckathorn
Represents Sheriff's Office
eMail CLHeckathorn@CattCo.org
Is CSB Member No

Member
Name William F. Mills, MD
Represents Upper Allegheny Health System (Hospital)
eMail WMills@UAHS.org
Is CSB Member Yes

Member
Name Wendy R. Maines
Represents Road to Recovery House, Public Representative
eMail WMain3@aol.com
Is CSB Member No

Co-chairperson
Name Daniel P. Piccioli
Represents Cattaraugus County Dept. of Social Services
eMail DPPiccioli@CattCo.org
Is CSB Member Yes

Member
Name Derah Black-Day, MS, MPA, CASAC-G
Represents CARES, Seneca Nation of Indians
eMail DBlack-Day@CouncilOnAddiction.org
Is CSB Member No

Member
Name Donna L. Kahm, SPHR
Represents Southern Tier Health Care System, EMS
eMail DKahm@STHCS.org
Is CSB Member No

Member
Name Kevin Watkins, MD, MPH
Represents Cattaraugus County Dept. of Health
eMail KDWatkins@CattCo.org
Is CSB Member Yes

Mental Health Subcommittee Roster
 Cattaraugus Co Community Services Dept (70690)
 Certified: Rebecca Dash (5/31/17)

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.

Co-chairperson

Name Leonard X. Liguori
Represents Directions in Independent Living (Peer Agency)
eMail LLiguori@OleanILC.org
Is CSB Member Yes

Co-chairperson

Name Jodi Fuller
Represents Cattaraugus Community Action, Public Representative
eMail JFuller@CCAction.org
Is CSB Member No

Member

Name Amy George
Represents Sheriff's Office, Public Representative
eMail AEGeorge@CattCo.org
Is CSB Member Yes

Member

Name Sondra J. Fox, RN, MSN
Represents Public Representative
eMail Sondra@Fox-Financial.com
Is CSB Member Yes

Member

Name Steve E. McCord
Represents Veterans' Services
eMail SEMcCord@CattCo.org
Is CSB Member Yes

Member

Name Mari L. Howard
Represents The Rehabilitation Center, Inc. (Peer Agency)
eMail MHoward@RehabCenter.org
Is CSB Member Yes

Member

Name Shelly Woods
Represents Consumer, Public Representative
eMail woodsbs@msn.com
Is CSB Member No

Member

Name Stephen S. Morgan III, CTRS, LMHC
Represents The Rehabilitation Center, Inc. (Peer Agency)
eMail SMorgan@RehabCenter.org
Is CSB Member No

Member

Name Kirsten Vincent
Represents Eagles Nest Respite Home (Peer Agency), Public Representative
eMail kirky317@yahoo.com
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Cattaraugus Co Community Services Dept (70690)
 Certified: Rebecca Dash (5/31/17)

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.

Co-chairperson

Name Christina L. Veno
Represents Family, Public Representative
eMail C.Veno@roadrunner.com
Is CSB Member Yes

Co-chairperson

Name Dan Gayton
Represents The Rehabilitation Center, Inc. (Peer Agency)
eMail DGayton@RehabCenter.org
Is CSB Member No

Member

Name Linda M. Edstrom
Represents School Special Ed, Public Representative
eMail LMEstrom47@gmail.com
Is CSB Member No

Member

Name Gail Hammond
Represents Special Education, Family
eMail GFHammond@gmail.com
Is CSB Member Yes

Member

Name Jon Baker
Represents School Admin. Retiree, Public Representative
eMail basilira@gmail.com
Is CSB Member Yes

Member

Name Susan Labuhn
Represents Cattaraugus County Legislature, Public Representative
eMail SLabuhn@CattCo.org
Is CSB Member Yes

Member

Name Jeffery H. Capitani
Represents Directions in Independent Living (Peer Agency)
eMail jc628tc@yahoo.com
Is CSB Member No

Member

Name Leonard X. Liguori
Represents Consumer, Directions in Independent Living (Peer Agency)
eMail LLiguori@OleanILC.org
Is CSB Member Yes

2017 Mental Hygiene Local Planning Assurance
Cattaraugus Co Community Services Dept (70690)
Certified: Rebecca Dash (6/2/17)

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

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2018 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2018 Local Services planning process.