2017
Local Services Plan
For Mental Hygiene Services

Hamilton County Community Services
August 11, 2016
<table>
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<tr>
<th>Planning Form</th>
<th>LGU/Provider/PRU</th>
<th>Status</th>
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<tr>
<td>Hamilton County Community Services</td>
<td>70090</td>
<td>(LGU)</td>
</tr>
<tr>
<td>Executive Summary</td>
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<td>Certified</td>
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<tr>
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<td>Community Services Board Roster</td>
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<td>OMH Transformation Plan Survey</td>
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<td>Hamilton County Community Services PriPrev</td>
<td>70090/70090/90061</td>
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The needs and priorities noted below specifically reflect desired outcomes identified through Hamilton County’s own continuing strategic planning process. The county has utilized regularly scheduled public forums, archival data and surveys to identify needs and assets that support the development and implementation of initiatives that promote the delivery of effective mental hygiene services to its residents. These needs/priorities, in addition to being the product of a comprehensive needs assessment process, also reflect the realities of Hamilton County’s very rural existence.

More specifically, Hamilton County is New York State’s only county that meets the federal government’s criteria for designation as a frontier county (under six persons per square mile; Hamilton = 2.9). The needs and priorities below must then also be seen in the context of a county that –despite being the geographical equivalent of the state of Rhode Island –has no public transportation, no pharmacy, no hospital, and a population density that cannot viably support the vast majority of mental health programs designed to be funded through Medicaid. This reality leads to significant concerns on the part of the Hamilton County Community Services Board that current efforts to reform Medicaid, through a transition to a managed care model, may make it impossible to deliver accessible behavioral health services to the county’s residents. Discussions with OMH and OASAS to date have not been reassuring with respect to how Hamilton County can continue to provide in-county services, and the prospect of its residents needing to travel one to two hours one-way for services outside the county is simply not realistic.
Consult the LSP Guidelines for additional guidance on completing this exercise.

PART A: Local Needs Assessment

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

Hamilton County, as every other county in the state, assures the delivery of behavioral health services to residents with mental health, substance abuse and developmental needs. What makes Hamilton County unique, by comparison in nearly all instances, is the number of residents in need – through a relatively small group overall – are spread across an area of nearly 1700 sq. miles within which no public transportation exists. As such accessibility to services continually presents significant obstacles in attaining services and, given New York State’s current health care transformation efforts – based on promoting Medicaid-based managed care within an integrated system – accessibility could become more of an issue as current provider’s lack a model of care that can be financially viable under what is being developed. For example, while the county’s mental health services provider qualifies in all respects as a safety net program it was unable – as it is not possible to license this program under current state regulations and thus be a Medicaid provider – to participate in DSRIP or any of the other funding opportunities that could have provided support to local services. Efforts will continue to make by the county to put this issue before OMH, OASAS and DOH as it is hoped that exceptions/waivers can be considered to allow the county to continue to provide quality services to its residents that – absent that ability – could not and would not be provided by providers outside the county as demonstrated by past failures to implement such an approach.

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

Hamilton County provides outpatient mental health services through its Community Services Department. These services include individual, family and group counseling by 2.5 FTE licensed professional social workers, a psychiatric nurse practioner (one day a week), a licensed clinical psychologist (one day every two weeks), a board certified psychiatrist (one day every two weeks) and a care coordinator. This program serves, on average 130 individual at any given time with approximately half of that number considered SPMI and most eligible for Medicaid. There are no peer support groups or similar services in the area given population density and the constraint of lacking sufficient capacity in a identifiable community to form viable groups. Supported housing is available and serves, on average, 4 individuals at any given time. HCBW for children is provided, with six openings available, by Parsons (now Northern Rivers). The county provides its own children’s SPOA but collaborates with Fulton and Montgomery counties for adult SPOA. Community Services also provides mental health prevention services for youth with one FTE and works closely with all schools within the county to provide both prevention and clinical services on-site. The program also provides services to the county jail and, lastly, maintains a 24/7 crisis line. As there is no hospital within the county residents are sent/ transported when in need of hospital based psychiatric services – depending upon where they reside – to St. Mary’s Hospital in Amsterdam, Glens Fall Hospital in Glens Falls, Champlain Valley Hospital in Plattsburgh, and St Elizabeth’s Hospital in Utica. Hamilton County is in the Mohawk Valley/ Hutchings Psychiatric Center catchment area. Overall the County’s mental health system is right sized to its population and generally meets the needs of its residents with effective, quality, services. Primary concerns rest with how these services can continue to be supported in the future as current health care transformation initiatives in the state contain little planning around how to meet the need of areas as unique as Hamilton County. Substance abuse treatment services in the county are provided, under contract with Hamilton County, by North Star (Citizens Advocates) Substance Abuse Services based in Malone NY (Franklin County). These services are offered, at the present time, in one licensed location with another location planned in the coming year. NS continually struggles to maintain staffing in the area and, as a result, there is consistent unmet need despite the agency’s significant and laudable efforts to do so. Part of the difficulty lies in the agency being based out of the county which requires staff from Franklin County to travel to down to Hamilton County to provide the services (there are no known CASAC’s residing in Hamilton County) and, without a continuous in-county presence outreach is limited, program development is limited and NS would not remain viable without additional funding provided by Hamilton County. At present NS provides services one day per week and is planning to increase services to two days per week – to meet known but currently unmet need – at such time staffing can be arranged. OASAS funded Prevention services are provided by Hamilton County’s Community Services Department, with two FTE Prevention Educators, and one FTE by the Hamilton, Fulton, and Montgomery Prevention Council. The prevention staff are in all schools in the county, provide community-based programs for children and families, and programing is currently right sized for the population. Developmental Disability Services within the county are provided by state operated programs and the Adirondack Arc. Most services are based in state IRA’s and Day Treatment programs, serving approximately 100 individuals, with Arc providing HCBW service to less than five individuals throughout the county. Services are right size to the need with the primary concern being staff recruitment. Both the OPWDD and Arc’s programs struggle to find staffing with positions going unfilled for periods of time that make programming difficult.

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

<table>
<thead>
<tr>
<th>Issue Category</th>
<th>Youth (&lt; 21 )</th>
<th>Adult (21+)</th>
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<tbody>
<tr>
<td>Substance Use Disorder Services</td>
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<td></td>
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<tr>
<td>a) Prevention Services</td>
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<td>b) Crisis Services</td>
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<tr>
<td>c) Inpatient Treatment Services</td>
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<td>d) Opioid Treatment Services</td>
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<td>e) Outpatient Treatment Services</td>
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<td>f) Residential Treatment Services</td>
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<td>g) Housing</td>
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<td>h) Transportation.</td>
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<tr>
<td>i) Other Recovery Support Services</td>
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<tr>
<td>j) Workforce Recruitment and Retention</td>
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<tr>
<td>k) Coordination/Integration with Other Systems</td>
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**Follow-up Questions to "Workforce Recruitment and Retention" (Question 3j)**

3j1. Briefly describe the issue and why it is a high need for the populations selected. Workforce recruitment is a serious need in the county for all populations. Human service programs as well as schools and businesses can have openings for over a year at a time.

**Follow-up Questions to "HARP HCBS Services (Adult)" (Question 3s)**

3s1. Briefly describe the issue and why it is a high need for the populations selected. There is currently a provider in the county but, as noted above with respect to workforce recruitment, this provider has not been able to fill positions to provide the service. Current staff vacancy for a care coordinator is over one year.

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

3w1. Briefly describe the issue and why it is a high need for the populations selected. Medicaid transportation has been less than reliable with individuals seeking transportation unable to arrange rides. Volunteer transportation programs struggle to find volunteers and there is no public transportation or taxi services located in the county.
Follow-up Questions to "Workforce Recruitment and Retention" (Question 3x)

3x1. Briefly describe the issue and why it is a high need for the populations selected.
Same as above.

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

3bb1. Briefly describe the issue and why it is a high need for the populations selected.
The only provider of psychiatric services for individuals with developmental disorders lost the staff person providing this service due to retirement. Current efforts to fill this vacancy have been unsuccessful to date.

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

3ff1. Briefly describe the issue and why it is a high need for the populations selected.
Respite for children has been difficult to obtain when needed. OPWDD programs have reached out to the county's mental health department for assistance in placing children from their system into the MH system. There is concern about the appropriateness of these requests.

Follow-up Questions to "Residential Services" (Question 3kk)

3kk1. Briefly describe the issue and why it is a high need for the populations selected.
As with respite above it has been seemingly impossible to secure placement for children in the community in need of residential placement into an appropriate program. This has been, and continues to be, a problem state wide.

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

4. How have the overall needs of the mental health population changed in the past year?
   a) Overall needs have stayed about the same.
   b) Overall needs have improved.
   c) Overall needs have worsened.
   d) Overall needs have been a mix of improvement and worsening.
   e) Not sure.

4a. If you would like to elaborate on why you believe the overall needs of the mental health population have stayed about the same over the past year, briefly describe here
Population characteristics and programs available have not changed significantly over the past year.

5. How have the overall needs of the substance use disorder population changed in the past year?
   a) Overall needs have stayed about the same.
   b) Overall needs have improved.
   c) Overall needs have worsened.
   d) Overall needs have been a mix of improvement and worsening.
   e) Not sure.

5a. If you would like to elaborate on why you believe the overall needs of the substance use disorder population have stayed about the same over the past year, briefly describe here
Population characteristics and program availability have remained unchanged from the previous year.

6. How have the overall needs of the developmentally disabled population changed in the past year?
   a) Overall needs have stayed about the same.
   b) Overall needs have improved.
   c) Overall needs have worsened.
   d) Overall needs have been a mix of improvement and worsening.
   e) Not sure.

6a. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have stayed about the same over the past year, briefly describe here
Population characteristics and program availability have remained unchanged from the previous year.

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

7. In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?
   a. Yes
   b. No
7a. Briefly describe those planning activities with your Local Health Department.

The mental health department has been involved, through standing countywide committees for inter-agency collaboration, with public health and other county human services departments to assure that service planning maximizes opportunities for effective collaboration.

8. In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?
   a. Yes
   b. No

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

See 7a above.

9. In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?
   a. Yes
   b. No

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

Coordinated children services initiative - insures collaboration in service planning for children and families when engaged with multiple providers. This initiative, through it's key leader Tier II group, and given that participants cover adult programs as well, also address collaborative efforts for adults.

9b. Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?
   a. Yes
   b. No

9c. Did the counties in your region reach a consensus on what the regional needs are?
   a. Yes
   b. No

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

Regional meeting between LGU's were held during the past year to promote a consensus on region wide needs. The results of this effort were identified in last years plan.
Consult the LSP Guidelines for additional guidance on completing this form.

LGU: Hamilton County Community Services (70090)

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

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?
   - Yes
   - No

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

   Hamilton County has established an inter-agency committee, comprised of the department heads of DSS, Public Health, Probation, Community Services, local school districts, the county's courts system and human services agencies operating within the county. This committee assures oversight of operations to identify and serve multi-disabled individuals.

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?
   - Yes
   - No

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

   The inter-agency committee noted above, the CSB and its subcommittees meet regularly to assure that service planning is done for multi-disabled individuals.

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?
   - Yes
   - No

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

   The inter-agency committee noted above convenes regularly to resolve and disputes affecting consumers.
2017 Priority Outcomes: Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.

Priority Outcome 1:

Develop Suicide Prevention/ Post-Vention Coalition in Hamilton County

**Progress Report: (optional)**

Efforts are currently underway to establish a coalition in Hamilton County. Training on coalition building was completed in the fall of 2015 and organization meetings are being scheduled.

**Priority Rank:** 3

- **Applicable State Agencies:** OASAS OMH
- **Aligned State Initiative:** None of the Above
- **Is this priority also a Regional Priority?** Yes

**Strategy 1.1**

Efforts during the coming year will be directed at developing the infrastructure, through outreach/ trainings, to establish an ongoing suicide prevention/ post-vention coalition in Hamilton County. These efforts will be coordinated with NYS OMH and, where possible, OASAS providers in the county.

- **Applicable State Agencies:** OASAS OMH

Priority Outcome 2:

Develop, in coordination with OASAS, OMH, OMRDD and other relevant entities, financially viable program models for services in highly rural areas

**Progress Report: (optional)**

During the past year Hamilton County, in collaboration with OASAS and Citizens Advocates, implemented a contact whereby county staff in the county's mental health program would be able to deliver substance abuse treatment under the management and license of Citizens Advocates. It is hope that this arrangement will bring stability to staffing this critical county service.

**Priority Rank:** 1

- **Applicable State Agencies:** OASAS OMH OPWDD
- **Aligned State Initiative:** None of the Above
- **Is this priority also a Regional Priority?** No

**Strategy 2.1**

Hamilton County will work with OASAS, OMH, OMRDD and other relevant entities to develop program models for prevention, treatment and recovery that can be financially viable in very rural (i.e., very low population density, geographically isolated) areas. Particular effort will be directed at exploring the impact of Medicaid reform and developing strategies to maintain in-county behavioral health care providers. Specifically, recommendations for enhanced rates for highly rural areas and necessary waivers will be developed.

- **Applicable State Agencies:** OASAS OMH OPWDD

Priority Outcome 3:

Implement and fully expand evidenced-based models of prevention, treatment and recovery among county service providers

**Progress Report: (optional)**

The majority of prevention programs provided in Hamilton County are evidenced based.

**Priority Rank:** 5

- **Applicable State Agencies:** OASAS OMH
- **Aligned State Initiative:** The Prevention Agenda 2013-2018

- **Is this priority also a Regional Priority?** Not Sure
**Strategy 3.1**

Hamilton County will maximize, wherever possible, the use of evidenced-based services models in the provision of prevention, treatment and recovery efforts. Expectations, as set through county planning, and monitoring through program reviews conducted by the Community Services CQI committee, will support this effort.

- **Applicable State Agencies**: OASAS OMH

**Priority Outcome 4:**

Develop Peer support groups in Hamilton County

**Progress Report: (optional)***new
There was no progress made on this objective during the past year.

**Priority Rank:** Unranked

- **Applicable State Agency**: OMH
- **Aligned State Initiative**: *new
- None of the Above

**Is this priority also a Regional Priority?***new **No**

**Strategy 4.1**

Work with statewide peer support organizations to establish peer support groups in Hamilton County.

- **Applicable State Agency**: OMH

**Priority Outcome 5:**

Improve access to services

**Progress Report: (optional)***new
Improvements were noted in the availability of Medicaid transportation services during the past year.

**Priority Rank:** 2

- **Applicable State Agencies**: OASAS OMH OPWDD
- **Aligned State Initiative**: *new

☐ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

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

**Strategy 5.1**

Hamilton County will work with state, out of county and local providers to expand access to services through the expansion of satellite sites, the development of regulations that would allow for off-site billing, and support/ funding for telepsychiatry and other technologies that will improve access to services. Specifically, recommendations for enhanced rates for highly rural areas and necessary waivers will be developed.

- **Applicable State Agencies**: OASAS OMH OPWDD

**Priority Outcome 6:**

Develop an array of services to meet the diverse needs of Hamilton County’s aging population.

**Progress Report: (optional)***new
No new programs were developed during the past year and current programs were well utilized. Ongoing assessment of need in this area will continue.

**Priority Rank:** Unranked

- **Applicable State Agencies**: OASAS OMH OPWDD
- **Aligned State Initiative**: *new

☐ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

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

**Strategy 6.1**

Utilizing services needs assessment of seniors identify evidenced-based prevention, treatment and recovery related strategies to address the needs of this population.

- **Applicable State Agencies**: OASAS OMH OPWDD
Priority Outcome 7:
Development of an array of in-county programs to support children and adolescents at risk of out of home placement.

Progress Report: (optional) *new
No new programs were developed during the past year but current programs (HCBW, CCSI and Home Run) were well utilized.

Priority Rank: Unranked

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

☑️ The Prevention Agenda 2013-2018

Is this priority also a Regional Priority? *new No

Strategy 7.1

Hamilton County's Tier II committee will review, on a monthly basis, the effectiveness of current programming for at-risk youth and identify services gaps and/or other concerns that inhibit efforts to reduce out of home placement. Tier II will produce an annual assessment of services with recommendations/strategies to enhance services as needed (CQI).

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 8:
Community Public Education

Progress Report: (optional) *new
Hamilton County provides ongoing community education programs related to behavioral health. This past year such programs included suicide prevention/post-vention, alcohol and substance abuse prevention strategies, and outreach/engagement opportunities.

Priority Rank: Unranked

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

☑️ The Prevention Agenda 2013-2018
☑️ Population Health Improvement Plan (PHIP)
☑️ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
☑️ Combat Heroin and Prescription Drug Abuse

Is this priority also a Regional Priority? *new Yes

Strategy 8.1

There is a need to increase community awareness of consumer’s needs, increase awareness of resources available to consumers and providers within the county and develop and provide supportive resources –relative to education and training–where needed. Action steps include: 1. Continue an ongoing assessment of needs relative to resources within the county. 2. Publicize the results of this needs assessment, particularly with key stakeholders. 3. Provide trainings and educational opportunities based upon needs assessment. 4. Engage consumer’s participation in planning process. 5. Engage other systems in continuing community education regarding all mental hygiene services and needs (e.g., CCSI/ Superintendents Group). 6. Focus on aging population of consumers. Identify needs and programming options.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 9:
Facilitate cross-system collaboration between human services providers towards the creation of comprehensive service models

Progress Report: (optional) *new
Efforts as noted in Priority Outcome #2 above demonstrate some progress in improving collaboration between human service providers (e.g., MH Staff also providing Substance Abuse Tx.). These efforts will continue, particularly looking at opportunities for improved collaboration between behavioral health providers and local schools.

Priority Rank: Unranked

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: *new

☑️ The Prevention Agenda 2013-2018
☑️ Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

Is this priority also a Regional Priority? *new Yes
Utilizing existing county initiatives that promote collaboration (e.g., CCSI) as examples of success in promoting cost effective and best practice approaches to services delivery, Hamilton County Community Services will explore, with providers of human services within the county, opportunities for comprehensive services approaches through collaboration. Hamilton County Community Services will use regularly scheduled community forums to explore expansion of existing collaborative efforts (for children and seniors) to enhance the delivery of comprehensive services to all county residents.

**Priority Outcome 10:**

Develop initiative to address staff recruitment and retention in county

**Progress Report:** *(optional)*

Little progress has been made during the past year in addressing this significant concern. Providers and school districts in the county continue to struggle to fill positions, with some vacancies at present for over one year.

**Priority Rank:** 4

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *(new)*

- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- None of the Above

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

**Strategy 10.1**

Hamilton County will identify and implement strategies, in conjunction with other county service providers, to promote staff recruitment and retention.

**Applicable State Agencies:** OASAS OMH OPWDD

**Priority Outcome 11:**

Improve Countywide Awareness of Disaster Mental Health Services

**Progress Report:** *(optional)*

This outcome will be continued as ongoing attention to this Priority Outcome is critical to insuring compliance.

**Priority Rank:** Unranked

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *(new)*

- None of the Above

*Is this priority also a Regional Priority?* *(new)* No

**Strategy 11.1**

There has been concern, particularly after the group home fire in Wells, NY several years ago, (Sunmount DDSO IRA), that many county residents, employers, emergency responders, providers and others are unaware of the availability of disaster mental health services through the county's mental health program. As such, ongoing assessment/outreach will be continued over the coming year to determine awareness of these services throughout the county and assure that -in the event of a disaster -there is appropriate consideration of accessing those services.

**Applicable State Agencies:** OASAS OMH OPWDD

**Priority Outcome 12:**

Develop Cross Systems Respite Program

**Progress Report:** *(optional)*

There were no new respite programs developed during the past year and one provider is on hold. Continue this Priority Outcome.

**Priority Rank:** Unranked

**Applicable State Agencies:** OMH OPWDD

**Aligned State Initiative:** *(new)*

- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

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

**Strategy 12.1**

Mental Health and MR/DD service providers in the county have reported the need to coordinate existing respite resources so as to best utilize this limited resource.
Action Steps include: 1. Continue to develop an implement a needs assessment for respite services 2. Continue to develop adequate resources, based upon needs assessment, for respite. 3. Continue to develop mechanism to assure effective coordination of respite services. 4. Continue to promote consumer awareness of the availability of respite services.

Applicable State Agencies: OMH OPWDD
# 2017 Community Service Board Roster

Hamilton County Community Services (70090)
Certified: Robert Kleppang (6/9/16)

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

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

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<td><a href="mailto:bsrudes@aol.com">bsrudes@aol.com</a></td>
<td><a href="mailto:llsuper@adirondackacres.com">llsuper@adirondackacres.com</a></td>
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<td><a href="mailto:spsail@citlink.net">spsail@citlink.net</a></td>
<td><a href="mailto:ronile@speculatorlawyers.com">ronile@speculatorlawyers.com</a></td>
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<td><a href="mailto:JWScarnut2@yahoo.com">JWScarnut2@yahoo.com</a></td>
<td><a href="mailto:hamiltoncountycaa@yahoo.com">hamiltoncountycaa@yahoo.com</a></td>
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Consult the LSP Guidelines for additional guidance on completing this exercise.

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

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

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?
   - a) Yes
   - b) No
   - c) Don't know

   If "Yes":
   Please briefly describe any impacts the reinvestment resources have had since implementation, particularly as it relates to impacts in State or community inpatient utilization. If known, identify which types of services/programs have made such impacts.
   Reinvestment funding was provided to the county to enhance supported housing. Supported housing, while a significant state wide need, is not necessarily a significant need in Hamilton County. However, the county was not asked for input, despite efforts made to provide same, and funding provided could have been utilized in significantly more helpful ways.

2. Please provide any other comments regarding Transformation Plan investments and planning.
   See above.
Emergency Manager contact information is necessary in order for OASAS to communicate directly with each LGU and OASAS-certified treatment program to ensure proper planning and preparedness during emergency situations. A rapid and coordinated response to an emergency is necessary to ensure the safety of staff and patients and continuity of care. The information entered here will be maintained in CPS until it can be incorporated into the OASAS Provider Directory System (PDS) where other program contact information is maintained.

All questions regarding this survey should be directed to Kevin Doherty, OASAS Emergency Manager, at (518) 485-1983, or at KevinDoherty@oasas.ny.gov.

| First Name | Robert |
| Last Name | Kleppang |
| Job Title | Director of Community Services |
| Email Address | rkleppang.hccs@frontiernet.net |
| Main Work Phone | 518-648-5355 |
| Desk Work Phone | 518-648-5355 |
| Home Phone | 518-648-0289 |
| Mobile Phone | 518-796-6776 |

**NOTE:** To ensure privacy, home and mobile phone numbers will not be displayed in CPS output reports.
Consult the LSP Guidelines for additional guidance on completing this form.

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2017 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2017 Local Services planning process.