



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Ontario Co. Community Services Bd.
July 18, 2018

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Planning Form	LGU/Provider/PRU	Status
Ontario Co. Community Services Bd.	70340	(LGU)
Executive Summary	Optional	Not Completed
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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
Ontario Co. Community Services Bd. (70340)
Certified: Diane Johnston (6/19/18)

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:
2018 planning :

- Over the past year, there have been numerous initiatives which have had significant (positive) impact on the community.
1. Increase in child psychiatric time (yet due to increased demand, there is a shortage of adult psychiatric time)
 2. Increase in health homes (due to numerous funding changes, some HH providers have significant budget shortfall for 2017)
 3. Improved utilization of child and adolescent respite
 4. Addition of "community support center"
 5. Mental Health Association located in downtown Canandaigua
 6. FQHCs all increasing or adding psychiatric nurse practitioner time (some FQHCs lost their NPP in 2017)
 7. Increased staff composition of MIT / Mobile Integration Team (staffing shortages have influenced fewer services)
 8. CPEP has expanded staffing and hours of coverage for Mobile Crisis.
 9. Development of suicide prevention coalition, with training opportunities for the community (late 2016)

However, at the same time there continues to be an unmet need of psychiatric time for both children and adults. Wait lists for medication appointments can be lengthy. Additionally, it is very difficult to locate acute beds for children/ adolescents, often leaving this population in EDs for unreasonable lengths of time.

The acuity of individuals presenting for services is significant for increased risk of violence to harm self or others. With growing caseload, managing heightened acuity is difficult.

2019 planning: Despite the additional services / programs in 2017, 2018 has proven to have significant challenges in services those suffering from mental illness. Our housing options (SOCR and Trolley Station to name 2) are forced to prioritize individuals being discharge from state psychiatric hospitals. Thus, the residents in those programs are coming from all over the region, not necessarily Ontario county, thus resulting in a continued shortage of safe and adequate housing. There are overall staffing shortages (therapists and psychiatric prescribers) thus leading to waiting lists and inability for the clinics/ hospitals in the county to serve all individuals requesting services. Due to such limited child psychiatric beds, children / adolescents are often left to wait long periods of times in hospital emergency departments with the inability to locate a necessary hospital bed. Overall the complexity of presentations continues to be significant with individuals suffering from both mental illness and substance abuse and often trauma.

- 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:
2018

1. FLACRA addition of swing beds to best address the individual needs of those seeking treatment (2018 residential redesign to provide both mental health and substance abuse services "in house", as well as 25 bed expansion planned for 2019)
2. Increased housing supports and options
3. Continued growth of the Substance Abuse Coalition activities / education
4. Monroe and Wayne counties are exploring "immediate access" for assessment and treatment. Individuals from Ontario County could utilize these services once they are up and running. (in development now with Monroe county planning (Wayne County is developing Open Access program for all neighboring counties).
5. Exploration of the need for more suboxone providers is paramount. There remains a shortage of providers, thus waiting lists for services. (number of providers remains low)
6. Exploration of the need for a methadone provider is just beginning. (no progress)
7. Development of a youth clubhouse in Geneva
8. Ontario (and Yates) county have been chosen to receive additional Federal funds to address the heroin/opioid epidemic (COTI project designation as of 11/2017)
9. Hiring / training additional peer supports

Again, these are all tremendous additions to the services in our county. However, we continue to have a shortage of prescribers, leading to individuals unable to receive necessary medication treatments. We do not have a methadone provider in the County; although the OASAS reported number of individuals receiving such treatment out of county is small (6 individuals), it is unknown how many would seek such treatment if it was available locally.

2019 planning: Positive additional programming is occurring to support treatment of substance use disorders (COTI, 25 bed expansion, Open Access center in Wayne County, additional state funds to support programming in Ontario county jail). However, limited funds are focused on Prevention services and education. Both the FL Council on Alcoholism (no additional funding) and the Substance Abuse Coalition /Partnership for Ontario county (funding to end in fall 2019) are providing programming and services to the community. These services are invaluable and must continue (and increase). With this our loss of life to drugs has increased and continued programming from Prevention to Treatment and life long support are needed. The opioid epidemic is hitting our county hard with the addiction and deaths impacting the entire community.

- c) Indicate how the level of unmet needs of the **developmentally disabled** population, in general, has changed in the past year: Improved Worsened

Stayed the Same Worsened

Please Explain:

Services are "shifting" in the DD system, thus it's difficult to fully assess. There are many unknowns in the system regarding funding, reimbursement of services, consolidation and coordination with other agencies. Ontario ARC will continue to update Ontario County CSB. Housing options as well as in community job opportunities are continually being explored. Housing / apartment options are developing now.

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 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 type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

2018 and 2019

There continues to be a housing shortage for individuals in all three areas of need (OMH, OASAS, DD). Each area will continue to focus on advocacy and development of affordable, safe housing.

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

2018-2019

Development of additional housing opportunities within each area of need. DePaul is presently considering additional mixed use housing opportunities. Ontario ARC is in process of building apartment options. Will continue to explore.

Objective Statement

Objective 1: Work with FLACRA, Lakeview, DePaul, Ontario ARC and other agencies to explore additional housing units

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

2018 and 2019

Transportation has slowly improved over the years in Ontario County, with public transportation. This service is still not readily available for all individuals either due to scheduling, the individuals needs or limitation, finances. Ontario ARC continues to provide transportation to some of the individuals in specific programs via ARC. ARC is exploring alternatives with the local RGTA / bus system.

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

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

2018

Crisis services remain limited and not well coordinated in Ontario county. The local CPEP has expanded their mobile crisis outreach, however this still leaves gaps for some hours of the week as well as availability due to the limited size of the program and the numerous counties they must cover. We have both adult (Prospect Street and SOCR) and child and child (Elmira Psychiatric Center) crisis respite for those suffering from mental illness, but those are not fully utilized by our county residents. FLACRA has expanded / enhanced crisis center to include medically monitored as well as medically supervised. START in conjunction with Ontario ARC provides limited crisis respite services. START has a 24 hour crisis hot line available for individuals in this system. Overall work with DSRIP and our local PPS are working / planning on improvements to the crisis stabilization system.

2019 planning

Crisis stabilization / intervention options remains a priority. Present services available:

Substance abuse: ACC, COTI - peers, 211-Lifeline, Open Access in Monroe county and soon in Wayne County

OPWDD: START

Mental health: 211-Lifeline, CPEP and Mobile, EPC adult and child respite beds, Prospect house

Ontario county was awarded Crisis Intervention Training (CIT) for law enforcement. The training will take place in June 2018. CPEP and 911 have partnered together to provide "urgent" response to specific 911 calls to respond with the Mobile Team (and law enforcement).

A regional crisis intervention plan is underway and will be submitted to OMH in mid June 2018 (with Ontario, Wayne, Seneca and Yates Counties).

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

Improve coordination, access and response for crises in the community.

2019 Planning includes

1. a regional approach to after hours crisis intervention with 3 neighboring counties (Wayne, Seneca, Yates and Ontario)
2. Crisis Intervention training (CIT)
3. additional CPEP / Mobile teams via DSRIP

Objective Statement

Objective 1: Maximize use of Mobile Outreach

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

Objective 2: Develop a coordinated system of crisis response, regionally

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

Objective 3: Train law enforcement in understanding behavioral health conditions and subsequent responses (as well as understanding services available in the community)

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

Change Over Past 12 Months (Optional)

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

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

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

2019 Workforce remains an issue in all areas (OMH, OASAS, OPWDD). I do not have a plan / goal to address this concern. The overall change in the "system" is shifting professionals, competing for professionals to conduct the work and there are not enough to go around. This continues to

be a topic in DSRIP / FLPPS discussions as the staffing shortage significantly impacts the ability to provide services.

Change Over Past 12 Months (Optional)

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

2018-2019

There are several opportunities to explore job opportunities with clients.
Department of Social Services / Workforce development
Access VR
FLACRA / small Voc programming
Ontario ARC
Unity

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

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

2018-2019

The development and expansion of the Substance Abuse Coalition activities is tied closely to Prevention. The Coalition focuses on education of the community, which has reached all school districts, most communities and the community college. The Partnership funding (as it stands now) will end in the Fall of 2019. The Coalition continues to explore Sustainability options .
In collaboration with Public Health, Mental Health and the Partnership for Ontario county we are in the development of a Suicide Prevention Coalition.
Council on Alcoholism provides substance abuse prevention services in 8 of our 9 school districts as well as numerous county wide prevention and education opportunities.
FLACRA has recently hired several peer staff to assist with engagement of consumers.
The S2AY (along with Public health and DCSs) have come together over the Prevention Agenda item surrounding the Opioid Epidemic.

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

Decrease the number of deaths by opioid overdose.
Decrease the number of deaths by suicide.

Objective Statement

Objective 1: Continued support of the Suicide prevention coalition, to offer training and education opportunities to the community

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

Objective 2: Support continued SUD Prevention Services in th community

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

Objective 3: Collaborate with the S2AY , public heath and DCSs to develop a regional response, intervention to the present opioid epidemic.

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

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

2018

There continues to be a shortage in inpatient beds. In the OASAS field, the additional "swing" beds at the ACC have been helpful, but the limited beds across the State is problematic. In the OMH field, the goal is to continue to limit both (State operated) adult and child inpatient beds. This has a direct impact on the number of individuals presenting at CPEP and then unable to locate (child) beds across the State. The OPWDD closures have lead to primarily only inpatient beds for those with Forensic / legal charges.
2019 As indicated, bed shortage impacts individuals recieving timely, necessary treatment interventions. Children / Adolescent beds are very difficult to obtain. Adult beds can be accessed but are often very short in length and thorough discharge planning and coordination is not always conducted.

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):

2018-2019

Although advocacy should continue within the areas, there is no specific goal pertaining to inpatient beds. The decreasing of beds (OMH and OPWDD) is very clear objective of the State of NY. The State reports enhancements to the outpatient programming, but not only is this slow in coming, but also does not fit the needs for all.

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

2018-2019

We are lacking in this area; most recently the Mental Health Association began a presence in our county. Continued monitoring of this usage and assessment of the need will continue. We no longer have a day treatment program, which is a loss for many of our consumers. I will continue advocate with the local provider to develop a PROS program. Despite initial planning from RRHS to develop a PROS in Ontario County, this has not been further explored by RRHS.

Lakeview health services does provide a Recovery Center in Geneva, with a variety of programming both at the agency and off site. Many off site activities are provided to encourage and promote inclusion in the community.

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 the DCS, I will continue to discuss additional intensive services to be provided by agencies in the community.

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

2018-2019

Both the Substance Abuse Coaliton and the Suicide Prevention Coalition are / will via their community education efforts, address stigma. The OPWDD system (local ARC) strives for integration of their consumers in the work environment with ongoing employer education.

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

Objective Statement

Objective 1: Education and awareness via Substance Abuse prevention coalition and Council on Alcoholism

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

Objective 2: Education and awareness via the Suicide prevention coalition

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

2018-2019

A shortage of prescribers to provide Suboxone is significant and impacts the quality of care individuals can recieve. Both DSRIP as well as OASAS (UB) have been promoting and encouraging primary care physicians to participate in suboxone training. This has had limited success in locally training additional providers to date. Wayne county has been awarded funding to develop an Open Access 24/7 program to address SUD. This program will be available for the region and will assist with triage and referral for individuals in need of accessing services.

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

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

2019 FLACRA has engaged in Residential Redesign for the local CRs. Additionally the 25 bed expansion will take place in 2019.

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

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

Change Over Past 12 Months (Optional)

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

2018

With approximately a 3x increase in Opioid related deaths in 2015. (8 in 2015, 17 in 2016, 28 in 2018) the topic of herion and opioid use is significant. The present SUD providers in the county acknowledge the limited number of Suboxone providers, thus contributing to a "wait list" issue. The local jail works with a pharmaceutical company to provide Vivitrol to inmates with coordination to outpatient care upon their release. Methadone is not yet available within the county, but this topic continues to be explored.

2019

As previoully mentioned, Ontario / Yates counites were chosen to recieve COTI to enhance peer engagement, mobile clinic and mobile response.

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

Decrease deaths due to Opioid use.

Objective Statement

Objective 1: Coordination with the providers chosen for the STR grant for Ontario and Yates Counties

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

Objective 2: Coordination with Wayne BH as the development of the Open Access program progresses

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

Objective 3: Coordinate with DSRIP / FLPPS as they offer suboxone training to the broader community

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

Objective 4: Support and advocate for continued education and prevention venues via Substance abuse Coalition and FL Council on Alcoholism

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

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

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

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

2018

OCMHC provides "open access" (2 days per week) for initial screenings. This has eliminated a wait list. However, with this there remains waiting period to be seen by a prescriber for medication needs. We are unable to handle the significant influx of clients.

OCMHC has increased child psychiatry time which has decreased the wait period, yet there remains a wait. An increase in prescribers for both children and adults remains necessary.

Clifton Springs Hospital and Clinic provides clinic services for adults but has experienced a staffing shortage, thus limited the availability of service provision.

Elmira Psychiatric Center has a small outpatient clinic in Geneva and serve a limited number of individuals suffering from chronic mental illness.

2019

All three clinics in the county (county clinic, State clinic and the private hospital clinic) have all experienced staffing issues over the past year. Whether it is clinician or prescriber shortage, this impacts the availability of consumers being served in a timely manner. All 3 are seeking / advertising / recruiting for additional staffing.

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

2019 Enhanced advertisement for prescriber positions.

Objective Statement

Objective 1: Enhanced advertisement and recruitment for psychiatric prescribers.

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

Change Over Past 12 Months (Optional)

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

2018 and 2019

Family support centers

Community support centers

Mental health association

Suicide Prevention Coalition

Child Advocacy Center

Substance Abuse Coalition

Ontario ARC

The additional providers in our community are invaluable.

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

Continue to monitor programs for effectiveness.

Objective Statement

Objective 1: Provide resources, support when appropriate and fiscally possible.

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

Change Over Past 12 Months (Optional)

2y. Developmental Disability Person Centered Planning - Background Information

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

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

Change Over Past 12 Months (Optional)

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3a. Medicaid Redesign - Background Information

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

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

Change Over Past 12 Months (Optional)

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

2018-2019 I continue involvement in DSRIP / FLPPS with membership on the Behavioral health / crisis stabilization committee as well as Prevention.

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

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

Indicated above.

Objective Statement

Objective 1: Ontario county will continue to work with DSRIP / FLPPS around crisis stabilization

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

Objective 2: Ontario County will work with DSRIP / FLPPS around prevention

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

Change Over Past 12 Months (Optional)

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

Ontario County DCS will continue to participate in RPC planning .

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

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

Change Over Past 12 Months (Optional)

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

The work with the Substance abuse Prevention Coalition and S2AY ties into the Health Prevention Agenda

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

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

Addressed above.

Objective Statement

Objective 1: Collaborate with S2AY and Substance Abuse Coaliton to support seeking grant funding and continued education and prevention

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

In collaboration with 14 (Total) county run mental health clinics, Ontario county has joined Integrity Partners, Inc. We were awarded (a potential) 3.3 million for our BHCC (Integrity Partners, Inc). Ontario county MH clinic will continue to work with Integrity Partners with the intent to form an IPA. The goal is to prepare for Value Based Payment structure.

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

Goal Statement- Is this Goal a priority goal (Only 5 goals can be selected as priority goals)? Yes No

Objective Statement

Objective 1: As encouraged and supported by the STATE, Ontario county MH clinic will work collaboratively with Integrity Partners, inc.

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
 Ontario Co. Community Services Bd. (70340)
 Certified: Diane Johnston (6/5/18)

1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issue
Psychiatrist	5	2	I am unable to locate any psychiatrists to hire
Physician (non-psychiatrist)	n/a		I do not have this position in our MH programs
Psychologist (PhD/PsyD)	3	1	
Nurse Practitioner	5	3	Ditto re: psychiatrists, there are too few to meet the needs of our region (salary)
RN/LPN (non-NP)	5	3	Too few with the adequate skill set to work in MH
Physician Assistant	n/a		
LMSW	4	2	Many LMSW apply for positions, with limited / no experience. Salary can be the issue for the private clinic
LCSW	4	2	Many folks enter the field with LMSW, thus unable to see all clients due reimbursement issues. (Salary)
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	n/a		
Peer specialist	n/a		
Family peer advocate	n/a		

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.
 One county run MH clinic and one private hospital based clinic

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman jeremy.darman@omh.ny.gov. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
 Ontario Co. Community Services Bd. (70340)
 Certified: Korinna Roach (4/6/18)

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

Chairperson

Name Richard McCaughey
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2020
eMail

Member

Name Susan McGowan
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2018
eMail

Member

Name Joseph Perillo
Physician Yes
Psychologist No
Represents Public Representative
Term Expires 12/31/2018
eMail

Member

Name John Sharza
Physician Yes
Psychologist No
Represents Public Representative
Term Expires 12/31/2018
eMail

Member

Name Christian Smith
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2018
eMail

Member

Name Janet Starr
Physician No
Psychologist No
Represents Family Member
Term Expires 12/31/2020
eMail

Member

Name Eileen Tiberio
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2018
eMail

Member

Name Tina Hubbard
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2019
eMail

Member

Name Mark Taylor
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2022
eMail

Member

Name Mary Beer
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2018
eMail

Member

Name Jennifer Carlson
Physician No
Psychologist No
Represents Family Member
Term Expires 12/31/2018
eMail

Member

Name Mary Gleason
Physician No
Psychologist No
Represents Family Member
Term Expires 12/31/2018
eMail

Alcoholism and Substance Abuse Subcommittee Roster

Ontario Co. Community Services Bd. (70340)

Certified: Korinna Roach (4/6/18)

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

Chairperson

Name Christian Smith
Represents Public Representative
eMail
Is CSB Member Yes

Member

Name Joseph Perillo
Represents Public Representative
eMail
Is CSB Member Yes

Member

Name Janet Starr
Represents Family Member
eMail
Is CSB Member Yes

Member

Name Eileen Tiberio
Represents Public Representative
eMail
Is CSB Member Yes

Member

Name Bettina Davison
Represents Family Member
eMail
Is CSB Member No

Mental Health Subcommittee Roster
 Ontario Co. Community Services Bd. (70340)
 Certified: Korinna Roach (4/6/18)

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 Jennifer Carlson
Represents Family Member
eMail
Is CSB Member Yes

Co-chairperson

Name Susan McGowan
Represents Public Representative
eMail
Is CSB Member Yes

Member

Name Eileen Tiberio
Represents Public Representative
eMail
Is CSB Member Yes

Member

Name Mary Beer
Represents Public Representative
eMail
Is CSB Member Yes

Member

Name Bettina Davison
Represents Family Member
eMail
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Ontario Co. Community Services Bd. (70340)
 Certified: Korinna Roach (4/6/18)

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

Chairperson		Member	
Name	Susan McGowan	Name	Melanie Nwaobia
Represents	Public Representative	Represents	Public Representative
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Joseph Perillo	Name	Janet Starr
Represents	Public Representative	Represents	Family Member
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	Yes
Member		Member	
Name	Jennifer Carlson	Name	Brenda Estey
Represents	Family Member	Represents	Public Representative
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Mary Gleason	Name	Bettina Davison
Represents	Family Member	Represents	Family Member
eMail		eMail	
Is CSB Member	Yes	Is CSB Member	No

2019 Mental Hygiene Local Planning Assurance
Ontario Co. Community Services Bd. (70340)
Certified: Diane Johnston (6/19/18)

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 2019 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 2019 Local Services planning process.