



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

Clinton Co. Community Services Board
July 16, 2018

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2017 Mental Hygiene Executive Summary
Clinton Co. Community Services Board
Certified: Richelle Gregory (6/1/18)

Clinton County's 2019 Local Services Plan prioritizes housing initiatives, recognizing that housing is a foundation for recovery. Additional focus areas include crisis services, 820 stabilization center, sustainable employment for those in recovery, prevention efforts and decreasing behavioral health stigma. Regional Planning Consortia will remain on the Local Services plan for upcoming years as an important collaboration for stakeholders as we continue to address the transitions in behavioral health and the RPC provides a forum to prioritize issues by utilizing due diligence and communication with varying service sectors. There have been many new initiatives that will make a long term positive impact for the health over the course of upcoming years. One of those initiatives is the Transforming Trauma in Our Community Collaborative which focuses on the research from the Adverse Childhood Experiences with a commitment to creating a community environment that is trauma-informed and resilient. Another on going initiative is the continued work of the Substance Abuse Prevention and Recovery of Clinton County (SPARCC) which has started work regionally with other substance abuse coalitions. Given the rural nature of Clinton County and the surrounding area and lack of resources, goals will continue to expand to include a regional effort to share services and strategize in a way that will maximize our resources and create innovations that will benefit vulnerable populations, increase the overall health and strengthen services in our communities.

Mental Hygiene Goals and Objectives Form
Clinton Co. Community Services Board (70020)
Certified: Richelle Gregory (6/1/18)

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:

Mental Health Services in Clinton County have remained the same from the previous year. There are some areas that have improved, for example, additional psychiatrists and the addition of a mobile crisis team, while others have contributed to the decline of services such as the elimination of paratransit services, and the increase in children with long stays in the mental health unit or in the emergency room. The University of Vermont Helath Network, Champlain Valley Physican's Hospital has successfully recruited psychiatrists which improves psychiatric treatment in our community but there remains a shortage in the outpatient clinics and a deficit in qualified staff in outpatient clinics. This staffing shortage affects the general functioning and availability of services.

Transportation remains a large contributing factor as unmet transportation needs continues to impact access to services for individuals coming to treatment or for providers going into the communities. The cost of transportation and the time of travel makes services less available to those in need of services. In 2017, the elimination of paratransit services exacerbated the transportation issue. School satellites were expanded and satellites remain in primary care alleviateing some of the transportation issues.

This year a mobile crisis team has been established in our community. The response to mental helath crisis and reduction of emergency room visits has improved mental health services. The mobile crisis team is currently operating Monday through Friday from 8:00 a.m. tp 8:00 p.m. Individuals with night or weekend crisis are left with only the emergency room as an option. Children's mental health services is a significant issue especially those in crisis. There are very limited options for treatment for children with a crisis that have a mental helath daignois and /or developmental disability diagnosis. Limited resources for safety plans and stabilization in the community make for long emergency room or mental helath unit stays. These children remain on the mental helath unit or in the emergency room for extended periods of time with little to no options for appropriate treatment or placement. Some of the barriers include no appropriate placements, long waiting lists at appropriate facilities, lack of trained staff to maintain their behaviors in the community, no local placement option to do meaningful family work and cross system collaborations.

In the fiscal year 2016/17 there were 529 adults discharged from Behavioral Health Inpatient at the local hospital and 225 children. In the first quarter of 2018 there have been 136 adults discharged with a behavioral health diagnosis and 76 children. If we use with the first quarter of 2018 as a quarterly average, there will be more individuals presenting to behavioral health inpatient for both adults and children then the previous year.

- 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:

The Clinton County Community has seen a significant increase in opioid use and issues and concerns related to it's use. The deaths related to opioid use appears to have stayed the same for the current published data. In 2016 there were 8 deaths realted to opioid use, 2 related to heroin and 7 with opioid pain relievers. In 2017 only in the first three quarters, there have been 7 opioid overdoses resulting in death, none related to heroin and 5 related to opioid pain relievers. Given the current information it would appear that 2017 is simial to 2018 in opioid related deaths. Additionally in 2016 the opioid analgesic prescription rate places Region 5 at a high rate of prescriptions, with Clinton being the second highest in the region.

Patients presenting to the emergency room for Substance Abuse in the fiscal year 2016/17 consisted of 8,995 visits/5,920 adult patients. In the first quarter of 2018 there were 1,981 visits consisting of 1,722 adult patients. Subsatnce Abuse presentation for children and youth visits for 2016/17 674 visits/505 patients and in the first quarter of 2018, 189 visits with 150 patients. Presnted with the first quarter numbers of 2018, it would look as though 2018 will have more emergency room visits with a substance abuse presentation then the year before for youth and adults which is very concerning.

The current outpatient treatment facilities are struggling with the lack of CASACs and CASAC-Ts to recruit and retain. The increase in opioids in the community is taxing the system as needs for prevention, education, medication assisted treatment, detox programs, and supports to this population are increasing with the growing epidemic. The community is working on a diversion program with law enforcement but has not committed to any system change at this point. There are plans to open a detox facility in 2018 providing a needed service for our community and surrounding communitiessand Alliance for Positive Health is working on prevention initiatives that include overdose treatment training. SPARCC is strengthening the regional collabortaion and impact focusing on stigma and glamourizing recovery.

In 2016 there were 24 opioid overdoses more than doubling the year before. Heroin overdoses more than tripled between 2015 (4) and 2016 (14). There were 277 clients admittted for heroin treatment programs and 480 for any opioid. There were 102 Naloxone administrated for 2016 (Emergency Medical Services, Law Enforcement, and Registered Programs).

- 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:

The developmental disability community is experiencing growth and uncertainty as the systems transitions to managed care. There remains large gaps in services with a lack available recruitment and retention for trained staff. This has been evident in the developmentally disabled children that have been in crisis in the emergency room or the mental helath unit and had to remain there for weeks or months at time because there were no available placement options and no services in the community to provide stabilization and support despite the fact services were approved. The community is struggling with serving the population in the community as integration continues. There are not enough trained professionals to provide services and not enough housing options for individuals to maintain independence and comunity involvement in a supportive environment.

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 type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

In Clinton County according to the LGU report, there are five supportive housing programs for individuals recovering from substance abuse, mental health disorders and chronic homelessness.. There were 1200 individuals that were placed by DSS , 857 individuals placed in emergency housing. The demand of housing far outways the community's available options to house individuals in need. The reduction in long term hospitalization beds, changes to care mangement, and changes to the OPWDD systems have had significant impact. In addition, our area has lost over 225 units of affordable housing in the community since 2011 with little to no development on the affordavble housing side. The need for housing is evident in the numbers of placements in emergency housing for DSS. Safe, secure, affordable, and supportive housing is imperative to the long term success of stabilization for the substance abuse, mental health and developmental disabilities population. Stable housing is a foundation for those that need assistance in the community to be able to further their recovery and treatment and stabilize in the community. Services can not be successful if the population is transient or their security is not attended to first. With supportive housing that includes community services for engagement and on-going treatment, real success can be made to create a healthier population. The community is coming together to overcome barriers around stigma related to individuals that may utilize this housing. The community support surrounding low income housing has reduced the stigma and how low income individuals will be treated moving forward. There are currently three projects underway that address housing. ETC is applying for capital funding to support to continue on the multi year plan with priority given to those that are homeless in a 100 unit residence and a seperate 42 bed residence. A private developer is also working on securing housing with a focus on transitional placements and will collaborate with all community providers to fulfill needs in the community.

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 community will increase availability of transitional and supportive housing for individuals with a behavioral health diagnosis.

Objective Statement

Objective 1: ETC Housing and Behavioral Health Services North will implement plans for 100 unit residence with priority given to the homeless population.

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

Objective 2: ETC will move forward with plans for a minimum for 42 beds with priority given to the homeless.

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

Objective 3: With a private developer and collaboration with all local agencies a facility will be purchased and utilized to fill housing gaps in our community across services spectrums.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

The rural nature of Clinton County and limited public transportation makes this a long standing issue for the population. Individuals can be on the bus for over an hour, there is a one bag limit, and they are at the mercy of the bus schedule. If the bus is running late, this makes it difficult to make mandatory or scheduled appointment. Clinton County Public Transit eliminated paratransit service, and replaced the service with deviation of all of the city routes. This makes services less accessible to those that rely on public transportation. The routes that are the most rural are very limited in frequency so the time to travel to and from appointments may take up an entire day and limits when appointment times can be. This also places individuals at the mercy of the bus schedule, and if the bus is not running on time it can affect appointments and engagement in services. All rural communities struggle with this issue and it is a long standing identified issue.

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 North County Directors of Community Services will work with the Regional Planning Consortium to address the statewide issue of transportation.

Objective Statement

Objective 1: Clinton County Mental Health and Addictions Services in partnership with AHI will pilot telecounseling in the nursing home and jail to serve a population with an unmet need.

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

Objective 2: Behavioral Health Services North in partnership with AHI will expand telepsychiatry in the schools to increase access to psychiatric services for children.

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

Objective 3: The possibility of mobile units will be explored to address transportation barriers.

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

Change Over Past 12 Months (Optional)

This issue has continued to become a larger concern with the elimination of paratransit services and limited public transportation.

2c. Crisis Services - Background Information

The New York Health Department is focused on decreasing extended unproductive visits, cost associated with emergency room visits, and increasing referrals to outpatient services for follow up, coordination, and collaboration. Mental Health and Substance Abuse utilization in the emergency room is one of the highest populations. Approximately 66% of superutilizers in the emergency room at the local hospital have a substance abuse or mental health diagnosis. In the first quarter of 2017 there were 816 mental health emergency room visits. The need for crisis interventions outside of the emergency room is evident in an effort to decrease cost, increase response time, and work collaboratively with the community to intervene and triage those with behavioral health disorders. Clinton County is higher than the New York State National average of potentially preventable emergency room visits and was the third highest in the AHI PPS region.

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 community will expand and strengthen Crisis Behavioral Health Services locally to provide interventions 24 hours a day, 7 days a week, 365 days a year crisis services in the community.

Objective Statement

Objective 1: Exploration of the expansion of Mobile Crisis Team's hours of operation.

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

Objective 2: Develop 24/7 telephonic crisis services locally.

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

Change Over Past 12 Months (Optional)

Clinton County has telephonic crisis response available in Clinton County 24 hours a day, 7 days a week, 365 days a year through a shared county contract outside of outpatient clinic hours with a Protocol. Protocol provides telephonic after hours crisis assessment, intervention, and stabilization with staffed Master's and Doctoral level clinicians. In 2017 Behavioral Health Services North in partnership with AHi implemented a mobile crisis team that operates Monday through Friday between the hours of 8:00 a.m. and 8:00 p.m. The mobile crisis team provides services which include consultation, information, crisis assessment, intervention, stabilization, referrals to other levels of care, and follow-up case management. In four months (November 2017-February 2018) the Mobile Crisis Team were dispatched on 49 mobile response and received 103 helpline calls. This number is expected to increase as there is more community education, outreach and with expansion of hours.

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

Workforce recruitment and retention is a significant issue in Northern New York. The community has struggled with psychiatrists, social workers, mental health clinicians, CASACs, CASAC-Ts, nurse practitioners, physician assistants and nurses. Strides have been made with Vermont Healthcare Network to provide additional psychiatrists and has been successful for the local hospital. Workforce retention and recruitment is a regional and statewide issue that is exacerbated in rural counties. Partnership with AHI did not yield additional 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):

This issue has been long standing in the community and efforts have provided minimal results. Work continues on recruitment and retention through providing internship and mentorship opportunities but no additional goals in relation to this topic.

Change Over Past 12 Months (Optional)

The local hospital has been successful in recruitment of psychiatrists. Telehealth is expanding throughout the region and continue to be a resource to fill gaps in services. Clinton County Mental Health is utilizing equipment to provide services to the nursing home and jail. Behavioral Health Services North is in the process of using telepsychiatry in schools.

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

It has been identified as an initiative in this community to increase employment opportunities for those in recovery. These individuals need stable employment for their long term engagement, integration, and success in the community. The Substance Abuse Prevention and Recovery of Clinton County Coalition (SPARCC) has met with and spoken to people in recovery who have expressed the difficulty of securing and maintaining employment given the demands placed on them through the justice system and continued community supports that are imperative to their success. In 2017 a community forum for employers was held with facilitated tables that focused on barriers to hiring those in recovery and initiatives that could be done to support 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

Provide support to local employers through education, availability of resources and community supports that will increase retention and create an environment that supports those in recovery and reduces the stigma associated with recovery.

Objective Statement

Objective 1: Provide education and resources to employers at the midmanagement level on behavioral health and recovery.

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

Objective 2: Engage and outreach to employers to participate and involve themselves in community initiatives that involve recovery with another employment event.

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

Objective 3: Provide services on site to local employers, minimizing the absences due to appointment times.

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

Change Over Past 12 Months (Optional)

An employment work group was formed from the SPARCC committee. This committee had an employee forum, hosting employers from most sectors along side law enforcement (local police, state police, probation) and from the human services sector (Department of Social Services, Mental Health, Addictions). The goal of this forum was to listen to local employers and identify barriers to providing and sustaining employment for those in recovery. As a SPARCC ad hoc committee the employment committee continues to meet and address issue relating to the barriers of hiring and retaining employees that are in recovery.

2f. Prevention - Background Information

Education, prevention and treatment is at the core of good community health. With the increasing urgency to provide prevention to the community to engage the community and slow the opioid epidemic communities must have education and prevention at the forefront of all initiatives. Increasing the public's awareness of the issue of substance abuse in our community and the negative effects that substance abuse is having in our community is paramount if we are to gain community support, involvement and mobilization to address the substance abuse crisis. In addition the community needs to focus on prevention efforts, most importantly in schools and with the youth community to reduce the substance abuse population. In addition to education and prevention, treatment must be provided to those that are currently suffering from substance abuse and initiatives involving treatment and recovery need to remain in focus. Maintaining SPARCC's initiatives in the community and capitalizing on the foundation that has already been laid by the coalition through funding opportunities will increase the number of individuals we are able to reach and expedite the process and increase the impact in Prevention efforts continue to expand and in Clinton County for the year

2016-2017 there were 641 individuals served with EBP, 38 with Positive Alternatives recurring and 18 Positive Alternatives one time. Fifty-eight individuals received direct informational awareness, and 150 community capacity building. Education based in Prevention served 200 in environmental strategies and 64 individuals started new preventive services.

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

Community agencies will focus on the social determinants of health by creating and strengthening prevention efforts promoting wellness and recovery in the community.

Objective Statement

Objective 1: Transforming Trauma Community Collaborative will increase public education and knowledge of Adverse Childhood Experiences with at least one public event.

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

Objective 2: Alliance for Positive Health will begin Nadoxone trainings on aftercare for overdoses accepting referrals from the community to prevent additional overdoses.

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

Objective 3: Alliance for Positive Health will start a bupenorphine clinic to prevent overdoses.

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

Objective 4: Community agencies will support Probation Initiative of e-Connect Pathway in partnership with the Center for the Prevention of Mental Health in Juvenile Justice on Suicide Prevention.

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

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

According to the 2016 OASAS data for Chemical Dependence Treatment, Clinton County has the highest admissions across the board for withdrawal and stabilization crisis services. In the North Country Region in 2016 there were 148 total Crisis Treatment Admissions in Clinton County, significantly higher than any other county in the region. The OASAS data in 2016 for Chemical Dependency Treatment Crisis Admissions shows that the primary substance for all treatment admissions is combined, heroine and opiod use at 634 admissions, followed by alcohol at 418 admissions and marijuana at 188 admissions.

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 community will support Champlain Valley Family Center's 18 bed, 820 Stabilization Center.

Objective Statement

Objective 1: Champlain Valley Family Center will open the 820 stabilization center in 2018.

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

Objective 2: The community will support appropriate referrals to center and reach projected occupancy at 90%.

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

Change Over Past 12 Months (Optional)

Contracts have been executed and an anticipated completion date by fall of 2018.

2h. Recovery and Support Services - Background Information

Peer engagement is empirically backed to have a positive effect on recovery through engagement and in community supports and services. Through expanding the evidence based intervention for those in recovery and for those with mental health disorders, the community can engage those needing supports through engagement and meeting the individuals "where they are" and assist in the maintenance of their supportive care for long term recovery.

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 delay of youth and peer support services and children's services from the state agencies.

Change Over Past 12 Months (Optional)

Peer supports continue to expand as more are trained and hired in the community. With the delay of the youth and family peer support roll out from the state, agencies are awaiting to expand to serve these populations.

2i. Reducing Stigma - Background Information

There is still stigma attached to individuals in need of mental health treatment which prevents early treatment and intervention. The substance abuse population is also at risk due to preconceived ideas surrounding those that use opioids. Many schools are still unwilling to have NARCAN kits available on campus. As a community we need to continue the anti-stigma campaigns and outreach with education and interventions to engage more people in treatment and prevention.

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 community will actively work to decrease stigma associated with behavioral health issues and recovery through exposure and education.

Objective Statement

Objective 1: NAMI will host a mental health conference to decrease stigma for those with behavioral health issues through education and exposure.

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

Objective 2: SPARCC has prioritized addressing stigma and is producing a local video with those in recovery in our community to increase exposure and awareness of the issue.

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - 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):
Clinton County will have an 18 bed detox facility in 2018. Community resources are focusing on this initiative and the exploration of the expansion of mobile crisis as priorities to stabilize the population.

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

As the transition of developmental disabilities community to managed care continues we will identify needs and goals related to the population. It is the consensus that education and training for clinicians to target this population is a need and the system is collaborating identify and fulfill needs.

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):
All providers are defining what the managed care transition means for their agencies and population that they are serving.

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

The Advocacy and Resource Center is building a 40 unit integrated living environment for people who are income eligible and 10 units will be set aside for those that are OPWDD eligible. Clinton County ARC will maintain the ISS housing rent subsidy contract for the apartments. Rents will be based on less than 50% of the area median income, designated by HUD. The property management company will be responsible for interviewing and ensuring the application process is completed for interested parties and ensure eligibility compliance. Availability for these units will be staggered completion dates the first being in November 2018.

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 community will increase integrated residential services for those that are OPWDD eligible.

Objective Statement

Objective 1: The Advocacy and Resource Center will accept housing referrals for those that are OPWDD eligible in 2018.

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

Objective 2: The community will support this initiative by making appropriate referrals.

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

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 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 type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3a. Medicaid Redesign - Background Information

Healthhome coordination, Managed Medicaid, and DISRIP continue to support integration of care and the inclusion of behavioral health services in healthcare. Satellites continue to expand and strengthen in the community and new collaborations and initiatives work to move toward integration instead of co-location.

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

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

The North Country Regional Planning Consortium will continue to address identified regional issues/challenges related to Medicaid Redesign and the transition to Medicaid Managed Care. The North Country RPC will utilize a thorough due diligence process to bring clarity and specificity to identified issues and recommended solutions.

Objective Statement

Objective 1: Identify related issues/challenges through RPC Board Meetings, established workgroups, and community outreach/stakeholder input.

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

Objective 2: Pursue due diligence measures within RPC regional and statewide structure to adequately vet the identified issues, examine related data, and inform potential regional and state-level solutions.

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

Objective 3: Establish a Children and Families Standing Committee with broad regional stakeholder representation, to address the transition of the childre's system to Medicaid Manged Care.

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

Objective 4: Advance, clarify and refine issues and solutions through on-going dialogue with regional and State Agency partners.

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

Change Over Past 12 Months (Optional)

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

Clinton County has focuses on DISRIP initiatives with prevention and engagement. A Transforming Trauma in Our Community has formed with a mission "To collectively promote a community legacy of healing, resilience and transformation by fostering acceptance,collaboration, education, and growth".

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

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

To support the Transforming Trauma in Our Community mission through education and promoting trauma informed practices.

Objective Statement

Objective 1: Partner with schools to educate and develop at least one trauma informed practice.

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

Objective 2: Provide at least one community based education initiative on Adverse Childhood Experience, Trauma and Resiliency.

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

Change Over Past 12 Months (Optional)

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

The Director of Community Services has been involved with the Regional Planning Consortium and participated as a board member. This year the children's committee will be incorporated and the Clinton County Director of Community Services will co-chair this committee. Feedback, data, the identification of barriers, stakeholders and other information is shared and distributed between local planning and regional planning.

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

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

The North Country Director of Community Services will continue to participate in the Regional Planning Consortium to address needs, identify barriers and provide communications and updates.

Objective Statement

Objective 1: The North Country Directors of Community Services will remain on at least one work group in addition to the seat on the board.

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

Objective 2: The Clinton County Director of Community Services will co-chair the children's committee and in that role, identify partners, identify regional issues, and facilitate meaningful discussions.

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

Change Over Past 12 Months (Optional)

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

Clinton County is higher than the New York State National average of potentially preventable emergency room visits and was the third highest in the AHI PPS region. In the 2014 Community Health Assessment Report, Clinton County has one of the highest Medicaid populations in the region. Approximately 66% of superutilizers in the emergency room at the local hospital have a substance abuse or mental health diagnosis. In 2016, UVM CVPH had 2,463 ED visits that included a behavioral health/substance abuse diagnosis. There is an increase in overdoses that require emergent medical care. There is an urgent need to stabilize this population so they can be reintegrated and utilize existing services and support in the community for long term treatment and recovery.

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

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

Creating and strengthening prevention efforts for recovery and social determinants of health.

Objective Statement

Objective 1: Alliance for Positive Health will start a bupenorphine clinic to prevent overdoses.

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

Objective 2: Alliance for Positive Health will begin Nadoxone trainings on aftercare for overdoses accepting referrals from the community to prevent additional overdoses.

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

Objective 3: Community agencies will continue promoting smoking cessation.

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

Objective 4: HCV testing, treatment, and supportive counseling will be promoted.

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

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

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
 Clinton Co. Community Services Board (70020)
 Certified: Richelle Gregory (5/11/18)

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	4	Lack of state/national pool/ Psychiatrist are retiring or aging out
Physician (non-psychiatrist)	5	5	Lack of hiring pool and salary competition
Psychologist (PhD/PsyD)	n/a	n/a	n/a
Nurse Practitioner	5	5	Lack of state/national pool; competition with other providers over same eligible candidates
RN/LPN (non-NP)	3	3	Higher salaries at hospital; other health care offices
Physician Assistant	5	5	Lack of hiring pool
LMSW	4	4	Small local pool; competition with NYS/County system, private practice and now other health care providers. Excessive documentation in OMH licensed settings vs other settings; agency health care costs
LCSW	5	5	Small local pool; competition with NYS/County system, private practice and now other health care providers. Excessive documentation in OMH licensed settings vs other settings; agency health care costs
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	5	5	Small local pool; competition with NYS/County system, private practice and now other health care providers. Excessive documentation in OMH licensed settings vs other settings; agency health care costs
Peer specialist	3	3	Training and recruitment
Family peer advocate	3	3	Identification, training and recruitment

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

CASAC, and CASAC-T, are a 5 in difficulty for recruitment and a 5 for retention. As the local agencies are working under the new "scope of practice OASAS guidelines" there is difficulty to a pool of candidates and when hired they move on the the State of New York for better pay and benefits.

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.

The two county OMH programs and two out of three OASAS programs (one did not respond).

The questions were asked to five programs.

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
 Clinton Co. Community Services Board (70020)
 Certified: Richelle Gregory (3/12/18)

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		Member	
Name	Theresa Bennett	Name	Bryan Hartman
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Family Member	Represents	Public
Term Expires	3/15/2019	Term Expires	6/11/2021
eMail	tbenn002@plattsburgh.edu	eMail	hartmabg@plattsburgh.edu

Member		Member	
Name	Brenda Stiles	Name	Nicole Louis
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Public	Represents	Public
Term Expires	3/11/2017	Term Expires	10/24/2020
eMail	bstiles@cvph.org	eMail	nichole.louis@clintoncountygov.com

Member		Member	
Name	Trevor Laughlin	Name	Brendan Owens
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	consumer	Represents	Public
Term Expires	10/24/2020	Term Expires	4/7/2019
eMail	laughlintd@gmail.com	eMail	bowens@soctlaw.com

Member		Member	
Name	Richard Holcomb	Name	Kent Hall
Physician	No	Physician	Yes
Psychologist	No	Psychologist	No
Represents	Public	Represents	CVPH Medical Center
Term Expires	2/8/2021	Term Expires	2/8/2021
eMail	rich.holcomb@clintoncountygov.com	eMail	khallmd@cvph.org

Member	
Name	Storm Trainer
Physician	No
Psychologist	No
Represents	Emergency Services
Term Expires	4/7/2021
eMail	storm.trainer@clintoncountygov.com

Alcoholism and Substance Abuse Subcommittee Roster
 Clinton Co. Community Services Board (70020)
 Certified: Richelle Gregory (3/12/18)

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 Kent Hall
Represents CSB
eMail khall@md.org
Is CSB Member Yes

Member

Name Richelle Gregory
Represents DCS
eMail richelle.gregory@clintoncountygov.com
Is CSB Member Yes

Member

Name Thomas Caracciola
Represents Peer Counselor
eMail caracciolat@gmail.com
Is CSB Member No

Member

Name Trevor Laughlin
Represents Consumer
eMail lughlintd@gmail.com
Is CSB Member No

Member

Name Jason Tousignant
Represents Consumer
eMail jason.tousignant@thenortheastgroup.com
Is CSB Member No

Member

Name John Redden
Represents Commissioner DSS
eMail john.redden@clintoncountygov.com
Is CSB Member No

Member

Name Brendan Owens
Represents CSB
eMail bowens@soctlaw.com
Is CSB Member No

Member

Name Diana Agugulia
Represents Alliance for Positive Health
eMail darguglia@alliancefph.org
Is CSB Member No

Member

Name Judy Gibbons
Represents Community Member
eMail Judy.Gibbons@clintoncountygov.com
Is CSB Member No

Mental Health Subcommittee Roster
 Clinton Co. Community Services Board (70020)
 Certified: Richelle Gregory (5/9/18)

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.

Chairperson

Name Brenda Stiles
Represents CSB
eMail bstiles@cvph.org
Is CSB Member Yes

Member

Name Bryan Hartman
Represents CSB
eMail bryan.hartman@plattsburgh.edu
Is CSB Member Yes

Member

Name Crystal Carter
Represents Geriatric Population
eMail crystal.carter@clintoncountygov.com
Is CSB Member No

Member

Name John Redden
Represents Commissioner DSS
eMail john.redden@clintoncountygov.com
Is CSB Member No

Member

Name Judy Gibbons
Represents Probation
eMail Judy.Gibbons@clintoncountygov.com
Is CSB Member No

Member

Name Michell Boynton
Represents JCEO
eMail boynton@jceo.com
Is CSB Member No

Member

Name Richelle Gregory
Represents DCS
eMail richelle.gregory@clintoncountygov.com
Is CSB Member Yes

Member

Name Valerie Drown
Represents Rural Healthcare
eMail drownpl@plattsburgh.edu
Is CSB Member No

Member

Name Theresa Bennett
Represents Family Member
eMail tbenn002@plattsburgh.edu
Is CSB Member Yes

Developmental Disabilities Subcommittee Roster
 Clinton Co. Community Services Board (70020)
 Certified: Richelle Gregory (5/9/18)

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.

Member
Name Heather Cothran
Represents agency
eMail hconthran@resources.com
Is CSB Member No

Member
Name Loraine Lobdell
Represents Agency
eMail llobdell@cvarc.org
Is CSB Member No

Member
Name Nicole Louis
Represents CSB
eMail nicole.lewis@clintoncountygov.com
Is CSB Member Yes

Member
Name Rich Holcomb
Represents CSB
eMail rich.holcolb@clintoncountygov.com
Is CSB Member Yes

Member
Name Richelle Gregory
Represents DCS
eMail richelle.gregory@clintoncountygov.com
Is CSB Member Yes

Member
Name Susan Legacy
Represents Sunmount DDRO
eMail susan.legacy@opwdd.ny.gov
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Clinton Co. Community Services Board (70020)
Certified: Richelle Gregory (6/1/18)

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.