NEW YORK STATE OF OPPORTUNITY.

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

Chenango County Community Srvs Board
July 16, 2018

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Chenango County Community Srvs Board	**70010**	**(LGU)**
Executive Summary	Optional	**Not Completed**
Goals and Objectives Form	Required	**Certified**
Office of Mental Health Agency Planning Survey	Required	**Certified**
Community Services Board Roster	Required	**Certified**
Alcoholism and Substance Abuse Subcommittee Roster	Required	**Certified**
Mental Health Subcommittee Roster	Required	**Certified**
Developmental Disabilities Subcommittee Roster	Required	**Certified**
Mental Hygiene Local Planning Assurance	Required	**Certified**
Chenango County Community Srvs Board	**70010/70010**	**(Provider)**
Chenango Co Behavioral Health Srvs OP	**70010/70010/472**	**(Treatment Program)**

Mental Hygiene Goals and Objectives Form
Chenango County Community Srvs Board (70010)
Certified: Ruth Roberts (5/10/18)

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:
The complexity and acuity of needs has remained high. We are serving more individuals who have a more serious mental illness, individuals with dual diagnosis (mental health and intellectual/developmentally disabled) and individuals with co-occurring disorders (mental health and chemical dependency). This increase in complexity and acuity has required all local providers across the health and human services delivery system, housing, and social services to carefully consider. These individuals typically require more intensive efforts to maintain stability in the community.

The county operated outpatient clinic moved to OPEN ACCESS and expanded School-Based Behavioral Health Services in order to ease access to outpatient services and better meet the needs of individuals with a mental illness. The demand for these services has remained consistently high.

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 opioid and heroin epidemic continues to present as a need in our small rural county. We are experiencing an uptick in the the abuse of methamphetamine and cocaine. Alcohol abuse continues to be an identified need and has been overshadowed by the opioid crisis in terms of community focus. We lack detox resources in the community, crisis services and housing options for individuals with substance abuse needs. There is a large gap between inpatient options and outpatient options. We hope to have more access to inpatient detox services with the new OASAS facility in Broome County. Jail-based SUD services continues to be a need and will hopefully be addressed with some new state funding made available in the new state budget.

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:
In Chenango County we primarily rely on the voluntary providers, SpringBrook, Chenango ARC and Chenango County Catholic Charities, to provide programing for the ID/DD population. State operations have a smaller footprint in the county although the Developmental Disabilities Regional Office (DDRO) has been very helpful in terms of planning and problem solving. With the closure of Broome Developmental Center and with more individuals with ID/DD now living in the community and getting services in the community, there remain areas where there are shortages and gaps.

There are few dentists who are willing to provide care requiring individuals to travel great distances to be seen by a dentist. Psychiatric services available to the ID/DD population are severely limited and continue to be a challenge. Respite services, family supports and residential options are needed.

Problems with staff recruitment and retention in local OPWDD programs creates situations where individuals and the family is eligible for a service, providers are willing to provide but there are wait lists due to the lack of trained staff.

These situations place additional stress and strain on the overall system and too often ultimately lead to a crisis. Our region does not yet have a START program (currently in stages of development) and there are no crisis services specifically serving the I/DD population available in our region making a presentation at a local emergency room or CPEP much more likely.

The transition to care coordination through the OPWDD CCO structure and the elimination of MSC services is causing some stress among providers who have historically provided MSC services and also familiy members. Some local providers have already moved their staff into other positions within their organization leaving some concern about how smooth the transition will be for individuals with I/DD and their family members.

2. Goals Based On Local Needs

Issue Category	**Applicable State Agenc(ies)**		
	OASAS	**OMH**	**OPWDD**
a) Housing	☑	☑	☑
b) Transportation	☑	☑	☑
c) Crisis Services	☑	☐	☑
d) Workforce Recruitment and Retention (service system)	☐	☐	☑

e) Employment/ Job Opportunities (clients)	☑	☑	☑
f) Prevention	☑	☑	
g) Inpatient Treatment Services	☐	☐	
h) Recovery and Support Services	☐	☐	
i) Reducing Stigma	☐	☐	
j) SUD Outpatient Services	☑		
k) SUD Residential Treatment Services	☐		
l) Heroin and Opioid Programs and Services	☑		
m) Coordination/Integration with Other Systems for SUD clients	☐		
n) Mental Health Clinic		☐	
o) Other Mental Health Outpatient Services (non-clinic)		☐	
p) Mental Health Care Coordination		☐	☐
q) Developmental Disability Clinical Services			☑
r) Developmental Disability Children Services			☐
s) Developmental Disability Adult Services			☐
t) Developmental Disability Student/Transition Services			☐
u) Developmental Disability Respite Services			☑
v) Developmental Disability Family Supports			☑
w) Developmental Disability Self-Directed Services			☐
x) Autism Services			☐
y) Developmental Disability Person Centered Planning			☐
z) Developmental Disability Residential Services			☐
aa) Developmental Disability Front Door			☐
ab) Developmental Disability Service Coordination			☐
ac) Other Need (Specify in Background Information)	☐	☐	☐

2a. Housing - Background Information

The availability of safe and affordable housing to individuals across all three disabilities remains a serious challenge. In our small rural county housing options available are housing units built in the 1950's or earlier and due to the downturn in the economy and local real estate market, many have not been kept in good repair, thus limiting the options for the mentally disabled. There is very little new house construction and mobile homes are much more common but are located in more remote areas of the county, away from services and other resources.

Individuals who are serious about working on their recovery are too often placed in substandard housing paid by DSS and are often placed in motel rooms that are wrought with the sale and use of illegal substances. This places individuals who are transitioning out of our local county jail and those returning to the community from inpatient settings, at great risk of relapse.

Rural homelessness is on the rise.

For the general population in Chenango County it is reported that 43.25%* of households who rent are overburdened in Chenango County.

When you consider the additional barriers associated with having a mental disability, the overburden increases.

*Data derived from 2010 Census and 2014 5-Year American Community Survey.
1 Margin of Error: ± 4.4 percentage points.

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

Increase safe and affordable housing options in Chenango County for individuals with a mental illness and/or substance use disorder and/or developmental disability

Objective Statement

Objective 1: In partnership with the Chenango County Housing Council, pursue opportunities through state released RFPs to establish permanent and transitional housing in Chenango County.

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

Change Over Past 12 Months (Optional)

Catholic Charities of Chenango County has been notified that their RFP for the Empire State Supportive Housing Initiative Inter-Agency Service and Operating Funding Opportunity was approved and they are in the process of developing that plan. The plan includes permanent housing for

individuals with mental disabilities, victims of domestic violence and the homeless. The proposal would provide 30 housing units.

Achieve, Inc. is opening a 4 bed IRA to serve individuals with I/DD who have been previously cared for by aging parents.

Additional options and development are needed at the local level.

2b. Transportation - Background Information

There is a public transportation system in Chenango County that's very limited due to cuts in funding. The bus system has in the recent years reduced several routes. Chenango County is geographically vast and very rural. There are 20 small towns and villages with only one city, Norwich, that make up Chenango County. Individuals often identify lack of transportation as a barrier to accessing healthcare including primary care, preventive care and behavioral health. Lack of transportation also impacts the ability to access healthy food and recreational activities. Chenango County has the highest rate of obesity in the state for children is second highest for adults. Lack of access to fresh food, opprtunities to exercise and unhealthy lifestyle choices contribute to the high obesity rates. This is further complicated by low socioeconomic status of many of the Chenango County residents.

Lack of transportation is considered a major factor when considering health disparities. Many efforts through the Chenango Health Network, Rural Health Network of the Southern Tier, HealthLinkNY (Population Health Improvement Plan, PHIP) and the Southern Tier Regional Consortium (RPC) are working toward increasing transportation options available however it remains a major barrier to achieving positive health outcomes.

http://www.rhnscny.org/programs/mmscny
http://www.chenangohealth.org/
http://www.healthlinkny.com/population-health-pg.html
http://www.clmhd.org/rpc/Southern-Tier_204_pg.htm

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

Expand existing public transportation system and pursue the development of new transportation options in Chenango County

Objective Statement

Objective 1: Work with County Officials and other county department heads to advocate for additional dollars to support transportation throughout the county.

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

Objective 2: Partner with the Rural Health Network, Chenango Health Network, HealthLinkNY and the Southern Tier Regional Planning Consortium to develop additional transportation options.

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

Objective 3: Explore the development of a peer operated transportation.

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

Change Over Past 12 Months (Optional)

Medicaid transportation in Chenango County is too often unresponsive to urgent needs and has not kept pace with changes in the larger healthcare / service system where greater focus is on timely, often same day access. It also falls short when it doesn't provide transportation to preventative appointments, pharmacy and the grocery store - all important to achieving good health outcomes. This remains an area that is being addressed in the Southern Tier Regional Planning Consortium.

The county is not in a position to provide any funding for transportation although this remains a topic of discussion at the local level as it impacts the local economy.

First Transit continues to reduce routes making it virtually impossible to arrange transportation from rural parts of the county.

The Southern Tier Rural Health Network does provide limited transportation but does not have the resources to provide regular transportation such as regular appointments at the outpatient behavioral health clinic or other healthcare facilities.

While we do not have a formal peer operated transportation system, there is now an informal group that provides transportation for individuals in need. Additionally, RSS peers have access to a vehicle that can be used to provide transportation to individuals and families. Peer supported transportation options should be further explored.

Uber is a new option available on a limited basis but may potentially provide additional transporation options.

2c. Crisis Services - Background Information

We currently have 24/7 crisis services available in the county serving Chenango County citizens. These services are funded through OMH and include outreach and engagement services along with in-home stabilization peer services. Crisis services are also provided in the county operated Article 31 clinic during regular business hours. Still the resources are stretched due to the vast geographical area of the county.

OASAS does not fund crisis services in Chenango County although a high percentage of individuals accessing crisis services or presenting at the nearest CPEP have substance use or abuse issues. We are in need of crisis stabilization and detox resources in Chenango County or regional area.

There is a lack of respite services and family supports for individuals with I/DD and served by the OPWDD or for those individuals where OPWDD eligibility has not yet been determined. This shortage contributes to the increase likelihood that when a crisis does occur, it will require more intense and more costly response.

We are the last region scheduled to have OPWDD implement Systemic, Therapeutic Assessment, Resources and Treatment (START). There are no crisis services available to individuals who have an intellectual / developmental disability and/or a mental health condition in Chenango County. Often these individuals are served by the existing crisis services however most often individuals require a trip to the ER or CPEP. Often these situations create a great strain on the overall healthcare system and are extremely frustrating for the individual with I/DD and their family.

Mobile Crisis and Assessment Team (MCAT) provides crisis services and receives funding from OMH to provide regional services. Due to difficulty recruiting and retaining qualified staff, we continue to experience a shortage of these services.

With recent school shootings, our area schools are experiencing a higher volume of students in crisis and are challenged to manage. This has placed additional demands on the county outpatient clinic and MCAT.

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

In collaboration with OMH, OASAS, OPWDD and local partners, improve the response to crisis in effort to prevent and intervene at the community level in effort to avoid unnecessary ER/CPEP visits or inpatient level of care.

Objective Statement

Objective 1: Collaborate with regional CPEP to better divert and manage referrals.

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

Objective 2: Collaborate with regional OPWDD office in the implementation plan of START

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

Objective 3: Work with OASAS to develop county or regional detox and/or crisis stabilization resources

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

Change Over Past 12 Months (Optional)

Chenango County, along with Otsego, Delaware and Schoharie Counties, contracts with the Neighborhood Center Inc. for a Mobile Crisis Assessment Team (MCAT). We review data on a regular basis and in 2016, 85% of adult individuals and 86% of children served by MCAT were successfully diverted from inpatient psychiatric care as a result of MCAT services. Additionally, 92% of adults and 84% of children experienced improved engagement with an outpatient treatment provider. Care Compass Network (DSRIP) is currently in discussion with MCAT to explore opportunities to expand crisis services.

START is scheduled to be implemented some time in 2018 however there is concern that one START team serving the entire Region 2 will not adequately meet the crisis needs of individuals with I/DD who also have a behavioral health condition.

As more individuals with I/DD chose Self-Direction, and experience increased independence, there is the need to have crisis services available to address any events that might threaten their stability in the community.

With the opening of an OASAS 50 bed detox facility in Broome County we hope to be able to increase the detox options to Chenango County residents.

The Chenango County Behavioral Health Services outpatient clinic has worked closely with MCAT and UHS CPEP to identify high risk / high need individuals and make every attempt to engage these individuals in outpatient clinic services and community linkage.

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

In Chenango County, there are severe shortages and challenges in recruiting and retaining qualified health professionals specifically, social workers, psychologists, registered nurses, nurse practitioners and psychiatrists. The availability of psychiatrists, particularly child and adolescent psychiatrist is extremely limited in our county and region.

Physical health providers express the same challenges and there is currently a shortage of primary care practitioners.

OPWDD providers struggle to recruit and retain the required professional staff (dental and psychiatric remain critically low) and and direct care providers. This has created stress and strain for local providers in assuring regulatory staffing requirements. Additionally, the Justice Center investigations have created additional staffing challenges.

State operated programs report they have experienced a high number of retirements and it takes a very long time to refill positions.

Direct care positions remain difficult to recruit and retain. Often the workforce is made up of individuals who the working poor, have unreliable transportation and multiple stressors in their life that prevent them from performing in their job.

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 problem is a state and national problem and is not one that Chenango County or the region has been able to successfully address over the past

several years. This will require greater efforts at the state and national level to address.

Telemedicine and Telepsychiatry does hold promise but to date, has not offered relief.

Change Over Past 12 Months (Optional)

No Changes.

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

Employment / Volunteerism / Educational opportunities are critical components in the path of recovery and community integration. In Chenango County there is a shortage of opportunities for individuals with a mental disability. Despite the US Bureau of Labor of Statistics reporting a decline in the unemployment rate in Chenango County over the past 7 years, there are still barriers for individuals who have a mental disability in achieving their employment goals.

According to the New York Work Pays (NYWP) project which used data from the American Community Survey (ACS) for the time period of 2008-2010, the employment rate for working-age people with disabilities in Chenango County is 28.2%, compared to 75.6% for people without disabilities, a gap of 47.4%. Further, 32.2% of working-age people with disabilities live below the federal poverty level which is more than 3 times the poverty rate for people without disabilities.

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

Increase employment / volunteerism / educational opportunities for individuals with a mental disability.

Objective Statement

Objective 1: Engage local employers, stakeholders and the state agencies to create new opportunities.

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

Change Over Past 12 Months (Optional)

We have made progress toward this goal. There is a group that meets regularly that considers the needs of the employers in the county and develops strategies to develop a workforce. Employers report difficulty recruiting and retaining a qualified workforce. Often transportation, substance abuse and a culture of generational poverty create barriers. This group is interested in developing employment opportunities for individuals with disabilities.

Additionally, there is a local businessman who has partnered with one of the school districts where Chenango County Behavioral Health has a school-based outpatient clinic. This partnership provides experiential learning opportunities to high risk youth and focuses on work skill development to match the needed skill set reported by regional manufacturing employers.

The LGU met with local officials, superintendents and BOCES to discuss building a stronger school to work pathway for students, with a particular focus on students with who are at risk or have a mental disability.

Additionally, the LGU has had preliminary discussions with local employers to explore alternatives when an employee tests positive for substance use on the job to allow employees to remain employed and also to protect the time and investment the employer has made to train the employee.

I/DD providers report an increase in request for Pathway to Employment opportunities and a movement away from the sheltered workshop model. Integrated employment is now the norm and as self - direction increases, more individuals with I/DD are wanting to see employment opportunities.

Chenango Health Network and PHIP are hosting community events to increase employment opportunities for individuals who have a SUD.

The United Way has recently brought community partners together to consider the needs of the ALICE population (**A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed) which consists of underemployed or the working poor families. This group is looking to increase the awareness of the vulnerabilities of this population and develop community strategies to address challenges.

2f. Prevention - Background Information

Chenango County has an OASAS substance abuse prevention program that supports one full time school-based prevention worker and program that serves four out of eight school districts in the county. Chenango County does not have a Prevention Council and receives little prevention OASAS prevention state aid compared to neighboring counties. Area schools have expressed interest in additional substance abuse prevention programming.

In response to the opioid epidemic, the Chenango Substance Abuse Prevention Council was organized and is currently planning to pursue prevention funding through Drug Free Communities and partner with Central New York Prevention Resource Center for support. The plan is to expand prevention strategies to enhance community prevention efforts and environmental efforts.

OMH prevention is less defined however it's important to point out that what we see coming into our outpatient OMH clinic setting is **preventable** in the sense that it is related to trauma and the impact of social determinants. While there is recognition through PHIP and DSRIP regarding the social determinants of health, we do not have comprehensive prevention strategies through OMH. So much of mental illness is the result of environmental exposures including trauma, and not an organic illnesses. This is an opportunity to intervene and interrupt.

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

Increase substance abuse prevention efforts at the community level by expanding school-based substance abuse prevention services in Chenango County.

Increase prevention of mental health conditions by engaging with community partners to provide early detection and early intervention; Educate the community regarding the impact of adverse events across the lifespan of human development.

Objective Statement

Objective 1: Pursue expanding school-based prevention services throughout the eight school districts.

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

Objective 2: Through the Chenango Substance Abuse Prevention Coalition develop a comprehensive enviromental prevention plan.

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

Objective 3: Offer trainings to raise awareness and educate the community regarding the importance of creating and supporting healthy communities to support healthy human development.

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

Change Over Past 12 Months (Optional)

Progress has been made toward this goal. We have expanded our presence in the schools through our OMH School-Based Satellite Clinics. This has also given us opportunities to expand our substance abuse prevention services in the schools. With some additional state dollars from Senator Akshar we will be implementing an evidenced based substance abuse prevention program in several school districts. In order to sustain our substance abuse prevention efforts in the schools the funding for prevention efforts will need to be expanded.

The Chenango Substance Abuse Prevention Coalition recently submitted a Drug-Free Communities (DFC) grant application. If awarded, the plan is to build a community comprehensive strategic plan to implement environmental strategies to target substance abuse prevention.

2j. SUD Outpatient Services - Background Information

The county operated SUD outpatient clinic, Chenango County Behavioral Health Clinic, is the only outpatient OASAS certified provider in Chenango County. Chenango County Behavioral Health Clinic offers open access and in reviewing access and utilization, the clinic is operating at capacity with no waitlist.

We lack detox resources in Chenango County. When an individual is in need of detox they most often must travel to a neighboring county where there are usually long waitlists. One of the area health providers is gearing up to provide ambulatory detox services (Suboxone) within their primary care settings and they are doing this through the Leatherstocking DSRIP but will only be providing this services to their existing patients.

Medication Assisted Treatment is not readily available in the county. Individuals who require MAT must travel outside the county. There are Suboxone providers in the county however most are not willing or interested in coordinating care with outpatient SUD treatment. These provider operate on a cash only basis and there have been problems with drug diversion in many instances.

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

Expand community outpatient services and supports at the county / regional level.

Objective Statement

Objective 1: Develop a detox and/or crisis stablizaton resource and support in the county/ region.

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

Objective 2: Impletment Vivitrol program in the county jail.

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

Objective 3: Reach out to area Suboxone providers in effort to coordinate treatment.

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

Change Over Past 12 Months (Optional)

While the demand for outpatient treatment services in the Chenango County Behavioral Health Service has remained consistently high, we have also moved to OPEN ACCESS in order to improve our ability to ease access and respond to the urgent needs in our communities. This has placed a great deal of stress on the overall system and has required adding additional positions within the outpatient clinic.

With the opening of the detox facility in Broome County, we hope that the resources available to meet the need for detox services will improve. Detox continues to be the initial greatest need and gap in services for individuals coming into our outpatient clinic through OPEN ACCESS.

We have started a Vivitrol program in the county jail.

We continue to reach out to area Subozone providers to encourage a partnership with our treatment program and have has some success. However, a local healthcare provider is currently providing Subozone and is promoting the idea that individuals who are prescribed Subozone and who are engaged in outpatient clinic do not do any better than individuals who are only receiving Subozone. This has created some challenges when working with individuals who are involved in Drug Treatment Court or Family Treatment Court. We are working to address this.

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

Heroin and opioid abuse continues to be a problem in the county placing a great strain on the overall healthcare system, law enforcement and local jail. The effects have also taken a great toll on individuals and families.

The Chenango Substance Abuse Prevention Coalition has organized their efforts to address the heroin and opioid crisis. Projects focused on harm reduction, Hep-C education, prevention and treatment and access to treatment. Prevention efforts are focusing on school-age children and youth and county environmental strategies to prevent substance abuse.

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

Through the efforts of multiple stakeholders at the local and regional level, develop services and supports to improve and expand the community response to the heroin and opioid crisis.

Objective Statement

Objective 1: CSAPC in coordination with community stakeholders will make recommendations to the LGU

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

Change Over Past 12 Months (Optional)

We have made some inroads through the Chenango Substance Abuse Prevention Coalition in raising awareness and educating the public regarding substance abuse challenges in our county. We have implemented a needle exchange program, medication takeback events and medication drop boxes strategically located throughout the county.

The Coalition has invested in furthering efforts in the area of advocating for prevention, access to treatment and harm reduction.

The distribution of Narcan throughout community stakeholders has been generally accepted although there is still work to be done. OASAS has made free trainings available to community members, educators and providers.

The Chenango County Behavioral Health Services OASAS outpatient clinic has increased capacity and fully implemented OPEN ACCESS. The demand for these services remains high and further magnifies system challenges that still need to be addressed.

2q. Developmental Disability Clinical Services - Background Information

Chenango County has great difficulty recruiting and retaining qualified health professionals including social workers, psychologists, nurses, nurse practitioners and psychiatrist. There are severe shortages of psychiatric services. The medical community reports the same challenges and there is currently a shortage of primary care providers available in the county. Access to specialty services is challenging and typically require traveling to larger urban areas.

Individuals with I/DD who require medical and specialty services are often served in Broome County. The existing health disparities threaten true community integration for individuals with I/DD. Local medical, behavioral health and dental providers report they are not equipped to provide care to individuals with I/DD, pointing to the need for more training.

As more individuals with I/DD are now living in the community, there is greater access to substances and has led to substance abuse in some cases.

According to 2015 OPWDD data, 36% of individuals with I/DD are dually diagnosed with a mental health disorder. The lack of psychiatric or behavioral health practitioners available to serve the dually diagnosed remains a great challenge at the local level.

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

Increase the number of providers at the local level to deliver medical (including primary care), behavioral health and dental services to individuals with I/DD.

Objective Statement

Objective 1: Provide training and support to local providers in effort to increase their skill level and confidence in serving individuals with I/DD

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

Change Over Past 12 Months (Optional)

No Change.

2u. Developmental Disability Respite Services - Background Information

Chenango County lacks respite services for individuals with I/DD. This places strain on the current provider system, the family and creates situations where a crisis is much more likely to occur. Often the crisis leads to a trip to the emergency room or local CPEP which of course is more costly and rarely resolves the crisis situation. The lack of respite services often threatens stability of program placement.

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

Develop more respite options for individuals with I/DD and/or I/DD/MH.

Objective Statement

Objective 1: Work with local voluntary OPWDD providers and the state agency to expand respite opportunities in Chenango County.

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

Change Over Past 12 Months (Optional)

No progress toward this goal. Providers report that the rates do not support the program.

2v. Developmental Disability Family Supports - Background Information

Chenango County lacks family support services for individuals with I/DD. This places strain on the current provider system, the family and creates situations where a crisis is much more likely to occur. Often the crisis leads to a trip to the emergency room or local CPEP which of course is more costly and rarely resolves the crisis situation. The lack of family support services often threatens the stability remaining with family.

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

Increase Family Support Services for individuals with I/DD and/or I/DD/MH.

Objective Statement

Objective 1: Work with local voluntary OPWDD providers and the state agency to expand family supports in Chenango County

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

Change Over Past 12 Months (Optional)

Catholic Charities of Chenango County has implemented a Family Support Program that serves individuals with autism and have also expanded services to serve other populations. These services work to provide in-home supports to support stabilization and prevent the need for more intensive out of home placements.

Providers anticipate an increase in Family Supports as the result of the planned transition from MSC to Care Coordination through the CCO.

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	☐	☐	☐
b) Delivery System Reform Incentive Payment (DSRIP) Program	☑	☑	☐
c) Regional Planning Consortiums (RPCs)	☑	☑	☐
d) NYS Department of Health Prevention Agenda	☑	☑	☐

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

Chenango County is a member of the Participating Partner System as part of the Care Compass Network. As the LGU, I am participating on the Clinical Governance Committee. As the Director of the county operated outpatient article 31 and article 32 clinics we are participating on the integration projects. We are also conducting Patient Activation Measure (PAM) surveys and using this information to adjust care in order to avoid unnecessary ER visits, hospital admissions and readmissions, medication adherence and more. We are participating in the Navigation project where we are linking individuals to preventive care including primary care in the community.

We are currently exploring opening an article 31 satellite located in a large article 28 pediatric practice. In addition, we are discussing having primary care services delivered on-site in the county operated article 31 and 32 clinic.

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

Goal Statement- Is this Goal a priority goal? ( ) Yes (•) No

Deliver behavioral health services in a primary care setting; have primary care services delivered in the county operated behavioral health clinic.

Objective Statement

Objective 1: Pursue regulatory requirements through OMH, OASAS, and DOH.

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

Change Over Past 12 Months (Optional)

DOH and OMH regulations presented barriers toward achieving this goal. Chenago County Behavioral Health Services attempted to open an OMH satillite outpatient clinic located in onw of the area hospital's primary care setting and NYS's interpretation of CMS / DOH regulations preventing this for moving forward. There was great interest at the local level to partner in the delivery of integrated care but we were unable to move forward.

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

Chenango County is a member of the Southern Tier RPC and is where collaboration, problem solving and system improvements for the integration of mental health, addiction treatment services and physical healthcare can occur in a way that is data informed, person and family centered, cost efficient and results in improved overall health for adults and children in our communities.

The RPC will work closely with State agencies to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings.

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

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

Improved health outcomes for all Chenango County citizens.

Objective Statement

Objective 1: Forward relevant issues to address local and regional issues related to access and continuity of care.

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

Change Over Past 12 Months (Optional)

The Southern Tier RPC has identified priority areas to be addressed.

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

Chenango County Community Mental Hygiene Services is participating on the following Health Prevention Agenda:
1) Chenango County Public Health - Education, prevention and treatment of Hep C
2) Chenango Health Network Inc. - Mobility Management of South Central NY to expand transportation options; Chenango Substance Abuse Prevention Coalition
3) HealthLink - Social Determinants of Health

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

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

Address social determinants that create barriers to achieving positive health outcomes.

Objective Statement

Objective 1: Partner with local stakeholders and consumers to reduce barriers to healthcare.

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

Change Over Past 12 Months (Optional)

We continue to work with Chenango County Public Health, the Chenango Health Network, and HealthLink to consider social determinants in achieving desirable health outcomes.

4. Other Goals (Optional)

Other Goals - Background Information

N/A

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):
N/A

Change Over Past 12 Months (Optional)

N/A

Office of Mental Health Agency Planning Survey
Chenango County Community Srvs Board (70010)
Certified: Ruth Roberts (4/2/18)

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 issu
Psychiatrist	5	5	Salary, competitiveness, rural area makes it difficult to attract and most (not want a lengthy commute.
Physician (non-psychiatrist)	5	5	Same reasons listed with Psychiatrist
Psychologist (PhD/PsyD)	5	5	Same reasons listed with Psychiatrist plus the rate of reimbursement for services makes it difficult to justify. Additionally, psychologists who currently work for the state are not required to have their PhD and are nc part of the candidate pool.
Nurse Practitioner	5	5	Same reasons listed with Psychiatrist
RN/LPN (non-NP)	5	5	Same reasons listed with Psychiatrist. We cannot compete with the local hospital and hospital system primary care providers.
Physician Assistant	N/A	N/A	N/A
LMSW	3	4	Same reasons listed with Psychiatrist. We have had more applicants sinc the opening of the Binghamton University School of Social Work and w have hired several who have completed field placements within our clini
LCSW	3	4	Same barriers as LMSW. It is more difficult to recruit and retain LCSWs as many are interested in going into private practice.
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	N/A	N/A	N/A
Peer specialist	5	3	The greatest barrier is the low number of candidates in the pool who are a place in their recovery to be able to successfully be a peer specialist. These positions require extensive supervision and support which is an expense that is not covered through the reimbursement of services and places a financial burden on the Article 31 or 32 clinic.
Family peer advocate	4	3	Same as Peer Specialist

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining
1) LGU Fiscal Services requires a unique set of skills and knowledge. These skills are not readily available in our small rural area. The complexity of understanding the CFR and the service delivery system is not easily learned.

2) Billing Support Staff is now difficult to recruit and retain due to the amount of work that is now required by the MCOs. We have increased our capacity in the clinic, moved to Open Access which has increased the amount of work now required by our Billing Support Staff.

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.
Chenango County Behavioral Health Services (Article 31 and Article 32 outpatient clinic) is the only OMH and OASAS outpatient clinic in the county. Through the Community Services Board we continue to hear of the challenges across the three disabilities - Mental Health, Chemical Addiction and Developmental Disabilities - in recruiting and retaining qualified employees. Shortages of qualified candidates occur at all levels, licensed professionals (particularly psychiatry), support staff and direct staff.

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
Chenango County Community Srvs Board (70010)
Certified: Ruth Roberts (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 Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson	
Name	John Bennett
Physician	No
Psychologist	No
Represents	Community Advocate / Consumer
Term Expires	12/31/2018
eMail	

Member	
Name	Louise Gregg
Physician	No
Psychologist	No
Represents	Community Advocate / Consumer
Term Expires	12/31/2019
eMail	

Member	
Name	Laureen Clark
Physician	No
Psychologist	No
Represents	Community Advocate / Retired Probation Director
Term Expires	12/31/2018
eMail	

Member	
Name	Fred Heisler
Physician	No
Psychologist	No
Represents	Board Supervisor / Family Advocate
Term Expires	12/31/2019
eMail	

Member	
Name	Robin Cotter
Physician	No
Psychologist	No
Represents	Community Advocate
Term Expires	12/31/2019
eMail	

Member	
Name	Kim McCarthy
Physician	No
Psychologist	No
Represents	Local Hospital
Term Expires	12/31/2019
eMail	

Member	
Name	Grace Nucero-Alger
Physician	No
Psychologist	No
Represents	Community Advocate / Board Supervisor
Term Expires	12/31/2020
eMail	

Member	
Name	Vacant
Physician	No
Psychologist	No
Term Expires	
eMail	

Member	
Name	Vacant
Physician	No
Psychologist	No
Term Expires	
eMail	

Alcoholism and Substance Abuse Subcommittee Roster
Chenango County Community Srvs Board (70010)
Certified: Ruth Roberts (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 Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson	
Name	John Bennett
Represents	Consumer
eMail	
Is CSB Member	Yes

Member	
Name	Louise Gregg
Represents	Family / Community Advocate
eMail	
Is CSB Member	Yes

Member	
Name	Darlene Gramstad
Represents	Public Health
eMail	
Is CSB Member	No

Member	
Name	Laureen Clark
Represents	Retired Probation Director / Community Advocate
eMail	
Is CSB Member	Yes

Member	
Name	Kim McCarthy
Represents	Chenango Memorial Hospital
eMail	
Is CSB Member	Yes

Member	
Name	Lois LoPresti
Represents	Department of Social Services
eMail	
Is CSB Member	No

Member	
Name	Fred Heisler, Jr.
Represents	Family / Board of Supervisors
eMail	
Is CSB Member	Yes

Mental Health Subcommittee Roster
Chenango County Community Srvs Board (70010)
Certified: Ruth Roberts (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 Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson	
Name	John Bennett
Represents	Family / Community Advocate
eMail	
Is CSB Member	Yes

Member	
Name	Louise Gregg
Represents	Community Advocate / Family
eMail	
Is CSB Member	Yes

Member	
Name	Darlene Gramstad
Represents	Public Health
eMail	
Is CSB Member	No

Member	
Name	Brian Wessels
Represents	Area Office on Aging
eMail	
Is CSB Member	No

Member	
Name	Jeff Cheseboro
Represents	Community Advocate / Catholic Charities
eMail	
Is CSB Member	No

Member	
Name	Laureen Clark
Represents	Retired Probation Director / Community Advocate
eMail	
Is CSB Member	Yes

Member	
Name	Kim McCarthy
Represents	Chenango Memorial Hospital
eMail	
Is CSB Member	Yes

Developmental Disabilities Subcommittee Roster
Chenango County Community Srvs Board (70010)
Certified: Ruth Roberts (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 Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson	
Name	John Bennett
Represents	Consumer
eMail	
Is CSB Member	Yes

Member	
Name	Heidi Slentz
Represents	OPWDD Regional Office
eMail	
Is CSB Member	No

Member	
Name	Brian Wessels
Represents	Area Office on Aging / Long Term Care
eMail	
Is CSB Member	No

Member	
Name	Robin Cotter
Represents	Chenango County Catholic Charities
eMail	
Is CSB Member	Yes

Member	
Name	Mallory Carhart
Represents	Springbrook Inc.
eMail	
Is CSB Member	No

Member	
Name	Kim McCarthy
Represents	Chenango Memorial Hospital
eMail	
Is CSB Member	Yes

Member	
Name	Meghann Andrews - Whitaker
Represents	SpringBrook Inc.
eMail	
Is CSB Member	No

Member	
Name	Laura Thompson
Represents	ACHIEVE
eMail	
Is CSB Member	No

2019 Mental Hygiene Local Planning Assurance
Chenango County Community Srvs Board (70010)
Certified: Ruth Roberts (4/13/18)

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.