



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

2020  
Local Services Plan  
For Mental Hygiene Services

Cattaraugus Co Community Services Dept  
September 5, 2019

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Cattaraugus Co Community Services Dept</b>	<b>70690</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
New York State Prevention Agenda Survey	Required	<b>Certified</b>
Office of Mental Health Agency Planning (VBP) Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
Mental Health Subcommittee Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Roster	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**Mental Hygiene Goals and Objectives Form**  
Cattaraugus Co Community Services Dept (70690)  
Certified: Rebecca Dash (6/3/19)

**1. Overall Needs Assessment by Population (Required)**

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

Please describe any unmet **mental health** service needs that have **improved**:

Cattaraugus County Dept. of Community Services spent most of 2018 updating and renovating the Personalized-Recovery Oriented Services (PROS) location. The building has been made ADA-compliant, and other improvements include new flooring, increased meeting space, new paint, and upgraded heating and cooling system. This plan was put into place to allow Community Day Treatment participants from our local OPWDD agency to enroll in our PROS program. This collaboration and integration of clients, programs, and agencies is the hallmark of our county.

Please describe any unmet **mental health** service needs that have **stayed the same**:

In reviewing the major goals of the Local Services Plan, Cattaraugus County's mental health services needs have remained the same. We are fortunate to have multiple agencies in the county that effectively collaborate to ensure services continue to be provided to the mentally ill population. An area that has worsened is the Workforce Recruitment/Retention, which has been ongoing for many years. We are beginning to focus more on employment and determining success of finding and maintaining employment. We also continue to struggle with transportation needs and with finding and maintaining psychiatric providers. We currently work with a psychiatric practice which is spread out in New York and Pennsylvania in no less than 10 locations.

There are many co-occurring disorders in mental health, substance use, and developmental disabilities, and it becomes difficult to determine highest level of need.

Cattaraugus County continues to collaborate among treatment providers, but there is no cohesive Crisis Response for all three oversight agencies. The County would be served well by a Mobile Crisis Team that could meet face-to-face with individuals or families in crisis for mental health, substance abuse, or developmental disabilities. The Crisis Team would be able to provide resources and referral linkages at the very minimum to effectively meet immediate needs.

Please describe any unmet **mental health** service needs that have **worsened**:

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, overall, has changed over the past year:  Improved  Stayed the Same  Worsened

Please describe any unmet **SUD** service needs that have **improved**:

CAREs (Council on Addiction Recovery Services, Inc.) opened new MAT (Medication Assisted Treatment) Wings in Salamanca and Olean. They will also be opening a new MAT Wing in Franklinville in the next few months, when they move the existing clinic from Machias in order to expand services. MAT services will now be available in 3 of the 4 major geographic areas of the county.

Incarcerated individuals in the county jail may be given Vivitrol therapy, but then the individuals must be referred to CAREs to continue that same therapy on discharge from the jail. Cattaraugus County received funding for Substance Abuse Treatment in the Jail. This program just began in Cattaraugus County over the last 2 months, so outcomes are yet to be determined.

CAREs secured SOR (State Opioid Response) funding to provide a Peer Recovery Coach and secure a van to transport individuals for their appointments and services. The moneys have been awarded, but the delivery date of the funds is undetermined. Additionally, the parameters for purchasing the van have not been clearly identified.

Please describe any unmet **SUD** service needs that have **stayed the same**:

There are still no inpatient detox or stabilization beds in Cattaraugus County, and there is not adequate housing to support community integration for SUD individuals. CAREs (Council on Addiction Recovery Services, Inc.) is the only substance abuse agency in the county. CAREs built a new detox/stabilization facility in the county, but they have not yet been able to open those units. Until CAREs can complete its Rapid Expansion project in 2019, adding licensed beds, detox, and stabilization as well as improved community integration, the conditions continue as they were last year. CAREs was able to secure the license for the expansion beds but has not received the start-up funds. Although CAREs expanded services to other regions of the county, there are not adequate providers available to treat the numbers of people who need intervention.

Please describe any unmet **SUD** service needs that have **worsened**:

While Cattaraugus County continues its fight against the heroin and opioid epidemic, the County now struggles with increased use of methamphetamine and crack/cocaine. The county has seen an increase in meth lab production, which negatively impacts housing and ultimately family units. Although Narcan is administered to save lives after a heroin/opioid overdose, the drug itself is not a preventative, and further education and outreach are still needed to combat the problem. EMTs have seen a decrease in the use of Narcan; however, usage reports are not available for Narcan administered by the general population.

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

Please describe any unmet **developmentally disability** service needs that have **improved**:

Cattaraugus County has seen improvement in communication among providers and with the DDRO. This County prides itself on being able to collaborate to meet the needs of individuals. We understand the program directives issued by the State, and improved collaboration with the DDRO has helped us to understand those requirements. We have also seen more participation from different agencies in our Subcommittee, which helps us to understand the services and to effectively meet the needs of individuals in our County.

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

Overall, the provision of services for the Developmentally Disabled population in Cattaraugus County has remained the same. In general, there is a lack of adequate staff to meet the needs of this population, including provision of services and completion of necessary assessments to determine eligibility or level of services to be provided. Our County's Subcommittee is creating a dashboard of area providers to more efficiently schedule assessments and evaluations needed to determine eligibility and create/maintain service plans.

Please describe any unmet **developmentally disability** service needs that have **worsened**:

Cattaraugus County continues to have a gap in Transition Planning and Children's Services for the developmentally disabled population. Although Care Coordinators must create Transition Plans by a deadline specified by the DDRO, the information on each Plan comes from the Exit Summary created for each student at the local school level. The school's deadline for the Exit Summary differs from the Transition Planning deadline. We have also been made aware that Guidelines for Transition Plans will be changing in October 2019, but that information has not been disseminated yet. The County, as mentioned above, continues to struggle with Workforce Retention, and this is beginning to negatively impact Children's Services, as there are not enough local providers to complete assessments and evaluations for OPWDD eligibility determination.

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

## 2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) <b>(NEW)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ab) Problem Gambling (NEW)

ac) Adverse Childhood Experiences (ACEs) (NEW)

(After a need issue category is selected, related follow-up questions will display below the table)

**2c. Crisis Services - Background Information**

Eagles Nest Respite House hosted 30 residents of Cattaraugus County in 2018, and peer staff answered 308 calls to the Warm Line (phone) and Text Line for Cattaraugus and Chautauqua Counties. Over 25% of callers report the Warm Line helps them to avoid going to a hospital or ED for mental health assessment. Olean General Hospital maintains the Crisis Hotline, which is often used as a referral line for housing needs, transportation, and more recently increased substance abuse referrals. Olean General's Hotline Operators answered 406 calls in 2018, and they referred 17 crisis calls to Community Services *after-hours on-call* staff. The outpatient mental health clinic fielded an additional 18 crisis calls and provided 266 face-to-face crisis services during regular business hours in 2018. The ability to give information about Substance Abuse services is a new component in Cattaraugus County, with the establishment of an SUD Hotline which CARES operates during regular business hours.

Due to closure of inpatient psychiatric beds, the County needs more wrap-around services; however, there is a shortage of personnel, transportation, and licensed staff to provide face-to-face crisis service. The Mobile Intervention Team cannot really provide ongoing crisis intervention, and Mobile Transitional Support Team (serving adults only) is involved more in engaging people in services than in crisis intervention. The Mobile Transitional Support Team provided services to 140 people in 2018.

Youth in Community Residence placement were evaluated at the Emergency Room 4 times in 2018. The CR staff continue to express concerns regarding the long wait times in the local ER and that often the initial concern has passed in the several hours the child waits to be assessed.

Regional Developmental Disabilities Family Support Services for ages 21 and over have established rates and regulations for Respite and Crisis Respite, and agencies will be charged with providing the service. However, the only respite for kids is through at the Community Residence. Additionally, START services for the developmentally disabled population have never fully been established in Cattaraugus County, so there are currently no crisis intervention services for the developmentally disabled.

Cattaraugus County is one of the counties receiving Family Support Services for Substance Abuse through "Save The Michaels Of The World," which was awarded funding to provide these services in this county. Unfortunately, the organization is based in Erie County, and a major barrier to receiving their services has been distance and/or transportation, as providers have not been responsive to needs in this county.

Southern Tier Health Care System (STHCS, an FQHC) continued to distribute Narcan kits in 2018. There were 6 deaths from apparent overdose in the first 5 months of 2018, compared to 18 reported deaths in 2017 which was an increase of 1 from 2016. Other overdose deaths are likely but death statistics are not considered accurate as most death certificates indicate "cardiac arrest" for cause of death, even if an overdose is known. EMTs administered Narcan 34 times in 2018, compared to 45 in 2017 and 68 kits in 2016. Three or more doses were administered 2 times in 2018, 8 times in 2017 and 4 times in 2016. Although each of these instances is considered an SUD Crisis, there is no clear process after any "save" to ensure the individual is referred for treatment or follow-up. STHCS reports these distribution and emergency/save statistics to the Community Services Board's Alcohol/Substance Abuse Subcommittee and to the LGU.

Council on Addiction Recovery Services (CAREs) began to accept Crisis Referral calls from the OGH Crisis Hotline in 2018, but the service is not fully operational beyond their standard business operating hours. They intend to expand the Hotline service to 24/7/365 when their new residential facility opens at Westons Manor in 2019.

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

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

CAREs will begin to provide 24/7/365 SUD Crisis Hotline services when the expansion of the new residential facility is complete at Westons Manor.

**Objective Statement**

Objective 1: CAREs will establish a 24/7/365 toll-free Crisis Hotline for SUD services in Cattaraugus County.

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

**Change Over Past 12 Months (Optional)**

Spectrum Human Services began providing ACT (Assertive Community Treatment) services in June 2018. The ACT Team enrolled 23 individuals from June 1 through December 31, 2018. Another 11 individuals referred by the SPOA Committee were not enrolled due to residing outside the county or not meeting eligibility criteria, with only 2 of those individuals refusing services. Although the ACT Team engaged individuals in treatment, they struggle with maintaining the required workforce.

Cattaraugus County was also awarded a Dwyer Grant, named after Pvt. Joseph Dwyer, a veteran who returned from his military service with Post Traumatic Stress Disorder (PTSD). He was unable to recover from his experiences while in the military. After his death, his parents started a fund in honor of their son that would provide non-clinical peer services for veterans who are not connected to Veteran's Services so they would be able to seek assistance and support with other veterans and/or their families to recover from any issues arising from their service. The ultimate goal is to have the veteran obtain all the services through the US Government to which the veteran is entitled. The initial OMH funding of \$135,000 was received by the county, and the community-based agency is administering and is committed to reaching veterans in community.

CAREs opened a toll-free SUD Crisis Hotline in 2018, and they intend to operate that telephone line 24/7/365 as soon as their new residential facility opens in 2019.

Cattaraugus County would have benefited from the Open Access Center that Horizon Health Services attempted to run in Erie County; however, the program returned its funding due to changing regulations and requirements the program could not adhere to.

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

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

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

**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 3 oversight Subcommittees of the Community Services Board plan to meet collectively to review such things as recruitment incentives, professional networking opportunities, and geographic promotion of the rural WNY area in an effort to close the gap in workforce recruitment and retention. Additionally, Community Services will pursue TelePsychiatry services for the outpatient mental health clinics when Office of Mental Health releases updated guidance, anticipated in 2019.

### Objective Statement

Objective 1: At least 2 delegates from each Subcommittee will meet with area agency representatives and the County's Department of Economic Development and Tourism to review recruitment incentive options and discuss promotion of the geographic area to Professional Service Providers.

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

Objective 2: The Developmental Disabilities Subcommittee will create a WNY Provider Network dashboard that will be shared to County and other agency websites and media outlets and will include psychological and psychiatric providers who provide assessments required for such things as eligibility determination.

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

Objective 3: Community Service will pursue TelePsychiatry services as soon as OMH releases guidance.

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

### Change Over Past 12 Months (Optional)

CAREs began providing TeleHealth services in 2018.

### 2f. Prevention - Background Information

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

As noted above, Southern Tier Health Care System continued to distribute Narcan kits in 2018. There were 6 deaths from apparent overdose in the first 5 months of 2018, compared to 18 total deaths reported in 2017 which was an increase of 1 from 2016. Narcan was used 34 times in 2018 and 45 times in 2017, which was a decrease of 23 from 2016. Three or more doses were administered 2 times in 2018, 8 times in 2017 and 4 times in 2016. Women accounted for 50% of the people aided with Narcan in 2018, a significant increase from 14% of the people aided with Narcan in 2017. The predominant age group shifted to age 45+ in 2018, a sharp increase from the 25-34 age group reported since 2016. In fact, the average age in 2018 was 45 years.

In Cattaraugus County, Child Protective Services cases involved a parent's or child's drug/alcohol misuse in 75% of their cases. Dept. of Social Services also has strived to find relative placements for any foster care needs so the number of families being involved in "official" foster care has dropped significantly. Department of Social Services hired new staff in Cattaraugus County to deal with the number of cases that involved drug/alcohol misuse.

Additionally, Cattaraugus County struggles with the systemic issue of individuals with addiction and mental illness being channeled into the criminal justice system. The county jail population shows a significant percentage of individuals diagnosed with a substance abuse disorder. The mixture of mental health and substance abuse diagnoses follows: 80% Substance Abuse, 65% Mental Health, and over 55% have been identified with a dual diagnosis. Cattaraugus County's Mobile Transitional Support Team works with individuals discharging from jail in an effort to redirect those individuals into appropriate treatment and prevent relapse or return to incarceration. Office of Mental Health also released funding to Cattaraugus County for Substance Use Treatment at the County Jail, and CAREs staff will prepare discharge plans for the individuals to transition into outpatient services with goal of preventing relapse or recidivism and return to the Jail after release.

All provider agencies in Cattaraugus County recognize the need for prevention services, and strive to offer interventions that prevent relapse or readmission to the hospital for mental health or substance abuse, the jail or criminal justice system. SPOA is often the first point of referral to put services in place to engage individuals in appropriate treatment. Dept. of Health provides prevention/wellness classes at the county jail, and if the jail refers individuals for mental health services, the individual is offered services at the clinics or at the PROS program. The Mobile Transitional Support Team saw 140 clients in 2018 and was successful in assisting with engagement in ongoing treatment and an average length of

involvement between 3 and 6 months. The Mobile Intervention Team provides a wide array of services to children and families in Cattaraugus County but cannot provide regular face-to-face or crisis intervention service. Multiple providers routinely schedule Cross Systems or Inter-Disciplinary Team meetings in Cattaraugus County to ensure appropriate services are in place to prevent relapse or readmission.

CAREs also provides alcohol and drug prevention education at public schools in Cattaraugus County through the Healthy Cattaraugus program. CAREs staff also attend discharge planning meetings at the county jail and the hospital's behavioral health unit. CAREs has trained Peer Recovery Coaches and is moving forward with credentialing of these individuals. This will be a benefit for the community.

Lastly, the Cattaraugus County Suicide Prevention Coalition (CCSPC) is active and growing with identified Vision and Mission statements. The CCSPC strives to provide the community with the most up-to-date information regarding suicide prevention and is helping to create a suicide safe community. The Coalition provides different training programs with the help of the Suicide Prevention Center of NY (SPCNY) and the American Foundation for Suicide PRevention (AFSP), and the Coalition has trainers in and out of the county. The Coalition Coordinator is certified to provide trainings in Suicide Safety for School Staff, Lifelines PostVention for Schools, It's Real, Talk Saves Lives, and SafeTALK. Other trainings available include QPR (Question Persuade Refer), ASIST (Applied Suicide Intervention Skills Training), Helping Students at Risk for Suicide, and Creating Suicide Safety in Schools. All of the trainings are provided at no cost.

The Suicide Prevention Coalition has been focusing on providing Talk Saves Lives and QPR to the general community due to the shorter length of the programs. SafeTALK and ASIST have been offered and provided to individuals who work in the human services, healthcare, and teaching professions. All of the programming focused on suicide prevention in the schools has been offered to all school districts within the county. The Coalition has been working with the Community Schools Curriculum Coordinator through BOCES to help promote and facilitate these trainings, as well. In 2018, the Coalition provided 20 trainings in Cattaraugus county; 6 SafeTALK trainings, 1 QPR training, 6 Talk Saves Lives, 2 It's Real presentations, 1 ASIST, 1 Lifelines Postvention and 4 Suicide Safety for School Staff trainings.

**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

Dept. of Community Services will provide educational materials and videos to the hospital discharge patients to decrease anxiety about referrals and answer questions about outpatient services prior to discharge. 50% of individuals who are referred for outpatient mental health or SUD treatment will attend their initial appointment.

Office of Mental Health awarded funding for Community Services to provide Substance Use Treatment in the County Jail. The Jail will report to the LGU the number of referrals made for treatment on discharge from Jail, the number of appointments kept, and the number of individuals who are still enrolled in treatment 90 days after discharge.

The CCSPC developed main objectives for the next 3 years that include making community more aware of the signs of suicide, providing trainings to the community for suicide prevention intervention, and promoting and assisting school-based prevention programs and policies.

CCSPC will utilize posters, pamphlets, and video teasers to entice the community to attend the kick-off event for #BeTheITo. These posters will have tags such as the following: #BeTheITo learn how to help others, #BeTheITo become a suicide helper, #BeTheITo speak out for suicide prevention. Video PSA's will be produced in collaboration with local school districts, BOCES, and/or college film clubs. The PSAs will be uploaded to YouTube(c) with different key words that individuals may use when searching videos. These PSAs will also be shared on social media platforms and websites of community agencies, and as appropriate school district websites. Project Teams on the Coalition will also design specific #BeTheITo awareness kits containing resources and information for different populations in the county, including veterans, emergency personnel, schools, healthcare, bars/taverns, bowling alleys, and farmers. CCSPC will coordinate and continue to provide trainings to the community for suicide prevention and intervention, will work with key leaders in the county government, health care, school settings, and community agencies to identify areas and individuals that would benefit from these trainings. It would be advantageous to create a plan to provide annual trainings for specific populations, i.e., veterans, emergency personnel, police, primary care offices, hospitals, and other human service agencies. The Coalition will also promote school based intervention programs and policies by working with superintendents, principals, and guidance staff within school districts.

### Objective Statement

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

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

Objective 2: Suicide Prevention Coalition will promote the #BeTheITo campaign in the county.

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

### Change Over Past 12 Months (Optional)

Cattaraugus County has been tracking initial appointment attendance. The average for 2018 for MH discharge appointments was 70%, an increase from the 50% average in 2017. The initial appointment attendance rate for SUD remained at 30% in 2018. This will be reviewed in 2018 to see if improvements can be made. Many of our previously noted barriers point to why these numbers might be low.

If individuals cannot live safely in their homes, APS/CPS must address the need for the individual, which presents a crisis in community. Buffalo Psychiatric Center operates 2 Family Care Homes in Franklinville, 2 in Olean, and 1 in Salamanca. They recently began to collaborate with the SPOA Director regarding openings and referral resources for individuals in need of housing in our county.

A grant opportunity became available in June 2018 and CCSPC was accepted to apply for the grant, which was awarded to the Coalition in the amount of \$9845. Several steps and deadlines were required to continue to be eligible to submit the final Request for Proposal application in December 2018. The grant awarded could be up to \$10,000 and had to focus on one of several different topics. The Coalition chose to utilize and expand on the education and awareness campaign it has been working on for the past few years; this required that the #BeTheITo campaign be incorporated. The project plan includes a plan to host a kick-off event for the campaign #BeTheITo.

### 2g. Inpatient Treatment Services - Background Information

Insurance companies are holding hospitals accountable for rapid readmissions, so Olean General Hospital must collaborate with provider agencies to decrease those readmission rates in Cattaraugus County. Provider Agencies attended discharge planning meetings at Olean General Hospital's Behavioral Health Unit prior to 2016. However, those meetings are not being held face-to-face but by phone, which impacts the ability to collaborate. The hospital cites HIPAA compliance factors and is also unwilling to discuss discharge planning with Cattaraugus County residents without a specific release, which impacts collaboration negatively. Readmission to the inpatient acute care facility directly correlates to the individual's success in outpatient mental health or SUD treatment. Outpatient providers must have the inpatient treatment information to effectively intervene and prevent further relapse or readmission. DSRIP focus groups attempted to address the rapid readmission, discharge planning and initial hospital discharge appointments in a work group held at Olean General Hospital.

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

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

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

#### Objective Statement

#### Change Over Past 12 Months (Optional)

The releases have been signed by most discharges but the inability to meet for discharge planning with collaborative agencies has resulted in more barriers to the most appropriate care for clients. An example of this is a client whose primary diagnosis is substance abuse but is refusing a referral to the substance abuse provider and is referred instead to mental health. A collaborative meeting would assist in all agencies working together to get the most appropriate referral completed. CARES has offered to come on the unit regularly to educate staff and clients; however, if a client says they don't want to go to CARES, the CARES staff is told not to come to the unit rather than allowing the CARES staff to provide education to the patient.

#### 2i. Reducing Stigma - Background Information

Housing Options Made Easy, Inc., provided training, presentations, and workshops for peer education in Cattaraugus County in 2018. CARES provided Recovery Coach training in early 2018 and will provide additional training so that enrollees can attain the 500-course hours required to become "Certified Recovery Coaches." Southern Tier Health Care Systems provides Narcan training to all EMS providers, law enforcement, friends and family of addicted people, as noted in the Crisis section above.

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

Cattaraugus County's Healthy Livable Communities Consortium is a strong collaboration of providers and agencies that meets quarterly to share service delivery and education information that each participant can then pass on to the individuals it serves. These quarterly meetings host 50 to 75 people each time. They continue to be awarded grants to improve the health and vitality of the residents of Cattaraugus County.

Additionally, the 3 oversight Subcommittees of the Community Services Board each recognize the importance of reducing stigma in community. The Mental Health Subcommittee has attempted to define stigma at the individual, professional, and societal level. The Subcommittees continue to review options for education in community, including Public Service Announcements, social media campaigns, and community forums.

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

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

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

#### Objective Statement

Objective 1: Housing Options Made Easy Inc. will provide 2 Community Trainings to Cattaraugus County about resources in the community

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

Objective 2: CARES will provide at least 2 trainings on Peer Recovery Coaches and/or credentialing for this

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

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

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

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

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

#### Change Over Past 12 Months (Optional)

There have been a lot of trainings this past year by all of these agencies and this will continue.

## 21. Heroin and Opioid Programs and Services - Background Information

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

As noted above, Southern Tier Health Care System (an FQHC) continued to distribute Narcan kits in 2018. There were 6 deaths from apparent overdose in the first 5 months of 2018, compared to 18 reported deaths in 2017 which was an increase of 1 from 2016. Narcan was used 34 times in 2018 and 45 times in 2017, which was a decrease of 23 from 2016. Three or more doses were administered 2 times in 2018, 8 times in 2017 and 4 times in 2016. Women accounted for 50% of the people aided with Narcan in 2018, a significant increase from 14% of the people aided with Narcan in 2017. The predominant age group shifted to age 45+ in 2018, a sharp increase from the 25-34 age group reported since 2016. In fact, the average age in 2018 was 45 years.

In Cattaraugus County, Child Protective Services cases involved a parent's or child's drug/alcohol misuse in 75% of their cases. Dept. of Social Services also has strived to find relative placements for any foster care needs so the number of families being involved in "official" foster care has dropped significantly. Department of Social Services hired new staff in Cattaraugus County to deal with the number of cases that involved drug/alcohol misuse.

As the opioid epidemic continues to impact Cattaraugus County, agencies are adapting to new services as funding becomes available and programs can be put into place. CARES applied for a Rapid Expansion Grant to increase bed capacity under new OASAS 820-regulations. The funding awarded CARES the opportunity to add 20 licenses for beds at Westons Manor. CARES broke ground for that expansion in early 2018 with the goal of opening those beds in early 2019. That expansion will also include detox and stabilization services, which are currently unavailable in Cattaraugus County, and will enhance the continuum of care for residential and outpatient programs. Women with children are currently in need of inpatient addictions treatment and community residence level of services to prevent relapse after discharge to the community. Over 50% of the women discharged from inpatient services relapse due to the drop-off in support. It remains very difficult to access inpatient treatment for chemical dependence in a timely manner. Although individuals are no longer required to fail outpatient treatment before even being considered for inpatient treatment, there is a currently very limited number of beds available regionally, and fiscal barriers still exist with insurance coverage as discussed previously.

Additionally, Cattaraugus County struggles with the systemic issue of individuals with addiction and mental illness being channeled into the criminal justice system. The county jail population shows a significant percentage of individuals diagnosed with a substance abuse disorder. The mixture of mental health and substance abuse diagnoses follows: 80% Substance Abuse, 65% Mental Health, and over 55% have been identified with a dual diagnosis. Cattaraugus County's Mobile Transitional Support Team works with individuals discharging from jail in an effort to redirect those individuals into appropriate treatment and prevent relapse or return to incarceration. Cattaraugus County is also hoping to be chosen to pilot a substance abuse treatment in the jail to decrease recidivism and increase engagement.

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

John Bennett from GCASA (Genesee County Alcohol/Substance Abuse) presented information to the Cattaraugus County Alcohol/Substance Abuse Subcommittee for developing and implementing a Methadone Clinic. A Southern Tier Methadone Clinic would potentially serve Cattaraugus, Chautauqua, and Allegany Counties, with Cattaraugus County being most centralized location for a clinic. OASAS data shows 27 individuals from Cattaraugus County attend Methadone Clinics in other counties. Cattaraugus County is already creating the foundation for a building block to move ahead with this plan. Many people on Suboxone would also benefit from Methadone but don't currently travel to an out-of-county clinic to receive that service. Subcommittee began discussions of potentially co-locating a Methadone Clinic with one of CARES' existing MAT clinics. Cost savings to the County include decreased need for medical travel or daycare while parents attend clinics in Buffalo or Rochester. Dept. of Social Services also notes 90-95% of all neglect/abuse cases involve drug/alcohol addictions. Having a local clinic would additionally improve quality of life, as individuals would not be disrupted from work and/or families.

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

To move forward with establishing a Southern Tier Regional Methadone Clinic in Cattaraugus County, Subcommittee agreed to include Allegany and Chautauqua County LGUs in planning discussions, obtaining statistical information, researching licensure and location requirements, and beginning community education and awareness of the benefits of having a clinic in the county.

### Objective Statement

Objective 1: Dept. of Social Services will provide statistical data regarding impact on Medical Travel, childcare, and foster care/placement.

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

Objective 2: LGU will obtain from Jail and Drug Court the number of individuals referred for Methadone Treatment.

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

Objective 3: Subcommittee will invite representatives from Cattaraugus, Allegany, and Chautauqua Counties to tour Methadone Clinics at G-CASA, Strong, and BestSelf.

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

### Change Over Past 12 Months (Optional)

CARES (Council on Addiction Recovery Services, Inc.) opened new MAT (Medication Assisted Treatment) Wings in Salamanca and Olean.

They will also be opening a new MAT Wing in Franklinville in the next few months, when they move the existing clinic from Machias in order to expand services. MAT services will now be available in 3 of the 4 major geographic areas of the county.

Incarcerated individuals in the county jail may be given Vivitrol therapy, and the individuals must be appropriately referred to CAREs to continue that same therapy on discharge from the jail. Cattaraugus County received funding for Substance Abuse Treatment in the Jail. This program just began in Cattaraugus County over the last 2 months, so outcomes are yet to be determined.

CAREs secured SOR (State Opioid Response) funding to provide a Peer Recovery Coach and secure a van to transport individuals for their appointments and services. The moneys have been awarded, but the delivery date of the funds is undetermined. Additionally, the parameters for purchasing the van have not been clearly identified.

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

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

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

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

Cattaraugus County will provide a mobile crisis team for mental health crisis intervention.

### Objective Statement

Objective 1: Cattaraugus County will explore programs that offer mobile crisis teams in Western NY. With the planned IPA, shared services will be expected.

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

### Change Over Past 12 Months (Optional)

## 2r. Developmental Disability Children Services - Background Information

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

The Developmental Disabilities Subcommittee has actively collaborated with the DDRO, Care Coordination Organizations, and local school CSE's in the past year. The SPOA Coordinator attended school in-service days and CSE meetings to present information about services available 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 Developmental Disabilities Subcommittee and agency and school representatives recognize the barriers identified above, including a shortage of professional psychologists and psychiatrists to provide the childrens services (i.e., assessments) to determine OPWDD eligibility or to provide the actual services approved if the child is enrolled in OPWDD. The Subcommittee began to compile a WNY Provider Network List that will be shared to various social media and agency websites, as well as Public Service Announcements in community.

### Objective Statement

Objective 1: Add WNY Provider List to county and provider/agency websites, social media, and Public Service Announcement kiosks in the region so that families and other providers have information about professionals who can provide specific services in the region.

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

### Change Over Past 12 Months (Optional)

## 2s. Developmental Disability Student/Transition Services - Background Information

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

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

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

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

Melissa Ball, SPOA Director, presents infomation in the community about resources avaiable in the community(including the schools) for those with any type of disability. Although the Development Disabilities Subcommittee recognized this gap in services and provided links to referral

resources over the past year, school CSEs must regularly receive updated service delivery information to ensure adequate supports are in place for the children they serve. As noted above, families trust the schools to provide mandated services until their child reaches age 22, and then transition becomes increasingly difficult if not already initiated.

Person Centered Services and Prime Care are the two Care Coordination Organizations (CCOs) serving the developmentally disabled in Cattaraugus County. The CCOs obtained from Stephanie McClean-Beathley, LMSW, at the DDSO information about the Transition Reports needed at the DDSO. Subcommittee was able to share with local school staff that the Transition Packet must be received at the DDSO in order for OPWDD to establish a Plan for the youth to receive Transition Services, from school to independent setting. Information from the School's Exit Summary, which isn't required until the student actually leaves the school in June, is needed to create an effective Transition Packet, which is due by end of April each year. Subcommittee recognized that due dates do not sync for school and care coordination requirements, and subsequently learned that OPWDD requirements for Transition Planning will change in October 2019.

**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 Subcommittee is coordinating a training date for DDSO Representatives to present the upcoming Transition Planning changes to Schools/CSEs and Care Coordination Organizations from Cattaraugus and Allegany Counties in the fall of 2019.

#### Objective Statement

Objective 1: Schedule Transition Planning Training at October 2019 CSE Regional Meeting, including CCOs and Care Coordinators.

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

#### Change Over Past 12 Months (Optional)

#### 2t. Developmental Disability Respite Services - Background Information

As noted in Crisis Services above, six regional proposals were submitted to OPWDD for \$200,000 in Regional Developmental Disabilities Family Support Services for ages 21 and over. They do not provide respite and are focused on substance abuse. This organization has come to Cattaraugus two times this Spring to present the services they can offer.

Person Centered Services could not provide Respite numbers, as outlying areas from Olean are simply struggling to get Respite Services. Prime Care reports they serve 103 people enrolled in Cattaraugus County, of whom 27 are approved for Respite but only 13 have providers (the other 14 do not have providers to obtain the service). Additionally, 76 Prime Care individuals are not yet approved but are interested in applying for Respite; status of application is unknown. Young adults might participate in the GAP Program, which is an inTandem program that is not available for ages 10-13.

Person Centered Services identified the main barrier to Respite is finding actual providers. If self-directed plan is approved for respite, it's difficult to find individuals to serve as respite providers. Local agencies can't accommodate the need and usually have wait lists for respite. Prime Care identified same barrier, plus the barrier of travel. Often families must travel longer, over greater distance, than the total time allotted, so it doesn't make sense to drive an hour each way to only receive an hour of respite. Families are also responsible for finding respite for after-school care, and more people are using family-provided respite or after-school activities, if available. Private Respite may be reimbursed by Family Support Services (FSS) to help augment costs that families incur, up to \$10/hour reimbursement (Family can pay additional to the Provider, if desired).

YMCA provides after-school activities at local schools in Cattaraugus County, and they are often looking for staff but do not currently provide for special needs. There are likely staff or aids who would be interested and already know the behavior and the child, so it might potentially fill part of the gap in local respite services. Subcommittee also acknowledged root of the issue is Workforce Recruitment/Retention as noted previously above, including retirement of baby boomers and increased need for respite care for the elderly, in addition to developmentally disabled.

**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

Subcommittee agreed to initiate discussions with Y-Care about having staff, who are already vetted, be integrated into the Y-Care program to provide after-school respite for students with higher level of needs, even if for limited days each week (perhaps 3 out of 5 days). Dan will contact Barb Sweitzer at YMCA to discuss feasibility of including Developmentally Disabled population in the Y-Care program.

#### Objective Statement

Objective 1: Subcommittee Chair will contact YMCA Director of Y-Care program to discuss feasibility of including developmentally disabled population in the Y-Care program.

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

Objective 2: DDSO representative will provide information to Subcommittee about Respite Services and area providers.

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

#### Change Over Past 12 Months (Optional)

**New York State Prevention Agenda Survey**  
Cattaraugus Co Community Services Dept (70690)  
Certified: Rebecca Dash (6/3/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

**Background**

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

**Questions**

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

Cattaraugus County Department of Community Services is an integral part of the Community Health Assessment and implementation of this plan. The focuses on Mental Health and Substance Abuse have been discussed a great deal in our community planning meetings, attended by an average of 50-75 people quarterly.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

**Focus Area 1: Promote Well-Being**

**Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan**

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

**Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages**

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

**Focus Area 2: Mental and Substance Use Disorders Prevention**

**Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults**

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI

2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

2.1 e) Other

### **Goal 2.2 Prevent opioid overdose deaths**

2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine

2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.

2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.

2.2 d) Build support systems to care for opioid users or those at risk of an overdose

2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days

2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy

2.2 g) Other

### **Goal 2.3 Prevent and address adverse childhood experiences (ACEs)**

2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting

2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration

2.3 c) Implement evidence-based home visiting programs

2.3 d) Other

### **Goal 2.4 Reduce the prevalence of major depressive disorders**

2.4 a) Strengthen resources for families and caregivers

2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention

2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC\_CBT)

2.4 d) Other

### **Goal 2.5 Prevent suicides**

2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing

2.5 b) Strengthen access and delivery of suicide care "Zero Suicide" (a commitment to comprehensive suicide safer care in health and behavioral health care systems)

2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use

2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program

2.5 f) Other

### **Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population**

2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.

2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction

2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers

2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

1.1c Cattaraugus County Healthy Livable Communities Consortium received funding from The Robert Wood Johnson grant to seek community collaboration to accelerate disability inclusion through policy, systems and environmental improvements. In 2018 the NACCD funded 6 wheelchair charging stations, 2 in Allegany State Park and 2 each in Olean and Salamanca, NY. The City of Olean began to develop strategies to make the city more "walkable." As part of this plan, the City renovated its street corners and crosswalks to address disabilities, the curbs are rounded to allow those with gait issues a less dramatic step into traffic, and the crosswalks now have lights to alert traffic of a pedestrian crossing. 1.2a Office of Mental Health invited Cattaraugus County to participate in a local training on Mental Health First Aid. We will be attending but do not know the exact dates yet. 1.2c Cattaraugus County Community Services, through its Mental Health and Substance Abuse subcommittees, has discussed and put into place messaging about the stigma associated with mental health and substance abuse issues. We have 2 peer agencies, Directions in Independent Living and Housing Options Made Easy, which have taken on the tasks of developing and sharing thoughtful messaging about mental health and substance abuse. In 2018 these agencies worked together to bring a speaker to the schools and to the community to discuss overcoming mental health and substance abuse issues and breaking out of the stigma associated with both of these. The combined numbers of students and community members who participated in the day-long event were over 200. 2.1d Cattaraugus County Department of Community Services has just begun participating in an initiative to form a Trauma Informed Community in Salamanca, NY. The school system has key persons who were trained through the University of Buffalo, and the trained persons are spearheading this new initiative. We are a part of the large group including community-based organizations, county departments, housing agencies, emergency assistance agencies, and peer agencies, which will continue through 2019. 2.2a Cattaraugus County's Council on Addiction Recovery Services (CAREs) has also been able to expand MAT (Medication Assisted Treatment) services through the Allegany Regional Council. CAREs' Olean office began providing MAT in the last 2 years, but with this grant, CAREs was able to relocate their Salamanca, NY, office and expand the services to

include MAT there as well. CARES is in the process of relocating their Machias, NY, office to Franklinville, NY, and this new office will also include MAT services and will be more accessible to the clients. Cattaraugus County Jail also provides Vivitrol, if appropriate referrals are in place when individuals are being released from the jail. The Jail and CARES are working in collaboration to provide substance abuse treatment in the jail. The physician in the jail has also been trained to administer buprenorphine, so we are hopeful that this will have a positive impact. We have a physician in the Olean Medical Group who is trained to administer this, as well. 2.2b The county trained 455 persons in administration of Narcan in 2018. We will continue to offer training and education to increase this number in our county. 2.2d We are awaiting the opening of the 820 residential redesign facility in Westons Mills, NY. This facility will assist in building support systems to care for opioid users and those at risk of overdose with in-county services and supports. This will also allow for peer support services to increase in the county. 2.5f The Cattaraugus County Suicide Prevention Coalition (CCSPC) strives to provide the local community with the most up-to-date information regarding suicide prevention and to help create a suicide safe community. In order to achieve this, the CCSPC has developed main objectives for the next three years: 1. Make the community more aware of the signs of suicide, 2. Provide training to the community for suicide prevention intervention, and 3. Promote and assist school-based prevention programs and policies.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

Cattaraugus County Health Department collaborates with Olean General Hospital (part of Upper Allegheny Health System) to develop, plan, and implement the Prevention Agenda. The Prevention Agenda was developed with the assistance of 78 different agencies and departments throughout Cattaraugus County.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

No

Yes, please explain:

Cattaraugus County Department of Community Services is part of the survey for the Prevention Agenda and actively participates in the Healthy Livable Community Consortium, so we are comfortable that the statistics received will be shared with this department.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

No

Yes, please explain:

The county is moving to Value Based Payments and the initiative to provide quality care for all emotional and physical health through Health Homes and Care Coordination. We also work with many of the agencies identified as part of the Prevention Agenda to achieve the goals developed by the Steering Committee for the Prevention Agenda.

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

No

Yes, please explain:

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

No

Yes, please explain:

Cattaraugus County Department of Community Services works closely with the Health Department and Olean General Hospital by sharing our efforts to better address the social determinants that can be identified. Health Homes, County Departments, and other community-based agencies collaborate regularly addressing these concerns as well.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

No

Yes, please explain:

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

Un/Underemployment and Job Insecurity

Food Insecurity

Adverse Features of the Built Environment

Housing Instability or Poor Housing Quality

Discrimination/Social Exclusion

Poor Education

Poverty/Income Inequality

Adverse Early Life Experiences

Poor Access to Transportation

Other



**Office of Mental Health Agency Planning (VBP) Survey**  
Cattaraugus Co Community Services Dept (70690)  
Certified: Rebecca Dash (6/3/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or [Melissa.Staats@omh.ny.gov](mailto:Melissa.Staats@omh.ny.gov)

**Background**

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

**DSRIP serves as a bridge to value-based payment in New York State.**

DOH website

**DSRIP Performing Provider Systems (PPS)**

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

**DSRIP Project Lists**

New York State Delivery System Reform Incentive Payment Program Project Toolkit  
DSRIP Performing Provider Systems (PPS Statewide)

**Value Based Payment (VBP) - Reduce Costs/Improve Quality**

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

**NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program**

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

**Questions**

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

- a)  Yes  No

b) Please provide more information:

This question requires a Yes and NO response. The PPS has worked with our local hospital but very few other agencies in our county. We have had regional meetings to work with the PPS to become an active participant in the PPS and DSRIP but have seen very little money in our county. I believe other agencies who provide services in more than one county have been awarded some monies, but as the LGU, I have had limited interactions with the PPS.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

- a)  Yes  No

b) Please explain:

Again this is a Yes and No response. As noted above, we have not been actively participating with the PPS. Our regional meetings have focused on a limited number of agencies and the local hospital. Many of the agencies, whether community-based organizations or not, have developed plans that will go beyond March 31, 2020; but that is because they want to provide good quality care, not because it is part of a plan developed by a PPS.

3. Are there any behavioral health providers in your county in VBP arrangements?

- a)  Yes  No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a)  Yes  No

b) Please explain:

Our agency just met with a Fidelis representative, who stated that they do not have information on this.

5. Is the LGU aware of the development of In-Lieu of proposals?

a)  Yes  No

b) Please explain:

6. Can your LGU support the BHCC planning process?

a)  Yes  No

b) Please explain:

Our county is part of an IPA, Integrity Partners for Behavioral Health, and we have been planning for the BHCC (before there was a BHCC) as part of a 6-county initiative that began as an MSO and has evolved into our IPA.

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a)  Yes  No

b) Please explain:

As part of the IPA we will be contracting for these services. Cattaraugus County Dept. of Community Services has also been involved with Care Transitions Network to prepare us for Value Based Payments.

**Community Service Board Roster**  
 Cattaraugus Co Community Services Dept (70690)  
 Certified: Rebecca Dash (5/24/19)

**Note:**

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.

<b>Name:</b> Leonard X. Liguori	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Directions in Independent Living, Consumer	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> lliguori@oleanilc.org
<b>Name:</b> William F. Mills, MD	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Upper Allegheny Health System	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> wmills@uahs.org
<b>Name:</b> Sondra J. Fox, RN, MSN	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Public Representative, Family	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> sondra@fox-financial.com
<b>Name:</b> Kevin D. Watkins, MD, MPH	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Cattaraugus County Dept. of Health	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> kdwatkins@cattco.org
<b>Name:</b> Jon Baker	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Public Representative	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> basilira@gmail.com
<b>Name:</b> Gail F. Hammond	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Special Education, Family	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> gailfhammond@gmail.com
<b>Name:</b> Mari L. Howard	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> The ReHAbilitation Center, Inc.	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> mhoward@rehabcenter.org
<b>Name:</b> Susan Labuhn	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Cattaraugus County Legislature	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> slabuhn@cattco.org
<b>Name:</b> Steve E. McCord	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Veterans' Services, Family	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> semccord@cattco.org
<b>Name:</b> Michael H. Prutsman, CPP, MA	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Council on Addiction Recovery Services, Inc.	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> mprutsman@councilonaddiction.org

<b>Name:</b> Douglas J Pisano, PhD	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	<b>Represents:</b> St. Bonaventure University Health Services Education	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> dpisano@sbu.edu
<b>Name:</b> Robert C. Wood	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Public Representative	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> robertwood@wildblue.net
<b>Name:</b> Anthony Turano	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Cattaraugus County Dept. of Social Services	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> anthony.turano@dfa.state.ny.us
<b>Name:</b> Amy George	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Cattaraugus County Sheriff's Office, Family	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> aegeorge@cattco.org

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

**Alcoholism and Substance Abuse Subcommittee Roster**

Cattaraugus Co Community Services Dept (70690)

Certified: Rebecca Dash (5/24/19)

**Note:**

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.

**Name:** Derah Black-Day,  
MS, MPA, CASAC-G

**CSB Member:**  Yes  No

**Represents:** TLC Health Network,  
Seneca Nation of Indians

**Email Address:**  
dblack-day@tlchealth.org

**Name:** Donna L. Kahm,  
SPHR

**CSB Member:**  Yes  No

**Represents:** Southern Tier Health  
Care System, EMS

**Email Address:**  
DKahm@STHCS.org

**Name:** William F. Mills, MD

**CSB Member:**  Yes  No

**Represents:** Upper Allegheny  
Health System

**Email Address:** WMills@UAHS.org

**Name:** Kevin Watkins, MD,  
MPH

**CSB Member:**  Yes  No

**Represents:** Cattaraugus County  
Dept. of Health

**Email Address:**  
KDWatkins@CattCo.org

**Name:** Gary Milliman, Jr.

**CSB Member:**  Yes  No

**Represents:** Council on Addiction  
Recovery Services, Inc., Recovery  
Coach Coordinator/Consumer

**Email Address:**  
GaryEarlMilliman86@gmail.com

**Name:** Anthony Turano

**CSB Member:**  Yes  No

**Represents:** Cattaraugus County  
Dept. of Social Services

**Email Address:**  
Anthony.Turano@dfa.state.ny.us

**Name:** Galvin Anderson, MD

**CSB Member:**  Yes  No

**Represents:** University of Buffalo  
Medical

**Email Address:**  
UBGalvin1@yahoo.com

**Name:** Megan M. Schmitt,  
CASAC

**CSB Member:**  Yes  No

**Represents:** TLC Health Network

**Email Address:**  
MSchmitt@TLCHHealth.org

**Name:** Michael H. Prutsman,  
CPP, MA

**CSB Member:**  Yes  No

**Represents:** Council on Addiction  
Recovery Services, Inc. (CAReS)

**Email Address:**  
MPrutsman@CouncilOnAddiction.org

**Mental Health Subcommittee Roster**  
 Cattaraugus Co Community Services Dept (70690)  
 Certified: Rebecca Dash (5/24/19)

**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.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

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.

<b>Name:</b> Jodi Fuller	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Cattaraugus Community Action	<b>Email Address:</b> JFuller@CCAction.org
<b>Name:</b> Bradley F. South	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> The ReHabilitation Center, Inc.	<b>Email Address:</b> BSouth@ReHabCenter.org
<b>Name:</b> Kirsten Vincent	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Eagles Nest Respite Home, consumer	<b>Email Address:</b> kirky317@yahoo.com
<b>Name:</b> Mari L. Howard	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> The Rehabilitation Center, Inc.	<b>Email Address:</b> MHoward@RehabCenter.org
<b>Name:</b> Steve E. McCord	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Veterans' Services, Family	<b>Email Address:</b> SEMcCord@CattCo.org
<b>Name:</b> Leonard X. Liguori	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Directions in Independent Living, Consumer	<b>Email Address:</b> LLiguori@OleanILC.org
<b>Name:</b> Amy George	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Cattaraugus County Sheriff's Office, Family	<b>Email Address:</b> AEGeorge@CattCo.org
<b>Name:</b> Gina Ward	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Southern Tier Environments for Living	<b>Email Address:</b> WardG@STEL.org
<b>Name:</b> Sondra J. Fox, RN, MSN	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Public Representative, Family	<b>Email Address:</b> Sondra@Fox-Financial.com

Indicate the number of mental health subcommittee members who are or were consumers of mental health services:

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

**Developmental Disabilities Subcommittee Roster**  
 Cattaraugus Co Community Services Dept (70690)  
 Certified: Rebecca Dash (5/24/19)

**Note:**

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.

<b>Name:</b> Dan Gayton	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> The Rehabilitation Center, Inc.	<b>Email Address:</b> DGayton@ReHabCenter.org
<b>Name:</b> Gail Hammond	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Special Education, Family	<b>Email Address:</b> GFHammond@gmail.com
<b>Name:</b> Jon Baker	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> School Admin. Retiree, Public Representative	<b>Email Address:</b> basilira@gmail.com
<b>Name:</b> Susan Labuhn	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Cattaraugus County Legislature, Public Representative	<b>Email Address:</b> SLabuhn@CattCo.org
<b>Name:</b> Jeffery H. Capitani	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Directions in Independent Living	<b>Email Address:</b> jc628tc@yahoo.com
<b>Name:</b> Leonard X. Liguori	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Directions in Independent Living, Consumer	<b>Email Address:</b> LLiguori@OleanILC.org
<b>Name:</b> Kristine Plummer	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Consumer	<b>Email Address:</b> KristinePlummer20@gmail.com
<b>Name:</b> Sadie Jay-Edwards	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Advocats Peer Support Group & Prime Care (CCO)	<b>Email Address:</b> SadieJay@hotmail.com
<b>Name:</b> Marcella M. Richmond	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Special Education	<b>Email Address:</b> MRichmond@Olean.WNYRIC.org

**2020 Mental Hygiene Local Planning Assurance**  
Cattaraugus Co Community Services Dept (70690)  
Certified: Rebecca Dash (6/3/19)

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 2020 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 2020 Local Services planning process.