



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Otsego County Community Services Board
July 18, 2018

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| Community Services Board Roster | Required | Certified |
| Alcoholism and Substance Abuse Subcommittee Roster | Required | Certified |
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| Otsego County Community Services Board | 70120/70120 | (Provider) |
| Otsego Co Community Svcs CD OP | 70120/70120/50325 | (Treatment Program) |

Mental Hygiene Goals and Objectives Form
Otsego County Community Services Board (70120)
Certified: Susan Matt (5/16/18)

I. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

During 2017 Otsego County has seen an expansion of Primary Care/Behavioral Health integration through Bassett Healthcare. Screening for behavioral health disorders is now routine in most PCP settings and treatment is available at integrated sites with Psychiatric Nurse Practitioners and behavioral health clinicians. Individuals identified to be in need of care management are receiving outreach and follow-up through the Bassett Care Management process. Through efforts of the Leatherstocking Collaborative Health Partners, Otsego County has shown significant improvement in the behavioral health performance measures. The expansion of behavioral health services through the PCP settings as well as improved access at the Bassett Outpatient Clinic has improved overall access and choice. There is significant improvement in engagement within 7 days post discharge. Bassett has successfully recruited three Psychiatric Nurse Practitioners with the assistance of Vital Access Provider funds and expanded their inpatient capacity to 14 beds. However inpatient capacity was at 20 beds prior to temporary closure of 10 beds in 2014. Access to inpatient beds for children is still very challenging and children are held in the Emergency Department for several days until a bed becomes available. We have seen a significant increase in utilization of the Adolescent Crisis bed which is running near 100% occupancy to date in 2018.

The transition to Home and Community Based Services has been extremely challenging. Many individuals with behavioral health have health home care coordination however effective engagement is a struggle. The stable service delivery system in Otsego has made the decision by consumers to change difficult. There is also a limited array of services available. Housing remains a challenge in the availability of affordable, safe housing as the housing market focuses on meeting the demands of college students and tourists. Safe, affordable housing is essential to support wellness and recovery.

An area of adult services which has had increase demand is for the forensic services. There has been a notable increase in criminal behavior committed by those with a serious mental illness. Many have had marginal involvement with the treatment system prior to their criminality.

The Mobile Crisis Assessment Team continues to struggle with staff recruitment and retention which is disruptive to building relationships within the community. The lack of an in person assessment increased demand on law enforcement, emergency departments and clinic staff. The challenge of staff recruitment and retention are tied to the inability for crisis clinical work to meet the licensure requirements for clinical hours and thus new graduates move on to positions that provide the clinical hours for licensure.

Workforce continues to be the single most threat to sustainable services. The lack of psychiatrists and psychiatric nurse practitioners has created a wage scale that is unsustainable in the current fee for service environment and jeopardizes the success of a value based reimbursement system. Expansion of telemedicine adds to the challenge with psychiatrists making more remotely than those who go to a clinic or hospital. Beyond the critical lack of medical staff is also increased demand for social workers, nurses, direct care professionals and peer staff.

In the area of Children and Family Services we have seen significant increase demand for treatment of adolescents on the autism spectrum, many who present with behavior challenges and ADHD. Some have completed the front door process however no other services have been offered to them, while others are in process, often for an extended period of time. These referrals also include families who have no understanding of autism spectrum in their child and need education and support is accessing the front door.

The Family Stabilization Program (FSP) continues to demonstrate success with providing in-home clinical services to children at risk of placement. Recruitment and retention of clinical staff for this program has been a challenge however the program was fully staffed at the end of 2017. The demand for the Family Stabilization Program has created under utilization in Children and Family Waiver Services and a better triage practice is in process.

The transition to Managed Care for Children and Family Services has been extremely challenging on our service delivery system. The change in rate structure is presenting financial hardship to providers. Otsego County has relatively small providers that have limited resources to adapt to the tumultuous environment. The protracted transition has been confusing for staff and families and contributed to staff turnover and a reduction in referrals due to lack of clarity.

Prevention work has resulted in a significant decline in completed suicides and Otsego County is fortunate to have a Healthy Steps grant. There have been a number of community education programs that include Mental Health First Aid, ASSIST, ACE and Resiliency, Mobile Crisis Assessment Services and accessing services.

In the rapidly changing healthcare environment administrative resources are stretched in both their ability to plan and to operate while the system is in transition.

The provider system is partnering through the Mohawk Valley Behavioral Health Care Collaborative as we move forward in preparing for value based reimbursements. Many small agencies will need assistance in making a successful transition to performance based reimbursement. Recognizing the importance of social-environmental factors in the overall wellness and recovery of our population is a key challenge.

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

Please Explain:

The addiction services system in Otsego County became more robust in 2017 with increased recovery support services such as life skill training, employment services, recovery coaching, and sobriety skill development. The adolescent and young adult clubhouse showed an increase in

participation however the referrals to adolescent addiction treatment continue to decline. The 2016 Youth Risk Behavioral Survey indicates that 35.3% of Otsego County youth currently drink alcohol (NYS average is 29.7%) and 22.1% currently use marijuana (NYS average 19.3%). When youth are referred, it is not until there is juvenile justice involvement.

Through the Leatherstocking Collaborative Health Partners PPS we have been developing an ambulatory withdrawal practice through primary care sites and in 2017 an Oneonta PCP site became active. PCPs completed an addiction treatment ECHO project to develop their knowledge and skills in treating addiction focused on Medication Assisted Treatment (MAT). The number of X licensed prescribers increased by 4 to a total of 10 in Otsego County. Within the Bassett system we have seen the addition of addiction medicine, implementation of prescribing guidelines for opiates, non-opiate options for pain management and education on medication take back and SBIRT training for 64 staff. Access to MAT has increased both through specialized addiction treatment and the primary care services. There has been some increase in referrals to inpatient treatment from the health system as a result of these efforts. Referrals to outpatient addiction treatment services from the PCPs has remained flat however through education and developing cross referral processes we expect that to improve. Individuals still travel extensively for methadone and often choose an alternative and inpatient treatment is over an hour away. Improved access to inpatient beds has reduced the number of individuals being held at lower level of treatment for shorter periods of time, thus improving outcomes. Family Peer Support has provided minimal support for Otsego County residents. A total of 7 families were served in a 6 month period. Peer Engagement Specialists have provided even less, serving 2 individuals in a 6 month period. Both of these services are based in Oneida County.

In 2017 Otsego County saw a significant decline in identified overdose deaths. In 2016 we had 22 and in 2017 there are 7 identified however there are 10 deaths pending cause determination. NARCAN administrations are also declining. Otsego County is passing the Prevention Agenda Goals substantially for ED rate for alcohol (Otsego 38.8/10,000 vs. NY 82.7/10,000) and for ED rate due to substance abuse (Otsego 22.4/10,000 vs. NY 36.9/10,000).

Access to inpatient and residential is our greatest challenge due to availability, distance and clinical presentation of the individual. It is very difficult to manage someone in the community, who has met criteria for inpatient, while waiting for a bed to open up and transportation to the bed is also a challenge. Individuals are also waiting in jail for residential beds to open. Wait times have become shorter but still average 3-4 days at best for inpatient and much longer for residential. A challenge for value based reimbursement is that with inpatient difficult to access individuals often bounce around in the community with frequent ED visits and unsuccessful outpatient treatment due to not having a higher level of care available.

Outreach, engagement and linkage services are needed to assist individuals frequenting hospital EDs. Over 50% of our high risk/high needs individuals who are visiting the ED and acute inpatient care struggle with addiction. Frequent ED visits are also linked to poor engagement in primary health care.

Otsego County currently has very limited Home and Community Based Services (HCBS) and none that are specialized in recovery supports for those struggling with addiction. The plan for the recovery center to become a HCBS provider has not materialized due to lack of infrastructure, expertise and potential clients to deliver services to.

The need for recovery support/workforce reentry housing is long standing and preliminary work has been done in pursuing housing development using Empire State Supportive Housing Initiative funds. The Recovery Center is promoting a "recovery friendly employer" program through the Chamber of Commerce.

Otsego County has no jail based SUD and transitional services. Currently OMH funding supports limited access to a part-time clinical social worker, nurse practitioner and discharge planner to provide services to those with co-occurring treatment needs.

As a number of initiatives come into Otsego County in 2018 to aid with the opiate epidemic accountability and coordination of these efforts is key. Open Access has been added to the Mobile Crisis Assessment Team and Otsego County is identified for the second year of the opioid State Targeted Response (STR) grant with the Center for Treatment Innovation (COTI). In addition funding for jail based SUD services has been approved and may benefit Otsego County.

Assuring the needs of Otsego County residents are met through multifarious initiatives and services is essential to driving successful outcomes. The system currently consists of small local service providers with larger regional providers expected to deliver services to the benefit of Otsego County residents. Both have challenges in meeting the demands of accountability and performance in a valued based payment system. The small local service providers do not have the expertise and resources to develop infrastructure to fully participate in the value based reimbursement and the larger regional providers lack local knowledge and resources to meet their objectives. Collaboration and coordination will be key to success.

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

Please Explain:

There are 839 individuals identified as having an Intellectual/Developmental Disability in Otsego County in 2017. Of these, 109 are 17 and under, with over 50% identified as having autism. No one is in out of state school placement. There were 30 individuals who completed and were new to the Front Door process in 2017.

Within Otsego County there are 271 certified residential opportunities for individuals supported by OPWDD. This includes the 12 new opportunities that were onboarded in Otsego County in 2017. There were 12 individuals on the residential needs list that obtained placement in Otsego County. An additional 13 individuals found a more appropriate placement within Otsego County compared to their previous certified opportunity. The current residential need in Otsego County includes 6 individuals for emergency residential, 12 with significant need for residential and 16 having a current need for residential. Additional housing needs are for safe, affordable, accessible, non-certified housing.

Employment services continue to shift away from sheltered employment to more inclusive competitive employment models. The transition away from sheltered employment also presents a challenge with meaningful activities for those with ID/DD and supports for their families. In 2017 there were 31 individuals who had employment services added to their individualized service plan within Otsego County.

In 2017 Otsego County Single Point of Access (SPOA for Mental Health Services) had 35 referrals of youth 18 and under for services. 17 carried

a diagnosis of autism given by a pediatrician, psychiatrist or licensed mental health professional. Some were in the front door process, some were reluctant to be identified as developmentally disabled and some had been accepted through the front door process but no services provided through OPWDD and were being referred into the mental health system for services. With the growing number of individuals with autism and the broad set of needs the lack of services is unacceptable. In October 2017 the OPWDD Autism Spectrum Disorders Advisory Board issued a report on recommendations for the next year including cross agency coordination, training, diagnostic resources, and housing. It is clear that the needs of individuals and their families who experience autism are not being met and treatment and support services must be developed.

Otsego County continues to wait for START. Based on information provided by Medicaid Service Coordinators and Residential providers during 2017, 9 individuals from Otsego accessed emergency room in psychiatric/behavioral crisis. The lack of crisis services for the ID/DD population results in avoidable ED visits and hospitalizations and use of the Mobile Crisis Assessment Team that is trained to address mental health crisis. In 2017 Respite rates were increased. Respite services were added to Individualized Service Plans for 39 individuals who reside in Otsego County during 2017. Utilization of respite is unavailable.

The workforce challenges included both the lack of DSPs as well as skilled professionals such as Behaviorist, Behavioral Health, Occupational Therapists, Physical Therapists, Speech Therapists and other professional level staff. Lack of professional workforce housing presents a challenge in recruitment.

The move to large health homes/care coordination agencies for individuals and their families creates uncertainty in a very stable system of care.

2. Goals Based On Local Needs

| Issue Category | Applicable State Agenc(ies) | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| | OASAS | OMH | OPWDD |
| | a) Housing | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Transportation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) Crisis Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Workforce Recruitment and Retention (service system) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Employment/ Job Opportunities (clients) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Prevention | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g) Inpatient Treatment Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h) Recovery and Support Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Reducing Stigma | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> |
| p) Mental Health Care Coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) Developmental Disability Clinical Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r) Developmental Disability Children Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| s) Developmental Disability Adult Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t) Developmental Disability Student/Transition Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u) Developmental Disability Respite Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v) Developmental Disability Family Supports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w) Developmental Disability Self-Directed Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x) Autism Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| y) Developmental Disability Person Centered Planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| z) Developmental Disability Residential Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aa) Developmental Disability Front Door | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ab) Developmental Disability Service Coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ac) Other Need (Specify in Background Information) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2a. Housing - Background Information

Otsego County Community Services has identified a need for sober/recovery housing for over 13 YEARS!! As a rural county the majority of recovery support services and treatment are located in Oneonta which makes it difficult for individuals entering recovery to get to when living in the small communities. Safe/sober living environments are essential for individuals to succeed in their recovery. Nearly 50% of the high ED utilizers (PSYCKES) in Otsego County are individuals struggling with addiction. Individuals struggling with addiction make up the majority of the homeless and jail population.

Overall there is a need for affordable quality housing that would allow individuals and families the least restrictive living environment.

There is a lack of housing for the direct service providers as well as professional specialties.

Rents in Otsego County are 25% higher than our neighboring counties due to demand from the two colleges and tourism industry.

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

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

Increase housing options.

Objective Statement

Objective 1: Pursue options for recovery housing such as ESSHI.

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

Objective 2: Provide community education on the benefits of supportive recovery housing.

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

Objective 3: Support efforts to increase workforce housing

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

Objective 4: Support efforts to develop and promote affordable housing options

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

Change Over Past 12 Months (Optional)

In anticipation of another round of ESSHI funding two potential vendors have expressed interest in developing housing in the Oneonta area. Support for recovery housing has been sought by the City of Oneonta and one vendor has a long standing commitment to the Oneonta area making them a preferred vendor. A tentative site has been identified and preliminary discussion have taken place with planning and community members.

Exploration of capacity of the OMH CR to provide housing for individuals with co-occurring disorders resulted in the decision to not pursue this option.

The Opiate Task Force's Housing Workgroup meant with the City Council to discuss becoming a recovery friendly community.

The City of Oneonta was awarded funds for a Downtown Redevelopment Initiative which included the development of professional and affordable housing. An affordable housing complex was opened in October 2017. Plans for more housing are underway. There is support for workforce reentry/recovery supportive housing in the City of Oneonta.

2b. Transportation - Background Information

Due to the rural nature of Otsego County transportation challenges exists on many levels.

"In community" service delivery is cost prohibited by the distance and time required to deliver services.

Workforce challenges are greater when travel time and cost are added to low and medium wage jobs.

Public transportation is limited for individuals to get to treatment(non-Medicaid), work and to engage in community events promoting wellness and recovery.

Medicaid transportation cannot be used to obtain medications from a pharmacy and pharmacy's do not find it cost effective to deliver in the rural areas.

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

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

Increase community education and awareness of transportation options and supports.

Objective Statement

Objective 1: Participate in Regional Transportation Workgroup

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

Objective 2: Explore transportation options such as peer to peer, direct contracts, etc.

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

Objective 3: Provide funds for those who need assistance in maintaining transportation.

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

Objective 4: Increase community education on options and funding.

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

Change Over Past 12 Months (Optional)

The Otsego County Transportation Workgroup has partnered with the Southern Tier and health care providers to work together. Telehealth options are considered however the lack of broadband and regulations limit use. Peer provided transportation has increased. Education on options such as mail order medications, Lyft, Uber are explored.

2c. Crisis Services - Background Information

Otsego County is part of a regional continuum of crisis/community stabilization services and has made progress in patient engagement and follow-up with treatment services as evident in improved performance measures in the PPS. The Mobile Crisis Assessment Team struggles with staff recruitment and retention of staff based in Otsego County. Remote crisis response is not as effective and results in increased involvement from law enforcement, increase ED visits and increased demand on clinic staff. Turnover and vacancies in Mobile Crisis staff also decreases community satisfaction and confidence in the service. A key challenge in the crisis clinical staff workforce is that crisis work does not meet the requirements for clinical hours towards professional licensing. Staff often leave so they can build clinical hours to obtain their professional license. Specific credentials are required to perform the clinical functions but these functions do not meet the Department of Education requirements for clinical hours toward licensing. The provider of Mobile Crisis Services has recently been selected for Open Access by OASAS which will add capacity to respond to addiction treatment needs via the 24/7/365 call and service delivery system already established. Access to detox and inpatient care is an hour away at best. MAT has been increasingly available with the exception of Methadone which is an hour away. The Peer and Family Specialist assigned to Otsego County are 60-90 minutes from the closest hospital. Otsego County is identified for STR-COTI mobile and in-community services. The expectation is that these services will effectively engage individuals in a recovery process and provide in community and outreach support to our health system.. There has been an increase in respite services for individuals and families within the OPWDD system. Crisis support is available to developmental disabilities housing providers in the community by the MCAT but Otsego County still has no crisis response team (START) serving this area. The greatest demand on the MCAT in Otsego County is from schools. For 2018 the Adolescent Crisis bed has been operating at nearly 95% occupancy. There are no crisis/respite beds for children under 12 and waits for inpatients beds can be over 100 hours. From tracking crisis data for a number of years consistently about 30% of the individuals who use a crisis service do not engage in treatment. Adding a brief clinical community based intervention post crisis may reduce recidivism through problems solving, education and successful engagement in treatment.

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

Reduce the number of EDs visits.

Objective Statement

Objective 1: Increase referrals to behavioral health services from primary healthcare providers.

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

Objective 2: Increase engagement in services for children and adolescents utilizing the crisis services

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

Objective 3: Identify respite options for children under 12

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

Objective 4: Improve engagement with primary care and specialty behavioral health services

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

Change Over Past 12 Months (Optional)

Through the Leatherstocking Collaborative Health Partners PPS we have been working on improving engagement to both primary care and specialty behavioral health services. Access to MAT and ambulatory withdrawal through the Primary Care practices has expanded. This innovative practice significantly increases availability of addiction treatment in our rural community, reduces stigma, is science based and person centered. We continue to see high utilization of the MCAT by schools but very few referrals from schools into the service delivery system. Outreach and education to schools is ongoing. Processes are being implemented to transition individuals between primary care and specialty behavioral health services.

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

Workforce challenges exist at all levels and across all three specialty areas. There is growing competition and demand for the direct service professionals such as DSPs, MSCs, Care Coordinators, MH workers, navigators, etc. with a limited pool of potential candidates and low wages. There is a shortage of qualified professional staff that includes not only MDs, NPPs, RNs but also LCSWs, specialty therapist such as speech, physical and occupational , addiction professionals and peer specialists. There is also a shortage of primary care providers which makes it challenging to transition patients who no longer require specialty care.

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 develop career pathways in the human services and healthcare for our local workforce.

Objective Statement

Objective 1: Expand internship opportunities with local and regional colleges.

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

Objective 2: Maintain National Health Services Corp Designation for loan forgiveness

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

Objective 3: Advocate for fair wages.

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

Objective 4: Create collaborative relationships that enhance employment opportunities.

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

Objective 5: Increase competence in primary care settings to treat individuals with behavioral health needs.

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

Change Over Past 12 Months (Optional)

We have expanded our opportunities for internships for undergraduates.
We have steady demand for MSW field placements.
Two providers are now National Health Services Core (NHSC) sites.
SUNY Binghamton continues to provide scholarships for Psychiatric Nurse Practitioners.
Direct care staff received cost of living increases or higher.
An ECHO project has been completed to increase education and skill in treating addiction in a primary care setting. Continuation of this is being explored.
The Mohawk Valley Regional Planning Consortium created COPE (Career Opportunities for Peer Empowerment) to develop peer specialists.

2f. Prevention - Background Information

In 2017 Otsego County saw a significant decrease in deaths due to suicide from 2016 and its historical numbers. For the past decade Otsego County suicides annually have been between 9-12. In 2017 that number dropped to 4. The at risk group are white males between the ages of 35-60. Both the PHIP and the Otsego County Suicide Prevention Coalition have this as a priority focus. The approaches to education and suicide prevention activities include:

- Education on gun safety and distribution of gun locks.
- SafeTalk and ASSIST trainings.
- Community education events

Otsego County has an well developed Opiate Task Force with support throughout the community. To address the continuing opiate epidemic our priorities are to provide:

- Community Education by increasing the number of individuals trained in the use of NARCAN.
- Monitoring the safe prescribing and disposal of opiates.
- Advocate for a more comprehensive approach to pain management
- Advocate for quick access to treatment.

In 2017 the number of overdose deaths were 7 which is a significant decline from 22 in 2016.

The 2016 Youth Risk Behavioral Survey indicates that 35.3% of Otsego County youth currently drink alcohol (NYS average is 29.7%) and 22.1% currently use marijuana (NYS average 19.3%). In Otsego County's largest schools district, Oneonta, 27.6% of High School Students report current use of marijuana.

Bassett Healthcare is a site for Healthy Steps.

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

Reduce the number of pre-mature deaths related to completed suicides and overdoses.

Objective Statement

Objective 1: Increase the number of individuals trained in the use of NARCAN.

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

Objective 2: Reduce the number of opiate prescriptions being dispensed through increased awareness and education.

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

Objective 3: Reduce means to suicide through promotion of gun safety devices.

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

Objective 4: Provide rapid communication on lethal illicit drugs in our community.

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

Objective 5: Reduce alcohol and marijuana use among high school students

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

Change Over Past 12 Months (Optional)

Both the PHIP and the Otsego County Suicide Prevention Coalition have narrowed their focus to white males between the ages of 35-60. Over 600 gunlocks have been distributed as well educational materials.

Otsego County's Opiate Task Force meets bi-monthly with the priorities of Community Education, Public Policy and Stakeholder Involvement. There is significant increase in collaboration as stakeholders work together through the PHIP, Suicide Prevention Coalition, Opiate Task Force, and DSRIP.

Increased national attention and awareness have supported local efforts and community awareness and education.

2g. Inpatient Treatment Services - Background Information

Access to inpatient addiction treatment remains difficult due to bed availability and distance. Wait times have been reduced but still are 3-5 days and the distance creates a transportation challenge. All inpatient beds are a minimum of an hour away. Community supports have increased in 2017 through recovery coaching now being available and an expertise in addiction among care coordination agencies. Increased education in the primary care system and ongoing collaborative efforts is bringing together a system of SUD services however the missing element is inpatient.

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

Enhance community outreach and engagement to support individuals in accessing inpatient treatment and returning post discharge..

Objective Statement

Objective 1: Increase utilization of the recovery center and its services.

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

Objective 2: Expand community based services through STR-COTI and Open Access

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

Objective 3: Improve linkage between healthcare, law enforcement and treatment.

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

Objective 4: Create comprehensive system of services

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

Change Over Past 12 Months (Optional)

There has been a significant increase in services offered by the recovery center with more expansion of community services such as recovery coaching planned.

Support for SUD treatment and transitional services for the jail population have received some funding.

Open Access services are being added to the MCAT.

Otsego County has been selected for year two of the STR-COTI grant.

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

Over 50% of those seeking treatment are addicted to opiates.

Access to inpatient and methadone are over an hour away for most residents of Otsego County.

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

Reduce addiction to opiates.

Objective Statement

Objective 1: Provide non-opiate pain management options

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

Objective 2: Reduce barriers to access all levels of treatment

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

Objective 3: Increase NARCAN training

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

Objective 4: Support improved access to Methadone

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

Change Over Past 12 Months (Optional)

There has been a significant increase in access to MAT and Ambulatory Withdrawal through both expansion in the specialty SUD services as well as primary care settings.
 Substance Abuse related overdoses were 22 in 2016 and in 2017 dropped to 7 (a few more are pending final determination).
 All law enforcement and EMS are trained on NARCAN.
 Community NARCAN training is still limited by an out of area provider however the recovery center now has a trainer and kits.
 Both national and local attention has had a significant positive impact on awareness and reducing stigma.
 Currently local treatment is seeing a reduction in "new" individuals seeking treatment for opiates.
 The number of opiate prescriptions in Otsego County have declined. Access to illicit prescriptions has been reduced.

2q. Developmental Disability Clinical Services - Background Information

Access to appropriate clinical services is a challenge primarily due to the lack of qualified practitioners.

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

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

Change Over Past 12 Months (Optional)

Approval for an Article 16 clinic for a large local provider will increase capacity.
 GAP in services for youth with Autism has been identified.

2r. Developmental Disability Children Services - Background Information

There has been an increase in youth and their families seeking psychotherapy services for youth with autism and asperger due to the lack of appropriate services.

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

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

Develop appropriate services for individuals and their families with autism and asperger.

Objective Statement

Objective 1: Identify potential providers for services

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

Objective 2: Develop work group to identify the range of treatment and support needs.

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

Objective 3: Provide education and support to families on the process

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

Objective 4: Create appropriate clinical services

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

Change Over Past 12 Months (Optional)

The Children and Family Behavioral Health Services currently has about 12% of the youth receiving services are on the autism/asperger spectrum. This is a significant increase over the historical 5%.
 There continues to be an increase in referrals due to lack of appropriate services and lack of support and education for families going through the eligibility process.

2x. Autism Services - Background Information

There continues to be a significant increase in referrals to the mental health system for service for youth on the autism spectrum. Some youth have been identified but are referred due to lack of appropriate services; some are referred for behavioral issues which are identified as related to autism and some have mental health needs in addition to autism treatment needs. The treatment needs for individuals with autism vary and typically have a strong behavioral component. The treatment provided in a non-specialized clinical setting is inadequate to meet the needs of this population.
 Appropriate treatment services need to be available to individuals on the autism spectrum.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
 addressed in 2r.

Change Over Past 12 Months (Optional)

2aa. Developmental Disability Front Door - Background Information

Families identify frustration and hardship on the front door process. They report multiple evaluations which require extensive travel and time. There is a lack of comprehensive data on the front door process. Data provides new applications but does not provide total in process, average length of time to complete the process and total number accepted, denied and withdrawn.

Data also does not provide services needed vs service delivered to assist in identifying gaps in services.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Counties have no influence over the Front Door process or access to the complete data.

Change Over Past 12 Months (Optional)

Insufficient data to determine.

3. Goals Based On State Initiatives

| State Initiative | Applicable State Agenc(ies) | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| | OASAS | OMH | OPWDD |
| a) Medicaid Redesign | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Delivery System Reform Incentive Payment (DSRIP) Program | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Regional Planning Consortiums (RPCs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d) NYS Department of Health Prevention Agenda | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

3a. Medicaid Redesign - Background Information

Otsego County has been committed to a person centered community based system that cares for over 20 years. Hospital re-admission rates have been historically below the state average and remain below the state average despite a reduction in beds. Since the move to a Mobile Crisis Assessment Team and Community Stabilization Program in 2014 we have seen a decline in ED visits for psych admissions and improved linkage to community supports in addition to treatment. The profile of individuals using hospitalization has shifted from individuals struggling with serious mental illnesses to those struggling with co-occurring disorders. The transition to the health home has fostered a significant improvement in collaboration between the primary health system and behavioral health specialty providers. There has been a lot of learning and improved appreciation of the challenges on both sides. Working together through the Leatherstocking Collaborative Health Partners PPS we have made significant improvement on the behavioral health performance measures which hopefully translates to better patient care and experience. Otsego County struggles with implementation of HCBS in that few individuals choose to received these services and the limited demand for services is a challenge to the provider system. More individuals are receiving behavioral health services than in the past with expanded access points. The demand for services has increased due to increased community education/awareness, improved collaboration with community partners and the funding of treatment through the Affordable Care Act.

As we moved toward value based payment there are many challenges. Although there is a strong collaborative history in our provider system it lacks access to important services that directly relate to outcomes. Some of those key challenges are workforce, lack of social-environmental supports for individuals struggling with addiction and access to inpatient beds.

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

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

Refer to 2a,b,c,d,f,g

Objective Statement

Change Over Past 12 Months (Optional)

Refer to 2a,b,c,d,f

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

Significant progress on the behavioral health performance measures have been made through the Leatherstocking Collaborative Health Partners PPS. Otsego County's Addiction Recovery Services is the highest performer in the Ambulatory Withdrawal performance measure. Bassett Healthcare has developed an ambulatory withdrawal practice through the primary care sites scattered throughout the region. PCPs just completed participating in an ECHO project to develop their knowledge and skills in treating addiction including MAT. Specialty addiction services are part of this project. SBRIT trainings have been conducted with the PCP and 64 individuals have been trained in SBRIT. In addition to the Ambulatory Withdrawal project the Leatherstocking Collaborative Health Partners PPS has made significant improvements in many of the other behavioral health performance measures. Expansion of PCP/BH Integration has improved early identification and access to treatment, reduced transportation challenges, increased patient choice, reduced stigma and expanded a very limited behavioral health provider network.

Otsego County has a limited number of providers who historically have worked together for the best patient/client care and through DSRIP efforts, the circle of providers now includes the primary care system, health home and care coordination. Through the DSRIP process each entity has gained a better understanding of the others and found ways to build bridges for achieve our shared goals.

Leatherstocking Collaborative Health Partners PPS has from the beginning included providers of services to the ID/DD population.

Many of the providers in the PPS are ahead of the PPS is preparing for value based reimbursement and are focused on the social determinants.

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

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

Change Over Past 12 Months (Optional)

Refer to 2 a,b,c,f,d,g
Increased collaboration between community based services and healthcare partners via health homes, DSRIP, PHIP, RPC, BHCC.

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

The priorities for the Mohawk Valley RPC echo many of the priorities previously identified.
Specifically:
Integration of Primary Care and Behavioral Health
Improving access to health homes, HARP and HCBS services
Workforce Development
Successful transition of our regional provider system to Value Based Payment

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

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

Change Over Past 12 Months (Optional)

For the Mohawk Valley RPC there is significant overlap with the Mohawk Valley BHCC and although some providers are participating in multiple RPCs most in the MVRPC are only participating in that.
Many of the initial priorities have been addressed regionally. A few have emerged as key priorities.

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

Bassett Healthcare is a Healthy Steps grant site for the reduction of adverse childhood experiences (ACE)

In 2017 Otsego County saw a significant reduction in completed suicides. Historically Otsego County has averages between 9-12 completed suicides annually. In 2017 it had 4 completed suicides, all males between the ages of 27-55. Both the PHIP and the Otsego County Suicide Prevention Coalition have this as a priority focus. The related prevention activities included:

- Education on gun safety and distribution of gun locks.
- SafeTalk and ASSIST trainings.
- Community education events
- Increase community education on ACE (Adverse Childhood Experiences) and resiliency.
- Work toward adding the ACE and Resiliency scale to the 2019 Youth Risk Behaviors Survey.

In 2017 Otsego County saw a significant reduction in deaths by drug overdose. In 2016 we had 22 deaths due to drug overdose and in 2017, 7 with several still pending investigation.
Otsego County has an well developed Opiate Task Force and support throughout the community. To address the continuing opiate epidemic our priorities are to provide:

- Community Education by increasing the number of individuals trained in the use of NARCAN.
- Monitoring the safe prescribing and disposal of opiates.
- Advocate for a more comprehensive approach to pain management
- Advocate for quick access to treatment

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

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

Refer to 2 f above- PREVENTION
Include ACE in the 2019 YRBS

Objective Statement

Change Over Past 12 Months (Optional)

Refer to 2 f- Prevention

4. Other Goals (Optional)

Other Goals - Background Information

A key goal for Otsego County is to preserve and improve the quality of services in our community. Otsego County has a long history of collaboration across all three O agencies and recognizes that individual's needs often cross systems. As a small rural county maintaining and improving our regional service delivery system is important. Individuals cannot travel great distances for services and we understand that our population density and workforce challenges limits our service development. All of the state initiatives have brought our systems together with a better understanding of how we all play an important role and share the common goal of improving the overall health of our community. Otsego County is committed to preserving our regional provider network and believe that strengthen our regional system of care will be the best road to positive health outcomes.

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

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

Build a regional system of care than is inclusive of all specialty populations and is a strong partner to our primary health care system.

Objective Statement

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
 Otsego County Community Services Board (70120)
 Certified: Susan Matt (5/9/18)

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

| | Recruitment | Retention | Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issue |
|---|--------------------|------------------|--|
| Psychiatrist | 5 | 5 | none available, salary demands risk sustainability of clinical services |
| Physician (non-psychiatrist) | 4 | 4 | limited number available and not interested in behavioral health settings |
| Psychologist (PhD/PsyD) | 1 | 1 | |
| Nurse Practitioner | 4 | 4 | competitive market |
| RN/LPN (non-NP) | 4 | 3 | competing with hospitals, home nursing, etc. |
| Physician Assistant | n/a | n/a | |
| LMSW | 1 | 1 | |
| LCSW | 2 | 2 | |
| Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy) | n/a | n/a | |
| Peer specialist | 3 | 1 | limited supply |
| Family peer advocate | 3 | 1 | |

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

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

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

Community Service Board Roster
 Otsego County Community Services Board (70120)
 Certified: Susan Matt (5/9/18)

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

| | | | |
|---------------------|---------------------------|---------------------|-----------------------------|
| Chairperson | | Member | |
| Name | Susan Lettis, ESQ | Name | Noel Clinton-Feik |
| Physician | No | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Child and Family Services | Represents | Business Owner |
| Term Expires | 12/31/2020 | Term Expires | 12/31/2018 |
| eMail | lettiss@otsegocounty.com | eMail | noel.clinton.feik@gmail.com |
| Member | | Member | |
| Name | Chris Wolf-Gould | Name | Laurie Zimniewicz |
| Physician | Yes | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Healthcare | Represents | Community |
| Term Expires | 12/31/2021 | Term Expires | 12/31/2020 |
| eMail | | eMail | |
| Member | | Member | |
| Name | Ryan Alsheimer | Name | Amanda Stamas |
| Physician | No | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Faith/Youth | Represents | Family member |
| Term Expires | 12/31/2021 | Term Expires | 12/31/2021 |
| eMail | | eMail | |
| Member | | Member | |
| Name | Amy Clarvoe | Name | Adrienne Martini |
| Physician | No | Physician | No |
| Psychologist | Yes | Psychologist | No |
| Represents | College/Education | Represents | County Board |
| Term Expires | 12/1/2019 | Term Expires | 12/1/2018 |
| eMail | | eMail | |
| Member | | Member | |
| Name | Paulette Majestic | Name | Pat Knuth |
| Physician | No | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Lived Experience | Represents | ARC Otsego |
| Term Expires | 12/31/2020 | Term Expires | 12/31/2020 |
| eMail | | eMail | knuthp@arcotsego.org |

Alcoholism and Substance Abuse Subcommittee Roster
 Otsego County Community Services Board (70120)
 Certified: Susan Matt (5/9/18)

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

Chairperson

Name Julie Dostal
Represents LEAF Inc. Prevention
eMail
Is CSB Member No

Member

Name Noel Clinton-Feik
Represents Crossroads/Faith/Housing
eMail
Is CSB Member Yes

Member

Name Ameen Aswad
Represents Jail Ministry/Catholic Charities
eMail
Is CSB Member No

Member

Name Rebecca Harrington
Represents College
eMail
Is CSB Member No

Member

Name Ryan Alsheimer
Represents Faith Community
eMail
Is CSB Member Yes

Member

Name James Anderson, PhD
Represents Healthcare
eMail
Is CSB Member No

Member

Name James Zians, PhD
Represents SUNY Oneonta
eMail
Is CSB Member No

Member

Name Kelly Liner
Represents FOR-DO Recovery Center
eMail
Is CSB Member No

Member

Name Susan Lettis, ESQ
Represents Children and Families/DSS
eMail
Is CSB Member Yes

Mental Health Subcommittee Roster
 Otsego County Community Services Board (70120)
 Certified: Susan Matt (5/9/18)

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

Co-chairperson

Name Marion Mossman
Represents Mental Health Association
eMail
Is CSB Member No

Co-chairperson

Name Kate Hewlett
Represents Lived Experience
eMail
Is CSB Member No

Member

Name Jennifer Johnson-Carr
Represents Schools
eMail
Is CSB Member No

Member

Name Chris Wolf-Gould, MD
Represents Healthcare
eMail
Is CSB Member Yes

Member

Name Amanda Stamas
Represents Provider/RSS
eMail
Is CSB Member Yes

Member

Name Matt Johnson
Represents Public Health
eMail
Is CSB Member No

Member

Name Dan Maskin
Represents Community Action
eMail
Is CSB Member No

Member

Name Michelle Zuk
Represents Family
eMail
Is CSB Member No

Member

Name Paulette Majestic
Represents Lived Experience
eMail
Is CSB Member Yes

Member

Name Celeste Johns, MD
Represents Bassett Healthcare
eMail
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Otsego County Community Services Board (70120)
 Certified: Susan Matt (4/12/18)
 Approved: Nicholas Hobson (4/12/18)

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

| | | | |
|----------------------|---------------------|----------------------|--------------------|
| Chairperson | | Member | |
| Name | Pat Knuth | Name | Paul Landers |
| Represents | ARC Otsego | Represents | Pathfinder Village |
| eMail | | eMail | |
| Is CSB Member | Yes | Is CSB Member | No |
| | | | |
| Member | | Member | |
| Name | Judith Thistle | Name | Ann Marie Petersen |
| Represents | Clergy/Fox Hospital | Represents | Regional Office |
| eMail | | eMail | |
| Is CSB Member | No | Is CSB Member | No |
| | | | |
| Member | | Member | |
| Name | Michelle Zuk | Name | Patricia Kennedy |
| Represents | families | Represents | Springbrook |
| eMail | | eMail | |
| Is CSB Member | No | Is CSB Member | No |
| | | | |
| Member | | Member | |
| Name | Laura Zimniewicz | Name | Peg Quinn |
| Represents | Community/Business | Represents | Family member |
| eMail | | eMail | |
| Is CSB Member | Yes | Is CSB Member | No |
| | | | |
| Member | | | |
| Name | Lucinda Levene | | |
| Represents | Family | | |
| eMail | | | |
| Is CSB Member | No | | |

2019 Mental Hygiene Local Planning Assurance
Otsego County Community Services Board (70120)
Certified: Susan Matt (5/16/18)

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2019 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2019 Local Services planning process.