



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

Niagara County Dept Mental Health Svcs
July 18, 2018

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Niagara County Dept Mental Health Srvs	70150	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified
 Niagara County Dept Mental Health Srvs	 70150/70150	 (Provider)
 Niagara Co Dept of MH Services OP	 70150/70150/52984	 (Treatment Program)

Mental Hygiene Goals and Objectives Form
Niagara County Dept Mental Health Srvs (70150)
Certified: James Eichelberger (5/31/18)

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:

Mental health services in Niagara County have shown continued growth in meeting the needs of county residents. Many of the Outpatient Clinic Programs are providing levels of integrated care and wellness activities. This has been aided by the SAMHSA grant for clinic integration that was awarded to the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH). The grant is in Year 2 out of a 4-year award. Clinic clients have access to a medical health care professional, as well as mental health, substance use services, and peer services in one location. Clients also have access to medical assessment and wellness services that include Diabetes monitoring, smoking cessation, and weight monitoring and control. The clinic also provides behavioral health services in the office of Frank R. Laurri, MD two (2) days per week. The NCDMH has a robust Crisis Services program which includes 2 FTE hospital diversion social workers who work non-traditional house. The Department also partners with community based organizations to offer Hope House, a peer staffed respite program as well as other peer supports through contracts.

The Niagara Falls Memorial Medical Center's Outpatient Mental Health Services provides an array of wellness services and has established satellite clinic sites in several of its' physician practices. Horizon Human Services Outpatient Clinics offer substance abuse optional services at each of its sites.

A consistent theme among mental health consumers and services providers is the desire for a site-based emergency room alternative that harkens back to the Clubhouse days. Individuals who are in need of support, socialization, and "a snack" are frequently entering the Emergency Room seeking services, but who do not have acute medical or psychiatric issues. NCDMH is aware that some communities are developing short-term crisis alternatives based on the "Living Room" model and is beginning to gather data and information to identify feasibility of this type of project for our community.

Children's service providers, schools and families indicate concerns that there are limited services in many areas for children. Children's SPOA Coordinator summarizes these recommendations for additional services that would benefit children, youths, and families: youth/peer support, crisis out-of-home respite for children, skill building, parenting services, Rise and Shine program, family resource center, community health center serving the entire county, and mobile health unit offering multiple services.

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 level of unmet substance use disorder (SUD) needs has decreased in Niagara County. Currently, the county outpatient SUD providers appear to be meeting the needs

of non-opiate SUD individuals. There are expanded Peer Supports available as a result of the WNYIL Addict-2-Addict program development and the SAMHSA State-Targeted Response (STR) grant. Mobile treatment services, aimed at individuals who are opiate addicted or at risk of opiate addiction, through Best Self's Center of Treatment Innovation (COTI) are now available and designed to provide short-term intervention and linkage to existing community programs. One area of high need, the Niagara County Jail, has been able to expand services from screening and medical management of detox to include a full array of education, assessment, counseling, peer support, and discharge linkage/referral. These services are grant-funded. Sustainable funding will be required.

However, there has been an increase in the identification of opiate addicted people. As a result, there is an increased need in the county to expand services such as detoxification, inpatient rehabilitation, and Medically Assisted Treatment (MAT). There also is a need to provide expanded public awareness and address stigma to prevent substance abuse and to link individuals in need to services.

Niagara County's Opiate Task Force continues to deal with the identified opiate problem. The Task Force consists of two (2) subcommittees: Public Awareness/Involvement, and Law Enforcement/First Responders. The Public Awareness and Involvement Subcommittee is focused on local and county-wide intervention and prevention activities while the Law Enforcement and First Responder Subcommittee deals with the development of consistent tracking methodologies for opiate overdoses, intervention for OD victims, and prosecution of drug dealers. The LGU/CSB will evaluate needs and plans identified through this Task Force and other entities and will include into the plan as appropriate.

In effort to deal with SUD issues, the NCDMH obtained an Integrated License (mental health and substance abuse) for its adult mental health clinics. In addition, Eastern Niagara and Mt. St. Mary's Hospitals received additional SUD inpatient rehabilitation beds (8 beds for each). Additionally, Horizon Health Services is constructing a 25-bed residential SUD unit for women and increased the treatment slots at its Pine Ave. (Niagara Falls) outpatient clinic. The need for inpatient rehabilitation services remains high as evidenced by lengthy waiting lists. Mt. St. Mary's Hospital is proposing to expand its Clearview inpatient treatment unit from the current 30 beds to 45 beds. Also, Northpointe Council has still in the process of expanding its outpatient Methadone program.

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

Please Explain:

The shift from Medicaid Service Coordination (MSC) and Plan of Care Support Services (PCSS) to the new care management services provided by Care Coordination Organizations (CCOs), to begin July 1, 2018 is creating concern and insecurity among providers and consumers/families. The thirty (30) agencies providing Medicaid Service Coordination in Western New York will be reduced to two (2) Care Coordination agencies as part of the OPWDD 5-year transition plan to capitated managed care. In advance of this transition, agencies challenges with workforce shortages have increased. Individuals are leaving MSC positions and open positions are not able to be filled due to recruitment challenges. Bachelor's degree requirements, effective for new care coordination staffs, are increasing the recruitment challenges.

There remains a significant need for residential opportunities. Respite remains a challenge. However, funding rates will increase for respite on July 1, 2018, which may make the operation of a respite program more attractive to a provider. Increased funding is allowed to meet the needs of individuals with complex medical or behavioral support needs. Workforce shortages and the availability of per diem staffs to cover respite situations contributes to limited availability of respite.

NYS START is providing services for Niagara county residents. The resource center, located in Dansville, NY, is currently open and accepting referrals.

OPWDD authorized the development of one hundred thirteen (113) new certified residential opportunities in the WNY/Finger Lakes region with approximately half to be developed for children. Niagara County requests to receive some of these opportunities.

OPWDD continues to encourage the utilization of self-directed services. There currently are over sixty (60) individuals in Niagara County who self-direct their OPWDD services. Providers and consumers indicate that while self-directed services can be beneficial for certain people, the process can be overwhelming and confusing for family members.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" 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 Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- x) Autism Services
- y) Developmental Disability Person Centered Planning
- z) Developmental Disability Residential Services
- aa) Developmental Disability Front Door
- ab) Developmental Disability Service Coordination
- ac) Other Need (Specify in Background Information)

2a. Housing - Background Information

Based on information obtained from the Adult SPOA Coordinator of the county, there is a waiting list of about one hundred (100) individuals for supported housing. Also, the SPOA Coordinator noted that there is a shortage of emergency housing and respite beds. In addition, information gleaned from planning and other meetings with providers and consumers (Consumer Planning and Advisory Committee - CPAC, and the DD Self Advocacy Coalition) indicated that there is a lack of housing resources in the county across the three (3) disabilities.

Information received from the Adult SPOA Coordinator indicated that referrals of the homeless is the highest it has been in six (6) years. The percentage of referrals of individuals who are homeless has risen from 8% in 2015 to 16% as of April 2018. Of the number of individuals on the Supported Housing wait list (100), it is expected that only 10% will be placed in housing due to homeless referrals, which take priority.

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

Niagara County residents will have access to sufficient affordable, supported, respite, supervised residential, and emergency housing beds for the three (3) disabilities.

Objective Statement

Objective 1: The LGU will encourage providers to increase the number of affordable, supported, respite, supervised residential, and emergency housing beds in the county for the three disabilities.

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

Objective 2: The LGU will advocate with the three state offices (MH, OPWDD, OASAS) to provide adequate funding and slots for affordable supported, respite, supervised residential, and emergency housing beds in the county for the three disabilities.

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

Change Over Past 12 Months (Optional)

DePaul's 60-bed supported/affordable housing facility in Lockport, NY opened in May 2018. Niagara County received two (2) additional Supported Housing beds that were assigned to DePaul.

2b. Transportation - Background Information

Transportation is a longstanding need in Niagara County, which is composed of urban and rural areas. This has been the consistent consensus of provider agencies and consumers (Consumer Planning and Advisory Committee - CPAC and the Developmental Disabilities Self Advocacy Group) during various planning and other types of meetings. The problematic transportation in Niagara County has been a clear impediment for residents accessing services and other community/recovery supports. As a result of a planning meeting for the 2018 Local Services Plan, a committee was formed to deal with this issue on a county-wide basis. This committee remains active. CPAC and DD Self Advocacy Group members stated that they were very concerned that transportation to services, jobs, and recreation is very inadequate.

Rural transportation has limited routes and limited (mostly daytime, weekday) hours. NFTA bus transportation also has very limited routes and there is no direct cross county route. These consumers also voiced that, without sufficient transportation, they are becoming isolated.

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

Niagara County residents will have improved access to transportation for work, social activities, and treatment.

Objective Statement

Objective 1: The LGU and the Transportation Committee will continue their work in developing improved access to transportation for county residents.

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

Change Over Past 12 Months (Optional)

Over the past twelve (12) months, transportation has continued to be a significant issue in the county. The Transportation Committee noted above has meeting during the past year. It expects to apply for a training grant in order to further its work.

2c. Crisis Services - Background Information

Crisis Intervention and Response is a focal point for 2019. The NCDMH utilizes its 24/7/365 Crisis Phone Line to triage and address many crisis situations. The NCDMH has a robust Mobile Crisis response with teams responding on-site to an immediate crisis within forty-five (45) minutes anywhere in the county.

Expanded Hospital Diversion staffing and Peer Respite services are clearly identified needs. The NCDMH has paired a Hospital Diversion staff with peers in Crisis Respite. The Hospital Diversion staff has a caseload that provides a ready resource for hospital and emergency room diversion, including after typical business hours, response. Increasing the funding for Hospital Diversion and Respite, included as a component of Crisis Intervention and Response, would result in the increase of Hospital Diversion clinical slots and create additional opportunities for peer programming and staffing. This would result in effective Hospital Diversion, as well as provide a resource for increased consumer opportunities.

Community service providers and consumers have also indicated the need for a site-based alternative to emergency room presentation for individuals who need support, short-term stabilization, and referral and linkage.

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

Individuals who are in crisis will receive clinical services and peer supports to link them to care in order to promote stabilization and recovery and to avoid unnecessary hospitalizations and out-of-home placements.

Objective Statement

Objective 1: The LGU will support the increase of Hospital Diversion clinical slots, peer-operated programs, and peer staffing employed in Crisis Respite.

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

Objective 2: The LGU will support an expansion of peer-to-peer, family support programs, and open access centers to facilitate timely access to treatment.

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

Objective 3: The LGU will support the further development of the OPWDD START program, training, and the identification of other crisis supports for Intellectual Disabilities/Developmental Disabilities (ID/DD) individuals.

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

Change Over Past 12 Months (Optional)

Niagara County's Hospital Diversion programs and Hope House peer respite have been effective in reducing hospitalizations and emergency room visits.

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

Based on planning and other various meetings (including the Consumer Planning and Advisory Coalition - CPAC, and the DD Self Advocacy Coalition), there is consensus among providers that it continues to be difficult to recruit and retain qualified staffs, including psychiatrists and other prescribers, Qualified Health Professionals, and non-professional, direct service staffs. Staffs are being lost to insurance companies and governmental agencies due to significantly higher wages and fringe benefits. Agencies also have reported that they have lost direct care staffs to fast food restaurants due to higher wages being provided by the latter. Information from providers further note that increased staff qualifications have not been accompanied by funding increases. This problem has a negative impact on service provision to the point that there are not enough staffs to conduct daily business on a consistent basis. The Developmental Disabilities Subcommittee expressed concern that with the Justice Center oversight, a mistake by a staff member can be criminalized, thus contributing to staff loss as well as recruitment and retention difficulties.

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

Niagara County provider agencies will have access to qualified individuals for recruitment, hiring, and retention.

Objective Statement

Objective 1: The state agencies (OMH, OASAS, OPWDD) and other funders will provide funding to agencies in order to recruit, hire, and retain qualified individuals.

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

Objective 2: The state agencies should consider/implement strategies such as tuition reimbursement, loan forgiveness, and no-cost training for agency staffs.

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

Change Over Past 12 Months (Optional)

The work force issue has become more problematic over the past twelve (12) months. However, Niagara County Community College has a CASAC track that is combined with its Associate Degree that has fifty three (53) current students, a substantial increase over previous years. A category of CASAC II is a possibility and is designed to attract workers.

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

The consumers from CPAC and the DD Self Advocacy Coalition have discussed barriers to employment falling into a number of categories: lack of local training and support for the skills required for jobs; limited transportation, both in location and timing for jobs; and the lack of available jobs for all populations in Niagara 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

Individuals with disabilities in Niagara County will have access to employment skills training opportunities.

Objective Statement

Objective 1: The LGU will support the development of conflict-free employment skills training opportunities for all disability populations.

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

Objective 2: The LGU will work with and support provider(s) that have (has) expertise in the skill building area.

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

Objective 3: The Persons with Developmental Disabilities Subcommittee of the CSB identified the need to provide persons with disabilities, as well as legal issues, job interview skills training.

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

Change Over Past 12 Months (Optional)

The demand for jobs has increased as more individuals move into supported housing and independent living opportunities, but the jobs and transportation to the jobs have not increased to meet the demand.

2f. Prevention - Background Information

Local needs assessments, including school-based student surveys, indicate significant numbers of students engaging in high-risk behaviors, such as: early alcohol, tobacco, and substance experimentation; early sexual behavior; involvement in violent dating relationships; and delinquent behaviors. Increasing numbers of students indicate symptoms of anxiety, depression and suicidal ideation. This data indicates the need for a strong community-wide approach to prevention in all disability areas. Specific to Opiate Use and opiate addiction, Niagara County continues to have higher than average per capita rates of use, overdose, and overdose fatalities, despite concerted efforts. This area has received additional support, both at the school and community level, and the LGU will support a variety of approaches to prevention with particular attention to evidenced-based initiatives.

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

Niagara County residents will have access to effective chemical dependency, mental health, and suicide prevention activities.

Objective Statement

Objective 1: The LGU will support additional effective chemical dependency, mental, and suicide prevention activities in the county.

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

Change Over Past 12 Months (Optional)

During the past year, the following substance abuse prevention activities have occurred in Niagara County:

- Northpointe Council, in collaboration with the Niagara County Opiate Task Force, provided education services to schools, teachers, parents, coaches, athletic directors, and students regarding the signs and symptoms of drug use with emphasis on opiates. These were both one-time presentations and ten (10) -session presentations when done in schools. When necessary, additional presentations on evidenced-based treatment are provided.
- The Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) had a tent at the Niagara County Fair to provide information on the danger of opiates, and to pass out materials that included the NCDMH Crisis Services phone number. Crisis services is available 24/7/365 and is a resource for addiction information and referral.
- NCDMH participated in numerous health fairs in the summer 2017, presenting opiate and other addiction information.
- The ASPOA and Northpointe staffs presented opiate and other addiction information to summer school classes in the Niagara Falls School District, providing prevention education.
- Drug and opiate prevention is now part of the Niagara Falls School District Health Curriculum. All students in the Niagara Falls Schools District participate in this curriculum.
- Opiate addiction information was presented to teachers and staffs of the Roy-Hart and the Barker School Districts to raise awareness of problems in Niagara County and to offer information and ways that the teachers and staffs can intervene. The presentation was conducted by Northpointe Council and the NCDMH.
- The Niagara County Director of Community Services presented to all Air Reserve Commanders at the Niagara Falls Airbase on the state of opiate addiction, signs and symptoms of opiate addiction, treatment options for opiate addiction, and the availability of treatment.
- NCDMH and the Opiate Task Force launched a multi-media campaign that included radio, digital media, and notices at bus stops to raise awareness of the opiate problem and promote access to help.
- The Niagara County Director of Community Services presented on two different cable TV shows on the issues of mental health and substance abuse.
- Northpointe Council has been teaching parents how to locate paraphernalia in their teens' bedrooms and has expanded presentations on e-cigarettes and vaping.
- Northpointe Council has been providing information on substances and substance abuse to community agencies.
- The Niagara County Opiate Task Force, Northpointe Council, and the Niagara County Network of Care for Children and Families (CNOC) sponsored a training on opiate addiction with a target audience of personnel from schools, hospitals, and community agencies.
- The Opiate Task Force has worked with NYS OASAS to offer Overdose Prevention Response Training (Narcan) in our community. During February, March, and April approximately 15 sessions were offered to citizens who are likely to witness an overdose, with more than 300 individuals being trained. Currently the Task Force is working on a local Train the Trainer project to ensure continued access to Narcan training.
- There are various mental health and suicide prevention activities within Niagara County that

have been taking place throughout the past year. Activities delivered have consisted of presentations, trainings, train-the-trainer courses, public service announcements, and tabling at community/agency events. Eastern Niagara Hospital's Child and Adolescent Psychiatric Unit personnel provided a presentation to community providers and school districts on their services and processes from initial ER presentations and determinations, to admission, treatment and discharge planning process in an effort to increase awareness of scope of services and enhance collaboration efforts for at-risk children. Trainings for suicide prevention, intervention and postvention trainings and train-the-trainer (TTT) workshops have been delivered through collaboration efforts with Suicide Prevention Center of NY (SPC-NY), which include Suicide Safety For Teachers (TTT and delivered trainings by those trained) and Lifelines Trilogy Response to Suicide and Traumatic Death Postvention (trainings and TTT). Child & Adolescent Treatment Services provided a Dialectical Behavioral Therapy (DBT) focused skills training for school / community providers.

- The Mental Health Association in Niagara County (MHA in NC) has provided multiple Mental Health First Aid Adult and Youth Trainings and NCDMH has provided several Youth Mental Health First Aid trainings to school district personnel as well as community based providers. Northpointe Council and NCDMH have given many presentations to alternative school, middle and high school students (in excess of 600 students) on mental health, suicide, substance abuse awareness and prevention. NCDMH has also provided presentations to various school district personnel on trauma informed care and suicide prevention as part of staff development. NCDMH in partnership with Niagara Falls High school created and publicized the PSA directed to students encouraging them to reach out for help with a trusted adult or the NCDMH Crisis Services. NCDMH has also presented to Elementary, Middle and High School Counselor Consortiums. NCDMH has partnered with various providers to ensure tabling at school and community events to ensure information is disseminated on suicide prevention and available services for those in need.

2g. Inpatient Treatment Services - Background Information

With regard to SUD inpatient, agencies noted that it is difficult to place clients into inpatient rehabilitation after they have successfully completed detoxification due to insufficient beds. There is a backlog of individuals entering detoxification, due to the lack of rehabilitation beds, which results in extended stays in detoxification and therefore inability to access detoxification beds. Also, there is a need for an increased number of detoxification beds irrespective of the extended stays.

In terms of OMH inpatient beds, the CPAC consumers said that there were not enough inpatient bed for adults or children. This has resulted in longer psychiatric emergency room stays due to the backlog of inpatient beds. The only Children's mental health inpatient unit, comprised of twelve (12) beds, in Niagara County, is at Eastern Niagara Hospital. Beds are typically always full. For obvious reasons, preference is to need, not county of residency. However this leaves a service gap.

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

Niagara County residents will have access to an increased number of OASAS inpatient rehabilitation, detoxification, and adequate access to OMH inpatient beds.

Objective Statement

Objective 1: The LGU will advocate for additional inpatient rehabilitation, detoxification, and OMH inpatient beds.

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

Objective 2: The LGU will advocate for additional OASAS rehabilitation and OASAS detoxification beds.

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

Objective 3: The LGU will advocate for additional OMH inpatient beds.

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

Change Over Past 12 Months (Optional)

This past year, Mt. St. Mary's and Eastern Niagara Hospitals received eight (8) additional inpatient SUD rehabilitation beds. The additional eight beds at Mt. St. Mary's Hospital did not significantly impact the waiting list, which actually increased. The wait to enter a rehabilitation bed continues to be 3 - 4 weeks and the wait list is continuously twenty five (25) individuals. The hospital continues to be inundated with referrals. Therefore, Mt. St. Mary's Hospital also requested fifteen (15) additional beds, which would bring its bed capacity to forty five (45). Additionally, there are indications that as Eastern Niagara Hospital seeks to relocate its inpatient SUD program, it will also seek to expand the number of beds available.

2h. Recovery and Support Services - Background Information

It is well known that relapse is likely as an individual enters substance use recovery and, with the right supports, episodes of sobriety, hopefully, become longer in duration. Therefore, the continuum of care from detoxification through long-term residential care increases an individual's opportunity to maintain long-term sobriety. Involvement in healthy social activities and other meaningful community activities, peer and family supports promotes recovery for individuals with either mental health and/or substance use disorders.

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

Niagara County residents will have access to effective long-term supervised and supported housing, Family Support, Peer Recovery Respite Centers, and peer advocacy to support recovery and rehabilitation for individuals with mental health and substance abuse issues.

Objective Statement

Objective 1: The LGU will support providers in the expansion of recovery and support services, such as long-term supervised and supported housing, Family Support, Peer Recovery Respite Centers, and peer advocacy.

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

Change Over Past 12 Months (Optional)

No change over the past twelve (12) months.

2i. Reducing Stigma - Background Information

Stigma, an individual's concern of being identified as an addict, mentally ill, or any other disability/legal problem label, has been a barrier to those willing to seek treatment services and jobs. Therefore, the population in need of treatment and other community-based supports, including peer supports, is probably larger than those currently participating in the service system. This creates a situation where there is a known unmet need, but it is not defined by data as to the size of the unmet need.

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

Niagara County residents will be exposed to anti-stigma campaigns related to the three (3) disability areas.

Objective Statement

Objective 1: The LGU will support initiatives for anti-stigma campaigns related to the three (3) disability areas.

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

Change Over Past 12 Months (Optional)

Millennium Collaborative Care PPS, along with Community Partners of Western New York, is operating several campaigns in the Western New York Counties. The "Just Tell One" campaign focuses on outreach and reducing the negative impact of having a mental health concern. The Niagara County Public Awareness/Involvement subcommittee of the Opiate Task Force has engaged in a multi-pronged campaign (radio ads, television programming, bus stop ads, Facebook, and "pizza box flyer" campaign) to address substance abuse stigma and promote access to supports and treatment.

2k. SUD Residential Treatment Services - Background Information

There is a need for increased residential beds in Niagara County. Horizon reports that its residential facility in Sanborn, NY has a wait list up to fifty (50). The wait before admission to be 3 - 4 weeks. Currently, there are three (3) residences on the Sanborn Campus: Delta Village (18 - 27 year olds), Freedom Village (male veterans), and Horizon Village (adult males). Effective August 1, 2018, a new residence will open, called Aura Village (adult females). Information that the LGU has received from the Lockport Treatment Court also indicates a need for increased SUD residential beds.

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 LGU will support an increase in the number of SUD residential beds.

Objective Statement

Objective 1: The LGU will monitor the waiting lists for SUD residential beds.

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

Change Over Past 12 Months (Optional)

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

Planning meetings, which included providers and consumers (Consumer Planning and Advisory Committee - CPAC and the DD Self Advisory Group), indicated the need for more detoxification services, SUD inpatient rehabilitation beds, and Medication Assisted Treatment (MAT) for individuals experiencing heroin and opioid problems. The heroin and opioid problems in Niagara County reflect that which is happening in New York State and other parts of the country.

There are a limited number of providers in Niagara County who are willing/able to prescribe Suboxone following an individual's discharge from SUD outpatient treatment. As a result, there is a likelihood that individuals will relapse following treatment in their use of heroin and other opioids.

The opiate and heroin data from New York State that has been reported in Niagara County include:

- **Emergency room visits for all opioid overdoses: January - June 2017: 108**
- **Emergency room visits for heroin overdoses: January - June 2017: 73**
- **Emergency room visits for opioid overdoses excluding heroin: January - June 2017: 35 (with incomplete data)**
- **Hospitalizations for all opioid overdoses: January - June 2017: 22**
- **Opioid overdoses, excluding heroin: January - June 2017: 17**
- **Deaths from all opioid overdoses: January - June 2017: 5**
- **Heroin overdose deaths: January - June 2017: 1**
- **Overdose deaths: January - June 2017: 5**

Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

The data noted above, provided by the NYS DOH appears to be an under report when reviewing other local data. However, per capita rates remain higher than the NYS average in most categories.

The data below is locally obtained and appears to be more accurate due to improved tracking:

- **Overdose fatalities: January 1, December 31, 2017: 31**
- **Non-fatal overdoses: January 1 - December 31, 2017: 308**

- Overdose fatalities: January 1 - March 31, 2018: 16 It appears that this is not an increase from 2017, but an improvement in tracking.

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

Niagara County residents with heroin and opioid addictions will have adequate, timely access to detoxification services, SUD in-patient beds, access to an Medication Assisted Treatment when indicated, as well as peer and family support programs and supported residential/housing programs.

Objective Statement

Objective 1: LGU will advocate with OASAS for an increased number of relevant treatment slots and funding for same.

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

Objective 2: The LGU will encourage and support providers to increase services/programs for detoxification, and Medication Assisted Treatment, for heroin and opioid addictions.

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

Objective 3: The LGU will support activities to expand public awareness, reducing stigma, and encouraging prevention services.

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

Objective 4: The LGU will encourage and support the increase in the number of physicians in the community that provide Suboxone for individuals having completed outpatient treatment.

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

Change Over Past 12 Months (Optional)

Northpointe Council was approved by OASAS to move to another site in Niagara Falls, which

would have permitted an increase in Methadone treatment slots. However, its efforts were thwarted by local residents and the Niagara Falls city government. As an alternative, Northpointe Council is renovating additional space in its current location. The latter expansion was delayed due to lease issues as reported by Northpointe staffs. Northpointe Council hopes to begin increased Methadone services ninety (90) days after the lease is signed. With the additional space, Northpointe Council will be able to increase the number of Methadone clients served from 130 to no cap.

The following has occurred in the county during the past twelve (12) months:

- The Research Institute on Addictions (RIA) and a physician conducted a group training at St. Mary's Hospital for medical practitioners in the prescribing of Buprenorphine.
- Upon admission to the jail, medical staffs conduct mental health and substance abuse screening. If an inmate screens positive for SUD, he/she is referred to BestSelf Behavioral Health and Northpointe for further assessment. Individuals are offered education, individual and group treatment, peer support, and discharge planning, including access to Vivitrol where indicated, in a "treatment pod" environment. Inmates also are able to self-refer to the pod. The pod has a capacity of fifty (50).
- BestSelf was awarded the funding through OASAS and the SAMHSA state targeted response grant to provide mobile outreach, rapid access, and jail-based opiate treatment services. The agency will assess for the prescription of Vivitrol while an inmate is still incarcerated at the Niagara County Jail. If Vivitrol is indicated, it will be provided by the BestSelf mobile treatment team after release. The mobile treatment team will assess for Buprenorphine within twenty four (24) hours after an inmate is released from the jail, an assessment for Buprenorphine will be provided by the mobile team if the inmate had requested the medication while incarcerated. The mobile team also provides outpatient treatment, linkage to community services, and also administers Vivitrol and Buprenorphine. Any county resident is able to use the services of the mobile team. The agency also provides Buprenorphine through the mobile vehicle
- Northpointe Council has two (2) Buprenorphine providers that are Psychiatric Nurse Practitioners. They have as a goal to have two Buprenorphine providers at First Step, a detoxification facility. Currently the two Nurse Practitioners at the detox are medical.
- Northpointe Council submitted and was awarded a grant to assist with the development of a Residential Substance Abuse Treatment program (RSAT) in the Niagara County Jail for the next two years. This program conducts SUD screenings and provides skill groups.
- The expansion of Northpointe Council's Methadone program is still in process.

- The Opiate Task Force has worked with NYS OASAS to offer Overdose Prevention Response Training (Narcan) in our community. During February, March, and April approximately 15 sessions were offered to citizens who are likely to witness an overdose, with more than 300 individuals being trained. Currently the Task Force is working on a local Train the Trainer project to ensure continued access to Narcan training.

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

The issue at the Niagara County Jail is that the number of inmates who have substance use disorders is growing and is more than 50% of the current jail population as reported by the Niagara County jail. During the past year, additional SUD services have been added to the jail through BestSelf and Northpointe Council.

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

Niagara County residents will have access to coordinated and integrated systems for SUD services.

Objective Statement

Objective 1: The LGU will support efforts with coordination/integration of systems for SUD clients.

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

Objective 2: The LGU will support treatment for substance abuse in the jail and linkage of inmates to SUD outpatient services upon release.

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

Change Over Past 12 Months (Optional)

The Niagara County Behavioral Health Justice Committee continues to meet on a regular basis to address the needs of individuals who have mental health and substance use concerns and who are involved in the criminal justice system. This committee has two (2) focuses: (1) Expand crisis intervention training for law enforcement/mental health crisis response teams. The goal is to divert from incarceration to clinical intervention, (2) Expand substance abuse treatment for inmates upon release from the Niagara County Jail. Also, this committee has supported the development of specialized probation caseloads; peer facilitated groups to support probation- involved individuals; and real time information exchange between jail medical/mental health staffs and treatment providers. The Committee has identified that there is a growing number of individuals who are in the county jail who have mental health and substance abuse concerns. The need for Substance Abuse treatment for county inmates is significant.

Beginning in 2016, the LGU participated in Niagara County Health Department planning, joint programming with the Niagara County Department of the Aging, and integration with primary care physicians in the community. This collaboration includes The Partnership Innovation for Older Adults, which is an OMH grant. The grant is in the 2nd year of a five-year, and is targeted at adults age fifty five (55) and older whose stability is at risk in the community due to unmet substance abuse and and/or mental health service needs.

During the past year, additional SUD services have been added to the jail through BestSelf and Northpointe Council.

2n. Mental Health Clinic - Background Information

Based on planning and other various meetings, it appears that the county would benefit from an additional children's mental health clinic provider. New Directions Youth and Family Services applied for and received approval to operate a children's mental health outpatient clinic in Niagara Falls. This program has not begun operating due to inability to secure a contract with a Child Psychiatrist and other staffing factors, but is projecting a July 1, 2018 start date for its new Niagara Falls Clinic Site. Child and Adolescent Treatment Services is operating two (2) children's satellite mental health outpatient clinic in the North Tonawanda School District (North Tonawanda High School & North Tonawanda Middle School) and Gateway-Longview is operating two (2) children's satellite mental health outpatient clinics in the Niagara Falls School District (Henry Kalfas Magnet School & Niagara Street Elementary School). The Monsignor Carr Clinic operates a satellite clinic in the North Park School in

Lockport. However, the county has only one county-wide full-service provider (Monsignor Carr Clinic). An additional clinic provider will give county residents greater choice. The children's outpatient mental health clinics are concentrated in the Niagara Falls and Lockport areas of the 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

Niagara County residents will have access to an additional children's mental health outpatient clinic provider, targeting areas where need is clearly identified.

Objective Statement

Objective 1: The LGU will provide technical assistance for additional children's mental health outpatient clinic.

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

Objective 2: The LGU will continue to monitor client/parent satisfaction with children's mental health outpatient services from feedback from meetings and other relevant sources.

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

Change Over Past 12 Months (Optional)

New Directions Youth and Family Services expects to open its children's mental health clinic in 2018. Several schools have worked with providers to establish school based satellite clinics to expand access to services and to allow for choice in providers, versus the one provider who has established community-based sites.

2p. Mental Health Care Coordination - Background Information

There remains a large disparity between the numbers of people eligible for Health Homes and the number of people enrolled. Consumers indicate they are still confused about what a Health Home is. Services provided through Health Homes are not as intensive as some consumers need, although the expansion of Health Home Plus may address some of those concerns. The number of individuals assessed for and receiving HCBS services remains well below those who appear to be eligible for HCBS services.

There are many issues regarding Health Homes Serving Children (HHSC). Children's SPOA is not being notified about SED children being served because referrals do not need to go through SPOA. SPOA has limited access to the referral/record portal called MAPP, resulting in difficulty for CSPOA to track children. There is difficulty with some Health Homes sharing sufficient information. If an issue arises with a child assigned to a Health Home, CSPOA is not always informed. The services provided through CSPOA continue to include monitoring services provided through SPOA, ensuring non-duplication of services, triaging cases by acuity, ensuring linkages to other available service, such as family support, Multi-Systemic Therapy, and residential placement.

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

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

Niagara County residents will have access to effective Care Coordination that meets their needs.

Objective Statement

Objective 1: The LGU will support the state in fully coordinating effective Children's Health Home services.

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

Objective 2: The LGU will support improved communication among Health Homes, consumers, SPOAs, and the LGU.

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

Change Over Past 12 Months (Optional)

Over the past twelve (12) months Waiver services were unbundled. This was to allow Health Homes to directly access Waiver services as long as the client meets the criteria. This was to be implemented on July 2, 2018, but was postponed to January 2019.

2r. Developmental Disability Children Services - Background Information

Based on information from the People with Developmental Disabilities Subcommittee of the Community Services Board, more collaboration is needed with the goal of a one-stop shop for children's services. Furthermore, additional physicians with and understanding of and knowledge of children with developmental disabilities are needed as Niagara County parents need to seek treatment services for their children in the Rochester area. Also, physicians do not have a knowledge of specialized developmental disability services to which to refer patients. The Community Network of Care for Children and Families in Niagara County is attempting to remedy this situation by setting up monthly provider information tables in pediatric offices, as well as providing information to pediatricians and their staff. Parents of developmentally disabled children contact Children's SPOA because their children are not being served by the OPWDD system. Also, parents often delay seeking services in the Developmental Disabilities system due to stigma. In addition Developmental Disabilities Subcommittee noted that there is a need for more Early Intervention 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

Niagara County residents will have increased access to services for children with developmental disabilities, including medical.

Objective Statement

Objective 1: The LGU will support an increase in the number of services and medical/tele-health opportunities in the county for children with developmental disabilities.

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

Objective 2: The LGU will support the exploration partnerships with primary care, universities, and tele-health.

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

Objective 3: The LGU will support an increase in Early Intervention services.

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

Change Over Past 12 Months (Optional)

There have been no changes over the past twelve (12) months.

2s. Developmental Disability Adult Services - Background Information

Feedback from consumers and constituents have express the need for the Western New York DDRO to work more closely with the LGU to ensure the development of contracts with local service providers in an adequate fashion to expand the reach of services to consumers.

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 Niagara County residents will benefit from the Western New York DDRO to enhancing its work with the LGU to contract with local service providers for additional services in order to expand the reach of services to consumers.

Objective Statement

Objective 1: The LGU will support efforts of the Western New York DDRO to work with the LGU to contract with local service providers for additional services to expand the reach of services to consumers.

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

Objective 2: There will be a coordinated system of information exchange among the WNYDDRO, community agencies, and the LGU to ensure the needs of the Niagara County consumer.

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

Change Over Past 12 Months (Optional)

There have been no changes during the past twelve (12) months.

2u. Developmental Disability Respite Services - Background Information

The DDRO noted that there is a shortage of respite beds in Niagara County. The Resource Center in Dansville, NY opened on July 1, 2017. The Buffalo Resource Center is expected to open by spring 2019. It also should be noted that according to the DDRO, Agencies have had difficulty hiring respite staffs due to low reimbursement for wages. The OPWDD has identified a new tiered reimbursement model in the hope that increased reimbursement will meet the respite needs (in-home and out-of-home). OPWDD has developed a Respite Task Force to reimagine the respite system by looking for a way to utilize families. The wait time for Emergency Respite is 1 - 2 months.

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

Niagara County residents with Intellectual and Developmental Disabilities (I/DD) will have adequate access to respite beds, including crisis respite, and other crisis intervention services.

Objective Statement

Objective 1: The LGU will encourage providers to increase the number of respite beds in the county for the developmentally disabled population.

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

Objective 2: The LGU will advocate with OPWDD to provide adequate funding and slots for respite beds in the county for the developmentally disabled population.

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

Change Over Past 12 Months (Optional)

Empower is no longer providing respite services at the Niagara County Community College. However, the agency is now utilizing hotel rooms for crisis respite.

2v. Developmental Disability Family Supports - Background Information

Based on information provided by the People with Developmental Disabilities Subcommittee of the Community Services Board, Family Supports are inadequate, are inadequately funded, and are over regulated. Families do not understand the services and the OPWDD system has not learned what families need. Families are leaving the area due to inadequate Family Support.

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

Niagara County residents will have improved Family Supports and families will be fully educated regarding these services.

Objective Statement

Objective 1: The LGU will support well-defined Family Support and family education related to them.

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

Change Over Past 12 Months (Optional)

There have been no changes over the past twelve (12) months.

2w. Developmental Disability Self-Directed Services - Background Information

Based on information from the People with Disabilities Subcommittee of the Community Services Board, families and consumers lack a full understanding of the complexity of Self-directed Services. Therefore, over time, service provision becomes problematic. For example, a family initially may find a service provider who quits after a short period of time. Then, the family has no one to fill the gap. It is not an easy task for people helping with their own families. Essentially, they are running their own business.

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 OPWDD population of Niagara County will benefit from a less complex system for Self Directed Services as well as better education for families regarding the same.

Objective Statement

Objective 1: The LGU will support efforts to fully educate families and consumers about Self-directed Services.

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

Objective 2: The LGU will support OPWDD's development of a less complicated system of Self Directed Services.

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

Change Over Past 12 Months (Optional)

There have been no changes over the past twelve (12) months.

2ac. Other Need (Specify in Background Information) - Background Information

There have been issues in Niagara County of agencies and parties circumventing the LGU in processing proposals/program development and failing to coordinate with other county service providers. When agencies and parties meet with the LGU (Niagara County Department of Mental Health) in order to address and fulfill identified needs, non-duplication, financial feasibility, and coordination with other service providers in the county will be ensured. Without these elements, applications to provide services in Niagara County will not be approved. Resources are limited and coordination with the Local Governmental Unit is imperative to ensure appropriate use of limited resources.

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

New or expanded services will be planned for and effectively implemented through the joint cooperation and involvement of the LGU, other government entities, and local providers.

Objective Statement

Objective 1: The LGU seeks to ensure all services developed and implemented meet all LGU statutory and planning requirements, including that they fulfill identified needs, are non-duplicative, are financially feasible, meet regulatory requirements, and are in coordination with other services. This includes the various initiatives introduced by NYS through Medicaid Redesign, such as, but not limited to, Health Homes, HCBS, and peer supports.

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

Objective 2: The development and implementation of new or expanded services will be approved by the LGU on when coordinated with the LGU by meetings and joint planning efforts.

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

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

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

3a. Medicaid Redesign - Background Information

The Niagara County Department of Mental Health has done much work in the area of clinic integration. This has been aided by a SAMHSA grant for clinic integration that was awarded to the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH). Clinic clients have access to a medical health care professional, as well as mental health, substance use services, and peer services in one location. Clients also have access to medical assessment and wellness services that include Diabetes monitoring, smoking cessation, and weight monitoring and control. The clinic also provides behavioral health services in the office of Frank R. Laurri, MD two (2) days per week. Many of the other outpatient clinics in the community are also working toward the provision of integrated care.

For several years, the NCDMH has collaborated with Northpointe Council, a local SUD provider, in relationship to the provision of mental Health/SUD services. The NCDMH maintains its license from OASAS to operate an 822 outpatient clinic program, providing chemical dependency counseling, relapse prevention, and toxicology testing. The 822 outpatient clinic program accepts referrals from the local treatment courts.

Several local providers applied for and were approved to be HCBS providers, but placed these services on hiatus due to low rates, difficult admission steps, and lack of staff. Subsequently, programs that were place on hiatus were surrendered.

In the most recent survey, no Niagara County service provider has identified being ready to enter into Value Based Payment contracts. Providers surveyed stated that they did not yet have enough experience with VBP currently. All providers are aware that services being reimbursed based on outcomes is part of their future and are committed to develop the Value Based Payment models. While the target for 80% of all service providers to be in Value Based contracts is set for the year 2020, all providers are aware that moving forward and being ready before this target date is necessary.

The NCDMH, along with fourteen (14) other counties who operate direct services and their community-based partners, formed a Management Service Organization and obtained a multi-million dollar 3-year planning grant through the BHCC grant process. The entity is in the process of forming an Independent Practice Association (IPA). These efforts are in furtherance of dealing with system transformation as it moves from fee-for-service to Value Based Payments.

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

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

Service providers in Niagara County will be well prepared to provide high quality, cost-effective services to consumers in a value based payment environment.

Objective Statement

Objective 1: The Niagara County Department of Mental Health will assign staffs as needed to continue its implementation of outpatient clinic integration.

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

Objective 2: The Niagara County Department of Mental Health will support providers efforts toward value based payment readiness.

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

Change Over Past 12 Months (Optional)

Efforts by the NCDMH and local providers have continued in the areas of clinic integration, and Value Based Payment Readiness. This shift from fee for service to performance-based reimbursement will continue. For example, agencies will need to explore risk-sharing models and the use of the electronic health record for data collection.

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

Since the inception of DSRIP, The Niagara County Department of Mental Health and Substance Abuse Services has been a participant in the local Preferred Provider Systems. This has included participation in meetings, work groups, and data collection.

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

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

The Niagara County Department of Mental Health will continue its active participation (meetings, data collection, and work groups) in the following Performing Provider Systems (PPS): Millennium Collaborative Care and the Community Partners of Western New York.

Objective Statement

Objective 1: The Niagara County Department of Mental Health will continue to assign staffs to participate in the local Performing Provider Systems.

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

Change Over Past 12 Months (Optional)

- The Crisis Stabilization Tool was completed. This is an evidenced-based protocol for providers to be able to refer to when interacting with an individual in crisis to assist with the correct level of intervention.

- From the Crisis Stabilization Meetings, a training protocol was developed for agencies to use as a guideline to prepare staffs for their crisis work in the community.

- Staffs from Millennium Collaborative Care, Niagara Falls Memorial Medical Center, NCDMH met to address the use of the Warm Handoff protocol and to address the data of client follow up from hospitalizations.
- Quarterly patient engagement data is reported to both PPSs and includes data from the office of Dr. Laurri, a NCDMH clinic satellite office.
- At Dr. Laurri's office, which is a primary care site, individuals are screened for mental health and substance abuse issues. If an individual is determined to need mental health or substance abuse services, they are provided on-site.
- The PPSs collect data from mental health clinics where primary care is offered, including the NCDMH Adult Mental Health Clinic, which offers that level of service.
- Millennium Collaborative Care collects Crisis Stabilization data for on-site services provided by the Niagara County Crisis Services, and Hospital Diversion Services.
- There is additional reporting to Community Partners of WNY for a project focusing on increasing collaboration with clients' primary medical doctor on a monthly basis. CCSI was assigned to coordinate the information and provide consultation regarding this project.
- There is monthly reporting to Millennium Collaborative Care on various metrics from mental health and substance abuse outpatient services.
- There is coordination at client discharge with the primary medical doctor and the Health Home.
- There has been an increase of one clinician from the NCDMH Adult Outpatient Clinic to Dr. Laurri's office. There are two (2) clinicians assigned to Dr. Laurri's office for two (2) full days per week to serve clients identified through the office's screening protocol.

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

The LGU continues to be an active participant in the Western Region Planning Consortium (WRPC). The Niagara County Director of Community Services is a voting member of the Regional Planning Consortium and the Niagara Health Department Director was invited to attend meetings where health issues are discussed.

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

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

Local Voice and Local Community Needs will be represented in the Western Regional Planning Consortium.

Objective Statement

Objective 1: The LGU will assign staffs as needed to participate in the Western Regional Planning Consortium.

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

Change Over Past 12 Months (Optional)

The WRPC developed a Health Home/HCBS Workgroup that is identifying barriers to enrollment and individuals receiving services. The consortium also is identifying best practices, education/ training needs, and is developing recommendations on ways to alleviate these barriers. The WRPC is giving this information to a state-wide group that is looking at issues from the different regions. Further, the consortium formed a work group to identify issues related to OASAS 820 residential redesign.

Another work group is designed to look at workforce issues. The RPC Board of Directors has indicated an interest in starting a data workgroup. These workgroups are developing surveys on related issues.

The WRPC Coordinator continues to meet with Peer/Family/Youth Stakeholder Group on a quarterly basis. The coordinator attempts to meet with the MCOs on a quarterly basis on a multi-regional level (WNY, Finger Lakes, Central, and Sothern Tier). The Children's Subcommittee of the WRPC had two (2) Town Hall meetings.

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

The Niagara County Departments of Mental Health and Health worked in a collaborative fashion in the development of the Niagara County Health Department's Community Health Assessment and Improvement Plan. Likewise, the Niagara County Director of Health was invited by the Niagara County Director of Community Services to provide input into the Niagara County LGU's Annual Local Services Plan.

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

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

The Niagara County Departments of Mental Health and Health will continue their collaborative work.

Objective Statement

Objective 1: The Niagara County Departments of Mental Health and Health will provide staffs as needed to work on various projects in a collaborative manner.

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

Objective 2: The Niagara County Departments of Mental Health and Health will attend each other's meetings related to the planning process.

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

Change Over Past 12 Months (Optional)

The Niagara County Departments of Mental Health and Health have been meeting to review the progress of the goals of the Niagara County Community Health Assessment and Improvement Plan. A portion of this plan addresses the mental health needs of Niagara County residents.

4. Other Goals (Optional)

Other Goals - Background Information

With the effective dates of Raise the Age New York legislation, 16 and 17-year-olds, for the most part, will not be treated as adults. Rather, they will be considered Juvenile Delinquents. Those youth involved in serious crimes, such as displaying a deadly weapon, causing

significant physical injury or engaging in unlawful sexual conduct, will continue to be dealt with as adults at age 16 and above. The effective date for 16-years-olds to transition is October 1, 2018 and, for 17-year-olds is October 1, 2019. As a result, there will be a need for additional/expanded community resources, including mental health evaluations/treatment and SPOA, to effectively deal with this population.

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

The NCDMH will encourage and participate in the development of mental health services to effectively meet the needs of individuals who are affected by the Raise the Age New York legislation.

Objective Statement

Objective 1: The NCDMH will collaborate with other county government departments, as well as county providers, to develop appropriate programs/services for individuals affected by the Raise the Age New York legislation.

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

Change Over Past 12 Months (Optional)

Attachments
<ul style="list-style-type: none">• Attachment-NCLSP-Number 4.pdf - Attachment to Number 4

Office of Mental Health Agency Planning Survey
 Niagara County Dept Mental Health Svcs (70150)
 Certified: James Graziano (5/31/18)

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	Lack of availability, few qualified individuals, cannot offer a full time position, don't stay
Physician (non-psychiatrist)	4	4	Lack of availability, cost
Psychologist (PhD/PsyD)	N/A	N/A	N/A
Nurse Practitioner	5	5	Lack of availability, cannot offer a full time position, salary competitiveness, don't stay
RN/LPN (non-NP)	3	3	Difficulty finding RN's with psychiatric background
Physician Assistant	N/A	N/A	N/A
LMSW	3	3	Civil Service rules require license (County clinics) resulting added in difficulty locating qualified staff, salary, distance to agencies (travel time)
LCSW	3	3	Civil service rules, residency requirement (County clinics) resulting in added difficulty locating qualified staff, salaries, distance to agency (travel time)
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	3	3	Civil Service rules, residency requirement (County clinics), don't stay
Peer specialist	4	4	Lack of availability of certified peers
Family peer advocate	4	4	Lack of availability of certified peers

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

Community Mental Health Aide

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

3

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
Niagara County Dept Mental Health Svcs (70150)
Certified: James Graziano (5/31/18)

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

Chairperson
Name Robert Spuller
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2018
eMail bobspuller@gmail.com

Member
Name Peter Butera, Ph.D.
Physician No
Psychologist Yes
Represents Community
Term Expires 12/31/2019
eMail pbutera@niagara.edu

Member
Name Bruce Shields, Ph.D.
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2018
eMail bshields@daemen.edu

Member
Name Kathryn Dolpp
Physician No
Psychologist No
Represents Family Member of Consumer
Term Expires 12/31/2018
eMail gar3field@aol.com

Member
Name Daniel Norton
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2018
eMail daniel.norton.10@us.af.mil

Member
Name Mary Armstrong
Physician No
Psychologist No
Represents Mental Health Advocacy
Term Expires 12/31/2019
eMail cleanfreak@roadrunner.com

Member
Name Rosamond Siegwarth
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2020
eMail rhsiegwart@aol.com

Member
Name Jaclyn Bieber
Physician Yes
Psychologist No
Represents Community
Term Expires 12/31/2021
eMail walter.jaclyn@yahoo.com

Member
Name Chrystyn Newlin
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2020
eMail Christyn_Thibault@yahoo.com

Member
Name Patricia M. Hartmayer
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2020
eMail mphartmayer@gmail.com

Member
Name Annette Dobrasz, Ed.D.
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2020
eMail rdobrasz@roadrunner.com

Member
Name Therese Mudd
Physician No
Psychologist No
Represents Community
Term Expires 12/31/2019
eMail tmudd62931@gmail.com

Member

Name	Robin Stevens
Physician	No
Psychologist	No
Represents	Community
Term Expires	12/31/2019
eMail	rstevens@mail.niagara.edu

Alcoholism and Substance Abuse Subcommittee Roster
 Niagara County Dept Mental Health Svcs (70150)
 Certified: James Graziano (5/31/18)

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 Christyn Newlin
Represents Community Services Board
eMail cteebz@gmail.com
Is CSB Member Yes

Member

Name Rosamond Siegwarth
Represents Community Services Board
eMail rhsiegwart@aol.com
Is CSB Member Yes

Member

Name Mark Bonacci, Ph.D.
Represents Community
eMail
Is CSB Member No

Member

Name Michelle McGovern
Represents Community
eMail mmcGovern@cazenoviarecovery.org
Is CSB Member No

Member

Name Carrie Claire
Represents Community
eMail ccclare@northpointecouncil.org
Is CSB Member No

Member

Name Anthony Massaro
Represents Community
eMail massaro1@yahoo.com
Is CSB Member No

Member

Name Robert Spuller
Represents Community Services Board
eMail bobspuller@gmail.com
Is CSB Member Yes

Mental Health Subcommittee Roster
 Niagara County Dept Mental Health Svcs (70150)
 Certified: James Graziano (5/31/18)

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

Chairperson		Member	
Name	Patricia M. Hartmayer	Name	Peter Butera, Ph.D.
Represents	Community Services Board	Represents	Community Services Board
eMail	mphartmayer@gmail.com	eMail	pbutera@niagara.edu
Is CSB Member	Yes	Is CSB Member	Yes
 Member		 Member	
Name	Daniel Norton	Name	Sally Dedicke
Represents	Community Services Board	Represents	Community
eMail	daniel.norton.10@us.af.mil	eMail	sdedicke@ndyfs.org
Is CSB Member	Yes	Is CSB Member	No
 Member		 Member	
Name	Cindy Oberjosh, Ed.D.	Name	Sarah Lanzo
Represents	Community	Represents	Community
eMail	oberjosh@niagaracc.suny.edu	eMail	slanzo@wnyil.com
Is CSB Member	No	Is CSB Member	No
 Member		 Member	
Name	Daniel Neal	Name	Phyllis Badali
Represents	Community	Represents	Community
eMail		eMail	mhpb9262@yahoo.com
Is CSB Member	No	Is CSB Member	No
 Member		 Member	
Name	David Skiba	Name	Tanyetta Carter, LMSW, M.S.Ed
Represents	Community	Represents	Community
eMail		eMail	tanyetta1@msn.com
Is CSB Member	No	Is CSB Member	No

Developmental Disabilities Subcommittee Roster
 Niagara County Dept Mental Health Svcs (70150)
 Certified: James Graziano (5/31/18)

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 Therese Mudd
Represents Community Services Board
eMail tmudd62931@gmail.com
Is CSB Member Yes

Member
Name Robin Stevens
Represents Community Services Board
eMail rstevens@mail.niagara.edu
Is CSB Member Yes

Member
Name Jeffrey Paterson
Represents Community
eMail jpaterson@empower-wny.org
Is CSB Member No

Member
Name Peter Drew
Represents Community
eMail pdrew4340@gmail.com
Is CSB Member No

Member
Name Carly Lapp
Represents Community
eMail carlapp05@gmail.com
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Niagara County Dept Mental Health Svcs (70150)
Certified: James Eichelberger (5/31/18)

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.

Attachment - #4 Other Goals

A. Other Goals – Background Information

Beginning in 2016, the LGU participated in Niagara County Health Department planning, joint programming with the Niagara County Department for the Aging, and integration with primary care physicians in the community. The LGU, the Niagara County Office for the Aging, and Northpointe Council are in Year 2 of a 5-year OMH grant. This program serves county residents age 55 and older who have unmet service needs in the areas of mental health, substance abuse, and aging.

Goal

The LGU will continue its collaboration with the Niagara County Office for the Aging and Northpointe Council with respect to the aging grant.

Objective

The LGU will provide adequate staffs to meet the requirements of the aging grant.

B. Other Goals – Background Information

The Community Network of Care for Children and Families in Niagara County (CNOC) developed out of the participation of the Niagara County Department of Mental Health and Substance Abuse Services (NCDMH) in a SAMHSA grant entitled NYS Success. The NCDMH has continued to provide leadership by freeing staffs to further develop CNOC, facilitate the general membership and subcommittee meetings, act as liaison among various partner and community entities, and secure meeting space. Although the grant ended in September 2016, CNOC has continued in System of Care (SOC) work in the county. The CNOC collaborative is composed of over thirty (30) governmental, not-for-profit agencies, schools, parents/caregivers, and youth that work collaboratively to build an effective SOC in the county that reflects the voices of children, youths, and families. To further this end, CNOC has been quite active with its partners to assess county service needs and acting as a catalyst for meet them. CNOC fosters networking, collaboration, and relationships. NCDMH has never benefitted from funding through its participation in NYS Success and CNOC.

CNOC has provided and coordinated a significant number of trainings for staffs from schools, governmental and provider agencies, and family members. The following are some, but not all training topics: Trauma Informed Care for Schools and Community-based Resources, Creating Suicide Safety in Schools, How To's of Youth Guided Practice, Building a Better System of Care – Understanding the Transgender Youth and Their Families' Risks and Needs, Adult and Youth Mental Health Training, Lifelines Postvention: Responding to Suicide and Traumatic Death, Understanding and Addressing Self-injurious Behaviors in Youth, Suicide Safety for Teachers Train the Trainer, and The New Face of Addiction – The Average American Teenager. Since 2016, there have been twenty five (25) trainings, as well as numerous presentations.

Goal

The NCDMH will maintain its leadership and involvement with CNOC.

Objective

NCDMH will provide staffs to meet the needs of CNOC.