



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

Schoharie Co. Community Services Board
July 18, 2018

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| Schoharie Co. Community Services Board | 70740 | (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 |
| Schoharie Co. Community Services Board | 70740/70740 | (Provider) |
| Schoharie Co Chemical Dependencies OP | 70740/70740/50427 | (Treatment Program) |

Mental Hygiene Goals and Objectives Form
Schoharie Co. Community Services Board (70740)
Certified: Bonnie Post (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 needs have stayed the same over this past year in Schoharie County, as reported in various feedback sessions and completed surveys. There have been at least two completed suicides in the county in the first quarter of 2018. The concern is that people in the community are still not receiving needed services. Due to a workforce shortage, in-person MCAT services were utilized less frequently though the need was still present. MCAT reports that individuals are now accessing and utilizing the crisis services and are receiving the needed services in a timely manner. These same individuals are following through with referrals that are made during the crisis. MCAT's assessments and the rates 9.45 orders (involuntary transport to the hospital for a psychiatric evaluation) continue to be written; the rates seem to be on par with this time last year. There appears to be a continued lack of on-going support services for these individuals. The loss of the targeted case management program and transition into the Medicaid Health Home Care Management has resulted in adults and children receiving less adequate services for their needs. These programs are designed to stabilize individuals and keep them in the community while decreasing costs across the board. However, the setup of the Medicaid Health Home encourages higher caseloads and fewer contacts with each individual depending on their acuity scores. The program focuses on coordination of services versus actual case management services. Finally, staffing these positions with qualified professionals is challenging. The design of the Medicaid Health Home did not take into account rural areas where qualified providers are very limited, and the agencies that are here have a multitude of roles that are often spread out among the same workers. Requests are still being made for services for the age 0 to 5 population, and few options exist in the county to meet these mental health needs. Recently, the LGU learned that children under five can be seen at the mental health clinic. It does not require a separate OMH operating license; however, it does require identified staff to have specialized training along with supervision. There has been an increase in need for direct clinical services for both children and adults. It takes two to three weeks for an individual to get an appointment for an intake at the Mental Health Clinic. According to the Vital Access Provider report, SCMHC has seen an increase in children's psychiatric hospital admissions: there have been nine children/youth admitted to a psychiatric unit over the most recent reporting quarter. There has been an increase in child and youth referrals to community residences and residential treatment facilities. C-SPOA has approved one child/youth in this quarter for the community residence, and another youth currently is the community residence. C-SPOA has submitted three Residential Community Treatment referrals to the PACC; two have been accepted in the first quarter while one was deferred several times and the referral source ultimately decided to seek placement (RTC). Transitional youth tend to get lost between the child and adult mental health systems, and the services available do not fully capture the needs of this age group. There is a need for a peer specialist for transitional youth. There is a lack of respite services for youth and parents. There is a need for more safe and affordable housing directed at specific populations (such as persons with Substance use disorders, family housing, transitional youth housing). There is a lack of qualified trained paraprofessionals. The Mental Health Clinic has been without an embedded Peer Specialist for over a year.

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

Please Explain:

Opioid use continues to be a significant issue in the county. Bassett started a Medication Assisted Treatment program (MAT). A counselor from the CD Clinic has been on-site at Bassett Primary Care to assist in linking individuals to treatment; however this has not gone as well as anticipated and was recently discontinued. The CD Clinic began to offer Suboxone as part of their Medication Assisted Treatment in October of 2017, and currently there are 15 individuals receiving MAT. Individuals receiving MAT are linked with clinical counseling services tend to be doing better than those not linked with chemical dependency treatment. There has been a shift in the last six months with a rise in cocaine use among individuals in the county. According to health.ny.gov, Schoharie County has had seven opioid overdoses through September, 2017. The number of participants in Drug Court continues to rise and often these individuals are in need of a higher level of care as they initiate treatment. We continue to combat significant stigma associated with substance abuse. There is a lack of community awareness and education regarding the problem in the county. Families struggle to engage in treatment due to the associated stigma, and thus there are often no supports in place other than self-help. In August of 2017, Schoharie County was notified that they received part of an OASAS grant along with Fulton and Montgomery County for a Peer Engagement Specialist. This person is to provide support, encouragement and guidance in finding appropriate services to person misusing substances and/or in recovery. There are no specific housing units for individuals with a history of substance use disorders. These individuals tend to be homeless or "couch surf" with family or friends. Also, there is a lack of case management specific to this population and its needs. Schoharie County is working to implement a LEAD (Law Enforcement Assisted Diversion) program with a Policy Coordinating group. The LEAD program would allow trained officers to refer low level drug offenders to case managers who would work hand in hand with these individuals and law enforcement to get these individuals into treatment. This is a prearrest diversion program and has had good outcomes in other jurisdictions. Law enforcement are recognizing the need for treatment and its potential benefits. The LGU is at the table as this program is being developed.

- 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:

OPWDD is becoming more stringent with eligibility requirements for services among the children and adult populations. It is a challenging system to work in and for families to navigate. OPWDD is in the middle of a major transition within their delivery system. OPWDD Medicaid Service Coordinators are transitioning out of the local providers and into Care Coordination Agencies that have been identified through the State. Individuals who have worked for Schoharie County ARC have signed on with Care Design New York and will assume these care manager roles within the community starting on July 1, 2018. Rates have continued to get cut for services being provided through rate rationalization, yet there is still the expectation to provide the same types of services as before, even as population numbers continue to increase in the county. Housing has lost its "local touch", as OPWDD directs consumers through the "front door process" available throughout the State. This process has made it more difficult for lower acuity persons who are residing at home to get access to one of these available slots throughout the State, as

higher acuity individuals have priority. OPWDD is moving towards apartments and ranch style homes due to an aging population. Respite services are not an issue presently; they are able to meet the needs of their families. They have day time support available, and if overnight respite services are needed a hotel can be accessed. Families are often asked to use self-direction, but cannot secure a reliable workforce for their loved ones.

The local provider, Schoharie County ARC, reports that recruiting and maintaining staff is challenging. There is a lot of turnover with direct-care staff. It appears that the increase in the minimum wage makes ARC job opportunities less appealing to their potential applicant pool. The example used was that these same potential applicants can get a job at McDonalds for the same wage that they would make at the ARC in direct-care, with fewer challenges related to working with this population. The needs of this population require a committed and understanding workforce.

Meeting the needs of the dually diagnosed individual (developmental disability and a mental health diagnosis) is difficult in Schoharie County, as there is a lack of trained professionals. There have been mixed reviews on the START program. The outcome depends on the individual delivering the services, and that has been inconsistent. Overall, there is a lack of workforce to meet the mental health needs of this population.

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Workforce Recruitment and Retention (service system) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Employment/ Job Opportunities (clients) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Prevention | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g) Inpatient Treatment Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Recovery and Support Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Reducing Stigma | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| j) SUD Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) SUD Residential Treatment Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Heroin and Opioid Programs and Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Coordination/Integration with Other Systems for SUD clients | <input 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 checked="" 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 type="checkbox"/> |
| s) Developmental Disability Adult Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t) Developmental Disability Student/Transition Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u) Developmental Disability Respite Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v) Developmental Disability Family Supports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w) Developmental Disability Self-Directed Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x) Autism Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y) Developmental Disability Person Centered Planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| z) Developmental Disability Residential Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aa) Developmental Disability Front Door | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ab) Developmental Disability Service Coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ac) Other Need (Specify in Background Information) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2a. Housing - Background Information

Over the past year, there has been an increased need for support to individuals and families seeking permanent housing. Schoharie County is one of five counties in New York State that does not have a Continuum of Care. There have been some meetings with the LDSS (Local Department of Social Services) and Catholic Charities locally in an attempt to implement one here; unfortunately, there has been no follow up on it in recent months. Schoharie County does not have a homeless shelter or a homeless coalition. As a result, Schoharie County residents who are homeless are often placed in shelters in other counties because it is more cost effective. Currently, LDSS is paying for twenty hotel rooms to house individuals and families. There has been an increase in individuals and families who are seeking the OMH beds available within the county. These individuals have priority for placement, but tend not to be linked and/or stay linked with mental hygiene services, which results in poor use of the existing beds and programs. It is not ideal for most of these individuals to be placed in supported housing, as they need a higher level of service to keep them connected to mental hygiene services in place, or in getting those services in place. The current housing model continues to

provide a one-size fits all approach to programming. There is no housing specifically allotted for individuals with SUD, or those with SUD concurrent with MH diagnoses, again placing strain on the existing housing slots. Both professionals and paraprofessionals in these support programs have limited education within the SUD field and lack the knowledge and expertise to implement evidence based/best practices for these individuals. This disconnect leads to a lot of chaos within the program for these individuals, as well as for other individuals in the program with a MH diagnosis. Clients with SUDs often face eviction from their assigned MH program due to continued use, inconsistent CD and/or MH treatment, denial of a problem, or lack of an adequate recovery program. The respite apartment continues to be utilized and is almost always occupied.

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

Implement sober living environments through safe, affordable transitional housing.

Objective Statement

Objective 1: Modify current transitional youth housing beds and offer treatment apartments (2 units) with two to three bedrooms per unit. Offer wrap around services so the transitional youth population can learn independent living skills.

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

Objective 2: Collaborate with DSS and other partnering agencies to increase sober living housing and provide interim case management for these targeted populations: substance abusing populations, homeless, and individuals transitioning from prison and jail, ultimately leading to permanent, safe housing.

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

Objective 3: SPOA/LGU will continue to monitor OMH housing in Schoharie County to ensure that the individuals in the program are in the appropriate level of care, review their housing plans, and ensure that work on the discharge planning commences when program goals are met.

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

Objective 4: Increase supported housing beds, as these appear to be the most pressing need and have the largest wait list.

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

Change Over Past 12 Months (Optional)

OMH allotted eight new supported housing slots this past year. The LGU has asked the contract holder to provide additional supported services for these eight beds as there is recognition that often these same individuals need extra support to maintain independent living and this increases their likelihood of success. OMH recently made a new policy surrounding the "daisy chain." Typically, this additional supported housing slot is only opened up with an individual who comes out of a State facility and allows this individual to bump an individual down at the Community Residence and so forth until we have the additional supported housing opening. This is a difficult slot to fill since referrals from the State are less frequent now. Currently this slot remains unfilled, as there has not been a State referral in the past year. The LGU now has the ability to look at individuals who have been in our Community Residence or Supported Apartment program for over two years, and use these individuals as the starting point for the "daisy chain." OMH approval is necessary to use this new procedure, but it will make accessing and filling the additional supported housing slot easier. We continue to collaborate with DSS with high need individuals who are in OMH housing, since these same individuals continue to face challenges following through with DSS requirements for maintaining benefits. DSS does not have a lot of flexibility with benefit determination. However, with a cross-systems approach the LGU can often maintain many of these individuals in housing through various funding sources (Adult Flex Funding, family or friends).

2b. Transportation - Background Information

Transportation needs continue to come up as a major issue within the county despite a bus system in place, cab (Medicaid eligible) availability, and a large percentage of individuals with access to a personal vehicle. County transportation continues to work very well with the major systems (MH, DSS, etc.) to come up with solutions to address these needs. Bus routes exist in the more populated villages/towns, with daily routes to the annex and county buildings. The southern end of the county tends to have less routes to and from county services, making access to the clinics more challenging. The SPMI population may also have difficulty accessing and utilizing the existing transportation services for a multitude of reasons often associated with their diagnoses. Individuals who do have access to a personal vehicle often lack adequate and road-worthy vehicles. These same individuals or families tend to have very limited monetary resources, which then have to be budgeted around vehicle maintenance, transportation costs, and supporting their family and housing needs. Individuals and families often face tough choices about what they utilize their inadequate vehicle for, and clinical appointments are often canceled. Clients may not engage in services due to the need to maintain the vehicle for jobs and the associated costs. There has been an increase in requests for the state aid Adult Flex Funds that individuals with a mental health diagnosis can access. These funds are a last resort, and the committee often has a difficult time approving vehicle repair requests due to the funding criteria. The mental health clinic utilizes these funds to purchase twenty twenty dollar gas cards each month, and these are often gone before the month is over. However, the committee is approving more and more of these requests if a direct correlation can be drawn between the request and keeping individuals stabilized and out of the hospital and remaining housed.

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):

Schoharie County is a large rural community and there is little funding to expand the existing transportation system. Currently, the Schoharie County DSRIP Hub is exploring ideas on transportation and its impact on individuals accessing services.

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

The START (Systemic, Therapeutic, Assessment, Resources, & Treatment) is an OPWDD program. It is a community based program that provides crisis response services to individuals with intellectual and developmental disabilities who present with complex behavioral and mental health needs and to their families. The START Program has a very limited presence in our county. There are no local providers to meet the needs of this population and as a result, there has been an increase in this population accessing the Emergency Department. Unfortunately, there have been some reported incidents of inappropriate care directed at this population. ARC residence staff members are often not adequately equipped/trained to handle mental health crises. MCAT reports that their interactions with individuals in the DD population have been low this year, approximately five to ten calls which tend to occur later at night. In these situations, MCAT works directly with the staff member to make a safety plan focused on the behaviors of the individual in crisis.

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 diagnosed with an Intellectual Developmental Disability will receive wrap around crisis services including: service coordination, skills training, respite, nursing services, behavioral supports, counseling, and psychiatric assessment/medication management.

Objective Statement

Objective 1: Advocate for the START Program to be more available in Schoharie County.

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

Objective 2: Clinician at the mental health clinic will receive specialized training to work with this population

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Children and youth in Schoharie County continue to be referred through the Child-SPOA process; but with the recent implementation of Children's Health Home; there are significant concerns at the local level. There has been a slight decrease in C-SPOA referrals received for the first quarter of 2018 as compared to the first quarter of 2017. C-SPOA referrals decreased from nineteen to fourteen. There is a lack of local oversight in this new system and parents and community providers have reported confusion over the process. Unfortunately with this new system, the LGU is not always aware of all children and youth who have a severe social and emotional problem as they no longer begin with the C-SPOA process. CMAs (Case Management Agencies) are seeking referrals on their own, community providers can submit direct referrals to the CMA or lead Children's Health Home and parent's and guardians have this option too. This lack of a centralized process adds to the confusion of who has been referred for case management services and who has not. While CMAs, various community providers and occasionally families do participate in the C-SPOA meetings; communication continues to be a challenge faced by the C-SPOAs between the various stake holders. Recently, C-SPOA has made in-roads with the lead health home, CHUNNY and this may assist with some of the confusion around a process for all SED referrals. C-SPOA often is brought into the picture, when these children and youth need a higher level of service and when reviewing their prior services, there is a lack of depth and quality to the current services in place. The C-SPOA committee continues to struggle to find appropriate services for these children and youth, as well as their families and/or guardians. While there are not always prior mental health or substance abuse treatment histories, many of these children and youth have had some prior contact in recent years with one of the systems (DSS, probation, or school) with no apparent follow up or referral to mental health services (unable to ascertain if this is due to a lack of referral from the various systems, if families/guardians are not following through on referrals, or another reason). Schoharie County has had a significant increase in the number of children and youth placed in care (this includes foster care placements and OMH therapeutic treatment programs) this past year, and there is a direct correlation with the increase of opioid use disorders. Children/youth and families/guardians are struggling with the Children's Health Home model and are reporting that services are not adequate for the needs of the child within the family system. Children and families struggle with the care coordination aspect of it. Families want direct services for their children and in this model, the care coordinator refers out to providers in the community. Concerns have been raised that some children and families have so many providers involved it is difficult for the families to keep track of and schedule with all of them. In this way this system is now potentially adding to the chaos that often already exists within the family system instead of limiting it. In one particular example mentioned, a child had over twelve providers and the parent had a set of providers as well. The scheduling needed to maintain all of these providers is an added strain on the family and would be for most families. A greater number of providers does not necessarily mean a better outcome for this child and family. The concern here is that these families are more often than not chaotic; while they are in need of case management services, the HH CM services are not meeting the needs of the children/youth and their families. Schoharie County has twenty-five Non-Medicaid slots and uses these slots for children/youth who do not qualify under the Children's Medicaid Health Home, but are in need of case management services. There is a focus on the family system and advocating effectively with them/for them as they are often involved with multiple systems. Visits with the children and youth, family, and other providers are determined on as needed basis, with the idea that in order to effect change, children/youth and their families need to be taught resilience. These families are being educated about Adverse Childhood Experiences and linked with appropriate referrals as needed. Clinical and non-clinical services are engaged. Children/youth and their families are learning the importance of stability, follow-through and consequences - both positive or negative - and how to manage them appropriately. Social determinants are discussed regularly with the parent/guardian and child/youth as appropriate and possible solutions are discussed and remedied if possible (ie. food shortage - take them to a pantry to get food).

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

Improve mental health supports, services, and outcomes for youth

Objective Statement

Objective 1: Educate the community, local service providers, and other systems regarding Adverse Childhood Experiences and its potential ramifications on families, specifically youth.

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

Objective 2: Implement multiple groups for children under 18 embedded within the schools and MH/CD clinic focusing on coping skills, behavioral health/wellness, peer and family conflicts

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

Objective 3: Offer respite as an additional service through FOCUS for all children, whether or not they have case management services in place

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

Objective 4: Collaborate with probation around the newly created law, Raise the Age, to create a shared staff clinician who would provide Evidence Based Treatment and case management services specifically for the 16-17 year olds

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

Objective 5: ACES screening tool will be incorporated into the clinic/CSPOA intake process. Staff will continue to complete training in evidence-based practices for trauma informed care.

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

Change Over Past 12 Months (Optional)

The Mental Health Clinic and the Probation Department have entered into a Memorandum of Understanding to facilitate the coordinated delivery of behavioral health services to juveniles and their families in Schoharie County, and to coordinate care management services between Probation and SCMHC. One staff member, the Senior Mental health Advocacy Care Manger has been hired and is assuming these responsibilities. The staff person carries a caseload of 12 families and provides clinical case management services in the home, school, and community. Services that are being provided include: conducting an assessment of the identified juvenile; coordination of child and family team conferences; ensuring that the family is receiving services as outlined in the family's individualized plan; and facilitating communication with community service providers regarding the obstacles and barriers that families are encountering. There is regular communication between this staff member and the Probation Officers, along with monthly case reviews with supervisors.

2i. Reducing Stigma - Background Information

Suicide is a serious public health issue in the United States. The most common disabilities in America are anxiety and depressive disorders. One in five adults are living with a DSM-5 diagnosis. The rate of depression has tripled over the past few years. 1/10 Americans are on an anti-depressant medication. Overdose is the fourth leading cause of death in the United States, while suicide is the tenth leading cause.

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 understanding that recovery from mental health and substance use disorders is possible for all, while increasing protective factors against suicide.

Objective Statement

Objective 1: Reframe information, messaging and images on website, brochures, educational materials, social media, public service ads to target specific populations (i.e. middle-aged, Caucasian male)

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

Objective 2: To strengthen the coordination of the local suicide task force and programming.

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

Objective 3: Hold community forums reaching all areas of the county on relevant behavioral topics, such as ACES, Suicide Prevention, and the opioid crisis.

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

Objective 4: Offer trainings to include Safe Talk, ASSIST and Mental Health First Aid.

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

Objective 5: MCAT workers will continue to reach out to law enforcement, schools, and other agencies to promote their services and provide linkage

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

Change Over Past 12 Months (Optional)

The County website has been revised to include more detailed information regarding the services offered by the Office of Community Services. There is a new brochure with a description of all services provided through through OCS. There have been Adult Mental Health First Aid Trainings offered; one was offered to law enforcement, while the second was offered to community providers. A third training is being scheduled for county staff who are out in the community and working with residents (such as DSS caseworkers, case managers, probation officers). The county sponsored an ACES training in conjunction with the Schoharie County ACES team. David Wallace, LCSW, a nationally recognized speaker on ACES and Resilience, was the speaker. The LGU did participate in the National Advisory Committee to the Secretary of the Health and Human Services Department on Assessing and Mitigating the Effects of Adverse Childhood Experiences (ACES) among Rural Americans. Clinical staff from both clinics have been given training opportunities on ACES and trauma informed care.

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

Over the past several years, Schoharie County has seen an increase in the number of individuals seeking treatment with an opioid addiction at the Chemical Dependency Clinic. There were four deaths linked to opioid use and several other overdoses that are suspected to be linked to opioid use. Law enforcement and paramedics are reporting an increase in young adults abusing heroin and other opioids. To address this problem, we need to provide prevention, treatment and recovery services in the county. The Opioid Task Force will continue to focus on prevention activities and provide community education. We have partnered with another county on a grant to provide a family navigator to assist these individual and their families to get the needed services.

Over this past year, physicians at the local Bassett primary care sites have been trained on providing Medication Assisted Treatment (MAT) to this population. The Office of Community Services is working with the Bassett primary care in a DSRIP project on engaging consumers who are identified in need of Medication Assisted Treatment along with behavioral health 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

Decrease the rate of opioid addiction and resulting complications that are impacting our community.

Objective Statement

Objective 1: Provide community education on the opioid crisis in our community.

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

Objective 2: Provide specific group therapies addressing opioid addiction/recovery.

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

Objective 3: Provide support to Bassett primary care sites in Schoharie county as consumers are identified in need of medication assisted treatment along with behavioral health services.

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

Change Over Past 12 Months (Optional)

There have been two Town Hall meetings held in the County so far this year - the first one in Cobleskill, and then a second in Gilboa. During the Town Hall meetings there is a educational presentation on the signs of drug abuse/addiction, resources available, and a Narcan training (medication to reverse opioid overdose). SCCASA (Schoharie County Council on Alcoholism and Substance Abuse - local prevention provider) presents the 'Shawna Has a Secret' bedroom to help parents know what signs and symptoms to look for in their child to help curb children's drug use.

Over the last year, about 30 percent of the individuals seeking treatment at the CD Clinic have an opioid diagnosis. However, 75 percent of the individuals who are in the Schoharie County Drug Court Program have an opioid diagnosis. There has been some positive feedback with having a Peer Specialist that has worked with clinical staff at the CD Clinic.

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

In Schoharie County, the total number of CPS cases in 2017 with the LDSS was 600 with twenty-one removals. The total number of current cases for 2018 is at 195 cases with five removals for the first quarter. These numbers appear on target to be at the same level as last year, or may exceed last year's numbers. Most of these removals involve parents with substance use disorders. In 2017, 183 of the cases involved drugs and alcohol and in the first quarter of 2018, sixty-one involved drugs and alcohol. In 2017, 192 of the calls were related to a parent's mental health condition and there were 141 cases that involved a child with mental health needs. In 2018, sixty-four of the cases are related to the parent's mental health condition and forty-seven cases involve a child with mental health needs. DSS oversees these removals while working under an entirely different set of regulations; their department struggles with engaging these individuals and families in mandatory services following their Family Service Plan (FSP). The parent(s)/guardian(s) and their extended families who are impacted by the addiction often feel "punished" for their loved one's substance use, and may not sense that DSS truly wants the families to succeed. DSS caseworkers lack an in-depth knowledge about the science behind addiction and how recovery works. Unfortunately, this directly impacts how these families engage in DSS FSP, and tends to lead to a more adversarial relationship.

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

Create and implement a family based intensive treatment program that would support families staying together in the community.

Objective Statement

Objective 1: Partner with DSS and embed a social worker/clinician between DSS and OCS who will serve as the point person for caseworkers and administration

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

Objective 2: Provide cross training between the two departments.

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

Objective 3: Utilize ACES and trauma informed care to better build resilience within the families served.

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

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

When children are the identified client, we need to be able to treat the entire family so they are a successful unit. Families often do not understand the role of therapy, and children do not always wish to have family present in their sessions. Research shows that families are an integral part of treatment for children and without their support change is very difficult and unlikely to happen. A family oriented approach enables families to cope and find better solutions to their problems.

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

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

Increase family involvement/engagement in mental health treatment, and improve identified client acceptance of the value of this involvement to his/her well-being.

Objective Statement

Objective 1: Hold family nights at the mental health clinic on a monthly or quarterly basis to provide support and education on mental health diagnoses and issues

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

Objective 2: Develop strategies to review and utilize clinical data to support the value of family involvement for successful treatment outcomes.

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

Change Over Past 12 Months (Optional)

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

To be successful with the state goals around DSRIP, the Prevention Plan along with the RPC initiative and provide better care to the consumers it is important to break down barriers and not work in silos. Historically, Chemical Dependency and Mental Health services have operated independently of one another, with the Development Disability or dually diagnosed populations struggling to get their needs met comprehensively as a result. While the "silo" mentality has been reduced somewhat, there are still barriers to effective care and communication between various agencies at times.

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

Improve communication/collaboration among all agencies involved in behavioral health services in the County (including, but not limited to, MH Clinic, CD Clinic, RSS, DSS, ARC, SCCAP, CC, etc.)

Objective Statement

Objective 1: Schedule on-going monthly committee meetings to clarify what is needed to meet an outcome that is fully client-centered, and to identify possible current obstacles to that outcome.

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

Objective 2: Explore ways to collaboratively and successfully address obstacles, utilizing the concept of the breaking down

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

Objective 3: Develop concrete plans based on these discussions for committee members to bring back to their agencies; members to provide status reports as the first order of business at monthly meetings.

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

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

One of the biggest areas of concern at the County level is the lack of standardization of care across the CMAs currently providing services to the Health Home population. There are policies/procedures set forward by the lead HH which meet the minimum requirements that are set forth by the DOH/OMH regarding the populations served. Additionally, each CMA has their own policies and procedures that further guide how a case is managed. These layers create confusion among the population served, and do not lead to best practices in case management. By setting standards of care for all of the CMAs, individuals in the county would be guaranteed to receive the same standard of care whatever agency they choose.

The required documentation in HH CM is burdensome on providers and clients receiving services. Documentation is important and there should be emphasis on it; however, excessive requirements may result in the actual face-to-face or phone 'work' with the clients being delayed or reduced. There are concerns that the lead HH may be overly focused on documentation requirements versus the provision of good clinical case management and standards.

In the Adult Health Home, there has been a significant push recently by the Department of Health/Office of Mental Health towards CMAs assessing individuals who are eligible for HCBS services. The communication between the DOH/OMH, the Lead Health Home and the CMAs has been confusing, and as with standard Health Home Care Management, a very fluid process. In Schoharie County, few services are available for individuals who opt for HCBS services if they meet the eligibility assessment determination. Often those eligible for HCBS services have Significant and Persistent Mental Illness (SPMI) diagnoses, and engaging them in services that are not readily available is difficult.

In some ways, these additional services do not look much different from referrals already being made (ie. job support/training, learning independent housing skills, peer support) to most individuals.

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

Partner with the lead HH and the CMAs to create standards of care that all CMAs will follow, ensuring that individuals receive the best care across agencies.

Objective Statement

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 checked="" type="checkbox"/> |
| b) Delivery System Reform Incentive Payment (DSRIP) Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Regional Planning Consortiums (RPCs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) NYS Department of Health Prevention Agenda | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3a. Medicaid Redesign - Background Information

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

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

Increase quality improvement procedures as the system prepares for a value based payment structure.

Objective Statement

Objective 1: Avoid unnecessary hospitalizations for people with mental health disorders and support them within the community.

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

Objective 2: Provide Open Access at the Mental Health Clinic.

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

Objective 3: Increase communication between behavioral health providers and primary care.

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (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 iss |
|---|--------------------|------------------|--|
| Psychiatrist | 5 | 3 | Lack of available psychiatrists |
| Physician (non-psychiatrist) | N/A | 1 | |
| Psychologist (PhD/PsyD) | | | We had a state shared position that was reduced, now only one day per month |
| Nurse Practitioner | 5 | 3 | Lack of available NPP |
| RN/LPN (non-NP) | 5 | 3 | |
| Physician Assistant | N/A | | |
| LMSW | 4 | 3 | Lack of available applicants |
| LCSW | 5 | 2 | Lack of available applicants |
| Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy) | 3 | 4 | |
| Peer specialist | 5 | 5 | Lack of workers, low salary |
| Family peer advocate | N/A | | |

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

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

One Article 31 county operated clinic. I have also spoke with Rebecca L. King, CASAC, MHA, Senior Director of Behavioral Health Integration regarding the difficulty she has experience in recruiting LCSW"s for the Bassett Clinic in Cobleskill.

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
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (5/30/18)

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 | Patricia Clancy | Name | Susan Emerson Strasser, MD |
| Physician | No | Physician | Yes |
| Psychologist | No | Psychologist | No |
| Represents | Community | Represents | Medical |
| Term Expires | 12/31/2018 | Term Expires | 12/31/2021 |
| eMail | pclancy@mssny.org | eMail | s2strasser@gmail.com |
| | | | |
| Member | | Member | |
| Name | Pastor Colleen Quirion | Name | Richard Bialdowski |
| Physician | No | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Community / Faith based | Represents | Community/Law enforcement |
| Term Expires | 12/31/2021 | Term Expires | 12/31/2018 |
| eMail | quirion@midel.net | eMail | rbialkowski@cobleskill.org |
| | | | |
| Member | | Member | |
| Name | Neha Gupta, MD | Name | Kimberly Charboneau |
| Physician | Yes | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Community/Medical | Represents | Community |
| Term Expires | 12/31/2019 | Term Expires | 12/31/2021 |
| eMail | Neha.gupta@bassett.org | eMail | kc1260@yahoo.com |
| | | | |
| Member | | Member | |
| Name | Susan Cimino-Cary | Name | Darlene Rinaldo |
| Physician | No | Physician | No |
| Psychologist | No | Psychologist | No |
| Represents | Community | Represents | Community/Consumer |
| Term Expires | 12/31/2018 | Term Expires | 9/30/2021 |
| eMail | susan.ciminocary@icloud.com | eMail | titidarla@gmail.com |
| | | | |
| Member | | | |
| Name | Philip R. Skowfoe, Jr. | | |
| Physician | No | | |
| Psychologist | No | | |
| Represents | Board of Supervisors | | |
| Term Expires | 12/31/2019 | | |
| eMail | Philip.R.Skowfoe.Jr@co.schoharie.ny.us | | |

Alcoholism and Substance Abuse Subcommittee Roster
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (5/30/18)

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 Richard Bialkowski
Represents Law enforcement
eMail rbialkowski@cobleskill.org
Is CSB Member Yes

Member

Name Susan Mallery, District Attorney
Represents Legal community
eMail susan.mallery@co.schoharie.ny.us
Is CSB Member No

Member

Name Julie Sammons
Represents Child welfare
eMail Julie.Sammons@dfa.state.ny.us
Is CSB Member No

Member

Name Danielle Reu
Represents SUNY Cobleskill
eMail ReuDN@cobleskill.edu
Is CSB Member No

Member

Name Pam Levy
Represents Prevention
eMail pamelalevy@ccfi.us
Is CSB Member No

Member

Name Denise Minton
Represents Probation
eMail mintond@co.schoharie.ny.us
Is CSB Member No

Member

Name Megan Ostrander
Represents Peer/Family
eMail casacoby@yahoo.com
Is CSB Member No

Member

Name Susan Emerson Strasser
Represents CSB/Medical
eMail s2strasser@gmail.com
Is CSB Member Yes

Member

Name Colleen Quirion
Represents Faith Community
eMail quirion@midel.net
Is CSB Member Yes

Mental Health Subcommittee Roster
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (5/30/18)

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

Chairperson

Name Susan Cimino-Cary
Represents CSB
eMail susan.ciminocary@icloud.com
Is CSB Member Yes

Member

Name Siri Young
Represents Children/Families
eMail siriyoung@sccdny.org
Is CSB Member No

Member

Name Kim Charboneau
Represents CSB
eMail kc1260@yahoo.com
Is CSB Member Yes

Member

Name Neha Gupta
Represents Medical
eMail neha.gupta@bassett.org
Is CSB Member Yes

Member

Name Jennifer Page
Represents Housing
eMail jpage@rehab.org
Is CSB Member No

Member

Name Shannon Breault
Represents SUNY
eMail breaulsk@cobleskill.edu
Is CSB Member No

Member

Name Sara Schulz
Represents Peer/Family
eMail sschulz@sccapinc.org
Is CSB Member No

Member

Name Donna Rozon
Represents Family/Peer
eMail drozon@twc.com
Is CSB Member No

Member

Name Taylor Ross
Represents Community/MCAT
eMail taylorr@neighborhoodctr.org
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Schoharie Co. Community Services Board (70740)
 Certified: Bonnie Post (5/30/18)

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 Darlene Rinaldo
Represents CSB
eMail titidarla@gmail.com
Is CSB Member Yes

Member

Name Philip Skowfoe
Represents Community
eMail philip.r.skowfoe.jr@co.schoharie.ny.us
Is CSB Member Yes

Member

Name Pat Clancy
Represents CSB/Community
eMail pclancy@mssny.org
Is CSB Member Yes

Member

Name Terry Tetlak
Represents ProviderARC
eMail ">TTetlak@schohariearc.org>
Is CSB Member No

Member

Name Maria Beyer
Represents DDRO
eMail Maria.Beyer@opwdd.ny.gov
Is CSB Member No

Member

Name Kyra Romanello
Represents Public
eMail kyaromanello@co.schoharie.ny.us
Is CSB Member No

Member

Name Melissa L. Ausfeld
Represents Children/School
eMail ausfeldm@crcsd.org
Is CSB Member No

Member

Name Bernadette Wellek
Represents Family
eMail BWellek@schohariearc.org
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Schoharie Co. Community Services Board (70740)
Certified: Bonnie Post (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.