



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

Chemung County Mental Health
July 16, 2018

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Chemung County Mental Health	70190	(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

Mental Hygiene Goals and Objectives Form
 Chemung County Mental Health (70190)
 Certified: Brian Hart (4/18/18)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

The demand for children and youth acute care beds has risen, which historically wouldn't have been as noticeable, but since the closure of St. James the region has been dramatically impacted. For example, in 2017, the Elmira Psychiatric Center processed approximately 1,000 requests for adolescent admissions from the region, and admitted approximately 125.

It has been helpful to have the RCE/Long Stay beds between Catholic Charities and Arbor Development in support of our housing continuum that includes a homeless shelter, OMH licensed community residence for youth, group for adults, supported and supportive housing. However, we struggle having any movement in the RCE/Long Stay beds as the guidance from OMH is contradictory. Some believe that individuals should never lose these supports, and others believe that as part of recovery we should be encouraging them to stay in the apartment of their choice, but remove housing supports entirely or replace them with health home care management.

The Elmira Psychiatric Center and Family Services have both added Nurse Practitioner services in support of former long term stay patients now residing in regional skilled nursing facilities within the region. They do this in a collaborative manner with one another, the MIT team and the nursing facilities medical staff.

- 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:

Trinity's youth clubhouse is up and operational with enrollment of approximately 275 youth and daily attendance of 20-25 members who make up their advisory council. Youth are reporting tremendous benefit from having this option in their life, and have embraced period joint events with family members as well with minimal resistance.

Trinity continues to develop their OASAS/DSRIP supported regional housing in Dansville, NY with on-site clinical services, but it unfortunately will be too far away to benefit our community. They have recently been approved for a housing development project that involves new construction within the community.

In response to the Heroin/Opioid epidemic, we created a regional coalition referred to as the Substance Abuse Regional Alliance (SARA). Participation has been tremendous and it focuses on treatment access, social determinants as barriers to success, and public messaging as well as the development of a phone application.

- 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:

The plan for the dismantling of Medicaid Service Coordination (MSC) seems drastic compared to the guidance from CMS, and remains as a concern of the community as staff are either uncertain of the future along with the families they serve, and or they are leaving for other opportunities. As stated last year, and continues to be our perspective, OPWDD appears committed to ensuring people with intellectual and developmental disabilities have continued access to person-centered planning, benefits assistance, and linkage and referral to supports and services, but the design for the MSC transition doesn't take into account the impact on the agencies and their staff that will be responsible to operationalize these changes, let alone the impact on the consumer.

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input 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 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 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

Supply vs. demand continues to be a huge barrier to structured housing options when considering licensed housing across all three disability populations. While we appreciate efforts by all three state agencies in the past couple of years to increase community housing options, major gaps remain.

We are tremendously appreciative of the addition of more long stay beds from OMH and the newest funded project by OASAS allowing for CASA of Livingston (dba: Trinity of Chemung) to build a 20-bed Part 816.7 Medically Supervised Withdrawal and Stabilization facility in collaboration with Glad Tidings Christian Life Church (dba: The Journey Center), who operates two unlicensed family care look alike homes for adults with substance abuse issues.

As noted above there is little to no movement in much of the OMH licensed housing options.

Other than the planned mandatory conversion of ICF's to IRA's for OPWDD licensed housing providers, development of housing has been minimal. The unbundling of clinical services in these residential options presents significant challenges.

AIM is in the development of an approved mixed housing projects that will slightly increase the capacity for the IDD population.

The ARC of Chemung has been approved to open a four plus one (respite) IRA for young adolescents. In addition, Housing Visions is completing a project with 45 unlicensed apartments and seven of which will be set aside for ARC referrals.

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

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

Develop new housing options that are either licensed by one of the three state agencies, or utilize an unlicensed approach for individuals with mental health, substance abuse and/or developmental disability diagnosis including but not limited to mixed use options.

Objective Statement

Objective 1: Assist with any and all necessary components required to move individuals who meet the criteria and/or self-identify as being prepared for transitioning to a less restrictive environment.

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

Objective 2: Develop more half-way house beds via a capital funding project.

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

Objective 3: Collaborate with unlicensed apartment owners dedicated to serving persons with addiction. Consider peer and/or health home care management supports as well as alternative funding sources to support these individuals.

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

Objective 4: Develop supported housing for persons in recovery including but not limited to mixed use options.

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

Objective 5: Develop more supported housing within the community or in contiguous counties.

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

Change Over Past 12 Months (Optional)

Objective #1- These discussions continue, but as noted above there is mixed guidance from OMH, and as a result, the discussion have stalled. The ICF's are being converted to IRA's as noted.

Objective #2- There has been no movement, and the administration of the current half-way house has changed, so this conversation needs to start over.

Objective #3- NEW

Objective #4- Funding has been approved for a facility within the county.

Objective #5- NEW

2c. Crisis Services - Background Information

Chemung County has a rich history of having an extremely responsive mobile crisis team for the past 25+ years. Prompted by DSRIP, we have been discussing enhancing the service by moving from a call service that pages the crisis worker, to a live triage who only contacts the mobile crisis staff if the issue is unable to be deescalated, and/or the request comes directly from law enforcement to dispatch a crisis staff team member.

There has been some discussion in the FLPPS region of addressing crisis separately for those with substance abuse needs, but our current system doesn't discriminate when called. That said, due to regulations, we still need to have a better solution for 48 hour crisis beds options. Currently the Elmira Psychiatric Center has a youth crisis/respite unit in Elmira, and as part of the Southern Tier Transformation Plan, there are regional apartments for adults in Steuben, Yates and Tompkins for this purpose. There are not such beds for substance related individuals and regulations prohibit co-mingling in a licensed facility.

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

Finalize transition of crisis calls from answering service to live triage.

Establish crisis housing for person with substance abuse related issues.

Objective Statement

Objective 1: Family Services will enter into contract with National Suicide Prevention Hotline.

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

Objective 2: Explore options for utilization of halfway house beds and/or develop designated beds for this purpose.

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

Change Over Past 12 Months (Optional)

The goal and objectives are new.

2g. Inpatient Treatment Services - Background Information

The number of acute psychiatric beds has continued to decrease over the past several years with the closure of St. James Hospital's psychiatric unit and the slow reduction of beds at the Elmira Psychiatric Center. Admissions for youth are particularly challenging in that if a bed is available it is often several hours away, and parents frequently do not have reliable transportation. As a result, youth are often discharged back to their home after staying in the Emergency Room for two or three days if not more.

There is an increase in psychiatric presentations of youth from Glove House residential settings and local colleges that would likely benefit more from a community based triage system prior to an ER visit.

Accessing substance abuse rehabilitation beds often requires the patient to wait two or more days before a decision is made by the provider to accept them for treatment. In addition, at discharge the plan is often not comprehensive, leaving the patient in need of other supports.

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

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

Develop and implement a psychiatric assessment training program for staff in both Emergency Rooms, the Behavioral Health Assessment Team (BHAT), and the Behavioral Sciences Unit (BSU) that includes a community resource guide.

Trinity of Chemung will connect with individuals while receiving acute substance abuse treatment, and work collaboratively with staff to assure that all available community based needs are met at discharge including but not limited to social determinants of health such as housing, ability to obtain medications, and addressing treatment and support needs such as health home care management and peer services if offered in the respective discharge community.

Decrease presentations of youth and young adults at the local Emergency Rooms by developing a community based triage mechanism.

Objective Statement

Objective 1: Explore options for alternatives to Emergency Department visits and psychiatric hospitalizations including but not limited to enhanced utilization of the mobile crisis team.

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

Objective 2: Explore options for opening an additional children and youth acute unit to complement the existing service at the Elmira Psychiatric Center.

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

Objective 3: Consider submitting a Certificate of Need application to open an OASAS licensed Detox in the community.

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

Objective 4: Train all ER, BHAT and BSU staff to provide a comprehensive emergency psychiatric assessment, and to utilize of a community resource guide.

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

Objective 5: Expand the use of peers from Trinity to become a fully integrated and collaborative team members with the New Dawn program and the Emergency Room.

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

Change Over Past 12 Months (Optional)

Objective #1- We have expanded HBCI services by adding another full time staff and a part time supervisor, resulting in the program capacity doubling. The HBCI provider has presented to the SPOA committee in attempt to increase referrals, and as a result, 6 new cases have been presented. We have new leadership of our community based crisis service, so she is working with her per diem staff to assure that we are triaging cases appropriate when contacted.

Objective #2- Discussions have stalled.

Objective #3- Trinity has been approved for this service.

Objective #4- NEW

Objective #5 - NEW

2j. SUD Outpatient Services - Background Information

Historically off-site clinical services were not permitted, so outpatient clinical services were limited to the locations of the local clinics. In the past few years, CASA of Livingston dba: Trinity of Chemung took over the clinical services from ADRC and St. Joseph's Hospital, and now provides outpatient clinical services to approximately 500 unduplicated individuals a month. They have recently started to provide services at the county jail and in a primary care office, but not through a formal satellite licensure process. Therefore, their productivity numbers are down and could result in the need for a corrective action plan.

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

Establish at least two integrated sites in partnership with Family Services of Chemung and the Arnot Healthcare System.

Objective Statement

Objective 1: Trinity will begin discussions with Family Services and Arnot about possible office locations for integration.

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

Objective 2: Trinity will establish need for integration and pursue CON through OASAS, taking into account any DSRIP waivers that may need to be acquired as well.

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

Change Over Past 12 Months (Optional)

Objective #1- Family Services and Trinity management have had some discussions about possible co-location of services and or back end supports, but it remains in discussion phase.

Objective #2- No progress based on objective #1's progress YTD.

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

As the OASAS provider agency planning surveys indicates, opioid use is on the rise in Chemung, and while we have what appears to be ample access to outpatient clinic services including the use of both Vivitrol and Suboxone, access to Methadone clinics are 1 1/2 hours away to both the east (Binghamton) and west (Rochester). Additionally, with recent increases in heroin and heroin laced with fentanyl, we need to evaluate community options for enhancing our approach to this epidemic.

During the first six months of 2017, the number of overdoses resulting in Narcan administration and the number of fatalities exceeded all of 2016's occurrences. The latter half of 2017 saw one fatality and approximately a dozen additional overdoses. That trend, we are happy to report, has continued in the first quarter of 2018.

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

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

Expand array of approaches to prevention and treatment efforts that engage more individuals in care, and decrease opioid related fatalities..

Objective Statement

Objective 1: Collect and analyze numbers of individuals who have failed on Suboxone and/or Vivitrol.

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

Change Over Past 12 Months (Optional)

Objective #1- Need to request data from prescribers and/or pull it out of the Salient software system.

2n. Mental Health Clinic - Background Information

Caseloads in the private not-for-profit clinic can be as high as 90/1, with an average of over 3600 clinical services provided each month by 37 clinicians. Another way of looking at this, is that clinicians see an average of nearly 5 clients a day 52 weeks a year. The clinic has been unable to easily identify the total number of individuals who remain in care over a 12 month period without receiving medications.

There is a shortage of pediatric practitioners in the community resulting in generalists in psychiatry, psychiatric nurse practitioners and pediatricians prescribing medications without more in-depth experience and/or certifications.

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

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

Enhance current processes that allow for further exploration of possible options to reduce caseloads.

Pursue grant funding to utilize pediatric tele-psychiatry services.

Objective Statement

Objective 1: Work with Quality Assurance staff to develop a strategic plan in furtherance of decreasing caseloads.

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

Objective 2: Ask the Community Resource Enhancement and Development (C-RED) committee to secure grant funding.

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

Change Over Past 12 Months (Optional)

The goal and objectives are new.

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

Communication between mental health providers and PCP offices continues to be a significant issue as clients aren't always the most accurate in the provision of their information, and current information available in the RHIO is helpful, but contains very little of what could benefit a collaborative treatment approach.

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

Evaluate options to enhance communication.

Objective Statement

Objective 1: Support referrals from PCP offices to health home care management services.

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

Objective 2: Organize agency health fairs for agencies to learn more about the services offered by community stakeholders.

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

Change Over Past 12 Months (Optional)

The goal and objectives are new.

2r. Developmental Disability Children Services - Background Information

Far too often children find themselves in need of services, but they don't meet OPWDD criteria, and/or aren't eligible for special education services as determined by either the Committee on Pre-school Special Education (CPSE) or the Committee on Special Education (CSE). As a result, families are left with trying to pay for clinical services out-of-pocket, or opting to have their child not receive services entirely.

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

Identify the scope of the problem, and determine barriers that need to be addressed including but not limited to, accuracy of information being provided to decision making bodies, addressing workforce issues, and identifying alternative funding....

Objective Statement

Objective 1: Gather data indicating the frequency of youth not meeting criteria with OPWDD, CPSE and/or CSE committees.

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

Objective 2: Determine what if any barriers exist for approval of services, and develop strategic plan to address sustainable solutions.

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

Objective 3: Work with the state and the Community Resource Enhancement and Development (C-RED) committee to secure flexible funding for families.

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

Change Over Past 12 Months (Optional)

The goal and objectives are new.

3. Goals Based On State Initiatives

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

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

Local providers are very involved with both Finger Lakes PPS and Care Compass Network.PPS including almost all CBOs, and both local healthcare systems. As a whole, they have helped both PPS' achieve benchmarks whenever possible.

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

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

Expand the four current co-located sites of mental health in primary care to include substance abuse clinic services as well, and add additional sites in other PCP locations.

Address the unmet needs of the crisis stabilization project, specifically identifying crisis respite options above and beyond those at the Elmira Psychiatric Center and Glove House for youth, and the transformation apartments in Tompkins and Steuben counties.

Objective Statement

Objective 1: Trinity of Chemung will submit a CON in partnership with the Arnot Healthcare System for satellite offices at Eastside medical and I-Mast locations.

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

Objective 2: Family Services of Chemung and Trinity of Chemung will work with the Arnot Healthcare System to expand location in other Primary Care Practices.

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

Objective 3: Family Services of Chemung will move their answering service to a 24 triage center based in Ithaca.

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

Objective 4: Explore all available options to meet the requirement for 48 hour beds in the county and region.

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

Change Over Past 12 Months (Optional)

Objective #1 and 2- No progress YTD.

Objective #3- Family Services continues negotiations with the National Suicide Prevention and Crisis Service based in Ithaca. Both organizations are supportive of this move that will take this service from an answering service to a live triage system, but they have to work through some technical issues related to after hour transfer of the phone systems.

Objective #4 - In the DSRIP region it is likely that FLPPS will approve some development of beds in 2018-19, but they will be at least an hour away.

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

Support Arnot Healthcare System as the local voice on the Regional Planning Consortium.

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

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

Assure that the representative is well informed on the issues as has an established mechanism for bi-directional communication with local stakeholders.

Objective Statement

Objective 1: The LGU will meet regularly with Arnot's representative to offer technical assistance.

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

Objective 2: Hold quarterly meetings with local stakeholder and RPC representative from Arnot Healthcare System.

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

Change Over Past 12 Months (Optional)

Objective #1- These meetings occurred, but the representative didn't attend the RPC meetings after the initial welcome to the board meeting. Arnot has appointed a new representative who is aware of the previous struggles in participating, and plans to be much more active understanding that they are the voice for the region.

Objective #2- No progress to date.

4. Other Goals (Optional)

Other Goals - Background Information

The Medicaid fee for service payment system will start transitioning to Value Based Payments within the next two years, but no decisions have been made as to what outcomes will be required to report on and what achievement levels providers will be required to obtain. With this looming over the service delivery system, it appears that providers will have little to no time to request modifications to their billing and electronic record keeping systems, let alone acquire the funds to pay for such changes.

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

Assure that we have a voice at the table discussing the development of outcomes to be measured under value based payment processes.

Insist on mechanism allowing for the providers to access adequate funds required to pay for software conversions.

Objective Statement

Objective 1: Provide input directly to advocacy entities representing the interests of the delivery system, state agencies overseeing the system, as well as the Department of Health.

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

Objective 2: Request funds from the state for the purpose of paying vendors to make necessary changes to software systems.

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

Change Over Past 12 Months (Optional)

The goal and objectives are new.

Office of Mental Health Agency Planning Survey
 Chemung County Mental Health (70190)
 Certified: Brian Hart (3/16/18)

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	4	3	Not enough of them even with a state PC in the county
Physician (non-psychiatrist)			
Psychologist (PhD/PsyD)			
Nurse Practitioner	3	5	Very hard to retain due to salary and rural location
RN/LPN (non-NP)			
Physician Assistant			
LMSW	3	4	Salary at not for profits
LCSW	4	4	Few and far between along with salary challenges
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	3	3	Easier to find, but same salary challenges
Peer specialist	5	3	Hard to locate those with certification
Family peer advocate	3	5	Very poor salary structure except with state employment

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

It is becoming increasingly more difficult find qualified CFO with experience and/or abilities to have a comprehensive understanding of the complexities of our funding.

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

I didn't reach out to them specific to these questions, but I meet with the agency directors frequently in either individual meetings or as par to our CSB subcommittees, and this is an ongoing discussion.

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
Chemung County Mental Health (70190)
Certified: Brian Hart (4/19/18)

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	David Andrienne	Name	Rosemary Anthony
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	CIDS	Represents	CCC
Term Expires	12/31/2020	Term Expires	12/31/2019
eMail	davida@cidsfamilies.com	eMail	rosemary.anthony.ra@gmail.com
Member		Member	
Name	Joe Cevette	Name	Rene Snyder
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Pathways	Represents	AIM
Term Expires	12/31/2019	Term Expires	12/31/2020
eMail	jcevette@pathwaysforyou.org	eMail	rene@aimcil.com
Member		Member	
Name	Jennifer Emery	Name	Michelle Pavillard
Physician	No	Physician	Yes
Psychologist	No	Psychologist	No
Represents	Family Services of Chemung	Represents	Private Practice
Term Expires	12/31/2020	Term Expires	12/31/2021
eMail	jemery@familyservices.cc	eMail	mpavillard@stny.rr.com
Member		Member	
Name	John Alves	Name	April O'Laughlin
Physician	Yes	Physician	No
Psychologist	No	Psychologist	No
Represents	Arnot Healthcare	Represents	Parent
Term Expires	12/31/2021	Term Expires	12/31/2019
eMail	jalves@ah.arnothealth.org	eMail	aolaughlin617@gmail.com
Member		Member	
Name	Lisa Alger	Name	Amy Jones
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Able 2	Represents	Family Services of Chemung
Term Expires	12/31/2020	Term Expires	12/31/2020
eMail	algerl@able-2.org	eMail	ajones@familyservices.cc
Member		Member	
Name	Melanie Rahr	Name	Michelle Johnson
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Elmira Psychiatric Center	Represents	YWCA
Term Expires	12/31/2018	Term Expires	12/31/2021
eMail	melanie.rahr@omh.ny.gov	eMail	michelej@ywcaelmira.org

Member
Name Lori Murphy
Physician No
Psychologist No
Represents Elmira Psychiatric Center
Term Expires 12/31/2020
eMail lori.murphy@omh.ny.gov

Member
Name Pam Overdurf
Physician No
Psychologist No
Represents ARC of Chemung
Term Expires 12/31/2018
eMail pjo@chemungarc.org

Member
Name Alan Yeck
Physician No
Psychologist No
Represents Corning Community College
Term Expires
eMail ayeck@corningcc.edu

Alcoholism and Substance Abuse Subcommittee Roster

Chemung County Mental Health (70190)

Certified: Brian Hart (3/16/18)

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 Jennifer Emery
Represents Family Services of Chemung
eMail jemery@familyservices.cc
Is CSB Member Yes

Member

Name Megan Wise
Represents Trinity of Chemung
eMail mwise@casa-trinity.org
Is CSB Member No

Member

Name Lisa Wilson
Represents Salvation Army
eMail lisa.willson@use.salvationarmy.org
Is CSB Member No

Member

Name Jean Chapple
Represents St. Joe's-New Dawn
eMail JChapple@arnohealth.org
Is CSB Member No

Member

Name Linda Gabrielli-Waite
Represents Retired
eMail lgwaite@stny.rr.com
Is CSB Member No

Member

Name Jody Mosher
Represents Catholic Charities
eMail jmosher@dor.org
Is CSB Member No

Member

Name Rene Snyder
Represents AIM
eMail rene@aimcil.com
Is CSB Member Yes

Member

Name Dr. John Alves
Represents Arnot Healthcare
eMail jalves@ah.arnohealth.org
Is CSB Member Yes

Mental Health Subcommittee Roster
 Chemung County Mental Health (70190)
 Certified: Brian Hart (3/16/18)

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	Shannon Oakes	Name	Jennifer Emery
Represents	Family Services of Chemung	Represents	Family Services of Chemung
eMail	soakes@co.chemung.ny.us	eMail	jemery@familyservices.cc
Is CSB Member	No	Is CSB Member	Yes

Member		Member	
Name	David Andreine	Name	Laurie Wert
Represents	CIDS	Represents	Capabilities
eMail	davida@cidsfamilies.com	eMail	Lauriew@capabilities.org
Is CSB Member	Yes	Is CSB Member	No

Member		Member	
Name	April O'Laughlin	Name	Ellen Topping
Represents	Parent	Represents	Catholic Charities
eMail		eMail	etopping@dor.org
Is CSB Member	Yes	Is CSB Member	No

Member		Member	
Name	Debbie Montopoli	Name	Kelli Vaughn
Represents	Elmira Psychaitric Center/ Consumer	Represents	Social Connection
eMail	debby.montopoli@omh.ny.gov	eMail	Kelli.Vaughn@omh.ny.gov
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Amy Jones	Name	Jean Chapple
Represents	Family Services	Represents	St. Joseph's Hospital
eMail	ajones@familyservices.cc	eMail	JChapple@arnothealth.org
Is CSB Member	Yes	Is CSB Member	No

Member		Member	
Name	Lori Murphy	Name	Mary Vosburgh
Represents	Elmira Psychaitric Center	Represents	St. Josphe's Hospital
eMail	lori.murphy@omh.ny.gov	eMail	mvosburgh@ah.arnothealth.org
Is CSB Member	Yes	Is CSB Member	No

Member	
Name	Tara McLaughlin
Represents	Children's Integrated Services
eMail	">tmclaughlin@co.chemung.ny.us>
Is CSB Member	No

Developmental Disabilities Subcommittee Roster
 Chemung County Mental Health (70190)
 Certified: Brian Hart (3/16/18)

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 Pam Overdurf
Represents ARC of Chemung
eMail pjo@chemungarc.org
Is CSB Member Yes

Member

Name Renee Snyder
Represents AIM
eMail rene@aimcil.com
Is CSB Member Yes

Member

Name Brianna Goff
Represents Capabilities
eMail briannag@capabilities.org
Is CSB Member No

Member

Name Joyce Carr
Represents Elmira City School District
eMail jcarr@elmiracityschools.com
Is CSB Member No

Member

Name Ed Lukumski
Represents Pathways
eMail elukumski@pathwaysforyou.org
Is CSB Member No

Member

Name Kellie Traugott
Represents Children's Integrated Services
eMail KTraugott-Knoll@co.chemung.ny.us
Is CSB Member No

Member

Name Leisa Alger
Represents Able 2
eMail algerl@able-2.org
Is CSB Member Yes

Member

Name David Andreine
Represents CIDS
eMail davida@cidsfamilies.com
Is CSB Member Yes

2019 Mental Hygiene Local Planning Assurance
Chemung County Mental Health (70190)
Certified: Brian Hart (4/18/18)

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.