



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

Montgomery Co Community Services Board  
July 18, 2018

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Montgomery Co Community Services Board</b>	<b>70110</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
Office of Mental Health Agency Planning Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
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**Mental Hygiene Goals and Objectives Form**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenco (6/21/18)

**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:

During the 2017-2018 year, we were awarded a joint ACT with Futlon County. This was an excellent addition to the services we have in Montgomery Coutny and has assisted in reachign the most difficult MH patients.

Care management via Helath Homes and the loss of traditional ICM/SCM services has been terribly executed. Patients are not abel to get the level of care they need to keep them from the hospital due to caseload sizes and the additional responsibilities of unqualified care managers who may not have any experience in the MH/SUD systems.

- 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:

We have expanded the ADRP via St. Mary's Healthcare and willbe moving into a new facility.

- 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 loss of MSC's due to Health Homes has made the struggle to find providers more difficult.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2a. Housing - Background Information**

The housing needs are an issue because the model is abstinence based and not harm reduction. There are strict restrictions as well in order to enter a CR for SUD.

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):  
As with most programs, funding is an issue.

Change Over Past 12 Months (Optional)

**2b. Transportation - Background Information**

Due to being in a rural area, transportation is an issue. Lack of bus system, limited taxi services and geographic location of services hinders services.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):  
With case management /changing this is a difficult goal to reach.

Change Over Past 12 Months (Optional)

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

The lack of PHP's is an issue. Students coming from colleges and universities are too far in debt to want to work in low paying areas. Rural NY is not bale to compete with Albany, NYC, Rochester or even State salaries.

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

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

Change Over Past 12 Months (Optional)

**2aa. Developmental Disability Front Door - Background Information**

The process for evaluation and getting someone in services is a huge obstacle. Once a client is in the OPWDD system, the services are not consistent.

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

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

Change Over Past 12 Months (Optional)

**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 type="checkbox"/>	<input 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"/>

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

Montgomery County is actively involved with the RPC and works closely with providers and stakeholders.

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

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

The goals are based on the various regions needs for services and VBP.

**Objective Statement**

**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**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (6/21/18)

**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	4	Huge caseloads, long hours, rural area
Physician (non-psychiatrist)	na		
Psychologist (PhD/PsyD)	4	4	Poor pay, rural area
Nurse Practitioner	2	4	Too many cases
RN/LPN (non-NP)	na		
Physician Assistant	4	4	Huge caseloads, long hours, rural area
LMSW	3	5	Pay is very low
LCSW	5	5	Pay is very low
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	5	5	Pay is low
Peer specialist	1	3	a lot of peers, pay is not good
Family peer advocate	1	3	a lot of peers, pay is not good

**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.**

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](mailto: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](mailto:oasasplanning@oasas.ny.gov).

**Community Service Board Roster**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (6/21/18)

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.

**Member**  
**Name** Jeff Smith  
**Physician** No  
**Psychologist** No  
**Represents** Montgomery County  
**Term Expires** 12/31/2019  
**eMail**

**Member**  
**Name** Lucille Sitterly  
**Physician** No  
**Psychologist** No  
**Represents** Probation  
**Term Expires** 12/31/2019  
**eMail**

**Member**  
**Name** Robin Devito  
**Physician** No  
**Psychologist** No  
**Represents** Community Member  
**Term Expires** 12/31/2019  
**eMail**

**Member**  
**Name** Brenda Rava  
**Physician** No  
**Psychologist** No  
**Represents** Youth Bureau  
**Term Expires** 12/31/2019  
**eMail**

**Member**  
**Name** Shawn Bowerman  
**Physician** No  
**Psychologist** No  
**Represents** Montgomery County  
**Term Expires** 12/31/2019  
**eMail**

**Member**  
**Name** Kathy Paton  
**Physician** No  
**Psychologist** No  
**Represents** Provider  
**Term Expires** 12/31/2019  
**eMail**

**Member**  
**Name** Sara Boerenko  
**Physician** No  
**Psychologist** No  
**Represents** LGU  
**Term Expires** 12/31/2019  
**eMail**

**Member**  
**Name** Robert Headwell  
**Physician** No  
**Psychologist** No  
**Represents** Community and Government  
**Term Expires** 12/31/2019  
**eMail**

**Alcoholism and Substance Abuse Subcommittee Roster**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (6/21/18)

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.

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Ann Rhodes	<b>Name</b>	Rachel Trunkenmiller
<b>Represents</b>	Agency	<b>Represents</b>	Agency
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	Yes
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Jeff Smith	<b>Name</b>	Lucille Sitterly
<b>Represents</b>	County	<b>Represents</b>	County
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	Yes



**Mental Health Subcommittee Roster**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (6/21/18)

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.

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Sara Boerenko	<b>Name</b>	Robin Devito
<b>Represents</b>	LGU	<b>Represents</b>	Community
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	Yes
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Lucille Sitterly	<b>Name</b>	Jeff Smith
<b>Represents</b>	County	<b>Represents</b>	County
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	Yes

**Developmental Disabilities Subcommittee Roster**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (6/21/18)

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.

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Sara Boerenko	<b>Name</b>	Erin Abele
<b>Represents</b>	LGU	<b>Represents</b>	Agency
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	Yes
 <b>Member</b>		 <b>Member</b>	
<b>Name</b>	Mike McMahon	<b>Name</b>	Robin Devito
<b>Represents</b>	County	<b>Represents</b>	Community
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	Yes

**2019 Mental Hygiene Local Planning Assurance**  
Montgomery Co Community Services Board (70110)  
Certified: Sara Boerenko (6/21/18)

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.