



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

Fulton County Community Svcs Board
July 18, 2018

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Fulton County Community Svcs Board	70080	(LGU)
Executive Summary	Optional	Not Completed
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Mental Hygiene Goals and Objectives Form
 Fulton County Community Svcs Board (70080)
 Certified: Ernest Gagnon (6/8/18)

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:
 Fulton County is still awaiting the mental health system to change over to managed care system of care.

- 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:
 Fulton County is still awaiting the substance use disorder system to change over to managed care system of care.

- 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:
 Fulton County is still awaiting the developmental disability system to develop a plan to change over to managed care system of care. Evaluating the change to care coordination organizations and if this will provide adequate services to 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 type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input 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
- aa) Developmental Disability Front Door
- ab) Developmental Disability Service Coordination
- ac) Other Need (Specify in Background Information)

2a. Housing - Background Information

With the SPOA process we know of a subgroup of individuals with mental health diagnosis who have repeatedly failed in supported housing levels of care and have then returned to community residences. This group would do well in a enriched single room occupancy program due to the need for medication monitoring and medical supervision such as has occurred in the current programs in Syracuse and Utica. Also, Children's SPOA continues to receive requests for housing for adolescents who are in need of RTF and RTC services which are not available do to waitlists at the state level.

With the adult SPOA process we are receiving an influx of primarily substance use disorders with an increase in heroin use to mental health housing. The need is for more 24 hour supervised level of care for substance use disorder individuals. There is no housing services for children with substance use disorders.

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

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

To develop a service enriched single room occupancy (SRO) for individuals with mental health diagnosis

Objective Statement

Objective 1: Use any new supported housing slots to create a service enriched SRO

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

We are a rural county and lack public transportation system. Access to services is limited to walking or limited medicaid transportation 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):
No funding via county, state or federal. If the Federal Government reduces medicaid funding we assume that medicaid transportation will be reduced.

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

No crisis services for children and adolescents other than the Emergency Room for behavior health (mental health, substance use). Developmental Disabilities has a regional crisis program but nothing for someone who is not already qualified into DD services. Crisis services lacking for individuals on the autism spectrum and mental hygiene. Neither system wants them.

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):
No funding.

Change Over Past 12 Months (Optional)

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

Poor pay and high stress, lack of qualified health professionals, known due to constant requirment by all the agencies. The County is a federally designated area lacking qualified professionals.

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):
This issues is beyond the control of the local LGU. This is a state and federal issue.

Change Over Past 12 Months (Optional)

CASAC's are now elibile for federally designated qualified professional.

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

Do to the poverty rate of 17.9% and adult disability rate of 12.4% the area continues to struggle with poor job prospects for the majoring of the counties population. Many of the behavioral health population also can not pass a drug screen. The overall lack of jobs also affects the job opportunaties even with job coaches for the developmentally disabled.

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):

This issues is beyond the control of the local LGU. This is a state and federal issue.

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

There is a lack of screening for early interventions for children and adults.

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):

If screening were to occur it would overwhelm the system due to a lack of available services. Prevention services are not valued or funded by the state.

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

There is no inpatient treatment for children locally and no adult inpatient in Fulton County. No substance abuse inpatient treatment for adolescents with substance abuse issues in the area.

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):

Currently, the County jail acts as the detox center and psychiatric center for the County as these individuals become involved with the criminal justice system. The County is overwhelmed with opioid epidemic, as is the rest of the state, and the closure of state psychiatric center beds and availability of RTF and RTC beds and lack of reinvestment money following individuals as the return to the County of Origin.

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

No children/adolescent outpatient addiction services in the County.

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):

No provider is interested and not a service option available under DSRIP.

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

Previously discussed under housing.

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

Previously discussed under housing.

Objective Statement

Change Over Past 12 Months (Optional)

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

The restrictions on physicians/PA/NP prescribing Suboxone means fewer individuals can be served due to lack of prescribing medical staff.

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):

This a state and federal issue. The County is overwhelmed with the opioid epidemic as is the rest of the state.

Change Over Past 12 Months (Optional)

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

Due to the lack of children's services, coordination is not possible. The Health Home runs through the local hospital that is only interested in

referral to their own services. DSRIP is split between two hospital systems and not coordinated.

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

Continue to work with both DSRIP's to coordinate both efforts and services.

Objective Statement

Objective 1: Liaison data and priorities between the two DSRIP's.

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

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

Reported caseloads of over 100 individuals by Health Home Care Coordinators does not allow for the behavioral health individuals to receive the individual attention they need to recover and succeed in the community. CCO's will need to adapt to the OPWDD people's first transformation.

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

Health Home Care Coordination to reduce ER visits by focusing on the behavioral health population.

Objective Statement

Objective 1: Obtain ER data on the behavior health home population.

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

Objective 2: Work with ARC, CCO's on transition to People's First Transition.

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

Change Over Past 12 Months (Optional)

Waiting for HH plus implementation.

2t. Developmental Disability Student/Transition Services - Background Information

adult and adolescent student transition services in the County would benefit from the school being more integrated into the process of students moving on.

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):
Lack of coordination on a state level between OPWDD and state education.

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

Respite beds are full with long term individuals who are often waiting for permanent housing, thus respite services are unavailable for crisis or short-term stays.

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):
START is regional with the closest crisis bed being 2-3 hours away and not conducive for short term respite and re-integration into the family.

Change Over Past 12 Months (Optional)

2aa. Developmental Disability Front Door - Background Information

The front door process continues to be a barrier to accessing services for individuals who are clearly OPWDD eligible. We know this since it usually takes 3 - 5 repeated applications for one individual to finally be accepted as OPWDD eligible.

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):
It is obvious to the County that the Front Door is a barrier to keep eligible individuals out of OPWDD services. The volume of paperwork, especially old school records, that may not be available, may have been destroyed or out of state is overwhelming.

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

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

DSRIP is split between two hospital systems and not coordinated.

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

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

Continue to work with both DSRIP's to coordinate both efforts and services.

Objective Statement

Objective 1: Liaison data and priorities between the two DSRIP's.

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
 Fulton County Community Svcs Board (70080)
 Certified: Ernest Gagnon (6/8/18)

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	rural, distressed locality: salary competitiveness with urban areas
Physician (non-psychiatrist)	3	3	rural, distressed locality: salary competitiveness with urban areas
Psychologist (PhD/PsyD)	3	3	rural, distressed locality: salary competitiveness with urban areas
Nurse Practitioner	2	2	rural, distressed locality: salary competitiveness with urban areas
RN/LPN (non-NP)	2	2	rural, distressed locality: salary competitiveness with urban areas
Physician Assistant	3	3	rural, distressed locality: salary competitiveness with urban areas
LMSW	4	4	rural, distressed locality: salary competitiveness with urban areas
LCSW	4	4	rural, distressed locality: salary competitiveness with urban areas
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	3	3	rural, distressed locality: salary competitiveness with urban areas
Peer specialist	4	4	rural, distressed locality: salary competitiveness with urban areas
Family peer advocate	4	4	rural, distressed locality: salary competitiveness with urban areas

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining residential direct care staff - CASAC's

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

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
 Fulton County Community Svcs Board (70080)
 Certified: Ernest Gagnon (6/11/18)

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	Heather Clear-Rossbach	Name	Ann Solar
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	St Mary's Hospital	Represents	DSS
Term Expires	12/31/2018	Term Expires	12/31/2019
eMail	clear@smha.org	eMail	17a065@dfa.state.ny.us

Member		Member	
Name	Kathy Cromie	Name	Robin DeVito
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	MHA	Represents	FMCC
Term Expires	12/31/2020	Term Expires	12/31/2021
eMail	kcromie@mhafm.org	eMail	rdevito@fmcc.suny.edu

Member		Member	
Name	Denise Fredricks	Name	Ron Kilmer
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Community	Represents	Community
Term Expires	12/31/2019	Term Expires	12/31/2021
eMail	geo57@frontiernet.net	eMail	rkilmer@nycap.rr.com

Member		Member	
Name	Cynthis Licciardi	Name	Bethany Porter
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Probation	Represents	Nathan Lttauer Hospital
Term Expires	12/31/2021	Term Expires	12/31/2018
eMail	cllicciardi@fultoncountyny.gov	eMail	bporter@nlh.org

Member		Member	
Name	Patrick Dowd	Name	Chad Brown
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Lexington Center	Represents	District Attorney
Term Expires	12/31/2019	Term Expires	12/31/2020
eMail	dowdp@lexcenter.org	eMail	cbrown@fultoncountyny.gov

Alcoholism and Substance Abuse Subcommittee Roster

Fulton County Community Svcs Board (70080)

Certified: Ernest Gagnon (6/11/18)

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 Ann Solar
Represents DSS
eMail 17a065@dfa.state.ny.us
Is CSB Member Yes

Member

Name Kathy Cromie
Represents MHA
eMail kcromie@mhafm.org
Is CSB Member Yes

Member

Name Ron Kilmer
Represents Community
eMail rkilmer@nycap.rr.com
Is CSB Member Yes

Member

Name Tom Ryan
Represents Fulton Friendship House
eMail fultonfriendhip@frontiernet.net
Is CSB Member No

Member

Name Denise Benton
Represents Catholic Charities
eMail denise.benton@cc-fmc.org
Is CSB Member No

Member

Name Bill Doran
Represents St. mary's Hosp. Addiction Srv.
eMail doranb@smha.org
Is CSB Member No

Member

Name Rachel Truckenmiller
Represents HFM Prevention Council
eMail rachelt@hfm-preventioncouncil
Is CSB Member No

Member

Name Heather Clear-Rossbach
Represents St Mary's Hospital
eMail clear@smha.org
Is CSB Member Yes

Mental Health Subcommittee Roster
 Fulton County Community Svcs Board (70080)
 Certified: Ernest Gagnon (6/11/18)

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	Denise Fredricks	Name	Chad Brown
Represents	Community	Represents	District Attorney
eMail	geo57@frontiernet.net	eMail	cbrownfultoncountyny.gov
Is CSB Member	Yes	Is CSB Member	Yes
 Member		 Member	
Name	Cynthia Licciardi	Name	Heather Clear -Rossbach
Represents	Probation	Represents	St. Mary's Hospital
eMail	cliccicrdi@fultoncountyny.gov	eMail	clearh@smha.org
Is CSB Member	Yes	Is CSB Member	Yes
 Member		 Member	
Name	Janine Dykeman	Name	Tom Ryan
Represents	MHA	Represents	Fultonfriendship House
eMail	jdykeman@frontiernet.net	eMail	fultonfriendship@frontiernet.net
Is CSB Member	No	Is CSB Member	No

Developmental Disabilities Subcommittee Roster
 Fulton County Community Svcs Board (70080)
 Certified: Ernest Gagnon (6/11/18)

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 Patrick Dowd
Represents Lexington Center
eMail dowdp@lexcenter.org
Is CSB Member Yes

Member

Name Robin DeVito
Represents FMCC
eMail edevito@fmcc.suny.edu
Is CSB Member Yes

Member

Name Bethany porter
Represents NL Hospital
eMail bporter@nlh.org
Is CSB Member Yes

2019 Mental Hygiene Local Planning Assurance
Fulton County Community Svcs Board (70080)
Certified: Ernest Gagnon (6/11/18)

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.