



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020 Local Services Plan For Mental Hygiene Services

Niagara County Dept Mental Health Svcs
September 6, 2019

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Niagara County Dept Mental Health Srvs	70150	(LGU)
Executive Summary	Optional	Certified
Goals and Objectives Form	Required	Certified
New York State Prevention Agenda Survey	Required	Certified
Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified
 Niagara County Dept Mental Health Srvs	 70150/70150	 (Provider)
Health Coordination Survey	Required	Certified
 Niagara Co Dept of MH Services OP	 70150/70150/52984	 (Treatment Program)
Clinical Supervision Contact Information Survey	Required	Certified
Program EHR and LGBTQ Survey	Required	Certified

Through its ongoing planning process, the Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) has identified the following priority goals: Housing, Transportation, Crisis Services, Workforce Recruitment and Retention, and Opioid Programs and Services. A brief overview of each of these priorities is summarized below.

Housing: The overall availability of single-room occupancy and scattered-site supported housing, as well as safe and affordable housing, remains a critical unmet need in Niagara County. This is particularly applicable for the transitional-aged population, adults, and families with children. Although one provider opened a 60-unit Affordable Housing building, there has been a significant wait list for this program. Also, the screening process for congregate treatment levels for adults and children can take up to two (2) to three (3) months while waiting for necessary supporting documentation and/or benefits to be established in order for admission to occur.

Transportation: The lack of adequate transportation in the county, particularly in the rural areas, has been a longstanding problem. There are insufficient bus routes, buses run infrequently on some routes, and one is not able to travel across the county from Niagara Falls to Lockport and vice versa without going through Buffalo. This restricts the ability of residents to access services, and travel to/from, activities that meet their holistic needs (e.g., recreational, social, religious and daily living). The lack of transportation leads affected residents to being isolated and, overall, have a negative impact on their social determinants of health.

Crisis Services: In regards to crisis services in Niagara County, feedback received from Community Services Board Planning Subcommittee meetings indicates satisfaction with the Niagara County Crisis Services program, noting services have been responsive to needs. However, family and consumer advocacy groups have expressed the need for family-to-family and peer responses to emergency departments to provide support, guidance and advocacy at critical times as well as expansion and increased availability of NY START services throughout Niagara County.

Recruitment and Retention: The Workforce Recruitment and Retention goal takes on particular significance since it directly and negatively impacts the ability of agencies to provide high quality services and their capability to expand current services and explore the development of new ones.

Opioid Programs and Services: The opioid crisis has significantly impacted Niagara County as it has the state and country. While other communities are seeing decreases in opioid trends related to overdoses and fatalities, Niagara County's numbers continue to rise at an alarming rate. According to HIDTA data, from 2016 to 2018, there was a 73.8% increase in opioid overdose rescues performed by first responders and unfortunately a 33.33% increase opioid related fatalities.

The 2016 New York State (NYS) Opioid Indicators data comparisons between

Niagara County and NYS demonstrates that Niagara County's crude rate per 100,000 population exceed the state rate in every category (opioid burden, overdose deaths involving any opioid as well as synthetic opioids other than methadone, all emergency department visits involving any opioid and unique clients admitted to OASAS certified chemical dependence treatment for any opioid) (www.health.ny.gov/statistics/opioid/). Furthermore, the most recent data from 2014 on the rate of newborns born with withdrawal syndrome and / or affected by narcotics via placenta or breast milk, per 1,000 delivery hospitalizations / discharges indicates that Niagara County has the highest percentage rate of all counties within NYS with a rate of 28.8, which is over 5.5 times that of NYS's rate. (www.health.ny.gov/statistics/opioid/).

Niagara County continues to engage in strategies to address the opioid crisis through the Niagara County Opioid Task Force. The activities of the Task Force have been numerous and impactful, and have demonstrated collaboration among the members.

Prevention: Although not considered a priority goal, issues related to Prevention were considered to be of high importance. Thus far, prevention activities in the county have been targeted toward educating students, parents, families, and the general community on the issues of addiction, mental health, as well as suicide prevention, intervention, and Postvention responses. These undertakings have been quite successful as evidenced by positive responses from the various audiences and continuing requests for presentations.

Mental Hygiene Goals and Objectives Form
Niagara County Dept Mental Health Srvs (70150)
Certified: James Graziano (5/30/19)

I. Overall Needs Assessment by Population (Required)

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

Please describe any unmet **mental health** service needs that have **improved**:

Mental Health awareness and prevention activities have increased as schools and other organizations have become more aware of resources available. For example, the Niagara County Department of Mental Health and Substance Abuse Services has delivered numerous Youth Mental Health First Aid, Suicide Safety for Teachers, Lifelines Postvention, and Crisis Intervention Training (CIT) trainings; Trauma Informed Care in Schools and other presentations highlighting the available services and treatment options available within Niagara County.

Individuals with Severe Mental Illness have access to expanded community-based treatment approaches, through the Assertive Community Treatment (ACT) services, operated by Spectrum Health and Human Services. These services became available in our community in January 2018.

The ACT team has provided new approaches and options for treatment for some of the County's most high risk, high need individuals. Additionally, with expansion of Health Home Plus Services in May 2018, a greater number of individuals have had access to a higher level of care management services. Both of these approaches are designed to maintain individuals in the community and reduce unnecessary use of high-cost services, such as emergency departments and inpatient hospitalizations, and improve overall health outcomes.

Please describe any unmet **mental health** service needs that have **stayed the same**:

Longstanding service needs that are negatively impacting the mental health of Niagara County residents and preventing them from accessing necessary services, supports and treatment include the following:

- **Housing programming for the transitional-aged population continues to be inadequate. These transitional youths are placed in situations that are not conducive to their needs (e.g. "couch surfing) or are placed in group environments with adults over age 40, which not only creates social barriers, but also a lack of a sense of belonging.**
- **Access to safe and reliable transportation options not only for medical appointments, but also for non-medical related needs, such as religious services, recreational activities. Although Uber services have expanded access to transportation within city boundaries, providers and consumers alike are reporting that our most vulnerable are being charged inconsistent rates and, at times, obtaining drugs from those drivers. While ride-sharing options are potentially viable for occasional trips, such as grocery shopping, it is not a viable alternative for routine transport such as work or school.**
- **A consistent theme among mental health service providers and consumers is the desire to have community supports available as an alternative to inappropriate emergency room**

visits for social activities and meals as what was provided by Social Clubs or “clubhouses” in years past, Individuals who are in need of support, socialization and food are frequenting the emergency department seeking “services”, but do not have acute medical or psychiatric needs.

Please describe any unmet **mental health** service needs that have **worsened**:

All service areas within the Mental Health field are experiencing severe work-force shortages in all job titles and areas, including direct care workers in residential settings to licensed master’s level professionals in outpatient, community-based settings. Recruitment and retention difficulties have caused agencies to struggle to meet current client’s needs and have caused agencies to be reluctant to expand programming, such as engaging in HCBS and CFTSS services. One of our local hospitals has had times when they have limited bed availability on the psychiatric inpatient floors due to lack of staff.

Furthermore, due to the shortage of psychiatric providers, both children and adult psychiatric medication evaluation and management needs continue to be unmet.

Additionally, there has been increasing concerns with lack of access to inpatient rehabilitation and residential programming for individuals who are dually diagnosed with mental health and substance abuse disorders as programs are not equipped with a work force that has necessary knowledge base and skill sets to treat the complex needs of these individuals.

There continues to be an increase in the number of Mobile Crisis on-site evaluations as well as a slight increase in the number of individuals transported to psychiatric emergency rooms for further evaluation, which suggests that available community based supports, services and treatment may not be effectively meeting the needs of children, families and adults with mental health needs.

Lastly, timely access to supported and affordable housing has worsened. Niagara County providers and consumer advocacy groups have shared that it has been difficult to locate apartments for individuals seeking supported housing due to the various barriers, such as

- **Unaffordable housing;**
- **Housing is not up to habitable housing standards;**
- **Landlords are unwilling to serve our populations;**
- **Background and / or reference checks from previous landlords;**
- **Credit checks – many individuals do not have credit established, which leads to denial by landlords;**
- **Locations do not have easy access to treatment, services, and grocery stores.**

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

Please describe any unmet **SUD** service needs that have **improved**:

Prevention activities have increased as schools and other organizations have become more

aware of resources available. For example, there has been an expansion in the number of: schools and classrooms in which prevention curriculum is being taught; staff development presentations provided; presentations to parents / caregivers at school athletic orientations on the risk factors for, and warning signs of, alcohol and substance use; and Hidden Mischief presentations provided to parents, caregivers and school personnel.

Please describe any unmet SUD service needs that have stayed the same:

Although there has been an increase in the number of peer-to-peer services offered to individuals in Niagara County, there continues to be a need for more peers to be trained to provide these valuable services, especially in crisis situations.

Safe and reliable transportation services continues to be a longstanding need to help individuals access both medical and non-medical services to positively impact their overall wellness needs. Although Uber services have expanded access to transportation within city boundaries, providers and consumers alike are reporting that our most vulnerable are being charged inconsistent rates and, at times, obtaining drugs from those drivers. Ride sharing is difficult to access, or essentially unavailable in the rural areas of our county. While ride-sharing options are potentially viable for occasional trips, such as grocery shopping, it is not a viable alternative for routine transport such as work or school.

Please describe any unmet SUD service needs that have worsened:

As mentioned above in the unmet mental health service needs that have worsened, providers and consumer advocacy groups alike are reporting that timely access to supported and affordable housing has worsened. They have shared that it has been difficult to locate apartments for individuals seeking supported housing due to the various barriers, such as

- Unaffordable housing;**
- Housing is not up to habitable housing standards;**
- Landlords are unwilling to serve our populations;**
- Background and / or reference checks from previous landlords;**
- Credit checks – many individuals do not have credit established, which leads to denial by landlords;**
- Locations do not have easy access to treatment, services, and grocery stores.**

The work-force challenge within SUD programs in Niagara County, particularly in the number of providers who are able to prescribe buprenorphine, is significant.

Timely access to SUD detox, inpatient and residential programming has been increasingly more difficult as individuals cannot easily move into and between various levels of care due to lack of bed availability and extensive waitlists. Furthermore, access to programming that can appropriately serve the complex needs of individuals dually diagnosed with mental health and substance use disorders has been increasingly problematic.

The opioid crisis continues to wreak havoc within our county as, for the past two (2) years, despite various multi-disciplinary and collaborative approaches, there have been an increasing number of opioid overdose reversals by law enforcement and first responders as well as an

increasing number of fatalities related to opioid overdoses.

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

Please describe any unmet **developmentally disability** service needs that have **improved**:

Niagara County has seen a significant increase in its overnight respite capacity, aided by the use of hotel rooms, which has led to an increase in consumer access to respite services.

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

Lack of housing is ongoing issue for individuals with I/DD, particularly for those who are dually diagnosed (mental health and I/DD). A number of factors, including fears of fiscal uncertainty as we move toward managed care, have providers remaining cautious in moving forward with new developments.

With regard to the area of employment, there is a need in the county for a campaign to educate employers regarding the employability of individuals with I/DD. It is important for the state to provide resources for such an undertaking.

As noted in the other two disability service areas, access to transportation services both medical and non-medical services is problematic and negatively impacts an individual's overall health outcomes.

Although NYS START has expanded services in Niagara County, feedback received regarding NY START indicates that the service continues to not meet the needs of the I/DD population as they do not have the resources to cover the geographical area.

There has also been feedback provided by parents, as well as providers, that there is a significant challenge to accessing acute psychiatric inpatient treatment for children who present in crisis at a psychiatric emergency department, who are either dually diagnosed, or present with both mental health and intellectual / developmental limitations. Perhaps due to a lack of expertise among hospital staffs, these children tend not to be admitted to the hospital as their needs are determined to be chronic and behavioral, verses acute and psychiatric, in nature despite there being evidence of safety concern.

Please describe any unmet **developmentally disability** service needs that have **worsened**:

All service areas within the I/DD field are experiencing critical work-force shortages in all job titles and areas, including direct care workers in residential settings to licensed professionals in outpatient, community-based settings, which is consistent with data across NYS. Recruitment and retention difficulties have caused agencies to struggle to meet current client's needs and have caused agencies to be reluctant to expand programming, such as residential, other types of housing and service opportunities.

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(After a need issue category is selected, related follow-up questions will display below the table)

2a. Housing - Background Information

Overall, the availability of single-room occupancy and scattered-site supported housing, as well as safe and affordable housing, remains a critical unmet need in Niagara County, particularly for the transitional aged population, adults and families with children.

The Office of Mental Health (OMH) Supported Housing wait list for the Severely and Persistently Mentally Ill (SPMI) adults was reduced by approximately 50% between 2018 and 2019, as the agency with the largest number of slots has been working diligently to vet the list on an intermittent basis and ensure that referred individuals placed on a wait list continue to have a need for such service. This has allowed for all Niagara County agencies that provide supported housing services to offer a slot that becomes available for an appropriate, prioritized individual in a more timely manner. However, with a wait list of individuals that can range from 50 – 100 people at any given time, leading to a wait time, on average of 30 months or more, the need for supported housing exceeds availability.

In May 2018, Living Opportunities of DePaul opened a 60-unit Affordable Housing building.

Of the 60-units, 21 of them are designated to serve the SPMI population and provide additional onsite support services. Despite the addition of these units, a wait list remains for individuals who are trying to access this housing program. As of May 2019, 35 individuals are currently on the program wait list, while many others continue to apply to express interest in being considered.

OMH congregate treatment levels of care for adults and children have not had regular wait lists, nor has the OMH licensed apartment treatment program in Niagara County; however, the residential provider agency has reported that screening and admission processes for these levels of care can take up to two (2) to three (3) months while waiting for necessary supporting documentation and / or benefits to be established in order for admission to occur. Furthermore, particularly in the children’s program, staffing challenges have prevented admissions to vacant beds.

According to information received from the Adult Single Point of Access (SPOA) and Community Services Board subcommittee meetings with providers, the availability of housing services for individuals struggling with mental health and SUD concerns is lacking. For example, of the 329 residential applications to Community Missions, Inc., 26 (12.7%) of referrals were denied. Of the denials, six (6) (23.0%) were denied due an applicant’s substance use needs being greater than that which could be met by the program.

Access to OASAS residential programming has been difficult. Individuals cannot easily move between levels of care due to a lack of bed availability. The average residential wait list for individuals seeking treatment is two (2) to three (3) months. Furthermore, access to residential programming for individuals experiencing both SUD and Mental Illness is increasingly limited. In 2018, residential providers report that acceptance of individuals who present with symptoms of severe mental illness have been more closely triaged. Depending on their severity of symptom presentation, individuals have not been accepted into residential care to treat their substance use as their mental health symptomology may prevent them for participating in the programs. One agency reported that over 23% of referred individuals who presented with mental health concerns were denied admission to residential care due to requiring another level of care that could not be provided at the facility.

Housing has been an ongoing issue for individuals with I/DD, particularly for those who are dually diagnosed (mental health and I/DD). Of note, is the report of one agency that is developing new, low income, integrated housing through the renovation of an old, vacant school building in North Tonawanda, NY; it is scheduled to open in spring 2020 and will contain 52 units, of which 12 units are slated for the disability population.

OPWDD authorized a number of new certified residential development opportunities last year and anticipates doing the same this fiscal year. However, due to a number of factors, including fears of fiscal uncertainty as we move toward managed care, many providers remain cautious in moving forward with new development.

Recognizing that safe, affordable and stable housing is an essential component of health and recovery, the Niagara County LGU remains committed to supporting the implementation of Local, State and Federal initiatives to improve housing for our most vulnerable individuals across the three (3) disabilities.

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

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

Individuals with disabilities will have increased, timely access to various levels of housing supports to assist them in achieving and maintaining stability and addressing their complex needs.

Objective Statement

Objective 1: The LGU will work in collaboration with agencies to identify funding opportunities and creative strategies to expand supervised residential, crisis, emergency, respite, affordable, transitional and supported housing beds that will serve individuals with disabilities.

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

Objective 2: The LGU will work in partnership with agencies to identify new strategies and funding sources that will allow individuals with disabilities, including those that are dually diagnosed, individuals to have equal access to necessary programming that will meet their complex needs.

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

Objective 3: The LGU will work in collaboration with providers to identify services and resources available to develop and implement specialized housing and / or programming to meet the needs of the transitional age population.

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

Objective 4: The LGU will work in collaboration with agencies to explore and identify options for people with disabilities to transition between levels of care in a timely manner that is conducive to their treatment goals.

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

Objective 5: The LGU will promote inclusion of consumer, family and other natural supports in the design and implementation of new and existing housing options.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Transportation is a critical need in Niagara County, which is composed of urban and rural areas, in order for individuals to address their comprehensive needs. Rural transportation has limited routes and limited (mostly daytime, weekday) hours. NFTA bus transportation also has very limited routes and there is no direct cross county route, specifically a rider must go through Buffalo (Erie County), and make several bus changes, to get from Niagara Falls to Lockport. This makes what should be a 45 minute commute into a 3 hour ordeal. Severe transportation challenges has been the consistent consensus of provider agencies and consumers (Consumer Planning and Advisory Committee - CPAC and the Developmental Disabilities Self Advocacy Group) during various planning and other types of meetings.

The problematic transportation in Niagara County has been and remains a clear impediment for residents accessing services and other community/recovery supports. As a result of a planning meeting for the 2018 Local Services Plan, a committee was formed to deal with this issue on a county-wide basis. The Committee applied for a grant to further its efforts, but was unsuccessful in obtaining it. This committee remains active and is in process of strategizing next steps. CPAC and DD Self Advocacy Group members continue to express their concerns about inadequate transportation resources as it negatively impacts their ability to not only access religious services, recreational activities, shopping stores, employment, medical and non-medical activities, but also leads to isolation and disconnection from their communities, which inhibits recovery.

Agencies are awaiting the release of state guidance on the use of tele-health, which may assist in addressing some of the transportation needs to treatment for health-related matters; however, this will not address the non-medical transportation needs that are just as important to the overall health and wellness of consumers across the three disability service systems.

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

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

Individuals with disabilities will have increased access to safe, reliable transportation services to support their medical and non-medical related needs.

Objective Statement

Objective 1: The LGU will work in partnership with providers and community coalitions to identify funding sources and develop innovative strategies that will increase access to transportation resources for individuals with disabilities.

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

Objective 2: The LGU will work in collaboration with providers to explore and develop opportunities to increase availability of bus routes within Niagara County in order to expand access to various services and supports for individuals with disabilities.

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

Objective 3: The LGU will work in collaboration with providers to offer educational opportunities to transportation providers to enhance their awareness of, knowledge of, and skills in serving the unique needs of individuals with disabilities.

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

Objective 4: The LGU will provide policy advocacy to influence change to any rules or regulations that may impede upon access to, and utilize of, transportation resources as appropriate.

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

In regards to Niagara County Crisis Services, feedback received from Community Services Board Planning Subcommittee Meetings indicate satisfaction with services, noting services have been responsive to needs. However family and consumer advocacy groups have expressed the need for family and peer responses to emergency departments to provide support, guidance and advocacy at critical times.

There was an increase by 11% in the number of Mobile Crisis on-site evaluations, and a two (2) percent increase in the number of individuals transported to the hospital for further psychiatric evaluation in 2018 compared to 2017. Although it is difficult to determine exact causality for this, the increases may be correlated to increased outreach and marketing strategies undertaken by the LGU, in partnership with other community coalitions, to ensure schools, providers, consumers and the community at large are aware of the Niagara County 24-Hour Crisis Phone Line and services.

NYS START has expanded services in Niagara County to serve the I/DD population. However, feedback regarding NYS START indicates that it is attempting to cover too broad of a geographical area without the necessary resources. Also, there is a need to educate families and providers about this service to increase their access to such 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

Increase access to various types of crisis response services available throughout Niagara County, thereby decreasing avoidable use of high level services such as Emergency Departments, Inpatient Services, and Law Enforcement Response / Intervention to further promote stabilization and recovery of individuals in the community.

Objective Statement

Objective 1: The LGU will leverage local resources to promote and expand access to Hospital Diversion clinical slots, peer-operated programs, and peer staffing employed in Crisis Respite through procurement, quality assurance measures and multi-disciplinary community planning.

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

Objective 2: The LGU will work in collaboration with local providers, families and consumer led groups to expand availability of trained peer-to-peer and family-to-family support / recovery services, and open access centers to facilitate timely access to community services and treatments.

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

Objective 3: The LGU will work in collaboration with NYS OPWDD's START program to assure further service development, implementation and cross-county access of services for individuals in crisis who have intellectual and/or developmental disabilities.

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

Objective 4: The LGU will work in partnership with law enforcement and correctional personnel to facilitate non-criminal justice dispositions, when appropriate, for individuals with mental health, substance use and/ or intellectual / developmental disability needs through direct training, consultation and coordination.

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

Objective 5: The LGU will continue to develop and implement marketing strategies to promote awareness of the Crisis Services 24-Hour Phone Line for information, support, referral and interventions as appropriate.

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

Change Over Past 12 Months (Optional)

Beginning in 2016 and continuing, Niagara County Department of Mental Health and Substance Abuse Services has dedicated staff that has been training local law enforcement and correctional facility personnel in Crisis Intervention Team (CIT) training. This training assists with improving the knowledge and communication skills of law enforcement and correctional facility personnel in their contacts with mentally ill individuals and utilizing a team approach with mental health professionals. This has led to increased coordination of the needs of individuals with mental illness who have contact with the criminal justice system.

Niagara County Department of Mental Health and Substance Abuse Services (NCDMH) continues to have a robust Crisis Services program, which includes two (2) FTE hospital diversion social workers who work non-traditional hours. NCDMH also continues to partner with community-based organizations (The Mental Health Association in Niagara County and Community Missions, Inc.) in the operation of Hope House, a peer-staffed respite program that also provides a warm line, as well as other peer supports.

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

The inability of Agencies to Recruit and Retain qualified staffs across all areas and job titles, including direct service, care management, counseling, qualified health professionals and prescribers, has resulted in agencies limiting the availability of services and declining to expand services. The state's increase in dollars for direct care staffs has been helpful, but agencies still are unable to pay a competitive wage to them. It must be remembered that the level of responsibilities for these staff persons requires a high level of competency. Individuals can make significantly more money in retail and restaurant settings, without being responsible for "people's lives". The matter of recruitment and retention has limited the ability of agencies to increase residential, respite and other opportunities. For example, the continued development on non-certified residential opportunities remains an area of focus for OPWDD. Unfortunately, the lack of sufficient direct care and other staffs has limited this development. Without question, the staff crisis has had a negative impact on those in need.

The work-force challenge in many areas within mental health services in Niagara County, from direct care workers in residential settings to licensed professionals (i.e., LMSW, LCSW, LCSW-R, LMHC, LMFT, RN, psychiatrists, psychiatric nurse practitioners) in outpatient and community-based settings has impacted timely access to treatment. For children's outpatient clinics, one of the two agencies reports a wait list of approximately six (6) weeks before a child can be seen for an initial appointment, as well as a wait of over one (1) month before being admitted to treatment following the initial appointment. For both children and adult

outpatient clinic treatment, the wait to be seen by a psychiatrist or psychiatric nurse practitioner continues to be significant.

For OASAS programs, referring individuals, who are in the maintenance phase of treatment, out of clinic services to primary care settings has been problematic as there is a shortage of providers who can, and are willing to, continue prescribing buprenorphine. Due to prescriber limits, this can lead to an inability for treatment agencies to accept new clients.

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

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

Niagara County provider agencies will have access to an array of qualified individuals for recruitment and hiring, and be able to increase retention rates of these individuals across the three disability service systems.

Objective Statement

Objective 1: The LGU will work in collaboration with local providers to evaluate workforce recruitment and retention data provided through the 2020 Local Services Planning process to identify opportunities for local advocacy and / or enhancement of sustainability efforts.

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

Objective 2: The LGU will work in partnership with local providers to explore, identify and implement strategies that will increase integration of emerging professionals in the workforce through the promotion of application to entry level positions, as well as the promotion of internships, site shadowing opportunities, and other innovative means.

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

Objective 3: The LGU will work in collaboration with providers to leverage local resources to promote and expand culturally and linguistically appropriate provider workforce through procurement, quality assurance measures, and multidisciplinary community planning.

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

Objective 4: The LGU will coordinate with state agencies to identify new strategies / opportunities and potential funding streams that may offer tuition reimbursement, loan forgiveness, no-cost or cost-sharing training opportunities, and other activities to support retention of agency personnel.

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

Objective 5: The LGU, in partnership with local providers, will engage in activities to support the development and implementation of training opportunities that focus on enhancing supervisory skills within the workforce.

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

Change Over Past 12 Months (Optional)

A local stakeholder meeting was recently held at the Niagara County Community College regarding student internships. Since agencies are pressed to provide internships to master level students, then bachelor degree, agencies recommended students to apply for entry level job vacancies to begin to gain experience.

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

Although there are supported and other types of employment opportunities available throughout Niagara County for individuals with disabilities, there is certainly room grow. Service providers and consumers identify needs related to job coaching services that focus on coordination between, and integration of, the needs of both, employee and employer. Furthermore, individuals with disabilities would like inclusion into various areas of the workforce based upon their interest areas in order to reduce segregation and marginalization of individuals with disabilities and increase their opportunities to be accepted in the general workforce.

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

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

Individuals with disabilities in Niagara County will have access to an increased array of employment skills training opportunities that will align with their areas of interest and allow them to integrate into, and be accepted by, the general workforce.

Objective Statement

Objective 1: The LGU, in collaboration with providers and family / consumer advocacy groups, will monitor the availability, and support the development and implementation, of opportunities for conflict-free employment skills training that allows for individuals to work in areas of interest and have supports that effectively mediate the needs of both individual and employer, through networking with local establishments and strategic planning efforts.

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Throughout 2018 – May 2019, there have been various initiatives to increase community awareness of available resources, which has led to increasing requests, and fulfillment of such, for prevention activities throughout Niagara County. Prevention activities have been provided to educate students, parents / families, and community citizens as a whole on addiction, mental health, suicide prevention, intervention and postvention responses.

Some Adult and many Youth Mental Health First Aid trainings have been provided to school district personnel and community providers to increase their knowledge and skill set to appropriately respond to individuals who may be experiencing a mental health concern. Currently, Niagara County lacks a sufficient number of trainers who can provide both Adult and Youth Mental Health First Aid trainings to keep up with the demand. Those seeking these specialized trainings are either being placed on a wait list or seeking them from other trainers located outside of Niagara County. It is our goals to build capacity within Niagara County in order to the demand for these trainings to further move towards a responsive and cohesive network of care.

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

A coordinated, multi-disciplinary approach will be utilized to provide Niagara County providers and residents access to awareness, educational, and training activities, as well as resource materials that will enhance their knowledge and skill-sets to proactively address the needs of those with suicide prevention, mental health and substance use needs.

Objective Statement

Objective 1: The LGU will work in partnership with providers, community coalitions and family / consumer advocacy groups to collectively support, promote, and, when possible, provide opportunities for awareness, educational and training activities related to suicide prevention, mental health and substance use topics.

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

Objective 2: The LGU, in collaboration with providers, community coalitions and family / consumer advocacy groups, will disseminate information and resource materials through various mediums to engage and inform the community on prevention-related topics, supports and services.

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

Objective 3: The LGU will monitor systemic needs, and facilitate strategic planning and coordination efforts, through involvement in various community coalitions, task forces, and family/consumer advocacy groups to ensure the needs of the community are appropriately addressed.

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

Objective 4: The LGU, in partnership with providers, will monitor and evaluate data from available sources in order to continuously inform planning needs and strategize effective ways to respond to the identified needs related to suicide prevention, mental health and substance use.

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

Objective 5: The LGU will evaluate the need for new and / or expanded prevention programming based upon available data and support providers in their implementation efforts through appropriate means.

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

Change Over Past 12 Months (Optional)

Some rural school districts within Niagara County have participated in a Prevention Needs Assessment Survey. The survey was designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. The risk and protective factors have been shown to influence the likelihood of academic success, school dropout, substance abuse, violence, and delinquency among youth. The Surveys were given to students in grades 6, 8, 10, and 12. The results were presented along with comparisons to national data sources such as the Monitoring the Future Survey (only grades 8, 10, and 12 are surveyed) and the Bach Harrison Norm (BH Norm), which consists of a large, weighted, nationwide sample. The survey results provided information on indicators of the levels of substance use, risk, protection, and antisocial behavior. Of significance, trends existed in high risk areas related to use of alcohol, e-cigarettes, energy drinks, and marijuana use compared to national norms. One of the districts also showed risk profiles that also exceeded national norms in all areas of risk (community, family, school, peer / individual) and for the same district, protective profiles were low except in the area of opportunities for prosocial involvement.

2g. Inpatient Treatment Services - Background Information

For adult psychiatric inpatient services in Niagara County, workforce issues have negatively impacted the ability for the local article 28 hospital to fully staff and operate their inpatient units at several points in 2018, which led to one unit being closed and combined with another until necessary staffing patterns could be achieved.

There has been a wait-list for children to access state psychiatric inpatient care, which has led to extended stays for children in acute psychiatric care settings or being discharged back to the community with available home and community based supports while waiting for bed availability. The latter has placed the some children at greater risk for decompensation as they are then not prioritized for state psychiatric inpatient admission once discharge from the acute care setting and the available home and community based services do not provide the level of intensity and frequency necessary to meet their complex needs. This scenario has led to increased utilization of crisis services and psychiatric emergency room visits for these high risk youth.

There has also been feedback provided by parents, as well as providers, that there is a significant challenge to accessing acute psychiatric inpatient treatment for children who present in crisis at a psychiatric emergency department, who are either dually diagnosed, or present with both mental health and intellectual / developmental limitations. Perhaps due to a lack of expertise among hospital staffs, these children tend not to be admitted to the hospital as their needs are determined to be chronic and behavioral, verses acute and psychiatric, in nature despite there being evidence of safety concern.

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

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

Niagara County residents will have increased and timely access to OASAS inpatient detoxification and rehabilitation beds as well as to OMH inpatient beds that can meet the

holistic needs of a person regardless of the combination of disabilities present.

Objective Statement

Objective 1: The LGU, in collaboration with providers, family / consumer advocacy groups, will monitor availability of, and access to, inpatient treatments through available data sources and support expansion and/or new program development in areas of the county where need is clearly demonstrated.

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

Objective 2: The LGU, in conjunction with providers, will explore potential funding opportunities, and support the implementation of strategies, that may enhance services available to individuals with co-occurring disabilities in order promote recovery / sustained recovery in multiple realms.

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

Change Over Past 12 Months (Optional)

Niagara County OASAS inpatient rehabilitation beds increased by 34 in 2018; however, there continues to be a wait for individuals to access needed services; one of the two providers shared that there is an average wait time of five (5) days to admit an individual who is seeking treatment.

2h. Recovery and Support Services - Background Information

With the inception of Peer-to-Peer services through Western NY Independent Living's Addict2Addict program in October 2017, more than 322 individuals seeking support for substance use concerns have been served through March 2019. The average response time is two (2) hours from time of initial call to Addict2Addict to peer contact made with an individual seeking support.

Save the Michaels of the World has been expanding services into Niagara County through work with the treatment courts to assist individuals with substance use disorders gain timely access to appropriate level of treatment, regardless of insurance, throughout New York State.

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

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

Niagara County residents will have coordinated and timely access to quality treatment and support services that promote resiliency; interpersonal, social and community connectedness; self-advocacy, and recovery to reduce the incidence of chronic mental health, alcohol and substance use concerns.

Objective Statement

Objective 1: The LGU, in collaboration with providers, will support the expansion of recovery and support services, such as, but not limited to, supervised residential programming, permanent supported housing and transitional housing, Family Support, Peer Support, and Recovery Community Centers in areas of the county where need is clearly demonstrated.

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

Objective 2: The LGU, in collaboration with providers, will support the development and implementation of family and peer recovery coaching through training, employment and / or volunteer opportunities.

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

Objective 3: The LGU, in collaboration with providers and family / consumer advocacy groups, will support the exploration and implementation of innovative strategies to meet the needs of vulnerable populations (e.g. mentally ill, chemically addicted, intellectually / developmentally disabled, transitional aged population, elderly, etc.) that may have difficulty accessing treatment and support services.

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

Change Over Past 12 Months (Optional)

In January 2019, NYS implemented Child and Family Treatment and Support Services (CFTSS), which further expanded the array of services for children and youth with Medicaid

Managed Care who have mental health needs. The Niagara County Department of Mental Health and Substance Abuse Services has taken lead in facilitating meetings with agencies who are providing CFTSS services in Niagara County to ensure collaboration and coordination in the provision of services. Most of the CFTSS designated providers have expressed that the start-up process has had its challenges and they will be slow to build capacity within their programs to ensure fiscal responsibility and viability.

In March 2019, Save the Michaels of the World was awarded funding through OASAS to open a Recovery Community Center in Lockport; the organization recently secured a location for the RCC and has an anticipated opening date for July 2019. The Niagara County Health Department received a 1 NU90TP921994 (Public Health Opioid Crisis) grant funded by the CDC and contracted with Save the Michaels to coordinate Family and Peer Recovery Coach Trainings that will provide the path for trained individuals to eventually become Certified Recovery Peer Advocates (CRPAs) to further establish a pool of trained individuals who will be able to provide recovery and support services to individuals throughout Niagara County.

2i. Reducing Stigma - Background Information

Various community coalitions, comprised of multi-disciplinary members, have been engaging in planning activities to reduce stigma related to the three disabilities. Additionally, specific efforts have been made by providers to increase awareness of the language they use to describe individuals with disabilities and the challenges that they may face.

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

Coordinated, multi-disciplinary anti-stigma initiatives will increase awareness and education on mental illness, substance use disorders, and intellectual / developmental disabilities to increase both understanding of, and willingness to access, treatment and services, as well as to increase acceptance and integration of individuals with disabilities into society.

Objective Statement

Objective 1: The LGU, in partnership with providers, consumer / family advocacy groups and community coalitions, will develop strategies, implement and support initiatives to reduce stigma related to the three (3) disability areas.

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

The workforce challenge within SUD programs in Niagara County is significant. There continues to be a shortage of qualified individuals for recruitment and hire, and further issues with retention, in OASAS programs, leaving vacancies throughout programs and negatively impacting access to services. Additionally, there has been a shortage of prescribers for Medication Assisted Treatments (MAT), particularly outside of OASAS licensed programs, who are able to continue maintenance of MAT once individuals are stabilized and complete clinic treatment. This impedes upon the ability of OASAS clinics to move individuals out of this level of care and, therefore, prevents new individuals from being admitted into services in a timely manner. In late 2018, the Niagara County Health Department received a 1 NU90TP921994 (Public Health Opioid Crisis) grant funded by the CDC; one of the strategies being implemented is to increase the number of buprenorphine waiver trained providers and offer support to these providers to in order to move the forward with prescribing to individuals in need.

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

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

Niagara County residents will have timely and increased access to Medication Assisted Treatments (MAT).

Objective Statement

Objective 1: The LGU, in collaboration with providers, family / consumer advocacy groups, will explore funding sources and develop strategies that will increase, not only access to MAT services, but also timely intervention to meet needs in areas of the county with demonstrated need.

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

Objective 2: The LGU, in collaboration with state and local agencies, will support activities related to buprenorphine waiver trainings, and the implementation of MAT provision, to medical providers in various settings throughout the county.

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

Change Over Past 12 Months (Optional)

Northpointe Council is in process of expanding their Methadone program to accommodate a larger number of individuals seeking treatment; the agency anticipates the expansion project to be complete in 2019. The average number of individuals waiting to access Methadone treatment is 75, which equates to a wait time of three (3) to six (6) months.

2k. SUD Residential Treatment Services - Background Information

Access to OASAS residential programming is difficult. Individuals cannot easily move between levels of care due to a lack of bed availability. The average residential wait list for individuals seeking treatment is two (2) to three (3) months. Furthermore, access to residential programming for individuals who have co-occurring Mental Health concerns is increasingly limited. Because agencies have experienced that they lack the staffing and programming to effectively serve individuals who are also experiencing more complex mental health symptoms, more individuals who have co-occurring disorders are being denied admission to local programs. One agency reported that over 23% of referred individuals who presented with mental health concerns were denied admission to residential care due to requiring another level of care that could not be provided at the 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

Niagara County residents will have increased and timely access to local OASAS residential beds that can meet the holistic needs of a person regardless of the combination of disabilities present.

Objective Statement

Objective 1: The LGU, in collaboration with providers, family / consumer advocacy groups, will monitor availability of, and access to, residential programming through available data sources and support expansion and / or new program development in areas of the county where need is clearly demonstrated.

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

Objective 2: The LGU, in cooperation with providers, will explore potential funding opportunities and support the implementation of strategies that may enhance services available to individuals with co-occurring disabilities in order to promote recovery in multiple realms.

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

Change Over Past 12 Months (Optional)

In October 2018, Horizon Health Services opened Aurora Village, a 25-bed residential facility for women. This program has maintained capacity with a wait-list.

The Niagara County Opioid Awareness Strategy Implementation Standing (OASIS) Committee continued its efforts to address the Opioid Crisis in Niagara County throughout 2018 and continuing in 2019. Three (3) subcommittee currently operate under this Task Force, which is chaired by Rebecca Wydysh, Niagara County Legislator. The three subcommittees include the Public Awareness / Involvement Subcommittee, the Law Enforcement / First Responder Subcommittee and the Medical Community Subcommittee. Each subcommittee has been created to address different, but intersecting, aspects of the opioid crisis.

The Public Awareness / Involvement Subcommittee is co-chaired by a Niagara County Legislator and the Deputy Director of Niagara County Department of Mental Health and Substance Abuse Services; it also includes representatives from substance use prevention and treatment agencies, local school districts, state and federal agencies, and representatives from the recovery community. Strategies employed by this subcommittee encompass goals to raise the community's awareness about addiction and the various resources available to treat addiction, reduce the stigma placed on those with the disease of addiction as well as the barriers that people face to engaging in mental health and substance abuse recovery. Furthermore, through printed materials, social media, bus bench advertisements, Opioid Overdose Rescue Trainings and school, provider and community presentations, the Public Awareness Subcommittee has reached well-over 10,000 individuals spreading the message that "There is Help – There is Hope; Recovery is Possible". The Niagara County Crisis Services 24-Hour Phone Number has been standardized to be a central point of contact for anyone in need of information, support or referral to substance abuse or mental health services.

The Law Enforcement / First Responder Subcommittee is led by current and former law enforcement officials and is comprised of various representatives from local law enforcement, court and first responder departments. This subcommittee has been standardizing the statistical tracking, reporting and follow-up procedures for overdose events among the various law enforcement and first responder agencies in our community, while ensuring those who fight this problem firsthand have the resources and training they need to safely and effectively handle the situations they encounter daily. Through strong support of the District Attorney's Office, Sheriff's Department, City and Town Police Departments and our first responder agencies, there is a daily coordinated effort to stem the tide – to get the drugs off the streets, prosecute those who prey upon our citizens and to help those they encounter that want and need help. Furthermore, through the work of this subcommittee, policies and procedures have been devised and shared among local law enforcement departments that encourage, and facilitate for, individuals to receive emergency room care post opioid overdoses. New programs and initiatives for standardizing fatal overdose investigations, diversion tactics to help individuals resolve the life struggles causing recidivism of petty crimes and outreach to instill trust in the community are ongoing.

The Medical Subcommittee of the Niagara County Opioid Task Force Subcommittee was established in late 2018. This Subcommittee's initial strategies include the engagement of medical providers to improve local availability of Medication for Addiction Treatment (MAT), including efforts to train physicians and Emergency Departments regarding Suboxone initiation, CDC Guidelines for prescribing opioids for chronic pain and linkage to treatment and services; engaging the first responder community to provide opioid use disorder training; establishing a high quality and timely data surveillance report and resource linkage placement; and enhancing assessment, referral and peer support for mothers with substance use disorder.

Opioid overdoses and related fatalities have been on an upwards trend over the past several years. The number of reported opioid overdose reversals administered by law enforcement and first responders was 308 in 2017 and 430 in 2018; the number of opioid related deaths were 35 and 44 in respective years. It is unclear if this is a true representation of the opioid crisis worsening, or if the numbers reflect better data tracking mechanisms that were implemented in these two (2) years. As of April 2019, there have been a total of 82 reported opioid overdose reversals administered by law enforcement and first responders, and a total of 10 opioid related fatalities. Based on these current statistics, it appears that we may begin to see significant progress in our fight against this 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

Increase the availability of, access to, and active engagement in, an array of interventions and resources, in a variety of settings, for individuals, and loved ones of such individuals, with heroin and opioid addictions to reduce overdoses, deaths, and other negative health outcomes related to such substance use.

Objective Statement

Objective 1: The LGU, in collaboration with providers, community coalitions, and consumer / family advocacy groups, will remain informed of trends related to the opioid crisis and ensure that public awareness / involvement activities and assessment / treatment practices are consistent with the most current best practices.

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

Objective 2: The LGU, in collaboration with providers, community coalitions, and consumer / family advocacy groups, will explore potential funding sources and support the development and implementation of strategies that will increase engagement of individuals with addiction, and their loved ones, in treatment.

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

Objective 3: The LGU, in partnership with local and state entities, providers, community coalitions, and consumer / family advocacy groups, will support development and implementation of strategies to continue opioid overdose rescue (Narcan) trainings that can be offered to interested parties, and the ability of those trained to be provided Narcan directly at the time of training.

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

Objective 4: The LGU, in partnership with treatment courts, providers, consumers, family / consumer advocacy groups, will engage in activities to identify, and appropriately address, gaps in, and / or barriers to, services and treatment for individuals with heroin and opioid addiction.

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

Objective 5: The LGU, in collaboration with providers, community coalitions, and family / consumer advocacy groups, will identify and support implementation, and / or the expansion, of harm reduction strategies across services and programs.

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

Change Over Past 12 Months (Optional)

Beginning in 2018, by means of interdepartmental cooperation between the Niagara County Sheriff's Department and Niagara County Department of Mental Health and Substance Abuse Services administrations, treatment options for inmates in our county jail became available by means of federal and state funding, which included funding from NYS OASAS and DCJS. The Niagara County Jail was able to launch a two-year pilot program offering help to inmates battling opioid, alcohol and other addictions. Through group and one-on-one therapy, peer support, education, medication and links to outside providers after release, inmates are given a chance to work on their sobriety in a safe environment, away from the everyday stressors and instigators in their outside lives. Direct services are provided to inmates by Best-Self Behavioral Health and Northpointe Council, Inc.

Over the past year, the Niagara County Opioid Task Force Subcommittees have undertaken several initiatives to help our communities be restored from the opioid epidemic. The

initiatives include, but are not limited to, the following:

In 2018 – April 2019, NYS OASAS partnered with the Niagara County Opioid Task Force to offer a series of 24 opioid overdose rescue (Narcan) trainings through their State Opioid Response (SOR) grant, which has equipped close to 700 individuals with lifesaving skills and access to Narcan. Furthermore, in 2018, the Erie County Department of Health partnered with the Niagara County Opioid Task Force to provide a training of the trainer session which equipped 17 persons to provide Opioid Overdose Rescue (Narcan) trainings to individuals within organizations and to the community-at-large.

There have been placement of several secure drop-off boxes, drug take-back events and even a new pilot program at the City of Niagara Falls Police Department, which allows residents who are unable to get to a drop-off location to make an appointment to have their unused medications picked up by a police officer. Due to the success of this initial pilot program in Niagara Falls in 2018, the Lewiston Police Department has followed suit and recently began to provide this medication pick-up by a police officer in their locality.

Beginning in October 2018, the New York State Unified Court System launched an Opioid Treatment Court in Niagara Falls, NY. This treatment court has partnered with local treatment agencies in order to provide immediate intervention, treatment, and medication for defendants who screen positive for opioids, and have been determined by staff that they are at risk of overdose or addiction. The Niagara County Department of Mental Health and Substance Abuse is collaborating with the Opioid Treatment Court team in order to assist with the identification of barriers and gaps in treatment, and facilitate movement the system in order for needs to be met both efficiently and effectively.

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

As referenced in the above section, beginning in 2018, by means of interdepartmental cooperation between the Niagara County Sheriff's Department and Niagara County Department of Mental Health and Substance Abuse Services administrations, treatment options for inmates in our county jail became available by means of federal and state funding, which included funding from NYS OASAS and DCJS. The Niagara County Jail was able to launch a two-year pilot program offering help to inmates battling opioid, alcohol and other addictions. Through group and one-on-one therapy, peer support, education, medication and links to outside providers after release, inmates are given a chance to work on their sobriety in a safe environment, away from the everyday stressors and instigators in their outside lives. Direct services are provided to inmates by Best-Self Behavioral Health and Northpointe Council, Inc.

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

There will be an increase in the continuity of services and care, within and among various service systems, for individuals with substance use disorders to ensure their ability to have their needs met in all life domains in an efficient manner.

Objective Statement

Objective 1: The LGU, in partnership with providers, community coalitions, and consumer / family advocacy groups, will support networking and collective accountability amongst all stakeholders to ensure individual needs are met through effective coordinated efforts.

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

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

The severe workforce shortages in all job titles and areas within the mental health field, including direct care workers in residential settings to licensed master’s level professionals, RNs) and prescribers (psychiatrists, psychiatric nurse practitioners) in outpatient and community-based settings, have caused agencies to significantly struggle to meet current client needs and have caused some local agencies to be hesitant and / or unable to expand programming such as school-based mental health clinic services. For children’s outpatient clinics, one of the two agencies reports a wait list of approximately six (6) weeks before a child can be seen for an initial appointment, as well as a wait of over one (1) month before being admitted to treatment following the initial appointment. For both children and adult outpatient clinic treatment, the wait to be seen by a psychiatrist or psychiatric nurse practitioner continues to be significant (greater than a one month wait time). Furthermore, despite the additional children’s mental health clinic and school-based site in 2018, there continues to be unmet needs in the eastern end and rural parts of Niagara County. For the majority of school-based satellite clinic services, families are required to travel out of county to access the psychiatric services provided by agencies.

For adult OMH clinics, some clinic providers offer walk-in hours that allow individuals to be seen the same day for an initial appointment. For those that do not offer this option, most report being able to conduct initial intake appointments with individuals seeking psychotherapy anywhere between two (2) to five (5) days from initial contact. However, as noted above, the wait time to access a psychiatric provider for medication evaluation is greater than one (1) month and can even exceed two (2) months or more.

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 of all ages will have increased timely access to mental health and psychiatric treatment within Niagara County.

Objective Statement

Objective 1: The LGU will support strategic outreach and engagement activities to link primary care physicians to Project TEACH in order to expand the number of providers who can treat mild to moderate psychiatric needs of children and adolescents in primary care settings.

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

Objective 2: The LGU will work in collaboration with providers to identify areas of the county where needs clearly exist for the establishment of a full serving children’s clinic in order to expand consumer choice and treatment accessibility.

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

Objective 3: The LGU will work in collaboration with providers to explore and support the use, development and implementation of tele-psychiatry services.

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

Objective 4: The LGU, in collaboration with providers, will support strategies to educate and train mental health providers in the assessment and identification of SUD, as well as treatment modalities to serve the I/DD population with co-occurring diagnoses, and processes to link individuals with appropriate services and treatment.

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

Change Over Past 12 Months (Optional)

Children, youth and families in Niagara County had an increase in access to children’s mental health outpatient clinic services with the opening of New Directions Youth and Family Services children’s clinic in Niagara Falls, NY in July 2018. Furthermore, in the same month, Best-Self Behavioral Health Services opened a school-based satellite clinic in the Royalton-Hartland Central School District. With these additions, Niagara County now has

four (4) main outpatient clinic sites, as well as eight (8) school-based satellite clinic sites. Currently, one agency is seeking to expand and establish three (3) new school-based satellite clinics in the eastern end of Niagara County, including a rural area, where needs have been identified.

Additionally, information gleaned from Niagara County school district representatives indicates that the social – emotional and overall mental health needs of children and youth entering in, and progressing through, school are worsening. This has resulted in the development of, and increase in number of, behavioral specialists, mental health counselors and social workers hired, increase in special education placements, classrooms and home – instruction required to accommodate growing needs. Furthermore, districts are having to utilize innovative strategies to meet the increasing needs of specialized services within home districts as there are not enough placements available to meet the current demand.

2p. Mental Health Care Coordination - Background Information

Children and Adult Health Home Care Management services are not meeting the needs of consumers and families based upon the feedback that has been received from various providers and those receiving such services. The intensity and frequency of face-to-face services are severely lacking and, therefore, resulting utilization of crisis and emergency department services. Letters, phone calls and text correspondences are insufficient means to appropriately assess and intervene with individuals with severe emotional disturbances and mental illness.

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

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

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

Objective Statement

Objective 1: The LGU, in collaboration with providers and family / consumer advocacy groups, will advocate with state agencies for standards of care that meet the comprehensive needs of individuals with mental health concerns.

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

Objective 2: The LGU, in partnership with providers and consumer / family advocacy groups, will identify systemic gaps in services and relationships, and facilitate necessary change in order to meet the needs of individuals with mental health concerns.

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

Change Over Past 12 Months (Optional)

In April 2019, Home and Community Based Waiver services for children were unbundled to allow greater access to appropriate supports and services for children and youth in need who meet established criteria. However, local monitoring and facilitation of access to these services were transferred from the Children’s Single Point of Access / LGU responsibility and placed with the state and the Independent Entity. Since this is relatively new, the benefits, or lack thereof, are yet to be determined.

2r. Developmental Disability Children Services - Background Information

Parents of developmentally disabled children continue to contact Children's SPOA (CSPOA) because the parents believe that their children are not being adequately served by the OPWDD system. Feedback from the CSPOA Practitioner indicates that parents have expressed concern that there is a long delay in their children receiving eligible OPWDD

services, that they are unable to access the array of eligible services, and that the services do not adequately meet their children's needs. The CSPOA Practitioner also notes that she has received occasional calls from parents seeking a physician with expertise in I/DD, but there are few, if any, physicians with this knowledge base in Niagara County. Also, some parents delay seeking services in the Developmental Disabilities system due to stigma.

There has been feedback from parents and providers that there is a significant challenge regarding dually diagnosed children who present in crisis at a psychiatric emergency department. Perhaps due to a lack of expertise among hospital staffs, these children tend not to be admitted to the hospital as their needs are determined to be chronic and behavioral, verses psychiatric, in nature despite there being evidence of dual diagnostic concern.

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

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

Niagara County children and adolescents with intellectual / developmental disabilities will have increased local access to services that meet their holistic needs.

Objective Statement

Objective 1: The LGU will support an increase in the number of providers of services and medical/tele-health opportunities available within Niagara County to children and adolescents with I/DD needs.

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

Objective 2: The LGU, in partnership with providers, and consumer / family advocacy groups, will support the exploration, identification, and facilitation of increased partnerships with primary care providers, universities, and tele-health services in order to expand the pool of local providers who are able to meet the needs of children and adolescents with I/DD needs, and to further develop existing resources and increase awareness of, access to, and utilization of, existing resources.

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

Objective 3: The LGU, in partnership with providers and consumer / family advocacy groups, will advocate for the development and implementation of emergency department services and inpatient treatment for children and adolescents that have co-occurring I/DD and mental health needs.

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

Change Over Past 12 Months (Optional)

As of an article posted in the news in July 2018, "The state Office of Mental Health and the Office for People With Developmental Disabilities have announced plans to open a new dual diagnosis inpatient unit on the Buffalo Psychiatric Center campus for young people aged 12-17 with co-existing developmental and mental health disabilities." This would be the first of its kind in NYS. For more information, visit

<https://news.wbfo.org/post/new-acute-inpatient-unit-youth-starting-buffalo-psych-center>.

2t. Developmental Disability Respite Services - Background Information

Overall, there is a lack of respite opportunities within Niagara County, particularly for children. However, one of the Niagara County agencies has seen a significant increase in its overnight respite capacity, aided by the use of hotel rooms. The ability of the agency to staff the program has limited its growth. Another challenge for the agency is finding nurses for distributing medication. The agency is in the process of obtaining a Nurse Exemption, which will allow non-nursing staffs to distribute medications; the agency expects to increase its overnight respite capacity with this exemption.

The Resource Center in Dansville, NY, which opened on July 1, 2017, has six slots for crisis respite. This has aided, but not solved, the overnight respite issue for Niagara County. The few number of slots, the distance from Niagara County to Dansville, and the specific nature of the

admission criteria, limit the use of this resource for Niagara County residents.

It has been suggested that a pooled staff resource be developed among providers. However, there are problems with such a plan due to the clearance process of potential staffs. Rather than a single clearance for an individual, each agency now is required to clear each person. However, legislative/regulatory changes are required for the clearance process.

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

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

Niagara County residents with Intellectual and Developmental Disabilities (I/DD) will have access to respite beds, including crisis respite, and other crisis intervention services that are sufficient to meet the demands for such services.

Objective Statement

Objective 1: The LGU, in partnership with providers and consumer / family advocacy groups, will support and encourage providers to increase the number of respite beds within the county for the I/DD population.

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

Objective 2: The LGU, in partnership with providers and consumer / family advocacy groups, will advocate with OPWDD to provide adequate funding and slots for respite beds in the county for the I/DD population.

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

Change Over Past 12 Months (Optional)

One of the county I/DD providers has been providing overnight respite utilizing hotel rooms.

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

Based on information from the Niagara County Developmental Disabilities Self Advocacy Coalition, families and consumers lack a full understanding of the complexity of Self-Directed Services. Therefore, over time, service provision becomes problematic. Therefore, training needs to take place in order to fully inform consumers and families. Also, more brokers are needed to meet the needs of Self-directed 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

Individuals with I/DD and their families will have access to a coordinated system of information exchange in order to be informed of, and linked to, supports and services available to them to meet their needs.

Objective Statement

Objective 1: The LGU, in collaboration with providers and consumer / family advocacy groups, will support and advocate for, efforts to fully educate staff, families and consumers about Self-Directed Services and how to utilize them.

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

Objective 2: The LGU, in collaboration with providers and consumer / family advocacy groups, will support and advocate for an increase in the number of available Self-Directed brokers.

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

Change Over Past 12 Months (Optional)

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

2ac. Adverse Childhood Experiences (ACEs) (NEW) - Background Information

Over the past three (3) years, Niagara County Department of Mental Health and Substance Abuse Services has received requests, and fulfilled such, to provide presentations to local school districts and professional associations on Adverse Childhood Experiences (ACEs), their impact, and ways in which ACEs can be prevented, identified, and responded to in a manner that is consistent with a trauma-informed approach. Furthermore, the local Department of Social Services has indicated that there has been a noted increase in the number of child abuse and maltreatment reports received, implicating that there is an increase in the number of ACEs occurring in the lives of children and families in Niagara County.

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

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

There will be a coordinated and responsive effort, within and among service delivery systems, to create a culture that is consistently trauma-informed and sensitive to those in need of, and provided, services.

Objective Statement

Objective 1: The LGU, in collaboration with providers and other invested partners, will support increased awareness of ACEs, promote education, programming and systemic changes, that are reflective of trauma-informed practices, in order to be responsive to, and meet the needs of, individuals and families throughout Niagara County.

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

Change Over Past 12 Months (Optional)

The Community Network of Care (CNOC) for Children and Families in Niagara County is chaired by representatives from the Niagara County Department of Mental Health and Substance Abuse Services (NCDMH), and includes representation from Niagara County School Districts, non-profit organizations, other governmental entities, and family and peer advocates, across disabilities. In the past year through CNOC collaborations, a small workgroup developed a standardized training protocol that includes five (5) core elements: trauma-informed care, suicide prevention, suicide intervention, suicide and traumatic death postvention, and alcohol and substance abuse awareness trainings. The protocol is being piloted with the Orleans-Niagara BOCES sites to be eventually rolled out to others in the Niagara County catchment area. This will offer a consistent and comprehensive approach to building the knowledge and skill base within the Network and allow for cross-system / cross-agency responses to individuals and families served.

Furthermore through CNOC collaborations, the NCDMH, in partnership with Orleans-Niagara BOCES, Lockport, Niagara Falls and Newfane Central School Districts, and Help Me Grow WNY, bridged and facilitated communications with Best-Self Behavioral Health to explore options to bring Parent-Child Interaction Therapy (PCIT) and Teacher-Child Interaction Training (TCIT) to Niagara County. PCIT and TCIT are evidenced based programs shown to help children (ages 3–7) whose behavior is disruptive or impulsive enough to cause serious problems at home and at school. Currently, the above mentioned school districts are in discussions with Best-Self to further develop and implement a pilot of these evidenced based programs. Based upon data collected and its efficacy from the pilot, these programs will be further expanded across the county in areas of demonstrated need.

New York State Prevention Agenda Survey
Niagara County Dept Mental Health Svcs (70150)
Certified: James Graziano (5/30/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to oasasplanning@oasas.ny.gov.

Background

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

Questions

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

Goals and objectives align with Statewide Prevention Agenda.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

- 2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- 2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- 2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- 2.2 d) Build support systems to care for opioid users or those at risk of an overdose
- 2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
- 2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy
- 2.2 g) Other

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

- 2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting
- 2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration
- 2.3 c) Implement evidence-based home visiting programs
- 2.3 d) Other

Goal 2.4 Reduce the prevalence of major depressive disorders

- 2.4 a) Strengthen resources for families and caregivers
- 2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)
- 2.4 d) Other

Goal 2.5 Prevent suicides

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care – Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

- The NCDSS has been an active partner with the Niagara County Opiate Task Force. Other partners in the task force include the Niagara County Legislature, the Niagara County Department of Health, law enforcement, schools, and other community members - 7/30 Day DSRIP Meeting - SUD Engagement

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

No

Yes, please explain:

The LGU is able to track social posts in relation to prevention items. Also, the LGU is tracking the number and types of call to the Niagara County Crisis Services.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

No

Yes, please explain:

At times, state agencies fail to prior consult with LGUs when determining if/when/who will receive new programming and funding. This has resulted in duplication of services and inefficient use of resources.

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

No

Yes, please explain:

Relevant details include: CBT, Motivational Interviewing, SBIRT, DLA-20, and other evidence-based screening tools. Also, we are in the process of implementing Suboxone.

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

No

Yes, please explain:

Article 31 clinics have become licensed as IOS. The clinics offer health and wellness services.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

No

Yes, please explain:

- Increased collaboration with PCP and Behavioral Health Providers e.g., exchange of information, mental health providers screening for physical health issues, medical providers screening for behavioral health issues (utilizing SBIRT and PHQ 9 - Better collaboration with/from hospitals to outpatient providers - Medicine adherence and lab work for individuals on anti-psychotics - Substance use engagement and initiation - Once diagnosis with SUD is made, then engagement and maintenance in treatment within critical timeframe (48 days) of initial diagnosis. - Addressing co-occurring chronic medical conditions

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

- Un/Underemployment and Job Insecurity
- Food Insecurity
- Adverse Features of the Built Environment
- Housing Instability or Poor Housing Quality
- Discrimination/Social Exclusion
- Poor Education
- Poverty/Income Inequality
- Adverse Early Life Experiences
- Poor Access to Transportation
- Other

Please describe your efforts in addressing the selections above:

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

a) No Yes
b) If yes, please list

Title of training(s):

How many hours:


Target audience for training:

Estimate number trained in one year:

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

No

 Yes, please provide examples:
Health Aging Grant (partners include: Niagara County Department of Mental Health & Substance Abuse Services, Niagara County Office for the Aging, and Northpointe Council), and other community-based services

Office of Mental Health Agency Planning (VBP) Survey
Niagara County Dept Mental Health Svcs (70150)
Certified: James Graziano (5/30/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or Melissa.Staats@omh.ny.gov

Background

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

DSRIP serves as a bridge to value-based payment in New York State.

DOH website

DSRIP Performing Provider Systems (PPS)

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

DSRIP Project Lists

New York State Delivery System Reform Incentive Payment Program Project Toolkit

DSRIP Performing Provider Systems (PPS Statewide)

Value Based Payment (VBP) - Reduce Costs/Improve Quality

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

Questions

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

a) Yes No

b) Please provide more information:

- The NCDMH has provided funding/support to place clinicians at the office of a private physician, Dr. Laurri, two (2) days per week. - PPS grant to address increase in collaboration between PCP and Behavioral Health providers.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

a) Yes No

b) Please explain:

3. Are there any behavioral health providers in your county in VBP arrangements?

a) Yes No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a) Yes No

b) Please explain:

5. Is the LGU aware of the development of In-Lieu of proposals?

- a) Yes No
b) Please explain:

6. Can your LGU support the BHCC planning process?

- a) Yes No
b) Please explain:

Integrity Partners BHCC

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

- a) Yes No
b) Please explain:

Currently, NCDMH utilizes its electronic health record (EHR) and an application called Power Business Intelligence to produce dashboards that show outcomes. The NCDMH is exploring the purchase of a new EHR that will have the same features.

Community Service Board Roster
 Niagara County Dept Mental Health Svcs (70150)
 Certified: James Graziano (5/30/19)

Note:

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.

Name: Robert Spuller	<input type="checkbox"/> Physician	Represents: Community	Term Expires: 12/2018	Email Address: bobspuller@gmail.com
	<input type="checkbox"/> Psychologist			
Name: Peter Butera, Ph.D.	<input type="checkbox"/> Physician	Represents: Niagara University	Term Expires: 12/2019	Email Address: pbutera@niagara.edu
	<input checked="" type="checkbox"/> Psychologist			
Name: Bruce Shields, Ph.D.	<input type="checkbox"/> Physician	Represents: Daemen College	Term Expires: 12/2022	Email Address: bshields@daemen.edu
	<input type="checkbox"/> Psychologist			
Name: Daniel Norton	<input type="checkbox"/> Physician	Represents: U.S. Air Force Reserve	Term Expires: 12/2018	Email Address: daniel.norton.10@us.af.mil
	<input type="checkbox"/> Psychologist			
Name: Mary Armstrong	<input type="checkbox"/> Physician	Represents: Mental Health Advocacy	Term Expires: 12/2019	Email Address: cleanfreak@roadrunner.com
	<input type="checkbox"/> Psychologist			
Name: Rosamond Siegwarth	<input type="checkbox"/> Physician	Represents: Community	Term Expires: 12/2020	Email Address: rosesieg40@gmail.com
	<input type="checkbox"/> Psychologist			
Name: Jaclyn Bieber	<input checked="" type="checkbox"/> Physician	Represents: Heritage Center/DD Advocacy	Term Expires: 12/2021	Email Address: walter.jaclyn@yahoo.com
	<input type="checkbox"/> Psychologist			
Name: Candace Butcher	<input type="checkbox"/> Physician	Represents: Community/MH Advocacy	Term Expires: 12/2022	Email Address: cabutcher11@yahoo.com
	<input type="checkbox"/> Psychologist			
Name: Thomas Gerbasi	<input checked="" type="checkbox"/> Physician	Represents: DD & Autism	Term Expires: 12/2022	Email Address: trgerbasi@verizon.net
	<input type="checkbox"/> Psychologist			
Name: Burt Marchall	<input type="checkbox"/> Physician	Represents: Niagara County DSS	Term Expires: 12/2022	Email Address: burt.marshall@dfa.state.ny.us
	<input type="checkbox"/> Psychologist			
Name: Chrystyn Newlin	<input type="checkbox"/> Physician	Represents: Independent Health	Term Expires: 12/2020	Email Address: cteebz@gmail.com
	<input type="checkbox"/> Psychologist			

Name: Annette Dobrasz, Ed.D.	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires: 12/2020	Email Address: rdobrasz@roadrunner.com
Name: Therese Mudd	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community/DD Advocacy	Term Expires: 12/2019	Email Address: tmudd62931@gmail.com
Name: Robin Stevens	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Empower	Term Expires: 12/2019	Email Address: rstevens@empower-wny.org

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

Alcoholism and Substance Abuse Subcommittee Roster
 Niagara County Dept Mental Health Svcs (70150)
 Certified: James Graziano (5/30/19)

Note:

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.

Name: Christyn Newlin	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services Board	Email Address: cteebz@gmail.com
Name: Rosamond Siegwarth	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services Board	Email Address: rosesieg40@gmail.com
Name: Mark Bonacci, Ph.D.	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address:
Name: Michelle McGovern	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Cazenovial Reconery System	Email Address: mmcgovern@cazenoviarecovery.org
Name: Carrie Claire	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Northpointe Council, Inc.	Email Address: cclare@northpointecouncil.org
Name: Anthony Massaro	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: WNY Independent Living	Email Address: amassaro@wnyil.org
Name: Robert Spuller	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Services Board	Email Address: bobspuller@gmail.com

Mental Health Subcommittee Roster
Niagara County Dept Mental Health Svcs (70150)
Certified: James Graziano (5/30/19)

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.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

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.

Name: Phyllis Badali	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: mhapb9262@yahoo.com
Name: Daniel Neal	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address:
Name: Sally Dedicke	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: New Direction Youth & Fam. Services	Email Address: sdedicke@ndyfs.org
Name: Daniel Norton	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Services Board	Email Address: daniel.norton.10@us.af.mil
Name: Peter Butera, Ph.D.	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Services Board	Email Address: pbutera@niagara.edu

Indicate the number of mental health subcommittee members who are or were consumers of mental health services:

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

Developmental Disabilities Subcommittee Roster
 Niagara County Dept Mental Health Svcs (70150)
 Certified: James Graziano (5/30/19)

Note:

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.

Name: Therese Mudd	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services Board	Email Address: tmudd62931@gmail.com
Name: Robin Stevens	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Services Board	Email Address: rstevens@mail.niagara.edu
Name: Jeffrey Paterson	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Empowery	Email Address: jpaterson@empower-wny.org
Name: Peter Drew	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: pdrew4340@gmail.com
Name: Carly Lapp	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: carlapp05@gmail.com
Name: Jay Mapstone	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: People, Inc.	Email Address: jmapston@people-inc.org

2020 Mental Hygiene Local Planning Assurance
Niagara County Dept Mental Health Svcs (70150)
Certified: James Graziano (5/30/19)

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 2020 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 2020 Local Services planning process.

Health Coordination Survey
 Niagara County Dept Mental Health Svcs (70150)
 Certified: Carol Ross (3/29/19)

Under New York State regulations, providers certified under the following parts are required to "have a qualified individual designated as the Health Coordinator who will ensure the provision of education, risk reduction, counseling and referral services to all patients regarding HIV and AIDS, tuberculosis, hepatitis, sexually transmitted diseases, and other communicable diseases":

- Chemical Dependence Residential Rehabilitation Services for Youth (Part 817)
- Chemical Dependence Inpatient Rehabilitation Services (Part 818)
- Chemical Dependence Residential Services (Part 819)
- Residential Services (Part 820)
- Non-Medically Supervised Chemical Dependence Outpatient Services (Part 821)
- Chemical Dependence Outpatient and Opioid Treatment Programs (Part 822)

Regulatory requirements regarding Health Coordinators and comprehensive treatment plans are defined for each chemical dependence treatment service category in the Official Compilation of the Codes, Rules and Regulations of the State of New York. For additional information, please refer to the applicable regulations located on the OASAS Website.

The **Health Coordination Survey** documents compliance with OASAS regulations and, for those programs that are funded by OASAS, additionally documents requirements of the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. Early HIV Intervention Services (EIS), which under the SAPT Block Grant must be provided on site of chemical dependence treatment, are defined as: pre- and post-test counseling for HIV, the actual testing of individuals for the presence of HIV and testing to determine the extent of the deficiency in the immune system, and the provision of therapeutic measures to address an individual's HIV status. OASAS has determined that Health Coordinators and OTP comprehensive treatment planning provide EIS.

All questions on this form should be answered as they pertain to each program operated by this agency. The responses to this survey should be coordinated to ensure accuracy of responses across all programs within the agency. We are asking that the survey be completed by **Monday, April 1, 2020**. Any questions related to this survey should be directed to Matt Kawola by phone at 518-457-6129, or by e-mail at Matt.Kawola@oasas.ny.gov.

1. What is the overall average fringe benefit rate paid to employees by this agency? This number must be entered in number format as a percentage of salary, without the percent sign or symbols (example: 20.5).

43 %

2. How are **health coordination** services provided to patients in each program operated by your agency? (check all that apply)

PRU	Program	Paid Staff	In-kind Services	Contracted Services
52984	Niagara Co Dept of MH Services OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Please provide the following information for each PRU where those paid staff and in-kind services services are provided. If multiple individuals provide these services at a single program, provide the total hours worked and the hourly pay rate for each individual. For hourly pay rate, use number format without a dollar sign or symbols (example: 37.5).

PRU	Program	Health Coordinator #1			Health Coordinator #2			Hourly Rate (dollars)	
		Services Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)	Services Provided			Hours per Week Worked as a Health Coordinator
		On-site	Off-site			On-site	Off-site		
52984	Niagara Co Dept of MH Services OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	\$ 28.94	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	\$ 23

4. Please provide the following information for each PRU where those contracted services are provided. If multiple contracted individuals provide these services at a single program, provide the total hours worked per week and the average hourly rate paid. For dollars paid, use number format without a dollar sign or symbols (example: 37.5).

PRU	Program	Service Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)
		On-site	Off-site		
52984	Niagara Co Dept of MH Services OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	\$ 120.00

NYS OASAS Clinical Supervision Contact Information Form

(52984)

Certified: Carol Ross (3/29/19)

The OASAS Division of Practice Innovation and Care Management (PICM) maintains contact information on clinical supervisors in order to communicate on matters of interest and importance to the practice of clinical supervision. This form was developed to collect contact information on all clinical supervisors in OASAS-certified treatment programs. The information will be maintained in the County Planning System and will be required to be updated annually in the spring. This form can be updated at any time throughout the year by contacting the OASAS Planning Unit oasasplanning@oasas.ny.gov and requesting that the form be decertified so that the information can be revised.

To enter the contact information for a clinical supervisor, click on the "Add a Clinical Supervisor" link below. Click on the link again to enter contact information for additional clinical supervisors

Name	Christopher Kijowski	Name	Carol Ross
Credentials	LCSW-R	Credentials	LCSW-R
Email Address	christopher.kijowski@niagaracounty.com	Email Address	carol.ross@niagaracounty.com
Phone	716-278-1941	Phone	716-439-7401 & 716-278-1941

Electronic Health Record (EHR) and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Program Survey
Niagara Co Dept of MH Services OP (52984)
Certified: Carol Ross (3/29/19)

The following survey is designed to provide OASAS with program-level information regarding two topics that are integral to ensuring that individuals with Substance Use Disorders (SUDs) receive the highest quality care. Part I asks about Electronic Health Record (EHR) usage and Part II collects information regarding the treatment of individuals identifying as lesbian, gay, bisexual, transgender or questioning (LGBTQ).

Questions related to this survey should be directed to Carmelita Cruz at Carmelita.Cruz@oasas.ny.gov.

PART I- Electronic Health Record (EHR) Survey

An Electronic Health Record (EHR) is a computerized record of health information about individual patients. Such records may include a whole range of data in comprehensive or summary form, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal information like age and weight, and billing information. Its purpose is to be a complete record of patient encounters that allows the automation and streamlining of the workflow in health care settings and increases safety through evidence-based decision support, quality management, and outcomes reporting.

The purpose of Part I of this survey is to assess your agency's status on the adoption of an EHR, and which EHRs are most commonly used by OASAS-certified programs.

1. Does your program use an electronic health record?

- No
- Yes, please provide the company and product names of your EHR below:

Company Name (e.g., Allscripts, Netsmart, Core Solutions, etc.):
Currently using QuicDoc but will be changing to new EHR in this year.

Product Name (e.g., Paragon, CareRecord, Cx360, etc.)
Currently use QuicDoc (EHR) and QuicDoc PM (billing and practice management) but will be changing to a new EHR in this year.

PART II- Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Policy and Technical Assistance Survey

Research suggests that Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. OASAS recognizes that culturally sensitive treatment often results in more effective treatment. In order to protect the rights of LGTBQ individuals receiving Substance Use Disorder (SUD) treatment OASAS issued Local Services Bulletin (LSB) 2017-04 "Affirming Care for Lesbian, Gay, Bisexual, Transgender and Questioning Clients in OASAS Programs."

The purpose of Part II of this survey is to gather background information regarding the LGBTQ populations served by OASAS-certified SUD treatment programs so that OASAS may develop technical assistance for providers in order to deliver the best possible care to LGBTQ individuals.

2. Is your program aware of Local Services Bulletin (LSB) 2017-04 "Affirming Care for Lesbian, Gay, Bisexual, Transgender and Questioning Clients in OASAS Programs"

- No
- Yes

3. In your opinion and not relying on data reported to OASAS, please estimate the percentage of total clients treated over the course of a year that identify as lesbian, gay, bisexual, transgender or questioning
1 %

4. Does your program require technical assistance to comply with the requirements of the LSB?

- No
- Yes, I need assistance with the following (check all that apply)
- a) Developing policies and procedures
 - b) Staff training on affirming LGBTQ care
 - c) Staff training on evidence-based practices, such as delivering trauma informed care
 - d) Other, please describe: