



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

Saratoga County Community Svcs Board
September 6, 2019

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Saratoga County Community Svcs Board	70840	(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
 Saratoga County Community Svcs Board	 70840/70840	 (Provider)
Health Coordination Survey	Required	Certified
 Saratoga Co Alc/Substance Abuse OP	 70840/70840/50759	 (Treatment Program)
Clinical Supervision Contact Information Survey	Required	Certified
Program EHR and LGBTQ Survey	Required	Certified

2020 Mental Hygiene Executive Summary
Saratoga County Community Svcs Board
Certified: Michael Prezioso (5/30/19)

The Community Services Board (CSB) has actively discussed the changing healthcare landscape, and the challenges and opportunities unique to the behavioral healthcare topography of Saratoga County. A variety of human services stakeholders also held formal, monthly meetings on these issues. Stakeholders represented both public (i.e., mental health, addictions, probation, social services, public health, and law enforcement) and private (i.e., hospital systems, performing provider systems, prevention, domestic violence, charitable) agencies, and contributed significantly to the breadth and depth of County needs analysis and program development.

The current plan is predicated on the goal of meeting identified needs by capitalizing on available resources, securing additional resources, and working energetically to communicate, collaborate, coordinate, and integrate service delivery across County providers.

Mental Hygiene Goals and Objectives Form
Saratoga County Community Svcs Board (70840)
Certified: Michael Prezioso (5/30/19)

1. 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**:

Education and training efforts have expanded to meet the need for mental health services. The LGU lead several community forums designed to address stigma associated with suicide, and developed educational materials in partnership with local DOH that were distributed via email blasts in advance of the second season of the Netflix series "13 Reasons Why". More than 16,000 homes were reached. In addition, several sections of Youth Mental Health First Aid were delivered by clinical staff under the auspices of the LGU, most notably in collaboration with Saratoga Hospital. Several local school districts, as well as staff of other youth service providers, were represented.

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

First, the need for residential options that incorporate intensive services that go beyond those typically offered in congregate settings continues. The stock of Supported Housing beds should be increased, and intensive services should include, but not be limited to, DAILY contact to promote problem-solving and coping skill development, socialization, recreational support, and oversight of medication administration as needed. While the provision of such services will come with a cost, that cost compares favorably to the cost of inpatient care. The benefits associated with maintaining safe and productive community living need no elaboration.

Second, there is need for treatment that offers service to those with substantial impairment and associated cognitive deficits. Such a program must be structured, with low-moderate demand characteristics, and emphasize person-centered goal planning and psychiatric rehabilitation. Such a program would differ from the PROS model in that its design would address the needs of persons whose impairments preclude their ability to take full advantage of PROS-type class offerings.

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

Continued reductions in the availability of State-operated inpatient beds limits access to intermediate inpatient psychiatric care (decrease in Average Daily Census of Saratoga County residents treated in regional State PC 2017-2018, OMH County Capacity and Utilization Data Book 2017-2018). The regional PC's effort to reconcile acute versus intermediate care priorities has further complicated the access picture. Significantly, the two local hospital facilities with inpatient capacity regularly report to the LGU that effort is no longer made to refer treatment refractory inpatients to the State PC in Albany. As a result, individuals with more significant impairment are being referred for local treatment and residential services.

Of further (anecdotal) note, requests from school systems to provide school-based clinical and education support have increased. The LGU has facilitated negotiations between school districts and area providers, including Parsons, to deliver school-based clinical support.

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**:

Some "flattening of the [opiate] use disorder curve" is evident, in that overdoses remained constant from 2016-2017. Opiate-related outpatient emergency department visits and hospitalizations likewise remained constant. While it is too soon to say that the tide of opiate use in Saratoga County has turned, increased treatment utilization in conjunction with fewer overdoses is a welcome development.

Several newly developed programs likely play a part in this developing trend. First, the LGU actively facilitated collaboration between Saratoga Hospital and OASAS to implement an Article 32 clinic nested within its Community Health Center (CHC). Further initiative taken by the Hospital led to the introduction of coordinated MAT services through its Emergency Department and the Addictions Medicine program at CHC.

Finally, State resources have been allocated for the purpose of developing Medication Assisted Treatment alternatives in the local correctional facility. Assessment and treatment services, alongside CRPA services and family navigation assistance, are part of the multifactorial intervention landscape.

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

Among some residential providers, the adoption of "harm reduction" versus "abstinence" models of care remains a topic of conversation. With its associated implications for treatment, this evolution in culture remains at issue.

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

Among Medicaid recipients in particular, the demand for detox (30%) and chemical dependency (33%) services in Saratoga County has grown during the past five years (OASAS). The demand on the local Prevention provider and Recovery Community Center has also grown. Administrators report devoting considerably more of their own time to navigation services, in support of line staff, because the number of those seeking services has increased beyond existing navigation capacity.

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

Stayed the Same Worsened

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

Service demands for this population increased nominally (5%) during the past year for all OPWDD Medicaid services in Saratoga County (OPWDD County Planning Profiles).

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

Community stakeholders report a high need to cross-train staff, to ensure those who are dually-diagnosed receive high-quality crisis and emergent care.

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

While the domains of need remained essentially the same for this population, the need for access to available services increased (OPWDD County Planning Profiles).

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 type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2a. Housing - Background Information

Monthly discussion by the Saratoga County Community Services Board, and a stakeholder group consisting of public and private providers, families, and peers, continues to articulate the need for therapeutic residential alternatives commensurate with the needs of the disability populations. The consensus is that the stock of safe and affordable residential alternatives is limited and therefore a barrier to meaningful engagement in treatment and the life of the community. Once secured, such residential settings will require access to wrap around services designed to address the social correlates of health.

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

GOAL: Collaborate with local and State partners to increase the stock of Supported Housing resources, with clinically enhanced services, as funding opportunities arise

Objective Statement

Objective 1: Meet monthly with stakeholders to ensure community living options integrate (or have access to) the array of services necessary to maintain health and safety in the community

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Saratoga County has a robust system of public transportation, but it is limited in the scope of its coverage to a few urban centers. Many areas of the County-some of which are located within the borders of the Adirondack State Park-have no access to public transportation at all. This restricts access to care.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Though public transportation is beyond the purview of the LGU, the LGU has supported grassroots efforts to engage local public officials and private transportation providers in development of alternatives. These efforts are ongoing.

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

During the past year, the LGU has worked closely with the local Prevention provider to develop a number of services.

During 2018, addiction recovery services were expanded with the establishment of a Family Support Navigator (FSN). The FSN travels extensively across Saratoga, Warren and Washington counties and in the first year of the program over 100 families were served. In the fall of 2018 the FSN partnered with the Saratoga County Sheriff's Department and the county jail providing outreach to both inmates and families.

Additionally, 5,723 units of service were delivered at Healing Springs Recovery Center in Saratoga Springs during 2018. Of note, Healing Springs more than tripled the number of programs/events offered.

In December 2018, the Prevention Council provided a two day training featuring nationally known speaker, Officer Germaine Galloway. Over 175 law enforcement providers and educators attended. Attendees learned how to detect and address underage drinking/drug use in the community.

The Prevention Council also responded to the increase of vaping among youth with numerous programs for parents held in collaboration with local school districts. Ten trainings were offered to staff, teachers and school administrators across Saratoga County This empirically validated "Right Under Your Nose" oprogram delivered is interactive and includes a tour of mock teen bedroom with logos/gear associated with drug use to help adults better identify signs of use/abuse.

The Prevention Council provided court mandated classes for 180 young adults with drug/alcohol related sentencing, and collaborated with the Saratoga County Youth Bureau and Saratoga County DA's office to host ten Victim Impact Panels for a total of 879 individuals as part of their DWI/DWAI sentencing in Saratoga County.

Finally, in response to the ongoing opioid epidemic the Prevention Council hosted two trainings attended by 20 people in recovery to become CRPA's (Certified Recovery Peer Advocates). This is an emerging para-professional profession identified by NYS OASAS as a priority.

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

The LGU will partner with the Saratoga County Prevention Council to increase prevention activities in Saratoga County, and with the Suicide Prevention Coalition of Saratoga County to increase education and awareness of issues relating to suicidality among County residents

Objective Statement

Objective 1: Increase the number of addictions prevention events by 10% over last year, as evidenced in data collected by the Prevention Council of Saratoga County

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

Objective 2: Increase the number of suicide prevention educational activities by 5% over last year, as evidenced by data collected by the Saratoga County Department of Public Health and the Saratoga County Suicide Prevention Coalition

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

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Among Medicaid recipients in particular, the demand for detox (30%) and chemical dependency (33%) services in Saratoga County has grown during the past five years (OASAS County Planning System). The treatment capacity for substance use disorders in addition to opiates should be increased to reflect the noted increase 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

GOAL: Collaborate with local and State partners to increase available addictions and substance use disorder outpatient treatment resources, as funding opportunities arise

Objective Statement

Objective 1: Identify resources and collaborate with State and local partners monthly to increase SUD treatment services in Saratoga County

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

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Saratoga County Community Svcs Board (70840)
Certified: Michael Prezioso (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:

Mental Health and addictions related needs are reflected in the Saratoga County CHA and CHIP. A variety of clinical intervention services are currently available for the treatment of those suffering from psychiatric and substance abuse disorders. In partnership with the County Department of Public Health and the not-for-profit Prevention Council of Saratoga County, the LGU likewise participates in the local Suicide Prevention Coalition.

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:

A variety of measures have been undertaken to implement the above-referenced interventions. These include staff and community education, prevention activities and programs and regular communication with local stakeholders to coordinate activities.

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:

Participated in a series of workshop-type discussions designed to review data and arrive at prevention agenda goals by consensus. Participants included, among others, the local health department, prevention provider and Article 28 hospital.

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:

With the introduction of a new electronic patient record, performance-related metrics will be much easier to derive.

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

- No
- Yes, please explain:

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:

This LGU operates both an Article 31 and an Article 32 at present, and has for many years.

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:

To the degree that mental health and wellness are inextricably linked with overall health, clinical interventions offered under the auspices of the LGU at the County-operated Article 31 and Article 32 clinic site will support the Prevention Agenda's goals and objectives.

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:

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

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

Please describe your efforts in addressing the selections above:

To the degree that these matters arise and are relevant to the patient in care, they are addressed within the context of his/her clinical care

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): Youth Mental Health First Aid

How many hours: 8@

Target audience for training: Community Partners

Estimate number trained in one year: 90

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:

Yes, to the extent that sound clinical care promotes the health and well-being of all we serve regardless of age or other demographics

Office of Mental Health Agency Planning (VBP) Survey
Saratoga County Community Svcs Board (70840)
Certified: Michael Prezioso (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:

Although the LGU does not itself contract with any of the three PPS that operate within Saratoga County, the local residential provider and prevention provider have been recipients of resources designed to promote warm handoffs from the local ED to identified providers, and provide a variety of prevention services.

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

a) Yes No

b) Please explain:

The LGU has not contracted with any of the three PPS organizations operating within Saratoga County.

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:

The LGU is aware and is appreciative of the education and training the State has offered regarding the leveraging of VBP resources to implement

evidence-based and best practices.

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:

In its oversight and monitoring functioning, authorized by NYS MHL 9.41, the LGU is seen as essential to the planning of any service designed to address the three disability populations in its purview. This applies to the 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:

The electronic health record adopted by the LGU was purchased specifically to support data collection and reporting that will support the transition to VBP and attention to outcomes-based management.

Community Service Board Roster
Saratoga County Community Svcs Board (70840)
Certified: Michael Prezioso (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: Edmond Amyot	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2018	Email Address: eamyot@nycap.rr.com
Name: Joseph W. Carr	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Saratoga County Youth Bureau	Term Expires: 12/2017	Email Address: wcarr@saratogacountyny.gov
Name: Erin Christopher-Sisk	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	Represents: ECS Psychological Services	Term Expires: 12/2019	Email Address: dr.christopher-sisk@ecspsychological.com
Name: James Colamaria	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Four Winds Hospital	Term Expires: 12/2019	Email Address: jcolamar@nycap.rr.com
Name: Amy C. Hughes	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: NAMI/Families	Term Expires: 12/2017	Email Address: ahughes@saratogacountyny.gov
Name: Katie Lewis	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2019	Email Address: katiecooperlewis@gmail.com
Name: Maureen Lewsey	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Families	Term Expires: 12/2019	Email Address: kemmetmaureen@yahoo.com
Name: Rudolph J. Stutzmann	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Saratoga Hospital	Term Expires: 12/2018	Email Address: rstutzmann@earthlink.net
Name: Ranjit Bhagwat, Ph.D.	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	Represents: Public Representative	Term Expires: 12/2020	Email Address: R.Bhagwat.PhD@gmail.com
Name: Paul Morcone	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Schools	Term Expires: 12/2021	Email Address: Jp5set@aol.com
Name: Daniel P. Morley	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Law enforcement	Term Expires: 12/2021	Email Address: dmorley@saratogacountyny.gov

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

Saratoga County Community Svcs Board (70840)

Certified: Michael Prezioso (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: James Colamaria

CSB Member:

Yes No

Represents: Four Winds Hospital

Email Address:

jcolamar@nycap.rr.com

Name: Daniel Morley

CSB Member:

Yes No

Represents: Law Enforcement

Email Address:

dmorley@saratogacountyny.gov

Mental Health Subcommittee Roster
Saratoga County Community Svcs Board (70840)
Certified: Michael Prezioso (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: Ranjit Bhagwat, Ph.D.	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address: R.Bhagwat.PhD@gmail.com
Name: Rudolph J. Stutzmann	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Saratoga Hospital	Email Address: rstutzmann@earthlink.net
Name: Maureen Lewsey	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Families	Email Address: kemmetmaureen@yahoo.com
Name: Katie Lewis, Ph.D.	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address: katiecooperlewis@gmail.com
Name: Amy C. Hughes	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: NAMI/Families	Email Address: ahughes@saratogacountyny.gov

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
Saratoga County Community Svcs Board (70840)
Certified: Michael Prezioso (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: Ed Amyot, MD	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address: eamyot@nycap.rr.com
Name: Joseph W. Carr	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Saratoga County Youth Bureau	Email Address: wcarr@saratogacountyny.gov
Name: Erin Christopher-Sisk, Ph.D.	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address: dr.christopher-sisk@ecspsychological.com
Name: Paul Morcone	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Schools	Email Address: Jp5set@aol.com

2020 Mental Hygiene Local Planning Assurance
Saratoga County Community Svcs Board (70840)
Certified: Michael Prezioso (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
 Saratoga County Community Svcs Board (70840)
 Certified: Nicholas Hobson (6/11/19)

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).

59 %

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
50759	Saratoga Co Alc/Substance Abuse OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	Services Provided		Hours per Week Worked as a Health Coordinator	
		On-site	Off-site		On-site	Off-site		
50759	Saratoga Co Alc/Substance Abuse OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	\$ 33.59	<input type="checkbox"/>	<input type="checkbox"/>	\$

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		

NYS OASAS Clinical Supervision Contact Information Form

(50759)

Certified: Meghan Riihimaki (3/25/19)

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	Meghan Riihimaki
Credentials	LMHC CASAC
Email Address	mrrihimaki@saratogacountyny.gov
Phone	518-587-8800 X1250

Electronic Health Record (EHR) and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Program Survey

Saratoga Co Alc/Substance Abuse OP (50759)

Certified: Nicholas Hobson (6/11/19)

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.):

Product Name (e.g., Paragon, CareRecord, Cx360, etc.)

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

10 %

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: