



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

Suffolk Co. Dept of Health Services  
September 6, 2019

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Suffolk Co. Dept of Health Services</b>	<b>70370</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
New York State Prevention Agenda Survey	Required	<b>Certified</b>
Office of Mental Health Agency Planning (VBP) Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
Mental Health Subcommittee Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Roster	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>
 <b>Suffolk Co. Dept of Health Services</b>	 <b>70370/70370</b>	 <b>(Provider)</b>
Health Coordination Survey	Required	<b>Certified</b>
 <b>Div of Comm MH Srvc Alc &amp; SA OTP</b>	 <b>70370/70370/201</b>	 <b>(Treatment Program)</b>
Clinical Supervision Contact Information Survey	Required	<b>Certified</b>
Program EHR and LGBTQ Survey	Required	<b>Certified</b>
 <b>Div of Community Mental Hygiene OTP</b>	 <b>70370/70370/6731</b>	 <b>(Treatment Program)</b>
Clinical Supervision Contact Information Survey	Required	<b>Certified</b>
Program EHR and LGBTQ Survey	Required	<b>Certified</b>
 <b>Suffolk Co. Dept of Health Service OTP</b>	 <b>70370/70370/3097</b>	 <b>(Treatment Program)</b>
Clinical Supervision Contact Information Survey	Required	<b>Certified</b>
Program EHR and LGBTQ Survey	Required	<b>Certified</b>
 <b>Suffolk Co. Dept of Health Srvc OTP 1</b>	 <b>70370/70370/202</b>	 <b>(Treatment Program)</b>
Clinical Supervision Contact Information Survey	Required	<b>Certified</b>
Program EHR and LGBTQ Survey	Required	<b>Certified</b>

**Mental Hygiene Goals and Objectives Form**  
Suffolk Co. Dept of Health Services (70370)  
Certified: Turmalina Longo (6/3/19)

**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**:

- Establishment of a 24 hour crisis stabilization center and redesign
- Expansion of the Mobile Crisis Team
- Implementation of a pilot transportation initiative
- Expansion of peer services and collaborative efforts around Medication Assisted Treatment services.

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

- Prevention services have stayed the same
- Despite the implementation of a pilot transportation program, difficulties in relation to access to transportation for recipients remains problematic
- Mental Health clinic rate structure presents revenue problems

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

- Challenge related to staffing of mental health professionals, including eligible psychiatric prescribers, social workers, psychologists, case managers, residential staff, paraprofessionals, peers, bilingual staff, etc. These difficulties extend to both recruitment and retention and appear largely salary related. For psychiatrists, understanding there is a national shortage and a state shortage, regionally we are struggling to find providers willing to work in our contract networks. More recently, the demand for psychiatric nurse practitioners has also escalated; with need seemingly exceeding the pool of available applicants.

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**:

- Access and availability to Medication Assisted Treatment services as demonstrated by increased provider hours
- Reduction in opioid related deaths with improved access to Narcan
- Successful launch of various peer/family navigator programs
- Introduction of transitional services program for individuals spanning incarceration through post release
- Establishment of 24 hour crisis stabilization center which includes COTI peer program (mobile), assessment, linkage, and MAT services

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

- Need for additional outpatient treatment services
- Prevention services

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

- Staffing of qualified professionals. This includes: prescribers, CASAC professionals, social workers, psychologists, case managers, residential staff, paraprofessionals, peers, bilingual staff, etc. These difficulties include recruitment, retention, and salaries for these positions
- The implemented scope of practice requirements has decreased number of eligible candidates The increased credentialing requirements has not been met with an increase in salary compensation
- Access to Care Coordination

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**:

- Access to care for dually diagnosed individuals (MH/DD) via NY START program

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

- Access to community housing

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

- Demand for vocational and transitional services for individuals aging out of educational systems has increased while resources have remained stagnant
- Recruitment and retention of qualified professionals

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) <b>(NEW)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ab) Problem Gambling <b>(NEW)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) <b>(NEW)</b>	<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

Housing options for all three disability populations are limited. Data sources include - SPOA, SPA, DSS, Systems of Care meetings, surveys, Mental Health, Substance Use Disorders, IDD Subcommittees, annual reports, consumers/family members, and Housing workgroup.

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

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

Expand housing options for all disability groups.

**Objective Statement**

Objective 1: Maintain accurate data on the number and utilization of available beds.

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

Objective 2: Provide opportunities for collaboration and information sharing through community meetings, including the housing workgroup.

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

**Change Over Past 12 Months (Optional)**

- A mutli-dsiciplinary housing workgroup was been established to address housing needs in Suffolk County
- In addition to the online portal, applications can be printed and sent in to SPA office
- Improved accuracy of waitlist to be more accurately reflective of current needs via exclusion of expired applications and persons currently housed
- A universal crisis respite application has been developed and implemented which allows for streamlining and improved tracking of referrals
- Two agencies are serving mentally ill individuals experiencing homelessness with focus on transition from homelessness (shelter placement) to stable housing
- Suffolk County children’s Community residences (CRs) are at 100% capacity. CRs have been transitioning to co-ed and serve youth aged 12- 18. Obstacles to placement of waitlisted youth include house gender composition/vacancies for both genders
- Teaching Family Homes (TFH), a 20-bed (ages 5-18) bi-county resource, will be closing shortly. A bi-county proposal for repurposing of those funds has been submitted to OMH
- Suffolk County Department of Social Services has continued to commit to the transitional recovery homes initiative for individuals in recovery from SUD. The RFQ (DSS19/001) was established and is currently being scored. A letter of intent will be sent to eligible providers
- A 25 bed Community Residence for women with SUD diagnoses is scheduled to open in June/July 2019
- Expansion of community residence beds for mothers diagnosed with substance use disorders and their children
- In 2017, OPWDD rolled out its 3-year housing strategy and progress in this area continues to evolve
- Housing opportunity for males diagnosed with Autistim Spectrum Disorder is anticipated for later in 2019
- A 4 bed IRA (Individualized Residential Alfernative) opened in Farmingville

**2b. Transportation - Background Information**

The reduction in the services provided by the local public transportation system combined with the lack of efficiency in the current Medicaid transportation system has made it difficult for many consumers to access care, make their appointments in a timely manner, and meet their independent living needs. This is an ongoing concern. Data sources include - focus groups, workgroups and subcommittees, surveys, key informant interviews, and annual reports.

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

Improve access to affordable and reliable transportation opportunities for all disability groups.

**Objective Statement**

Objective 1: Support workgroups in their advocacy efforts for access to public transportation including SCAT.

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

Objective 2: Improve efficacy of Medicaid transportation.

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

Objective 3: Realign State transportation funds to meet current need.

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

**Change Over Past 12 Months (Optional)**

- Collaborative transportation workgroup made up of members from MH and SUD subcommittee members remains active. Progress thus far:
  - A pilot program for qualifying mental health service recipients of funded transportation for non-Medicaid eligible rides was launched and has been overwhelmingly well received in the community. This resulted in a restriction of rides per month per person to maximize number of individuals served
  - Logisticare's participation in local initiatives has been inconsistent
  - An advocacy campaign was established. Suffolk Independent Living Organization (SILO) is the lead agency in this campaign to improve public transportation. Over 600 letters from recipients of applicable services have been provided to SILO to support in an ongoing appeal to the Legislature to improve and expand public buses and routes. Advocacy efforts also include the drafting of a White Paper that outlines the numerous transportations challenges in Suffolk County. This document is currently being finalized and will be submitted to state and local legislators in an effort to secure resources for improvement of transportation systems.

## 2c. Crisis Services - Background Information

A 24-hour crisis stabilization center, Family Service League's Diagnostic Assessment and Stabilization Hub (DASH) was opened in March 2019. This was a response to information collected by workgroups, subcommittees, and annual reports.

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

Refine and monitor community based crisis services to support individuals in all disability groups.

### Objective Statement

Objective 1: Collaborate with agencies for successful integration into the system of care, expansion, and self-sustainability.

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

Objective 2: Inform, educate, and facilitate disaster preparedness efforts on county and agency levels.

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

### Change Over Past 12 Months (Optional)

- Initial cohort of law enforcement officers have been trained in Crisis Intervention Team (CIT) model. Additional trainings have been scheduled
- All precincts have also received education on the available crisis services, including the new stabilization center, in the community
- Expansion of mobile crisis team services through increased hours and personnel. A second Mobile Crisis Team specific to CPEP has been implemented
- Refinement of crisis respite services, including the Hospital Diversion Program. Collaboration and communication between crisis respite providers has improved with the development of a universal respite application and the introduction of a Housing Support Specialist
- Integrated licensure of mental health and substance use disorder clinics
- Co-location of mental health/substance use services with primary care services
- Catholic Charities / Talbot House, Phoenix House, and SCO Family of Services expanded their service model and transitioned from 819 to 820 regulations. MAT and medical supports are now available

NY START has been outreaching/educating providers on services and referral process. NY START continues to collaborate with entities that may serve individuals with dual diagnoses (IDD/MH). A resource center is scheduled to open later this year.

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

All discipline areas have identified challenges in recruiting and maintaining qualified staff. Barriers include providing competitive salaries and advancement opportunities, and supporting employees' education and credentialing requirements. The community services workforce is dissatisfied with the disparities in comparison to general workforce. Data sources include - state and local surveys, workgroups, subcommittees, key informant interviews, and annual reports.

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

Reinforce system efforts to provide incentives for individuals to work in the community services workforce.

### Objective Statement

Objective 1: Work with state agency partners to advocate for competitive reimbursement for targeted workforce groups.

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

Objective 2: Advocate for improvements in the quality of the workplace experience for the existing community service workforce.

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

Objective 3: Seek to identify eligible incentive programs (i.e., school loan repayment programs).

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

### Change Over Past 12 Months (Optional)

- Across the community service system programs continue to have difficulty in recruiting and maintaining staff in all disciplines which has a negative impact on patient care and service delivery.

## 2f. Prevention - Background Information

The system has identified a problem with the rollout and sustainability for youth prevention/intervention services. Data sources include - focus groups including workgroups and subcommittees, key informant interviews, and annual reports.

**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

Support provider system to overcome obstacles to the delivery and sustainability of prevention services in a timely and efficacious fashion.

**Objective Statement**

Objective 1: Improve provider access to evidence based service delivery.

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

Objective 2: Disseminate information about new services and access to recipients and providers.

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

Objective 3: Expand access to suicide prevention resources and training.

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

**Change Over Past 12 Months (Optional)**

- Prevention services have been limited but are anticipated to expand given additional state resources focused on early identification
- Services, Supports, Transitions, Advocacy, & Access for Youth (SSTAAY) and Children and Family Treatment and Support Services (CFTSS) were implemented but have experienced challenges related to program startup and rollout. The challenges include workforce development and information awareness regarding system transition
- OASAS programs continue to provide evidenced based SUD prevention services through curriculum and environmental evidenced based approaches

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

We remain in the midst of a heroin and opioid epidemic. Data sources include - medical examiner reports, focus groups such as workgroups and subcommittees, key informant interviews, and annual reports.

**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

Improve overall competency and capacity of the substance use disorder continuum of care in the area of opiate/opioid disorder.

**Objective Statement**

Objective 1: Increase number of providers with expertise in onsite medication assisted treatment options.

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

Objective 2: Expand opioid overdose prevention training in the community.

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

Objective 3: Expand peer and family navigator services, to include efforts to reduce stigma surrounding the utilization of MAT services in the recovery process.

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

**Change Over Past 12 Months (Optional)**

- In 2018/2019, the number of fatal opioid overdoses has decreased County wide
- Through the implementation of a County wide Medication Assisted Treatment Workgroup, Suffolk County has experienced the following progress in addressing the Opioid epidemic:
  - A resources list of providers who are able to continue maintenance of Suboxone, by accepting a referral within 24 hours, after being induced in a hospital emergency room
  - Supports the implementation of Peers Services in emergency rooms to support linkage to next day services
  - Development of MAT Learning Collaborative that focuses on assisting programs and prescribers in assessing readiness and developing targeted goals towards implementation
  - Secured resources for Buprenorphine Waiver and Narcan Trainings
  - Encouraging Mental Health Programs to integrate MAT services, through participation in the learning collaborative and waiver trainings

**2y. Developmental Disability Care Coordination - Background Information**

The roll out for Care Coordination under Medicaid reform for individuals with IDD has not been a smooth transition, leaving individuals in need without assigned Care Coordinators.

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

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

To support individuals with IDD to access services from which they would benefit by eliminating barriers.

**Objective Statement**

Objective 1: Identify barriers (including data collection to support same)

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

Objective 2: Identify resources to leverage and support positive outcome (process change)

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

Objective 3: Support advocacy and person centered voice regarding access to services (care coordination)

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

**Change Over Past 12 Months (Optional)**

**2z. Other Need (Specify in Background Information) - Background Information**

An emerging concern in Suffolk County involves aging populations. As recipients age, co-morbid medical concerns complicate service needs. Issues related to available housing options and transportation services are also present. Additionally,aging of caregivers limits resources available to service recipients. Data sources include - subcommittees, key informant interviews, and annual reports.

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

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

Identify resources necessary for aging service recipients and caregivers.

**Objective Statement**

Objective 1: Adapt current resources to meet the needs of aging populations.

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

Objective 2: Educate current providers on the needs of aging populations.

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

Objective 3: Realign state funds to address service needs of aging populations.

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

**Change Over Past 12 Months (Optional)**

**2aa. Other Need 2 (Specify in Background Information) (NEW) - Background Information**

Medicaid transition to managed care in the Children's and OPWDD systems is currently in progress. This poses challenges to recipients and their families, as well as provider agencies, in understanding and accessing services (including Waiver program). Rate reductions have impacted ability to appropriately staff agencies. Data sources include - focus groups including workgroups and subcommittees, key informant interviews, and annual reports.

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

Facilitate transition to Medicaid Managed Care by educating consumers and providers regarding system changes. Coordinate technical assistance opportunities.

**Objective Statement**

Objective 1: Collect data on consumer response to new system to share with state oversight offices.

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

Objective 2: Utilize collected data to guide education of recipients and agenices regarding changes to system.

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

**Change Over Past 12 Months (Optional)**



**New York State Prevention Agenda Survey**  
Suffolk Co. Dept of Health Services (70370)  
Certified: Turmalina Longo (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](mailto: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:

As practice, Suffolk County Department of Health submits the required plans and outcome data.

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:

2.2 a - The Suffolk County Medication Assisted Treatment (MAT) Workgroup has been working with local providers on developing and updating a resource list of MAT providers in the area. This list is being distributed to local emergency rooms so that next day referrals can be made when individuals are induced in these facilities. Efforts to expand the number of providers listed and increasing referrals from hospital emergency rooms to community providers continue. 2.2c - The Suffolk County MAT Workgroup has instituted a Learning Collaborative to provide support and education to providers. The county is also offering waiver trainings to providers, free of cost. 2.2g - Suffolk County has instituted services/trainings to address compassion fatigue amongst first responders. 2.5b - Suffolk County continues to support and encourage trainings in the area of suicide prevention, including ASIST trainings. The county is involved in veterans' suicide prevention via the Mayor's challenge "Have You Served?" campaign. Additionally, a number of mental health clinics are involved in the New York State CQI Suicide Prevention Project. 2.5f - The county is working to increase access to non-hospital based crisis services, including increased mobile crisis team services. A 24 hour crisis stabilization center opened earlier this year for behavioral health crisis stabilization. The county is working to assist law enforcement officers to build their capacity to successfully manage interactions with individuals experiencing a behavioral health crisis, including suicidal ideation.

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:

As pertains to Goal 2.2, the county has been working with hospital systems, community providers, Suffolk County Emergency Management Services, and local state offices on the identified objectives. As pertains to Goal 2.5, the county has been working with local providers, including

a recently opened crisis stabilization hub, and local state offices on the identified objectives.

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:

Data will be collected and analyzed for trends. Data sources will include annual reports, feedback from providers, and participation monitoring.

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:

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:

The other focus area addressed in the Community Health Assessment and Community Health Improvement Plan is Preventing Chronic Diseases.

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:

Un/Underemployment and Job Insecurity

Poor Education

Food Insecurity

Poverty/Income Inequality

Adverse Features of the Built Environment

Adverse Early Life Experiences

Housing Instability or Poor Housing Quality

Poor Access to Transportation

Discrimination/Social Exclusion

Other

Please describe your efforts in addressing the selections above:

The county's Transportation Workgroup is addressing the efficacy of Medicaid transportation, public transportation and alternately funded transportation options. Utilization of ACES to educate providers to improve their understanding of their patient population is ongoing.

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): 13th Annual Taking the Road to Eliminate Health Disparities Topic: Adverse Childhood Experiences, Resiliency, and Trauma Informed Care

How many hours: 7

Target audience for training: Public Health Professionals, Mental Health Professionals, Social Workers, Law Enforcement Professionals, Attorneys, Physicians, Nurses, Policymakers, and Medical, Law, and Public Health Students, Community Members & Leaders/Advocates

Estimate number trained in one year: 220

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:



**Office of Mental Health Agency Planning (VBP) Survey**  
Suffolk Co. Dept of Health Services (70370)  
Certified: Turmalina Longo (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](mailto: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:

They have supported integrating primary health into behavioral health treatment settings and fostered partnerships with primary health. They have facilitated integration efforts of behavioral health services into primary care settings. They have also supported trainings (i.e., cultural competency training) throughout the region.

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:

The LGU is aware of the local IPA's efforts in this area.

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

a)  Yes  No

b) Please explain:

The LGU is aware that the IPA is exploring In-Lieu of proposals, however has no specific information regarding any developments.

6. Can your LGU support the BHCC planning process?

a)  Yes  No

b) Please explain:

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:

**Community Service Board Roster**  
Suffolk Co. Dept of Health Services (70370)  
Certified: Turmalina Longo (5/7/19)

**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.

<b>Name:</b> Robert Detor	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Public Representative	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> bdetor@optonline.net
<b>Name:</b> Roy Probeyahn	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family advocate	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> roy56p@verizon.net
<b>Name:</b> John Haley	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Seafield Center, Inc.	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> JHBULLY@aol.com
<b>Name:</b> Greg Pigott, MD	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Suffolk County Physician	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> Gregson.Pigott@suffolkcountyny.gov
<b>Name:</b> Christine Casiano	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Outreach Project	<b>Term Expires:</b> 06/2022	<b>Email Address:</b> christinecasiano@opiny.org
<b>Name:</b> Elba Garcia-Marmo	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> EAC Suffolk Tasc	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> Elba.GarciaMarmo@eac-network.org
<b>Name:</b> Robin Mayr	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Advocate	<b>Term Expires:</b> 06/2022	<b>Email Address:</b> rgmayr@gmail.com
<b>Name:</b> Anne Marie Montijo	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Association for Mental Health & Wellness	<b>Term Expires:</b> 06/2022	<b>Email Address:</b> amontijo@mhaw.org
<b>Name:</b> Debra Begley	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family Advocate	<b>Term Expires:</b> 06/2022	<b>Email Address:</b> Debra.Begley@suffolkcountyny.gov
<b>Name:</b> Francine M. Mellow	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family Service League - Children	<b>Term Expires:</b> 06/2022	<b>Email Address:</b> fmellow@fsl-li.org

<b>Name:</b> Raymond J. Sitrer	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family Advocate	<b>Term Expires:</b> 06/2022	<b>Email Address:</b> raydisabilities@outlook.com
<b>Name:</b> Robert C. Marmo, Ph.D.	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	<b>Represents:</b> Suffolk County Probation	<b>Term Expires:</b> 06/2022	<b>Email Address:</b> robert.marmo@suffolkcountyny.gov
<b>Name:</b> Turmalina L. Longo, Psy.D.	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	<b>Represents:</b> Suffolk County Division of Community Mental Hygiene	<b>Term Expires:</b> 06/2022	<b>Email Address:</b> Turmalina.Longo@suffolkcountyny.gov
<b>Name:</b> Mike Bellotti	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Concern Housing	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> Mbellotti@concernhousing.org
<b>Name:</b> James Thomson	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Advocate	<b>Term Expires:</b> 09/2022	<b>Email Address:</b> jthomson1398@gmail.com

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**

Suffolk Co. Dept of Health Services (70370)

Certified: Turmalina Longo (5/22/19)

**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.

<b>Name:</b> Elba Garcia-Marmo	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> EAC Suffolk Tasc	<b>Email Address:</b> elba.garciamarmo@eac-network.org
<b>Name:</b> Mary Brite	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Outreach Project	<b>Email Address:</b> marybrite@opiny.org
<b>Name:</b> John Haley	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Seafield Center, Inc.	<b>Email Address:</b> JHBully@aol.com
<b>Name:</b> Michelle Schindler	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> YMCA	<b>Email Address:</b> michelle.schindler@ymcali.org
<b>Name:</b> Christine Casiano	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Outreach Project	<b>Email Address:</b> christinecasiano@opiny.org

**Mental Health Subcommittee Roster**  
Suffolk Co. Dept of Health Services (70370)  
Certified: Turmalina Longo (5/22/19)

**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.

<b>Name:</b> Robin Sayles	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Options for Community Living	<b>Email Address:</b> robinsayles@optionscl.org
<b>Name:</b> Yolanda Robano-Gross	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Options for Community Living	<b>Email Address:</b> YRobanoGross@optionscl.org
<b>Name:</b> Jayette Lansbury	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> NAMI, Consumer, Family Member	<b>Email Address:</b> lansburyhunt@aol.com
<b>Name:</b> Amanda Dondero	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Catholic Health Services of Long Island	<b>Email Address:</b> Amanda.Dondero@CHSLI.org
<b>Name:</b> George Badillo	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Consumer	<b>Email Address:</b> timoteo42@gmail.com
<b>Name:</b> Anne Marie Montijo	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Association for Mental Health and Wellness	<b>Email Address:</b> amontijo@mhaw.org
<b>Name:</b> Francine Mellow	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family Service League-Children, Family Member	<b>Email Address:</b> fmellow@fsl-li.org
<b>Name:</b> Turmalina L. Longo	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Suffolk County Division of Community Mental Hygiene Services	<b>Email Address:</b> turmalina.longo@suffolkcountyny.gov
<b>Name:</b> Veronica DeKoning	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Association for Mental Health and Wellness, former consumer	<b>Email Address:</b> vdekoning@mhaw.org
<b>Name:</b> Meryl Cassidy	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Response Crisis Center	<b>Email Address:</b> mcassidy@responsehotline.org

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**  
Suffolk Co. Dept of Health Services (70370)  
Certified: Turmalina Longo (5/7/19)

**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.

<b>Name:</b> Roy Probeyahn	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Family Advocate	<b>Email Address:</b> roy56p@verizon.net
<b>Name:</b> Robin Mayr	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Advocate	<b>Email Address:</b> rgmayr@gmail.com
<b>Name:</b> Ray Sitler	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Family Advocate	<b>Email Address:</b> raydisabilities@outlook.com
<b>Name:</b> Debra Begley	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Family Advocate	<b>Email Address:</b> debra.begley@suffolkcountyny.gov
<b>Name:</b> James E. Thomson	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Advocate	<b>Email Address:</b> jthomson1398@gmail.com

**2020 Mental Hygiene Local Planning Assurance**  
Suffolk Co. Dept of Health Services (70370)  
Certified: Turmalina Longo (6/3/19)

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**  
 Suffolk Co. Dept of Health Services (70370)  
 Certified: Turmalina Longo (4/11/19)

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).

54 %

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
201	Div of Comm MH Svcs Alc & SA OTP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6731	Div of Community Mental Hygiene OTP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3097	Suffolk Co. Dept of Health Service OTP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
202	Suffolk Co. Dept of Health Svcs OTP 1	<input type="checkbox"/>	<input checked="" 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				
		Services Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)	Services Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)
		On-site	Off-site	On-site		Off-site			

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**

(201)

Certified: Lynn Campbell (3/18/19)

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](mailto: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

<b>Name</b>	Pamela Kiernan
<b>Credentials</b>	LCSW
<b>Email Address</b>	<a href="mailto:pamela.kiernan@suffolkcountyny.gov">pamela.kiernan@suffolkcountyny.gov</a>
<b>Phone</b>	631-853-6410

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

Div of Comm MH Svcs Alc & SA OTP (201)

Certified: Turmalina Longo (4/11/19)

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](mailto: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.):  
Cerner

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

**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:

**NYS OASAS Clinical Supervision Contact Information Form**

(6731)

Certified: Lynn Campbell (3/18/19)

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](mailto: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

<b>Name</b>	Chelsea Canepa
<b>Credentials</b>	LMHC
<b>Email Address</b>	<a href="mailto:chelsea.canepa@suffolkcountyny.gov">chelsea.canepa@suffolkcountyny.gov</a>
<b>Phone</b>	631-852-2680



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

Div of Community Mental Hygiene OTP (6731)

Certified: Turmalina Longo (4/11/19)

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](mailto: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.):  
Cerner

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

### 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:

**NYS OASAS Clinical Supervision Contact Information Form**

(3097)

Certified: Lynn Campbell (3/18/19)

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](mailto: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

<b>Name</b>	Laura Caraftis
<b>Credentials</b>	LCSW
<b>Email Address</b>	<a href="mailto:laura.caraftis@suffolkcountyny.gov">laura.caraftis@suffolkcountyny.gov</a>
<b>Phone</b>	631-853-7375

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

Suffolk Co. Dept of Health Service OTP (3097)

Certified: Turmalina Longo (4/11/19)

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](mailto:Carmelita.Cruz@oasas.ny.gov).

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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.):  
Cerner

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

**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:

**NYS OASAS Clinical Supervision Contact Information Form**

(202)

Certified: Lynn Campbell (3/18/19)

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](mailto: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

<b>Name</b>	Lynn Campbell
<b>Credentials</b>	LCSW, CASAC
<b>Email Address</b>	<a href="mailto:lynn.campbell@suffolkcountyny.gov">lynn.campbell@suffolkcountyny.gov</a>
<b>Phone</b>	631-854-4400

**Electronic Health Record (EHR) and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Program Survey**  
Suffolk Co. Dept of Health Svcs OTP 1 (202)  
Certified: Turmalina Longo (4/11/19)

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).

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Company Name (e.g., Allscripts, Netsmart, Core Solutions, etc.):  
Cerner

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

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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**  
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  - c) Staff training on evidence-based practices, such as delivering trauma informed care
  - d) Other, please describe: