



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

Chautauqua Co. Dept of Mental Health
September 5, 2019

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Chautauqua Co. Dept of Mental Health	70360	(LGU)
Executive Summary	Optional	Not Completed
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
 Chautauqua Co. Dept of Mental Health	 70360/70360	 (Provider)
Health Coordination Survey	Required	Certified
 Chautauqua Co Dept of MH OP	 70360/70360/50702	 (Treatment Program)
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Program EHR and LGBTQ Survey	Required	Certified
 Chautauqua Co Dept of MH OP1	 70360/70360/50703	 (Treatment Program)
Clinical Supervision Contact Information Survey	Required	Certified
Program EHR and LGBTQ Survey	Required	Certified

Mental Hygiene Goals and Objectives Form
Chautauqua Co. Dept of Mental Health (70360)
Certified: Patricia Brinkman (8/2/19)

I. Overall Needs Assessment by Population (Required)

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

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

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

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

The behavioral health system in Chautauqua County has made significant strides in addressing unmet needs over the last two years. Clinic capacity has increased within County operated programs and at the FQHC. New evidenced based treatment interventions have been introduced across the board. The Open Access Model at UPMC Chautauqua-WCA and the County operated programs continues to make services available at the time when individuals and families are ready. The placement of Family Partners within clinic programs has enhanced family engagement. The roll out of the MYStength app to all County residents has placed education material on emotional health and well-being within a few clicks on their I phone. It also makes available many self-help tips and exercises that can decrease feelings of anxiety, depression, poor self-esteem etc. Community usage of this tool is increasing. For example, SUNY Fredonia is making this available to all students and will be promoting its use in all freshman orientation sessions and in all materials. The number of individuals with complex needs engaged in care coordination through health homes has increased dramatically over the past ICM/SCM model. The placement of a HH Care Manager at the jail has improved the linkage rate of individuals released with community based services. Evaluation of services conducted using the Realist Evaluation Strategy brought to the community by Tapestry System of Care and funded by SAMHSA, has demonstrated the effectiveness of clinic services via school related outcomes. The Program Evaluation Center (PEC), a partnership between Chautauqua County Department of Mental Hygiene, Tapestry and SUNY Fredonia has formally opened. The PEC is expanding this approach across the breadth of community services and across provider groups to identify those services that are making an impact and those that are not. Strong collaboration exists between community partners and the Child/Adult SPOA. The County's Mobile Transition team is fully engaged with individuals leaving BPC and our acute care hospitals. The team has been successful in reducing readmission and ED usage. Chautauqua County has developed a cadre of trainers for Mental Health First Aid and Youth Mental Health First Aid. Both courses are being offered regularly to the public with the belief that the more information people have, the more stigma will be reduced. It is also anticipated that as community awareness is increased, the earlier identification and intervention will occur. Suicide Prevention initiatives are strong. Multi-faceted trainings in the community, schools, clinical settings and other venues are ongoing. Gaps in the suicide prevention continuum are regularly reviewed by Chautauqua County's Alliance For Suicide Prevention. Data suggests that these programs are making a difference.

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

The needs of the adult population have remained relatively stable. The ongoing workforce shortage has made access to psychiatric evaluation and medication evaluation in a timely manner a growing challenge. Chautauqua County is a designated Health Professional Shortage Area (HPSA) for psychiatrists. Without the use of physician extenders, programs could not meet demand. The waivers for Physician Assistants have been a critical component of the strategy to meet the needs of this population.

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

While the level of unmet need has improved over the last year, there continue to be areas of increasing need. Systemic changes will continue to impact these areas. We continue to see increasing numbers of young children, ages 5 or younger, present for services. Capacity to meet this need is challenging given the limited number of clinicians with the training and confidence to effectively assess and treat this population. Of particular concern is the lack of child psychiatrists to serve children of all ages. In contrast to the adult population, there is not a pool of Nurse Practitioners or Physician Assistants with training/experience in treating this population. With the Raise the Age legislation, the number of transition age youth needing access to the system is expected to increase. Housing needs for this population are expected to increase as are the need for vocational services. Models that support youth in their transition such as Transition to Independence (TIP) will need to increase access. Another area of increasing need is services for seniors. We are seeing a rise in requests for consultation for this population. Again, Chautauqua County lacks psychiatric and clinical staff with the expertise to meet the often specialized needs of this population. The final population with a growing need for services is the collage age adult. The two universities in the County have both reached out for assistance in meeting both prevention and treatment needs. Both are experiencing a significant increase in the numbers of Freshman coming to college with significant mental health challenges which are then exacerbated by the stressors of life away from home and the pressures of adjusting to the rigors of college studies.

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**:

The unmet need for substance abuse services has improved overall in Chautauqua County. While we continue to be in the throes of the opioid epidemic, capacity to meet the need has increased over time. Outpatient Services- The need for outpatient services is saturated in Chautauqua County. With the addition of a new OTP operated by ACACIA, there will be excess capacity. Prior to the addition of this program there were no waiting lists at any of the existing programs. While Methadone is an important addition to the array of treatment options available to County residents, there continues to be unused capacity in prescribers for Suboxone and Vivitrol. Data already suggested that the treatment penetration rate for those struggling with opioid use disorders in Chautauqua County is considerably higher than the national average. In addition to ACACIA, County operated clinics have increased services in both the North and the South County. The FQHC has also expanded staff and increased capacity dramatically to assess and provide Medication Assisted Treatment. UPMC-WCA and the County clinics have refined the open access model so that clients can receive treatment on a walk-in basis making the system more responsive to meeting the needs of the individual at the time that individual is ready to engage. Clinics have expanded access to MAT by increasing available Suboxone slots and expanding access to Vivitrol. Clinics have changed procedures to make MAT available to clients at the first initiation of treatment rather than after a lengthy assessment period. This change is expected to increase client

engagement and retention in treatment and improve outcomes. Family support groups have been formed in both ends of the County beyond those offered by traditional self-help groups. The evidenced based practice of Community Reinforcement and Family Treatment (CRAFT) has been expanded in clinics. It helps family members to stay emotionally healthy while helping them to employ strategies of interaction with their loved one struggling with addiction that successfully motivate their loved one to seek treatment.

Detox- UPMC-WCA continues to provide these services to those needing assistance withdrawing from opiates. In spite of the difficulties they have encountered in securing payment. Other hospitals are beginning to expand services in this area of need. Having a licensed Jail Services- We are providing assessment, treatment, and discharge planning to inmates of the County jail. Inmates when released are provided information on the dangers of using after release and specifically the dangers of using at previous levels. They are provided education on Narcan and given a kit along with an appointment for outpatient services. If a higher level of care is needed, those linkages are made as well assuming residential beds are available. Inmates are also assessed to determine whether they would qualify for enrollment in Health Home Services. A referral is made when appropriate. Vivitrol is made available to inmates on release. The use of injectible Suboxone is being explored as another option.

Prevention- The County-wide initiative ICE-8 is a whole person wellness curriculum that has been implemented in all school districts K-12. This is paired with health educators, OASAS funded Council on Alcohol and Substance Abuse (CASAC) programming and other training initiatives. The program is evaluated over time to determine if it impacts key indicators such as drug experimentation and abuse, drop-out rates, instances of bullying, discipline etc. The County has a very active community coalition. The Hope Coalition has assumed responsibility for sponsoring the annual community forum and other significant education and advocacy events throughout the community. The prescription drop-off program is another prevention tool designed to rid homes of unused medication that is no longer needed.

Narcan- The County Health Department has an aggressive Narcan education and training program in all parts of the County. Narcan is in the hands of all first responders and the County will be participating in the mapping of overdoses. Peer services are now available in the ED at UPMC-Chautauqua to provide support to individuals coming in for treatment.

Chautauqua County was the recipient of a HRSA Planning grant in 2019. The focus of the grant is on bringing stakeholders together from all parts of the community to identify unmet needs and develop a plan to address those unmet needs going forward. The Chautauqua Substance Abuse Response Partnership (CSARP) has conducted a needs assessment that not only included key community stakeholders but family members and peers as well. This needs assessment formed the nexus of the implementation grant that was submitted to HRSA for funding for 2020. From this work and the availability of ODMAP by the DOH, Chautauqua County has implemented a program that tracks overdoses and has Peer Recovery Specialists visit those individuals within 2 days of the incident. It is hoped that the Peer Recovery Specialist will be able to use their experience to engage with these individuals and assist them in linking with treatment.

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

There continues to be an insufficient number of Peer Recovery Coaches to meet the need, particularly in the North County. There continues to be a lack of safe affordable housing for individuals struggling with addiction.

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

The County is experiencing an increase in the manufacture, sale and use of Meth. This is a growing challenge for Emergency Departments, Law Enforcement and the County jail. Chautauqua County has a higher rate of infants born addicted or influenced by substance use of the mother. The County is working with Dr. Chasnoff, a well-known specialist in this area of practice, to develop a comprehensive prevention, assessment and treatment approach that mitigates the impact of these substances to the extent possible so that these babies are given the best chance to have as normal a life as possible.

Another area of concern comes from the bail reform legislation and its impact on this population. The Chautauqua County District Attorney and Public Defender have voiced concern that more individuals with addictions will be released quickly. This will significantly reduce the window of opportunity to engage that individual at a moment of vulnerability by offering diversion to Drug Court or inpatient /outpatient treatment and to make that linkage while the individual is physically safe. It is their prediction that this legislation will have the unintended consequence of increasing overdoses and sadly, deaths.

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**:

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

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

The unmet need in the developmental disability population has continued to grow. The implementation of pre-k programs has led to more children being identified as having developmental issues earlier. Unfortunately, they are referred to a system in which services of every kind seem to be lacking. Even though children under age 9 have provisional eligibility, many families get through the Front Door only to find there are few services available to them. Children 10 and older have a more difficult navigating the Front Door system. Many families give up in the process and turn to the Mental Health System to meet their child's need. Conflict Free Case Management and the resultant plan to revamp the Medicaid Service Coordination (MSC) is causing severe anxiety among providers, agency staff and the families. The financial viability of agencies is threatened, staff are leaving agencies looking for more security and families are confused, frustrated and anxious. The dismantling of the sheltered workshop system has caused some clients who are unable to work in a competitive employment environment to lose the daily structure, socialization and pride of accomplishment they know or could know if given the opportunity. There is a large need for housing of all types. Agencies are struggling to provide care for individuals who have severe medical complications within the rate structure. The push for agencies to move these individuals from larger facilities into smaller residences/apartments is not a financially viable option.

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 type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input 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 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 checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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

Housing-There is insufficient licensed housing for all population groups. OMH beds are fully utilized by those meeting the priorities attached to them including State PC discharge, AOT, Acute care discharge. Chautauqua County did receive an additional allocation of beds this year via a direct contract with the provider. There are individuals with serious mental illness that the system is doing everything possible to keep in the community and who are disadvantaged by the system's success who desperately would benefit from housing. There are also those who would be able to be retained in the community if additional dollars were available to provide community based supports to them.

There is currently no OASAS funded housing in Chautauqua County. Safe, affordable housing with care management and other supports is important to the recovery process. Individuals coming out of the County jail needs transitional housing as well. Going back to the same environment is associated with relapse.

There is a shortage of housing for individuals with developmental challenges. Moving community people into residences is becoming more difficult with the new housing assignment model. Those people designated by the OPWDD as priorities are given placements relatively quickly. Those already waiting for housing who are not deemed an emergency are stepped over to accommodate the priority placements. With the move to downsize existing facilities, agencies are struggling to find alternative fiscally viable placements for individuals with complex needs, particularly those that have complex medical needs. The cost to place individuals with those challenges and provide the level of necessary supports is cost prohibitive. In addition, these individuals are more likely to have acute care admissions that require the agency to leave that bed vacant for at least fourteen days to accommodate the client's return. However, the lack of revenue during this period places a huge financial strain on providers who are already operating on a narrow margin.

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: Expand the continuum of safe affordable housing to meet the needs of individuals who are struggling with mental illness, addiction and/or developmental challenges

Objective Statement

Objective 1:

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

Change Over Past 12 Months (Optional)

Objective 1. Continue to work with STEL on transitional and permanent housing projects for those involved in the legal system.

Objective 2: Work with OASAS to develop housing for those struggling with addiction.

Objective 3: Work with OPWDD and the Resource Center to better facilitate the flow of people into housing as well as look strategically to determine if there are other models that could address the housing needs of this population more affordably and effectively.

2b. Transportation - Background Information

Transportation continues to be a problem in Chautauqua County. With bus services limited to daytime hours, mostly city routes and with limited and expensive taxi options, getting to and from services is a challenge for many. For those on Medicaid, transportation has become more challenging since that service was centralized by NYS. In spite of numerous meetings and advocacy by stakeholders, incredible problems continue. Dispatch has no idea where Chautauqua County is located. Consequently, rides for medical appointments show up late for pick-up then do not have sufficient time to get to Buffalo or Erie in time. Residents are being turned away from appointments because they are so late. They are often left to wait for hours for the return ride home. Then they must try the system again and hope for a better experience. We have had vehicles dispatched from Rochester to take a client across town. The horror stories associated with this system go on and on.

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: Chautauqua County will continue to explore all options to reduce the need for transportation from the less accessible parts of the County.

Objective Statement

Change Over Past 12 Months (Optional)

Objective 1: Chautauqua County will continue to work through our local DSS, County Executive etc. to advocate for changes to the current system of Medicaid transportation and at a minimum to reduce as much as possible the burden this reworked system has placed on our Medicaid beneficiaries.

Objective 2: To the extent possible within existing regulations, CCDMH will work with the system to bring services to the people in need thereby eliminating as much as possible the barrier of transportation.

Examples could include a Mobile van to bring Medication Assisted Treatment and other substance abuse services to the client. Opening more satellites in places such as schools will also be explored.

2c. Crisis Services - Background Information

Chautauqua County has a crisis response system that works well for those who have a crisis resulting from a mental health issue and who do not require an on-site response. The Crisis Line triages calls and will call out the Mobile Crisis Team as appropriate. Data suggests that the Mobile Team fails to go out on the vast majority of calls which are referred to them and have already been triaged by the Crisis Line. This is an area we are studying and looking to strengthen. The addition of the Mobile Transition Team funded from bed closures at BPC has done a great job in serving those who recently have been discharged from BPC or acute care hospitals. The Eagles Nest Respite House funded from those same dollars has provided a much needed alternative to the ED. Our system is less effective for those struggling with addiction. While the crisis line and Mobile Crisis Team will serve this population, addiction crisis intervention requires additional knowledge of the disease and the available resources to treat it. It also requires options other than the ED to be available. To that end, Chautauqua County is pursuing the development of a Crisis Center, a facility open during peak periods of need that would be staffed by professionals and peers knowledgeable about both addiction and mental illness. It would serve as a place to which family and law enforcement can bring individuals in crisis for observation, assessment, stabilization, MAT or other medications or services. It would serve as a diversion from jail and unnecessary visits to the ED.

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: To provide a better crisis response for those struggling with mental illness and/or addiction.

Objective Statement

Change Over Past 12 Months (Optional)

Objective 1. Chautauqua County will explore models of crisis intervention that are most effective with those struggling with mental illness and/or addiction particularly, a crisis center model.

Objective 2. Chautauqua County will seek funding to implement the most appropriate model.

Objective 3. Chautauqua County will implement the model as soon as the funds are available.

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

Workforce Recruitment and Retention continues to be one of if not the most significant problems faced by healthcare providers in Chautauqua County. The County is designated by the Federal government as a Health Professional Shortage Area. The most pressing need is for both adult and child psychiatry. The average age of psychiatrists is 60+. Because of the national shortage, any candidates who may be interested in a position are requesting salaries and bonuses that far exceed the ability of clinics to pay. Often one provider gets a psychiatrist by luring that individual from another local provider. It has been a long time since a new psychiatrist has moved into the County. To keep programs open, providers have turned to extenders, primarily Nurse Practitioners and Physician Assistants. Because they are in short supply, they too are reaching compensation levels that challenge the provider’s ability to hire. For the first time in the last two decades there is now a shortage of Social Workers especially LCSWs. Again, salary demands are rising for them as well. It has been nearly impossible to find Nurses and the competition for those you may find exceed most provider’s salary schedules. These shortages are going to force providers to close programs and it will have the broadest and most devastating impact in rural areas.

Providers who operate residential programs in the OMH and OPWDD system describe their inability to recruit and retain workers as crippling. These providers are struggling to offer minimum wage and lack the ability to provide the benefits that attract compassionate, competent, reliable workers. Currently, they report vacancy rates of 25% and the number of applicants are down significantly. The stress often involved in these positions due to the complexity of the clients being served makes it difficult to retain staff. There is constant and significant staff churn in the system. Agencies are facing a new barrier in that certified sites are now losing staff and new recruits to Self-Directed Services

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

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

Goal: To successfully recruit and retain professional and direct care staff to ensure programs can continue to meet the needs of the community.

Objective Statement

Change Over Past 12 Months (Optional)

- Objective 1- Explore the opportunities to recruit in collaboration with other providers both locally and regionally.
- Objective 2- Advocate with OASAS, OMH and OPWDD to enhance reimbursement or to provide specific allocations to assist with these costs.
- Objective 3. Advocate with OASAS, OMH and OPWDD for regulatory waivers or changes such as those to allow Nurse Practitioners to conduct 730 and AOT evaluations due to the lack of psychiatrists in rural communities.

2h. Recovery and Support Services - Background Information

Chautauqua County has a strong peer/recovery program in the south part of the County. These services are not available in the northern part of the County due to the lack of funding. Due to the role of peers expanding in both addiction and mental health settings, there are an insufficient number of certified peers to meet these needs.

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

Objective Statement

Change Over Past 12 Months (Optional)

- Goal: To develop a strong peer/recovery program in the northern part of the County.
- To develop a training program that will continue to generate a qualified peer workforce to meet the needs across Chautauqua County.

2q. Developmental Disability Clinical Services - Background Information

This applies to all the topics from 2q-2ac. It is difficult for the LGU to fully discuss the needs of those with developmental challenges because neither the utilization data nor the funding flows this office. The LGU is informed in its work in this area by the PWDD Subcommittee, Child and Adult SPOAs and stakeholder input.

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

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

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

Research tells us that the earlier problems are identified, the better the outcome. This stands true only if the appropriate interventions are utilized. So many children with developmental challenges, even when their family has successfully navigated the Front Door, receive no services or only a few of those for which he/she may qualify. SPOA is frequently told that the child may qualify but that the wait for that service is so long it wasn’t worth putting it on the service plan. Consequently, children who may be identified early have poorer outcomes than would have occurred had the system met their needs. Many times parents call the OMH licensed clinics desperate for help because they were unable to access services for which their child was qualified. This creates a dilemma because once the child is seen in the MH system; OPWDD typically declines services saying the child’s problems are emotional rather than developmentally based. Dually diagnosed young people can be stuck between systems especially when they are an inpatient in an acute care setting but need discharge plans that rely on OPWDD placements and/or community-based services.

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

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

Goal- To continue to advocate for expanded community based services to meet the needs of these children and families.

Objective Statement

Change Over Past 12 Months (Optional)

1. To engage the O Agencies in the development of a process to facilitate the resolution of disputes relative to entity responsible for care and to create a framework for organizations coming together at both NYS and local levels to partner in meeting these complex needs. The approach needs to focus on "our" child not "yours" or "mine".

2x. Developmental Disability Front Door - Background Information

The Front Door doesn't open easily for many families. Transportation is often a barrier to families getting to site even if it is located within the community. Families report no preparation for the meeting and so many feel overwhelmed by the process, don't know what to expect nor the questions to ask and they feel ill-prepared to take next steps. They don't know what the menu of available services is so they are unable to request those services that might be needed most by their child. If OPWDD is truly looking to engage families in a person centered way, make the Front Door the client's front door. Meet the client in their home where they feel comfortable and are more likely to engage. The AOT, SPOA and HEALTH Home programs all approach engagement in this way.

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

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

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Chautauqua Co. Dept of Mental Health (70360)
Certified: Patricia Brinkman (8/2/19)

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:

THE LGU and the DOH collaborate on the Prevention approach for the county. There are several initiatives that are ongoing within the county that bring together stakeholders representing a broad cross-section of providers and consumers to assess, plan for and identify intervention strategies to impact the Prevention Agenda outcomes.

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:

Community collaborations have conducted an annual conference which educates on many of these areas. The LGU, Tapestry System of Care Initiative and BOCES have developed a comprehensive wellness approach which is implemented in most of our school districts. We have Trainers in all EB suicide prevention approaches with active programs occurring in schools, provider agencies, CBOs, the community in general. MHFA and YMHFA are regularly offered in our community. There is an ongoing media campaign to reduce stigma and increase awareness of addiction and mental illness sign as well as the importance of early intervention. OD Mapping is allowing us as a community to target areas of highest need for education and intervention. Peers are contacting all those who overdose to engage in treatment and provide resource packet. Are working with Pediatric practices to identify children with high ACE scores and connect with treatment and resources.

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:

Providers from across the continuum of care meet regularly as part of the planning process for both DOH and the LGU. Chautauqua County also has a HRSA planning grant that brings these groups together on a monthly basis. There is excellent cross-system collaboration.

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 is available from the Community Health Assessments, OASAS provider data on nicotine use and elimination, PSCYKES data, Health Home outcome data, PPSs, OASAS Provider data and other data shared by agencies within the collaborations.

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

No

Yes, please explain:

Having both DOH and the LGU planning for behavioral health and physical health can result in duplication of effort and services as well as resources that are wasted or have less than the desired impact.

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:

Article 31 and 32 clinics are moving to or have become integrated clinics to better serve the whole client. Clinics are also moving into IPAs that will leverage knowledge and resources to share EBP across their network. Grants administered by the LGU include the sustainable Train-the-Trainer approach to implementing key EBP. Programs operated by the LGU will have access by the end of 2019 to newly purchased software which will track key performance indicators.

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:

Yes. Collaborative planning, the use of health home care management as a vehicle to reduce chronic illness and its cost in dollars while improving the quality of life, prevention programs in the schools which promote whole child/youth wellness.

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:

Health Home services in the ED and inpatient settings, integrated physical health into behavioral health clinics, medication adherence, linkage with primary care

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:

These are being addressed in collaboration with DOH, other County departments and community based activities. Education of primary care and pediatricians on ACES and their impact on their patients, comprehensive wellness curriculum to develop resiliency, Community gardens, water stations in buildings, removal of sugary beverage machines, healthy meeting policies for food provided, the use of tax credits to expand safe and affordable housing.

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):

This is a critical component of our System of Care work. Trauma informed training is regularly offered in our clinical settings, schools for both teachers and students, at DSS and other County departments, for community based agencies and community members in general. Too many titles to list here.

How many hours:

Target audience for training:

Estimate number trained in one year:

1145

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
Chautauqua Co. Dept of Mental Health (70360)
Certified: Patricia Brinkman (7/31/19)

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:

Yes, to some extent. Most of the attention and finances were devoted to the urban areas by the 2 PPOs serving Chautauqua. There was a lack of understanding of the healthcare system in a rural community. Virtually all the meetings were held in Buffalo.

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

a) Yes No

b) Please explain:

It was our understanding this was the end date. PPO staff departures are considerable and no funding has been committed beyond that date. That being said, CCDMH always considers sustainability as a criteria when developing projects. We try not to implement projects that cannot be sustained beyond the funding cycle.

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):

Health Homes are in VBP arrangements as MCOs pay for outcomes and gaps in care closures. We also have a Medicare Accountable Care Organization formed by local hospitals and primary care practices that is in a VBP contract.

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:

Many of our CBAs have joined the County led IPA, Integrity Partners, to better leverage resources and covered lives. We continue to educate our providers on VBP and its implications for the future as well as continue to bring EBP to Chautauqua County to better position agencies.

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:

Our LGU has been an integral part of the formation of Integrity Partners IPA. In addition, the LGU has continued to encourage providers to actively participate in trainings and to investigate networks available to them.

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:

LGU access to databases such as PSCYKES, health home outcomes, and those developed by the PPSs will prove essential to supporting the VBP transformation in the County and region.

Community Service Board Roster
 Chautauqua Co. Dept of Mental Health (70360)
 Certified: Patricia Brinkman (7/31/19)

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: Anthony Raffa	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2018	Email Address: tony@jamestownrubberstamp.com
Name: Marie Carrubba	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2018	Email Address: marie@ilc-jamestown-ny.org
Name: Dr. Joseph S. DiCarlo	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	Represents: Secretary	Term Expires: 12/2019	Email Address: jvdicarlo@windstream.net
Name: Kathleen Hentz	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Exec. Comm	Term Expires: 12/2019	Email Address: kate.hentz@gmail.com
Name: Ellen J. Maternowski	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Executive Committee	Term Expires: 12/2019	Email Address:
Name: Lt James Quattrone	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2019	Email Address:
Name: Sylvia Trusso	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2019	Email Address:
Name: Ronald Sellers	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2019	Email Address: rlesellers@aol.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
 Chautauqua Co. Dept of Mental Health (70360)
 Certified: Patricia Brinkman (7/31/19)

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: Anthony Raffa	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name: Marie Carruba	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name:	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name: Lt James Quattrone	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address: QUATTRONE@sheriff.us
Name: Joseph S. DiCarlo	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name: Sylvia Trusso	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name: Kathleen Hentz	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address: kate.hentz@gmail.com
Name:	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name: Ellen J. Maternowski	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name: Ronald Sellers	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address: rlesellers@aol.com

Mental Health Subcommittee Roster
Chautauqua Co. Dept of Mental Health (70360)
Certified: Patricia Brinkman (7/31/19)

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: Joseph Woodward	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address:
Name: Rhonda Whitford	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: rondawhitford@yahoo.com
Name: James Quattrone	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address: QUATTRONE@sheriff.us
Name: Kate Hentz	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address: kate.hentz@gmail.com
Name:	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address:

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
 Chautauqua Co. Dept of Mental Health (70360)
 Certified: Patricia Brinkman (7/31/19)

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: Marie Carrubba	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address: marie@ilc-jamestown-ny.org
Name: Joseph DiCarlo	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address: jdicarlo@windstream.net
Name: Gail Saunders	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address: Gail.Saunders@aspirewny.org
Name: Janne Bevan	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address: Joanne.Bevan@resourcecenter.org
Name: Mollie Staley	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: molecta@hotmail.com
Name: Tara Irish	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: OPWDD	Email Address: Tara.Irish@opwdd.ny.gov
Name: Rhona Fredrick	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: PEOPLE INC	Email Address: rfrederick@people-inc.org
Name: Linda Rinaldo	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: PEOPLE Inc	Email Address: lrinaldo@people-inc.org

2020 Mental Hygiene Local Planning Assurance
Chautauqua Co. Dept of Mental Health (70360)
Certified: Patricia Brinkman (7/25/19)

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
 Chautauqua Co. Dept of Mental Health (70360)
 Certified: Patricia Brinkman (6/17/19)

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).

56 %

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
50702	Chautauqua Co Dept of MH OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50703	Chautauqua Co Dept of MH OP1	<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			Hourly Rate (dollars)	Health Coordinator #2		Hourly Rate (dollars)
		Services Provided		Hours per Week Worked as a Health Coordinator		Services Provided		
		On-site	Off-site			On-site	Off-site	
50702	Chautauqua Co Dept of MH OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40	\$ 26.22	<input type="checkbox"/>	<input type="checkbox"/>	\$
50703	Chautauqua Co Dept of MH OP1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40	\$ 26.22	<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

(50702)

Certified: Carol Wright (6/12/19)

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	Carol Wright
Credentials	LCSW-R
Email Address	wrightc@co.chautauqua.ny.us
Phone	(716) 661-8330

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

Chautauqua Co Dept of MH OP (50702)

Certified: Patricia Brinkman (6/17/19)

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.):
Netsmart

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

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

0 %

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

(50703)

Certified: Peggy Erickson (3/29/19)

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

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

Name	Peggy Erickson
Credentials	LCSWR
Email Address	EricksoP@co.chautauqua.ny.us
Phone	716-363-3550

Electronic Health Record (EHR) and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Program Survey
Chautauqua Co Dept of MH OP1 (50703)
Certified: Patricia Brinkman (6/17/19)

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.):
Netsmart

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

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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:

would like however to continue to be informed about available trainings so staff have continued opportunities for trainings on affirming LGBTQ care