



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

Steuben County Alcohol Substance Abuse
September 6, 2019

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Steuben County Alcohol Substance Abuse	70640	(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
 Steuben County Alcohol Substance Abuse	 70640/70640	 (Provider)
Health Coordination Survey	Required	Certified
 Steuben Co Alcoholism & SA Serv OP	 70640/70640/50913	 (Treatment Program)
Clinical Supervision Contact Information Survey	Required	Certified
Program EHR and LGBTQ Survey	Required	Certified
 Steuben County Alcoholism & SA OP 1	 70640/70640/50914	 (Treatment Program)
Clinical Supervision Contact Information Survey	Required	Certified
Program EHR and LGBTQ Survey	Required	Certified
 Steuben County Alcoholism & SA OP 2	 70640/70640/52186	 (Treatment Program)
Clinical Supervision Contact Information Survey	Required	Certified
Program EHR and LGBTQ Survey	Required	Certified

Mental Hygiene Goals and Objectives Form
Steuben County Alcohol Substance Abuse (70640)
Certified: Henry Chapman (5/23/19)

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**:

Crisis respite available through the Elmira Psychiatric Center has enhanced hospital diversion efforts specific to adolescents that are at risk for out of home placement. Similarly, open access intakes offered through the Steuben County Community Mental Health Center (SCCMHC) gives individuals same day or close to same day access to begin mental health treatment. Although it has been slow in its implementation Home and Community Based Services (HCBS) are becoming more readily available through area agencies.

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

Steuben County continues to feel the negative impact created by the closure of the adult and adolescent psychiatric care units located at St. James Mercy Hospital in Hornell New York. This closure combined with the reduction of inpatient beds at the Elmira Psychiatric Center causes individuals in need of psychiatric hospitalization to travel a significant distance outside the county to hospitals as far as Rochester and Buffalo. Children often times spend days and/or weeks in the emergency department waiting for an inpatient bed. State and local data sources continue to highlight the need for more community based services to enhance hospital diversion efforts. Crisis respite options for children under age 12 continues to be limited.

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

The pending closure of the adult psychiatric care unit located at Soldiers & Sailors Memorial Hospital (Penn Yan New York) will further reduce inpatient resources within our Finger Lakes region. Recruitment continues to be a challenge as there is a significant shortage of mental health professionals available to work in our County. In some instances area agencies have had vacant positions for several months if not years. A prime example of this is SCCMHC currently has all (3) of its mobile crisis outreach social work positions vacant and has had one of the three vacant for sixteen months. Cross system treatment issues specific to inpatient and outpatient community supports continue to be a challenge for individuals who are dually diagnosed especially for those who carry both a psychiatric and developmental disability diagnosis.

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**:

Alcohol and substance abuse treatment is now available on a limited basis to individuals incarcerated at the Steuben County jail. Several community forums have been offered to increase education and awareness of the risks involved with prescription opioids, heroin, alcohol, and other substances. Community forums have also provided participants with information on how to access treatment for such issues. Medically assisted inpatient detox services are more readily available through Ira Davenport Hospital's program located in Bath NY. Open access intakes are now available to individuals wanting substance abuse treatment through Steuben County Alcohol and Substance Abuse Services (SCASAS).

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

Although local prevention agencies provide alcohol and substance abuse prevention services at many area school districts and youth centers, data continues to support the need for more prevention services specific to heroin and other opioids for teens and young adults between the ages of 15 to 29. Despite not receiving federal funding the Steuben Prevention Coalition continues its efforts via financial support from Steuben County and Catholic Charities of Steuben and is in the process of reapplying for federal funding.

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

Consistent with the national "epidemic" State and local data indicates that the number of hospital visits and deaths related to heroin and prescription opioids is on the rise in Steuben County. This increase has highlighted the need to expand opioid and other addiction treatment programs within the county. Supportive housing for individuals in recovery, especially females, continues to be of great need.

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**:

Although very limited, short term crisis respite located in a contiguous County (Livingston County- Dansville NY 29 miles from Bath NY) is available through the NY START program. Similarly, although services through Care Coordination Organizations (CCO) are available implementation has been slow and public awareness of these services is low.

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

In general, the OPWDD system continues to be difficult to enter as the time it takes from making a referral to completing evaluations for eligibility and other determinations is an extremely long process taking several months if not longer. Similarly, Steuben County has limited options and long waiting periods specific to residential housing in the community. In addition, Steuben County continues to not have adequate crisis respite and other community support services for individuals with intellectual and developmental disabilities.

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

Steuben County has seen an increase in the number of developmentally disabled individuals involved in the criminal justice system. Increased staff time and other County resources have been spent managing these cases and mitigating issues with the District Attorney's office, public defenders, and courts. Given the prevalence of individuals that present with complex behavioral and mental health needs more therapeutic in-home community support services are needed.

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 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 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 checked="" type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input checked="" 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

Affordable housing for homeless people who are developmentally disabled, living with mental illness, or recovering from a substance use disorder is a critical recovery support service. Community stakeholder discussions along with local data sources indicate that there is a need for more supportive housing and other residential options within Steuben County.

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

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

Increase access to affordable housing with support services.

Objective Statement

Objective 1: Increase the number of community beds available for individuals that are living with a mental illness, recovering from a substance use disorder, or who are developmentally disabled.

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

Objective 2: Provider agencies will identify funding and work collaboratively to expand supportive housing and respite options.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Steuben County is a geographically large rural area spanning 1,404 square miles. Despite recent improvements to public transportation there are still many areas of the County where individuals are not able to access such transportation. Without a means of transportation many individuals and families are not receiving the medical and/or behavioral health services they need.

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

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

Increase access to public transportation.

Objective Statement

Objective 1: Provider agencies will work collaboratively with Steuben Coordinated Transportation to identify funding and other options to increase accessibility of public transportation within Steuben County.

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

Objective 2: Provider agencies will work collaboratively to identify transportation options that would serve as an alternative to public transportation for those seeking behavioral health and other medical services.

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

With the closure of St. James Mercy Hospital's adult and adolescent PCU residents no longer have an inpatient psychiatric hospital available in the county requiring individuals in need of such service to travel a significant distance outside of Steuben County. Community stakeholder discussions along with State and local data sources highlight the need for more community based crisis services to enhance hospital diversion efforts.

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

Prevent suicide among youth and adults.

Objective Statement

Objective 1: OMH funding will be utilized to support community based crisis response, support for families (to include skill building services), and bridge care management services.

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

Objective 2: Increase community partnerships dedicated to implementing and sustaining the Steuben Suicide Prevention Coalition.

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

Objective 3: Implement training for professional and non-professionals specific to the recognition of at risk behavior and treatment resources available in their community.

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

Objective 4: The Community Mental Health Center will work in collaboration with other area providers to increase crisis respite opportunities for individuals of all ages (especially children under the age of 12).

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

Objective 5: OMH funding will be utilized to support Tri-County (Steuben, Allegany & Livingston) Home Based Crisis Intervention (HBCI) program for children and young adults up to 21 years of age. A proposal will be submitted to OMH to increase the number of Intensive Case Coordinators (ICC's) from two to three.

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

Change Over Past 12 Months (Optional)

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

Consistent with national workforce statistics specific to rural communities, there is a shortage of mental health professionals and substance abuse counselors in Steuben County. Similarly, OPWDD licensed programs within the County face significant issues related to the recruitment and retention of qualified staff.

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

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

Increase the number of mental health professionals (e.g., psychiatrists, psychiatric nurse practitioners, licensed social workers, etc.), substance abuse counselors, and individuals qualified to work with individuals with developmental disabilities in Steuben County.

Objective Statement

Objective 1: Increase the number of internship agreements with colleges and universities located within the State that have students who are interested in gaining work experience in rural communities.

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

Objective 2: Increase advocacy efforts with the State to increase funding related to reimbursement and other financial aspects of licensed programs in an effort to increase job salaries.

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

Change Over Past 12 Months (Optional)

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

State and local data indicates that the number of deaths related to heroin and prescription opioids is on the rise in Steuben County. This increase has highlighted the need to expand opioid and other addiction treatment programs within the county.

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

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

Prevent Heroin and other opioid abuse.

Objective Statement

Objective 1: Substance abuse treatment providers will identify funding and work collaboratively to increase the availability of heroin and other opioid addiction treatment programs.

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

Objective 2: In an effort to increase education and awareness at least one community forum specific to the opioid and heroin epidemic will be offered on an annual basis.

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

Objective 3: Work collaboratively with local agencies to increase the availability of peer recovery support services (i.e., need funding to cover certification costs) and to increase the number of physicians willing to evaluate, prescribe, and monitor medications used in the treatment of addiction.

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

Objective 4: Members of the Steuben Prevention Coalition will identify funding and work collaboratively to expand its current prevention efforts to include heroin and other opioid abuse.

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

Objective 5: CASAC positions to be established as part of forensic team providing treatment services at the County jail and to complete substance abuse evaluations on individuals admitted to Ira Davenport Memorial Hospital's medically managed detoxification program.

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

Change Over Past 12 Months (Optional)

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

Local data and stakeholder meetings highlight the increased need for Self-Directed Services to assist individuals with developmental disabilities in accessing housing and employment opportunities within the community.

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

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

Increase housing and employment options for people with developmental disabilities.

Objective Statement

Objective 1: Expand housing options by assisting individuals explore living in his/her own apartment with supports.

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

Objective 2: Individuals with developmental disabilities will develop job skills and work experience needed to transition to integrated employment through making community service and volunteer work part of career exploration.

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

Objective 3: Efforts will be made to increase the number of employment opportunities available through local businesses.

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

Objective 4: Marketing approaches will be researched and utilized to ensure families and non OPWDD service providers aware of available services and how to access such services.

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

State and local data indicates that some Steuben County Medicaid enrollees overuse hospital 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

Achieve a 25% reduction in avoidable hospital use.

Objective Statement

Objective 1: Steuben County Community Mental Health Center (SCCMHC) staff will provide community crisis intervention services as outlined in project 3.a.ii. of the Delivery System Reform Incentive Payment (DSRIP) program.

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

Objective 2: SCCMHC and Steuben County Alcohol and Substance Abuse Services (SCASAS) will integrate behavioral health specialists into primary care locations as outlined in DSRIP project 3.a.i.

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

Objective 3: SCCMHC care managers will provide transition services to individuals being discharged from inpatient hospitals in accordance with DSRIP project 2.b.iv.

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

Objective 4: SCCMHC and SCASAS staff will participate in project 2.a.i. to create an integrated delivery system focused on evidence based medicine and population health management.

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

Objective 5: SCCMHC will work collaboratively with area providers (Pathways and Family Service Society of Steuben) to increase the availability of Home and Community Based Services (HCBS).

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

State and local data sources indicate that alcohol, tobacco, marijuana, and e-cigarettes are a serious public health concern with Steuben County youth.

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

Reduce drug, alcohol, tobacco, and e-cigarette use among County youths.

Objective Statement

Objective 1: Members of the Steuben Prevention Coalition will work collaboratively to identify funding to continue its prevention efforts.

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

Objective 2: Prevention efforts with school aged students specific to marijuana will need to be increased given pending legislation to legalize recreational use.

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

Objective 3: Representatives from area prevention providers and SCASAS will accompany the Steuben Coalition Director when meeting with local school district administrators to share results of student surveys and to provide information about available services.

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

Objective 4: Increase public awareness of addiction and mental health treatment services available within the County by disseminating program information to regional health home service providers, hospitals, primary care offices, County courts, and other applicable businesses. Public service announcements will also be created and utilized.

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

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Steuben County Alcohol Substance Abuse (70640)
Certified: Henry Chapman (5/20/19)

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:

Representatives from our LGU have attended planning and other stakeholder meetings facilitated by our local Public Health Department to help identify priority areas. As such our OASAS Local Services Plan includes goals and objectives related to the Prevention Agenda's priority area specific to promoting well being and the prevention of mental and substance use disorders.

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:

Selected interventions are included in either our local services plan and/or service plans created by our substance abuse prevention providers, suicide prevention coalition, and substance abuse prevention coalition and have been or are in the process of being implemented as such.

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:

Representatives of the Steuben LGU are active participants in planning meetings facilitated by our local Public Health Department and the planning/over site meetings specific to our Substance Abuse Prevention Coalition.

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:

Attempts will be made to track progress through state and local reports as well as local provider data.

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

No

Yes, please explain:

Regulation does not allow behavioral health providers (Article 31 and 32 clinics) to co-locate with Article 28 hospitals to provide treatment services.

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:

As part of DSRIP projects our article 31 & 32 clinics have co-located at one primary PCP office.

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:

LGU supports these priorities as they apply to individuals enrolled in our article 31 & 32 outpatient clinics.

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:

Prevention components are built in to our behavioral health treatment programs.

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:

Representatives from our LGU work with Steuben County Public Health, Department of Social Services, and other applicable local agencies to identify needs, support, and implement programs to address such needs.

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): Family Service Society of Steuben frequently provides continuing education trainings on topics such as trauma informed therapy with children and adults, fostering resiliency in difficult populations, etc.

How many hours: Each training is 6.5 hours

Target audience for training: Psychologists, social workers, MH and school counselors, nurses

Estimate number trained in one year: 250

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
Steuben County Alcohol Substance Abuse (70640)
Certified: Henry Chapman (5/20/19)

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:

PPS assisted our article 31 & 32 clinics to co-locate with a private PCP office.

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

a) Yes No

b) Please explain:

Projects will be sustained by providing services through VBP contracts.

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:

Although LGU has a general awareness of these practices at this point not much is known regarding the specific VBP contract requirements of each.

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:

Steuben LGU is a member of a BHCC lead by Genesee County and participates in its ongoing planning and implementation.

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:

Yes the Steuben County Mental Health Center utilizes Cerner software which has data reporting capabilities.

Community Service Board Roster
 Steuben County Alcohol Substance Abuse (70640)
 Certified: Henry Chapman (5/23/19)

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: Cora Saxton	<input type="checkbox"/> Physician	Represents: Wayland-Cohocton CSD	Term Expires: 12/2020	Email Address: csaxton@wccsk12.org
	<input checked="" type="checkbox"/> Psychologist			
Name: Doreen Patterson	<input type="checkbox"/> Physician	Represents: Arbor Development	Term Expires: 12/2022	Email Address: dpatterson@arbordevelopment.org
	<input type="checkbox"/> Psychologist			
Name: Darlene Smith	<input type="checkbox"/> Physician	Represents: Public Health Nursing	Term Expires: 12/2020	Email Address: DSmith@steubencountyny.gov
	<input type="checkbox"/> Psychologist			
Name: Mark Alger	<input type="checkbox"/> Physician	Represents: Community	Term Expires: 12/2021	Email Address: markalger@25gmail.com
	<input type="checkbox"/> Psychologist			
Name: Robert Cole	<input checked="" type="checkbox"/> Physician	Represents: Arnot Ogden Medical Center	Term Expires: 12/2019	Email Address: recole@roadrunner.com
	<input type="checkbox"/> Psychologist			
Name: Gary Swackhamer	<input type="checkbox"/> Physician	Represents: Steuben County Legislature	Term Expires: 12/2021	Email Address: gswackhamer@co.steuben.ny.us
	<input type="checkbox"/> Psychologist			
Name: Gina Reagan	<input type="checkbox"/> Physician	Represents: Catholic Charities	Term Expires: 12/2021	Email Address: greagan@dor.org
	<input type="checkbox"/> Psychologist			
Name: Kathryn Muller	<input type="checkbox"/> Physician	Represents: Steuben County Department of Social Services	Term Expires: 12/2019	Email Address: kathrynmuller@co.steuben.ny.us
	<input type="checkbox"/> Psychologist			
Name: Matt Mehlenbacher	<input type="checkbox"/> Physician	Represents: Steuben ARC	Term Expires: 12/2019	Email Address: mmehlenbacher@arcofsteuben.org
	<input type="checkbox"/> Psychologist			

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
 Steuben County Alcohol Substance Abuse (70640)
 Certified: Henry Chapman (5/21/19)

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: Robert Cole	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Ira Davenport Hospital	Email Address: recole@roadrunner.com
Name: Darlene Smith	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Health Nursing	Email Address: DSmith@steubencountyny.gov
Name: Colleen Banik	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Steuben Prevention Coalition	Email Address: Colleen.Banik@dor.org
Name: Chad Mullen	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Bath Police	Email Address: cmullen@villageofbath.org
Name: Ruth Goodwin	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family Services	Email Address: goodwinr@familyservices.org
Name: Rick Mcinroy	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Center for Dispute Settlement	Email Address: rmcinroy@cadsadr.org
Name: Susan Hooker	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Hornell Concern for Youth	Email Address: concernforyouth@yahoo.com
Name: James Bassage	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Bath Hope for Youth	Email Address: jbassage@dor.org
Name: Gina Reagan	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Catholic Charities	Email Address: greagan@dor.org

Mental Health Subcommittee Roster
 Steuben County Alcohol Substance Abuse (70640)
 Certified: Henry Chapman (5/21/19)

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: Stephanie Ulicny	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Finger Lakes Parent Network	Email Address: sulicny@flpn.org
Name: Rick McInroy	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Center for Dispute Settlement	Email Address: rmicnroy@cdsadr.org
Name: Lynn Goodwin	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Pathways Inc.	Email Address: lgoodwin@pathwaysforyou.org
Name: Gina Reagan	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Catholic Charities	Email Address: greagan@dor.org
Name: Doreen Patterson	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Arbor Development	Email Address: dpatterson@arbordevelopment.org
Name: Harmony Aries-Friedlander	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family Services	Email Address: harmonyaf@familyservicesociety.org
Name: Kathryn Muller	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Department of Social Services	Email Address: kathrynmuller@co.steuben.ny.us
Name: Craig Pomplas	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Steuben County Probation	Email Address: craigpo@co.steuben.ny.us
Name: Cora Saxton	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Wayland Cohocton Central School District	Email Address: csaxton@wcesk12.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
Steuben County Alcohol Substance Abuse (70640)
Certified: Henry Chapman (5/21/19)

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: Matt Mehlenbacher	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Steuben ARC	Email Address: mmehlenbacher@arcofsteuben.org
Name: Charlene Robinson	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: GST BOCES	Email Address: Crobinson@gstboces.org
Name: Jeanie Wheeler	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Bath CSD	Email Address: jwheeler@bathcsd.org
Name: Gary Swackhamer	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Steuben County Legislature	Email Address: gswackhamer@co.steuben.ny.us
Name: Lynn Goodwin	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Pathways Inc.	Email Address: lgoodwin@pathwaysforyou.org
Name: Mark Alger	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: markalger25@gmail.com
Name: Mary Perham	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: mperham@co.steuben.ny.us
Name: Sandra Buto	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Capabilities	Email Address: sandrab@co.steuben.ny.us
Name: Debora Marshall	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: deborahm@co.steuben.ny.us

2020 Mental Hygiene Local Planning Assurance
Steuben County Alcohol Substance Abuse (70640)
Certified: Henry Chapman (5/23/19)

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
 Steuben County Alcohol Substance Abuse (70640)
 Certified: Henry Chapman (5/2/19)

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
50913	Steuben Co Alcoholism & SA Serv OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50914	Steuben County Alcoholism & SA OP 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52186	Steuben County Alcoholism & SA OP 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PRU	Program	Health Coordinator #1			Health Coordinator #2			Hourly Rate (dollars)
		Services Provided		Hours per Week Worked as a Health Coordinator	Services Provided		Hours per Week Worked as a Health Coordinator	
		On-site	Off-site		On-site	Off-site		
50913	Steuben Co Alcoholism & SA Serv OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.0	\$ 22.77	<input type="checkbox"/>	<input type="checkbox"/>	\$
50914	Steuben County Alcoholism & SA OP 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23	\$ 22.77	<input type="checkbox"/>	<input type="checkbox"/>	\$
52186	Steuben County Alcoholism & SA OP 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	\$ 26.74	<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

(50913)

Certified: Kimberly Jessup (3/22/19)

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	Julie Haar
Credentials	CASAC
Email Address	julieh@co.steuben.ny.us
Phone	607-664-2156

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

Steuben Co Alcoholism & SA Serv OP (50913)

Certified: Henry Chapman (5/2/19)

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.):
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

7 %

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

(50914)

Certified: Kimberly Jessup (3/22/19)

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	Theodore Rosno
Credentials	CASAC
Email Address	theodoror@co.steuben.ny.us
Phone	607-937-6201

Electronic Health Record (EHR) and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Program Survey
Steuben County Alcoholism & SA OP 1 (50914)
Certified: Henry Chapman (5/2/19)

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.):
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
2 %

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

(52186)

Certified: Kimberly Jessup (3/22/19)

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	Keith Hoffman
Credentials	CASAC
Email Address	Keithh@co.steuben.ny.us
Phone	607-324-2483

Electronic Health Record (EHR) and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Program Survey
Steuben County Alcoholism & SA OP 2 (52186)
Certified: Henry Chapman (5/2/19)

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.):
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
5 %

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: