



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

Clinton Co. Community Services Board
September 5, 2019

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2020 Mental Hygiene Executive Summary
Clinton Co. Community Services Board
Certified: Richelle Gregory (5/30/19)

Clinton County Community Services Board (CSB) approved the local services plan at the annual meeting on May 28th , 2019. Clinton County's Local Government Unit (LGU) distributed a survey tool which included the list of issues/needs identified in the 2020 Local Services Plan. The survey was distributed to CSB members, subcommittee members, and key stakeholders. The local services plan is a reflection of the responses from the surveys, subcommittee discussion and a review of available data sets/identified trends made available to the LGU.

In this services plan, there are some impressive collaborative efforts, such as Substance Abuse Prevention and Recovery of Clinton County (SPARCC), Transforming Trauma in Our Community Collaborative, and the MHAB project. These demonstrate the epitome of sharing resources, skill-sets, and team work toward bettering the community and are making innovative movement. There have been many successful efforts at reducing stigma some of which include NAMI's community outreach, SPARCC's *Live Well. Be Well.* Event and SPARCC's local video "Addicted to Hope".

There are also identified issues that lack movement and are larger issues than one single county. Workforce, transportation and housing continue to be barriers that are priorities for the Regional Planning Consortium and for the entire State. The lack of recruitment and retention of staff, accessible and reliable transportation and secure housing, leave vulnerable populations with challenges to accessing services and resources.

This year the LSP outlines continuing with multi-year housing goals addressing alcohol use, strengthening prevention efforts, continuing work to reduce stigma and community education with Adverse Childhood Experiences. The community services board will continue efforts to address needs in our community to support initiatives that contribute to a healthy community.

Mental Hygiene Goals and Objectives Form
Clinton Co. Community Services Board (70020)
Certified: Richelle Gregory (5/30/19)

I. Overall Needs Assessment by Population (Required)

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

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

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

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

Improvements include additional mental health services in schools including the PAXIS Good Behavior Game, new satellites in the community, education on trauma with the Transforming Trauma Collaborative, tele-counseling in the nursing home, partnership with the department of health addressing food security, additional Healthy Steps Specialist in Primary Care, and a skills-building transitional housing campus. The PAXIS Good Behavior Game was a pilot that was supported through Adirondack Health Institute DSRIP funding and training has started with Champlain Valley Educational Services for all of their elementary classrooms. Additional money for PAXIS will provide support for other school districts to do the same. This program will increase the schools understanding of trauma and cultivate a cultural shift in behavior/emotional regulation. Several schools were able to support mental health counselors or add additional time for mental health counselors, expanding mental health support to students. The CSB approved a mental health outpatient satellite for the Housing Authority increasing the reach of mental health to vulnerable populations. The Transforming Trauma in Our Community Collaborative provided several educational events with schools and the community. Primary care integration into an outpatient mental health provider is in process. Additional improvements include a skills-building campus through a private partnership securing transitional housing and a common area that will provide residents skills for employment and other learning opportunities with collaboration from all community partners. Additional housing initiatives have made progress and will continue to be developed over multiple years. Law Enforcement and the office of Emergency Services has engaged in conversation around supporting crisis initiatives and collaboration.

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

Workforce continues to be an issue. As we continue to reduce stigma, implement additional services and support the community needs there is insufficient workforce to address the needs of the population. This issue becomes exacerbated by the inability to recruit and retain staff. Psychiatrists, nurse practitioners, nurses, social workers, CASACs, and peers are all in high demand with little to no movement in adding to the work force. Currently, the hospital inpatient unit has had to cap beds because lack of adequate staffing. With the limited staffing resources, agencies compete for staff to fulfill their programming needs which does not address the growing needs of the community with no increases in new providers.

Transportation continues to be an issue with little to no movement on addressing it comprehensively.

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

Most concerning is that there have been three teenage suicides over the past year. There was communication and education after the incidents and the suicide coalition was able to partner with schools to provide support to family members. Initially experiencing a decline in behavioral health crisis in the emergency room over the previous year, there now appears to be an increase in behavioral health crisis in the emergency room, even with the implementation of the mobile crisis team. In Quarter 2 of 2018 there were a total of 389 behavioral health emergency room visits. In the third quarter, identified behavioral health crisis was 384 in the emergency room. In the fourth quarter the number rose to 441 and in 2019 for the first quarter there was an increase to 448. There are many factors to continue to explore on the increase some of which include behavioral health diagnosis. are being recognized and diagnosed more frequently by doctors, lack of staffing shortages in the community are leaving no option but the emergency room or if there is an increase in those with behavioral health needs experiencing crisis.

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**:

Substance abuse services and education in our community has made significant improvements. Champlain Valley Family Services (CVFC) Stabilization and Rehabilitation Center opened this year and has been close to full capacity. Champlain Valley Family Center will open an additional peer run recovery center at MHAB. MHAB opened a skill-building campus with one of the transitional housing dorms dedicated to recovery first. Discussion with employers, supported by Substance Abuse Prevention and Recovery in Clinton County (SPARCC), MHAB founder, and Assemblyman Billy Jones prompted the tax relief for employers who hire those in recovery. MHAB has secured additional funding to work with providing employment training with an onsite common space/cafeteria, a bicycle sharing program, additional technology and community groups on site.

SPARCC has taken a regional approach partnering with neighboring coalitions in Essex and Franklin Counties. SPARCC has produced a local documentary that is being shown in schools to prevent substance abuse and promote recovery. SPARCC hosted a healthy living event "LIVE WELL. BE WELL." with over 350 participants which promoted healthy living and decreased stigma with community and partner agencies. Also, Alliance for Positive Health is in the process of opening a Buprenorphine clinic and continues to provide Narcan Training and overdose prevention in our community. National Alliance for Mental Illness (NAMI) and CVFC have hosted additional Peer Recovery Trainings and continues initiatives focused on reducing stigma.

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

With the opioid crisis, most efforts have been focused on preventing overdoses and prevention efforts around opioid use. Alcohol use continues to be the leading substance abuse diagnosis in our community.

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

The increase in opioid use has led to an increased demand on the behavioral health service structure. Furthermore, the difficulties surrounding the workforce have left gaps in services including prescribers for medicated assisted treatment, CASACs, CASAC-Ts, peer support services, nurses and all other behavioral health staffing positions. This deficit has created waitlists and delayed treatment for some. In our community there has been an increase in comorbidities with the substance abuse population and an increase in emergency room usage.

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**:

An affordable housing project was completed by Advocacy and Resource Center. Connecticut Court Townhouses has a 40 unit housing development with 10 units set aside for individuals who are eligible for OPWDD services. The 10 units will not be certified through OPWDD. Individuals with and OPWDD diagnosis in this housing development will benefit from living a fully integrated life in a community with opportunities to develop close personal friendships/relationships, have a job, and recreational/social opportunities. OPWDD and the Department of Social Services developed a streamlined form that eliminated repetitiveness of questions and gathered need information for consumers.

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

In the fall of 2018 and 2019 the OPWDD system changed over from Medicaid Services to Care Coordination. Volunteer agencies moved toward providing direct services and coordination services were centralized. The self-directed services allow individuals to establish a rate of pay which should narrow gaps. The system changes are still too new to determine the effectiveness of the transition.

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

Recruitment of staff for direct care has been difficult and there are many unmet needs even if services are approved. This is illustrated by those with OPWDD and OMH diagnosis who spend long stays in the emergency room or mental health units awaiting a discharge plan. In these cases, OPWDD has not had enough providers or staff to maintain the individual in the community and there are no appropriate OPWDD placements for the individual.

Local service providers feel that the systems were not ready for care coordination and that care managers lack proper training. The technology did not interface with the systems and the forms that were already in place. This leads to unmet deadlines and services being delayed. Care Coordinators have a high turnover leading to instability for individuals, self-direction has not been successfully managed mostly due to the lack of a circle of support for individuals. The closure of workshop has led to a negative impact for individuals to stay employed and develop skills for independent employment. There is a high level need for crisis services, transportation, clinical respite, autism and children services for this population.

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

2. Goals Based On Local Needs

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

s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

2a. Housing - Background Information

In Clinton County according to the LGU report, there are five supportive housing programs for individuals recovering from substance abuse, mental health disorders and chronic homelessness. The reduction in long term hospitalization beds, changes to care management, and changes to the OPWDD systems have had significant impact. In addition, our area has lost over 225 units of affordable housing in the community since 2011. There is some progress and development to address the needs of housing in our community. The need for housing is evident in the numbers of placements in emergency housing for DSS. Safe, secure, affordable, and supportive housing is imperative to the long term success of stabilization for the substance abuse, mental health and developmental disabilities population. Stable housing is a foundation for those that need assistance in the community to be able to further their recovery and treatment and stabilize in the community. Services cannot be successful if the population is transient or their security is not attended to first. With supportive housing that includes community services for engagement and on-going treatment, real success can be made to create a healthier population. The community is coming together to overcome barriers around stigma related to individuals that may utilize this housing. The community support surrounding low income housing has reduced the stigma and how low income individuals will be treated moving forward.

There are currently two projects underway that address housing. ETC has secured funding to support to continue on the multiyear plan with priority given to those that are homeless in a 80 unit residence and a separate 42 bed residence. A partnership with a private developer has yielded MHAB, a skills building campus that is providing transitional housing to those in the community with services on site with community agencies and supports.

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

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

The community will increase availability of transitional and supportive housing for individuals with a behavioral health diagnosis.

Objective Statement

Objective 1: Evergreen Townhouse Community (ETC) and Behavioral Health Services North (BHSN) will implement plans for 80 unit residence with priority given to the homeless population.

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

Objective 2: ETC will move forward with MHAB skills building campus to reach full capacity providing transitional housing to the homeless population.

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

Change Over Past 12 Months (Optional)

These are multiyear goals that are being achieved in phases. This past year MHAB was purchased through a private developer to create a skills-building campus. There are three dorms to be utilized for transitional housing. One dorm is a homeless first model and has been placing individuals in the dorm with supports from Evergreen Townhouse Community. A second dorm is a recovery first model which is managed by MHAB. Each dorm can house approximately 80 individuals and community supports are available in a common area. Community agencies have collaborated and have been supportive of this project. The common community area will house a satellite recovery center by Champlain Valley Family Services. With additional support from OASAS, additional community partnerships are in process to provide on-site resources, some of which include skill building for employment, GED classes, behavioral health services, a physical fitness room, healthy food options and a community garden.

The Regional Planning Consortium has a work plan with a goal to conduct a regional housing panel. This panel will invite Local Housing Providers, OASAS/OMH representatives and partners from New York 520 and 523 as panelist to discuss housing and the future of housing. From this panel there will be a drafted whitepaper that outlines gaps and needs in services for the region.

2b. Transportation - Background Information

The rural nature of Clinton County and limited public transportation makes this a long standing issue for the population. This issue is being

addressed on a larger regional scale. Despite having open access in our community which allows same day appointments, addresses crisis and reduces waiting times, transportation becomes a barrier to service. Medicaid transportation is unreliable and in this area there is a growing concern for fraud. Transportation is affecting the ability for clients to access services when they are ready or in need. In addition there is significant time and energy in securing reliable transportation and maintaining consistency in care. Resources to fund transportation is a major concern. Given the rural nature of much of the county it is not economically reasonable to transport for one or two people. The cost associated with both, travel for services providers and consumers, creates an accessibility barrier. According to the Department of Health's Prevention Agenda 2014-2016 the percentage of employed workers age 16 or older who use alternative modes of transportation worsened in Clinton County with a percentage of 19.4, the New York State Average is 45.7, and Clinton County is far from the the Prevention Agenda Goal of 49.2. This has been a long standing issue in rural communities with little to no movement on solutions.

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):
This target area is being addressed at a regional level with the Regional Planning Consortium. Funding transportation is a major issue and given the rural nature of much of the county it is not economically reasonable to transport for one or two people and busing schedules are maintained by the County. OASAS has provided money and some of our providers have purchased vehicles for transportation for the SUD population. The 820 facility has vehicles and Clinton County Mental Health and Addictions is in the process of securing a vehicle and driver for the population to assist with transportation. Medicaid transportation continues to be unreliable and has been riddled with fraud in this area.

Change Over Past 12 Months (Optional)

This issue has little movement with limited resources to address comprehensively.

2c. Crisis Services - Background Information

The emergency room has seen an increase in discharges with a psychiatric diagnosis. Over the last three years there has been a 24% increase in those with behavioral health issues entering the emergency room. In 2016-17 there was a 7.7% increase in visits related to behavioral health and in 2017-18 the visits went down by 1%, however in 2018-19 emergency room visits have already shown a 16% increase. It is difficult to determine if this is attributed to an actual increase of individuals presenting with behavioral health crisis or the medical professionals are increasing their diagnosis of psychiatric disorders and in previous years the psychiatric diagnosis was unidentified.

Community trends do show that there may be an increase in emergency room utilization given the lack of recruitment and retention of community staff that may assist with averting crisis. The University of Vermont Health Network CVPH currently has the mental health 16 bed inpatient unit capped at 11 beds and the child 12 bed inpatient unit capped at 5 beds due to staffing shortages which can reduce community stabilization of the behavioral health population. The community may see an increase in behavioral health crisis presenting at the emergency room given the lack progress with providing 24/7, 365 days a year mobile crisis response.

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

Insure that crisis services are made available.

Objective Statement

Objective 1: Review mobile crisis team's efforts over the last two years and identify strategies that were successful or barriers to success.

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

Objective 2: The community service board will continue to explore crisis services with community partners and local providers.

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

Change Over Past 12 Months (Optional)

In 2017 Behavioral Health Services North in partnership with AHI and DSRIP funding implemented a mobile crisis team that operates Monday through Friday between the hours of 8:00 a.m. and 8:00 p.m. The mobile crisis team provides services which include consultation, information, crisis assessment, intervention, stabilization, referrals to other levels of care, and follow-up case management. In four months (November 2017-February 2018) the Mobile Crisis Team were dispatched on 49 mobile response and received 103 helpline calls. Progress was made with commitment from the Office of Emergency Services and Law Enforcement agencies and significant efforts were made with community outreach and education. Unfortunately, it appears as though this model will not be expanded to 24/7 given the inability to provide long term sustainability with current reimbursement rates and staffing requirements.

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

Workforce recruitment and retention is a significant issue in Northern New York. The community has struggled with psychiatrists, social workers, mental health clinicians, CASACs, CASAC-Ts, nurse practitioners, physician assistants, peer supports and nurses. Workforce recruitment and retention is an ongoing with little hope of significant improvement. Partnership with AHI did not yield additional practitioners for community partners. This issue continues to be discussed and addressed at the Regional Planning Consortium however, there seems to be little movement. There is significant frustration with the lack of service providers creating an inability to meet needs in the community. This issue has been exacerbated by the children's transformation and the lack of providers to deliver services. The lack of a qualified workforce for OMH and OPWDD has led to extended emergency room stays for the duo-diagnosed and is increasingly impacting children in our community. Agencies are continually understaffed and are unable to recruit candidates and provide vital services in the community.

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):

This issue has been long standing in the community and efforts have provided minimal results. Work continues on recruitment and retention through providing internship and mentorship opportunities but no additional goals in relation to this topic. The Regional Planning Consortium is working on collecting data to compile a comprehensive, regional report to discuss with State officials.

Change Over Past 12 Months (Optional)

Telehealth is expanding throughout the region and continues to be a resource to fill gaps in services but is not enough and cannot replace face to face services that need to be implemented. To alleviate some of the unmet needs technology is being implemented. Clinton County Mental Health is utilizing equipment to provide services to the nursing home and jail., Behavioral Health Services North is in the process of using tele psychiatry in schools and primary care practices are partnering with Project Teach.

2f. Prevention - Background Information

Education, prevention and treatment is at the core of good community health. With the increasing urgency to provide prevention to the community to engage the community and slow the opioid epidemic, communities must have education and prevention at the forefront of all initiatives. Increasing the public's awareness of the issue of substance abuse in our community and the negative effects that substance abuse is having in our community is paramount if we are to gain community support, involvement and mobilization to address the substance abuse crisis. In addition the community needs to focus on prevention efforts, most importantly in schools and with the youth community to reduce the substance abuse population. In addition to education and prevention, treatment must be provided to those that are currently suffering from substance abuse and initiatives involving treatment and recovery need to remain in focus. Maintaining SPARCC's initiatives in the community and capitalizing on the foundation that has already been laid by the coalition through funding opportunities will increase the number of individuals we are able to reach, expedite the process, increase the impact of prevention efforts and continue to expand and in Clinton County.

The prevention needs assessment for 2018 found that 45% of youth in grades 9-12 report easy access to alcohol and other drugs. 58% of the same populations reported easy access to e-cigs and vapes and 28% had a favorable attitude towards substance abuse. There is an upward trend of substance abuse among school age youth and exposure in the home to substance abuse. Over 20% of students surveyed indicated alcohol use within the past 30 days and 10% reported binge drinking.

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

Community agencies will focus on creating and strengthening prevention efforts promoting wellness and recovery in the community.

Objective Statement

Objective 1: Transforming Trauma Community Collaborative will increase public education and knowledge of Adverse Childhood Experiences with at least one public event.

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

Objective 2: Alliance for Positive Health will open additional satellite locations for Naloxone trainings to prevent additional overdoses.

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

Objective 3: PAXIS Good Behavior Game will be implemented in three additional schools.

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

Objective 4: Champlain Valley Family Center will continue prevention counseling services focused on alcohol and substance abuse to middle and high school students to develop and enhance protective factors while reducing risk factors.

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

Objective 5: SPARCC will provide community education and prevention efforts on alcohol use and misuse.

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

Change Over Past 12 Months (Optional)

Alliance for Positive Health will open the Buprenorphine Clinic on June 10th on Mondays and Wednesdays from 5pm until 8pm. They currently have a waiting list of 100 individuals with 16 currently using heroin or other opiates. The clinic will be a bridge clinic to stabilize individuals then refer them to other community providers for long term maintenance. The clinic will also provide linkage to other needed services such as case management, transportation, mental health services and provide minor wound care for abscesses. Alliance for Positive Health's Opioid Overdose Program has trained 4,536 individuals to be opioid responders regionally and provided Naloxone kits to the majority of the responders. They have received 201 reports of successful overdose reversals. Several local organizations have become satellite sites through the program to provide their own training to their staff and clients utilizing Alliance Narcan kits and report monthly data regarding overdose reversals, individuals trained, and kits distributed.

2g. Inpatient Treatment Services - Background Information

There continues to be a need for community supports, respite services and inpatient treatment services. In this community there have been many examples of individuals with no other option other than the emergency room due to the lack of community supports, appropriate respite services, appropriate placement in an inpatient facility or individuals who are awaiting placement. This is most prevalent with dual diagnosed, receiving services from OPWDD and OMH. This situation has occurred more frequently with youth and they are more adversely affected, missing education, physical inactivity and appropriate social interaction. There have been instances where a youth has spent months on the emergency room floor without OMH and OPWDD able to provide services or appropriate placement. In many cases the hospital, Department of Social

Services, OPWDD Representatives, OMH Representatives, Director of Community Services and Mental Hygiene Legal Services are involved in weekly phone calls with little to no movement for long periods. In most of the cases, recognizing the detriment to the person, the Department of Social Services steps in and takes action to expedite the process. Some of the barriers include lack of workforce, available beds, community supports, and cooperation/communication with various agencies.

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):
The barriers for inpatient services need to be addressed and managed at a state level. Locally we will continue to communicate with state agencies regarding the cases and issue that we are experiencing.

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

Clinton County suicide rate is higher than the New York State rate. Contributing factors include social isolation, poverty, stigma and behavioral health issues. Very concerning this year were the three teenage suicides and two adult suicides. According to the Department of Health Prevention Agenda's 2014-2016 data, suicide deaths in Clinton County had worsened with a percentage of 12.6 (per 100,000) as compared to New York State of 8, not meeting the Prevention Agenda Goal of 5.9. Also related to stigma, the Department of Health Prevention Agenda reported no change in adults with poor mental health for 14 days or more in the last month in Clinton County, also exceeding New York State and falling short on the Prevention Agenda Goal of 10.1. These are indicators that more work needs to be done on reducing stigma and providing outreach to those struggling with behavioral health.

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

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

The community will actively work to decrease negative perceptions associated with behavioral health issues and recovery through exposure and education.

Objective Statement

Objective 1: The community will support the Plattsburgh City Police Department's Community Center to decrease stigma and build positive relationships in the community with Law Enforcement.

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

Objective 2: SPARCC will have showings of Addicted to Hope in local schools to bring awareness to substance abuse and provide outreach to youth.

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

Objective 3: SPARCC will host the second Live Well. Be Well. event to highlight healthy living for the entire community.

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

Change Over Past 12 Months (Optional)

Over the past year, National Alliance on Mental Illness (NAMI) has hosted a podcast titled "The Mental Health Survival Guide" featured weekly through North Country Volume. There are local guest speakers with topics ranging from coping skills, story sharing, and community mental health issues and resources. NAMI and Champlain Valley Family Center have partnered to provide Recovery Coach Trainings. NAMI continually hosts community outreach efforts such as open mic night providing an open format for those in recovery to share their stories and talents, ongoing semi-colon project and utilized semi-colon man to champion the cause, and all meetings are hosted in public places or businesses rather than in an office setting. NAMI also sponsored a free full day conference with over 200 people in attendance that focused on various topics related to mental health.

SPARCC targeted stigma and glamorized recovery, producing a local video "Addicted to Hope". This video highlighted local stories of those affected by drug addiction, those in recovery and local resources. This video was shown on a local television station with a discussion panel of community members to answer questions and provide information. Also in an effort to reduce stigma, SPARCC sponsored "Live Well. Be Well." This event was free and brought the community together to promote healthy living, free of substances. There were over 350 participants, free music, food and activities available from local agencies and community members.

2t. Developmental Disability Respite Services - Background Information

There continues to be a need for community supports, respite services and inpatient treatment services. In this community there have been many examples of individuals with no other option other than the emergency room due to the lack of community supports, appropriate respite services, appropriate placement in an inpatient facility or individuals are awaiting placement. This is most prevalent in duo diagnosed, receiving services from OPWDD and OMH. This situation has occurred more frequently with youth and they are more adversely affected, missing education, physical inactivity and appropriate social interaction. There have been instances where a youth has spent months on the emergency room floor without OMH and OPWDD able to provide services or appropriate placement. In many cases the hospital, Department of Social Services, OPWDD Representatives, OMH Representatives, Director of Community Services and Mental Hygiene Legal Services are involved in weekly phone calls with little to no movement for long periods. In most of the cases, recognizing the detriment to the person, the Department of Social Services steps in and takes action to expedite the process. Some of the barriers include lack of workforce, available beds, community supports, and cooperation/communication with various agencies.

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

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

Identify children earlier to ensure that every family has access to an intervention near their community that is at the least restrictive level.

Objective Statement

Objective 1: Convene a team of accountable organizations and leaders to brainstorm and evaluate respite services.

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

Objective 2: Identify strategies to develop respite services.

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

Change Over Past 12 Months (Optional)

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

Adverse Childhood Experiences identified by research at Kaiser Permanente in the late 90's was the largest investigation conducted regarding child abuse and neglect. A modified survey continues to be distributed to this day by the Center for Disease Control's Behavioral Risk Factor Surveillance System and the findings are consistent with the original study. Almost two-thirds of the population has experienced an Adverse Childhood Experience (ACE). An ACE score is dosage related to adult health consequences such as Health Risk Behaviors, Behavioral Health Diagnosis and Chronic Disease. Individuals who have experienced trauma are 4 times more likely to become and alcoholic, inject drugs, and develop a sexually transmitted disease. They are three times more likely to use anti-depressant medication, be absent from work, and have serious job problems. Those with ACE scores are 15 times more likely to commit suicide.

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

Community Education will occur on Adverse Childhood Experiences and trauma- informed practices will be implemented..

Objective Statement

Objective 1: Transforming Trauma Community Collaborative will increase public education and knowledge of Adverse Childhood Experiences with at least one public event.

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

Objective 2: PAXIS Good Behavior Game will be implemented in three schools.

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

Objective 3: Community implementation of Adverse Childhood Experiences questionnaire.

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

Objective 4: The Community will host a Train the Trainer in the Nurturing Parenting Curriculum.

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

Change Over Past 12 Months (Optional)

Clinton County has formed the Transforming Trauma in our Community Collaborative with a mission "To collectively promote a community legacy of healing, resilience and transformation by fostering acceptance, collaboration, education and growth". This collaborative effort is on behalf of local schools, the Child Advocacy Center, the Department of Social Services, Champlain Valley Family Center, the North Country Child Care Coordinating Council and the Director of Community Services. In the last year this group has been able to implement PAXIS GBG in a school district, host trainings on Bridges to Poverty, present Trauma Training to every school district and hosted two community cafe's for the showing of the Resiliency Movie. In addition they have sponsored three community events: Heart.Baby! (a movie about childhood trauma, prison reform and the transgendered community), Cry Havoc (a one man performance addressing veteran trauma) and Dr. Ken Hardy (socio-cultural trauma).

New York State Prevention Agenda Survey
Clinton Co. Community Services Board (70020)
Certified: Richelle Gregory (5/30/19)

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

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

Background

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

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

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

Questions

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

No

Yes, please explain:

The plan aligns with the State Wide Prevention Agenda's Priority to Promote Well-Being and Prevent Mental and Substance Use Disorder through several goals stated in the Local Services Plan.

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:

2f. Prevention Goal: Community agencies will focus on creating and strengthening prevention efforts promoting wellness and recovery in the community. Objective 1: Transforming Trauma Community Collaborative will increase public education and knowledge of Adverse Childhood Experiences with at least on public event. Objective 2: Alliance for Positive Health will open additional satellite locations for Naloxone trainings to prevent additional overdoses. PAXIS Good Behavior Game implemented in three additional schools. Objective 4: Champlain Valley Family Center will continue prevention counseling services focused on alcohol and substance abuse to middle and high school students to develop and enhance protective factors while reducing risk factors. Objective 5: SPARCC will provide community education and prevention efforts on alcohol use and misuse. 2i. Reducing Stigma Goal : The community will actively work to decrease negative perceptions associated with behavioral health issues and recovery through exposure and education. Objective 1: The community will support the Plattsburgh City Police Department's Community Center to decrease stigma and build positive relationships in the community with Law Enforcement. Objective 2: SPARCC will have showings of Addicted to Hope in local schools to bring awareness to substance abuse and provide outreach to youth. Objective 3: SPARCC will host the second Live Well. Be Well. event to highlight healthy living for the entire community. 2t. Developmental Disability Respite Services Goal: Identify children earlier to ensure that every family has access to an intervention near their community that is at the least restrictive level. Objective 1: Convene a team of accountable organizations and leaders to brainstorm and evaluate respite services. Objective 2: Identify strategies to develop respite services.

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:

Yes, engagement includes the participation on the Department of Health Community Prevention Plan, Alliance for Positive Health's Harm Reeducation Committee, Substance Abuse Prevention and Recovery of Clinton County, Suicide Coalition, initiative put forth by the Adirondack Health Institute, Regional Planning Consortium and regional planning addressing the restructuring and integration of behavioral health into primary care/department of health.

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:

Some of the programs that are being implemented include data reporting such as prevention in schools, Harm reduction (i.e. needle exchange, Buprenorphine clinic and the PAXIS Good Behavior Game. Other measures that are newly implemented will need to be looked at to identify and report on the community impact. Most simply we are measuring the number of participants or impacted lives.

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

No

Yes, please explain:

Many of the items are in the beginning stages of implementation. Most common are conflicting regulations between OMH and DOH, workforce recruitment and retention, and transportation.

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:

The Northwinds BHCC is currently working on data sets that address evidence-based practices and outcomes.

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:

Participation and collaboration across systems in increasing and DSRIP proposals included goals of the health improvement plan with partnerships that included primary care, public health, and Behavioral Health Agencies.

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:

Nurturing Parent Education Curriculum, PAXIS GBG, ACES, Social Determinants of Health (Food Security), Healthy Steps and DIR could be built upon and sustained in the community.

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:

There are several projects underway that support these initiatives. DSRIP funding was awarded to Clinton County Mental Health and Addictions in partnership with the Clinton County Health Department to address food security. DSRIP funded Healthy Steps Specialists in pediatric offices addressing social determinants of health in the pediatric community. Additional funding went to a Developmental Individual Difference, Relationship-Based Model of Intervention Certified Specialist, and the PAXIS GBG in Schools.

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): We have formed a coalition, Transforming Trauma In Our Community. The mission statement states: "Our Mission is to work collaboratively to promote a community legacy of healing, resilience, and transformation through leadership, collaboration, training and education." Community Café with Resiliency Movie Heart Baby Showing and Discussion Cry Havoc and Panel Discussion PAXIS Good Behavior Game Cultural Trauma Trauma in Schools Bridges to Poverty Presentations on ACES DSRIP funded Healthy Steps Specialists in pediatric offices addressing social determinants of health in the pediatric community. Additional funding went to a Developmental Individual Difference, Relationship-Based Model of Intervention Certified Specialist

How many hours: 100

Target audience for training: Schools, Primary Care, General Community

Estimate number trained in one year: 500

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:
We have not tackled this yet.

Office of Mental Health Agency Planning (VBP) Survey
Clinton Co. Community Services Board (70020)
Certified: Richelle Gregory (5/28/19)

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

Background

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

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

DOH website

DSRIP Performing Provider Systems (PPS)

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

DSRIP Project Lists

New York State Delivery System Reform Incentive Payment Program Project Toolkit
DSRIP Performing Provider Systems (PPS Statewide)

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

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

New York State VBP Roadmap

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

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

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

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

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

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

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

Questions

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

- a) Yes No

b) Please provide more information:

The PPS has supported the community and distributed funding to address needs and gaps. However there has been little communication and collaboration with the Community Services Board.

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

- a) Yes No

b) Please explain:

There was significant funding that was released to partner agencies with little planning or conversation with the Community Services Board. There have been multiple conversations regarding the concern on sustainability. For example, Mobile Crisis after significant funding over two years does not appear to be sustainable with it's current structure. This was discussed before implementation by the Community Services Board however, the CSB had no oversight or authority over the distributed funds.

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

- a) Yes No

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

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

- a) Yes No

b) Please explain:

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

a) Yes No

b) Please explain:

I have only heard about in-Lieu but have no specific knowledge.

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

LGU is not represented at the BHCC and it has been clear that the BHCC does not want LGU involvement.

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

a) Yes No

b) Please explain:

Community Service Board Roster
 Clinton Co. Community Services Board (70020)
 Certified: Richelle Gregory (5/16/19)

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: Kent Hall	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: CVPH	Term Expires: 04/2021	Email Address: khallmd@cvph.org
Name: Bryan Hartman	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: SUNY Plattsburgh	Term Expires: 06/2021	Email Address: hartmabg@plattsburgh.edu
Name: Brenda Stiles	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: CVPH	Term Expires: 03/2017	Email Address: bstiles@cvph.org
Name: Nicole Louis	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Health Department	Term Expires: 10/2020	Email Address: nichole.louis@clintoncountygov.com
Name: Trevor Laughlin	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumer	Term Expires: 10/2020	Email Address: laughlintd@gmail.com
Name: John Kanoza	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Health Department	Term Expires: 06/2023	Email Address: John.Kanoza@clintoncountygov.com
Name: Richard Holcomb	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Department of Social Services	Term Expires: 02/2021	Email Address: rich.holcomb@clintoncountygov.com
Name: Robert Lafountain	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public	Term Expires: 02/2023	Email Address: rsl22@charter.net
Name: Storm Trainer	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Emergency Services	Term Expires: 04/2021	Email Address: storm.trainer@clintoncountygov.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
 Clinton Co. Community Services Board (70020)
 Certified: Richelle Gregory (5/28/19)

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: Diana Aguglia	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Alliance for Positive Health	Email Address: darguglia@alliancecfph.org
Name: Thomas Caracciola	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Peer Counselor	Email Address: caracciolat@gmail.com
Name: Trevor Laughlin	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Consumer	Email Address: lughlintd@gmail.com
Name: Jason Tousignant	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Consumer	Email Address: jason.tousignant@thenortheastgroup.com
Name: John Redden (Co-Chair)	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Commissioner DSS	Email Address: john.redden@clintoncountygov.com
Name: Crystal Carter	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Public Representative	Email Address: crystal.carter@clintoncountygov.com
Name: Theresa Bennett	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Family Member	Email Address: tbenn002@plattsburgh.edu
Name: Bryan Hartman	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: SUNY Plattsburgh	Email Address: hartmabg@plattsburgh.edu
Name: Brenda Stiles (Co-Chair)	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Adirondack Health Institute	Email Address: bstiles@cvph.org

Mental Health Subcommittee Roster
 Clinton Co. Community Services Board (70020)
 Certified: Richelle Gregory (5/28/19)

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: Crystal Carter	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Representative	Email Address: crystal.carter@clintoncountygov.com
Name: Theresa Bennett	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family Member	Email Address: tbenn002@plattsburgh.edu
Name: Jason Tousignant	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer	Email Address: jason.tousignant@the northeastgroup.com
Name: Diana Aguglia	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Alliance for Positive Health	Email Address: daguglia@alliancefph.org
Name: Tom Caracciola	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer	Email Address: Caracciolat@gmail.com
Name: Trevor Laughlin	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer	Email Address: laughlintd@gmail.com
Name: Bryan Hartman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: SUNY Plattsburgh	Email Address: hartmabg@plattsburgh.edu
Name: John Redden (Co-Chair)	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Commissioner DSS	Email Address: john.redden@clintoncountygov.com
Name: Brenda Stiles (Co-Chair)	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Adirondack Health Institute	Email Address: bstiles@cvph.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
Clinton Co. Community Services Board (70020)
Certified: Richelle Gregory (5/1/19)

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: Heather Cothran	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: agency	Email Address: hconthran@resources.com
Name: Loraine Lobdell	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Agency	Email Address: llobdell@cvarc.org
Name: Nicole Louis	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: CSB	Email Address: nicole.lewis@clintoncountygov.com
Name: Rich Holcomb	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: CSB	Email Address: rich.holcolb@clintoncountygov.com
Name: Richelle Gregory	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: DCS	Email Address: richelle.gregory@clintoncountygov.com
Name: Susan Legacy	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Sunmount DDRO	Email Address: susan.legacy@opwdd.ny.gov

2020 Mental Hygiene Local Planning Assurance
Clinton Co. Community Services Board (70020)
Certified: Richelle Gregory (5/16/19)

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
 Clinton Co. Community Services Board (70020)
 Certified: Richelle Gregory (5/28/19)

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).

42 %

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
50757	Clinton County Addiction Services OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PRU	Program	Health Coordinator #1			Health Coordinator #2			Hourly Rate (dollars)	
		Services Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)	Services Provided			Hours per Week Worked as a Health Coordinator
		On-site	Off-site			On-site	Off-site		
50757	Clinton County Addiction Services OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35	\$ 28.051	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	\$ 105

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

(50757)

Certified: Richelle Gregory (4/26/19)

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	Mary Ellen Baughman	Name	Stacey Beebie
Credentials	CASAC	Credentials	LCSW-R
Email Address	maryellen.baughman@clintoncountygov.com	Email Address	stacey.beebie@clintoncountygov.com
Phone	518-565-4060	Phone	518-565-4060

Electronic Health Record (EHR) and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Program Survey
Clinton County Addiction Services OP (50757)
Certified: Richelle Gregory (5/30/19)

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.):
In-Sync

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

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

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

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

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

- No
- Yes

3. In your opinion and not relying on data reported to OASAS, please estimate the percentage of total clients treated over the course of a year that identify as lesbian, gay, bisexual, transgender or questioning
10 %

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

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