



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

Otsego County Community Services Board  
September 6, 2019

## Table of Contents

| <b>Planning Form</b>                                 | <b>LGU/Provider/PRU</b>      | <b>Status</b>                  |
|--|------------------------------|--------------------------------|
| <b>Otsego County Community Services Board</b>        | <b>70120</b>                 | <b>(LGU)</b>                   |
| Executive Summary                                    | Optional                     | <b>Not Completed</b>           |
| Goals and Objectives Form                            | Required                     | <b>Certified</b>               |
| New York State Prevention Agenda Survey              | Required                     | <b>Certified</b>               |
| Office of Mental Health Agency Planning (VBP) Survey | Required                     | <b>Certified</b>               |
| Community Services Board Roster                      | Required                     | <b>Certified</b>               |
| Alcoholism and Substance Abuse Subcommittee Roster   | Required                     | <b>Certified</b>               |
| Mental Health Subcommittee Roster                    | Required                     | <b>Certified</b>               |
| Developmental Disabilities Subcommittee Roster       | Required                     | <b>Certified</b>               |
| Mental Hygiene Local Planning Assurance              | Required                     | <b>Certified</b>               |
| <br><b>Otsego County Community Services Board</b>    | <br><b>70120/70120</b>       | <br><b>(Provider)</b>          |
| Health Coordination Survey                           | Required                     | <b>Certified</b>               |
| <br><b>Otsego Co Community Svcs CD OP</b>            | <br><b>70120/70120/50325</b> | <br><b>(Treatment Program)</b> |
| Clinical Supervision Contact Information Survey      | Required                     | <b>Certified</b>               |
| Program EHR and LGBTQ Survey                         | Required                     | <b>Certified</b>               |

**Mental Hygiene Goals and Objectives Form**  
Otsego County Community Services Board (70120)  
Certified: Susan Matt (5/30/19)

**1. Overall Needs Assessment by Population (Required)**

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

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

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

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

In 2018 and continuing in 2019 Otsego County has seen the following **improvements** in mental health services:

- Expansion of Primary Care/Behavioral Health Integration through Bassett Healthcare. The expansion of behavioral health services through the PCP settings as well as the Bassett Outpatient Clinic has improved overall access and choice. Screening for behavioral health disorders is now routine in most PCP settings and treatment is available at integrated sites with Psychiatric Nurse Practitioners and behavioral health clinicians.
- Individuals identified to be in need of adult care management services are receiving outreach and follow-up through the Bassett Care Management process. Health Home enrollment continues to grow, limited only by issues with staff retention. Due to effective marketing strategies, the Health Home is receiving more appropriate referrals by community agencies and providers. Providers are now able to explain the program in better detail to clients, resulting in a higher number of referred individuals following through with enrollment.
- Through Leatherstocking Collaborative Health Partners (PPS) we saw improvement on all performance measures.
- There has been some expansion of telemedicine however lack of providers, evolving regulations and lack of broadband restrict development. Telemedicine has been used successfully by SUNY Oneonta through a grant with Upstate Medical Center Department of Psychiatry.
- In the latter part of 2018 Otsego County was awarded a System of Care Expansion grant from SAMHSA. The focus of this grant is to close the chasm between the service system and schools through the creation of a Behavioral Health Resource Center operating through our BOCES and an CHOICES program for children and their families birth to 5. The Behavioral Health Resource Center is composed of clinicians, family and youth peer support who are deployed to all 13 school districts through BOCES.
- Bassett Healthcare Network's Gender Wellness Center was awarded a five year grant from the Department of Health to sustain the integrated on-site mental health services program for transgender individuals.
- We have seen a significant increase in utilization of the Adolescent Crisis bed which is running near 100% occupancy to date in 2019.
- The Family Stabilization Program (FSP) continues to demonstrate success with providing in-home clinical services to children at risk of placement. Recruitment and retention of clinical staff for this program has been a challenge however the program was fully staffed for 2018. The demand for the Family Stabilization Program has created under utilization in Children and Family Waiver Services and a better triage practice is in process. The Family Stabilization Program will be expanded in 2019 due to a current wait list.
- High Fidelity Wraparound services are operational.
- Crisis services continued to provide community based assessment and reduce ED visits. In the last quarter of 2018 Open Access was added to the Mobile Crisis Assessment Team which provided addiction services expertise to the team.

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

- Housing remains a challenge in the availability of affordable, safe housing as the housing market focuses on meeting the demands of college students and tourists. Safe, affordable housing is essential to support wellness and recovery.
- The Mobile Crisis Assessment Team continues to struggle with staff recruitment and retention which is disruptive to building relationships within the community. The lack of an in person assessment increased demand on law enforcement, emergency departments and clinic staff. The challenge of staff recruitment and retention are tied to the inability for crisis clinical work to meet the licensure requirements for clinical hours and thus new graduates move on to positions that provide the clinical hours for licensure.
- Workforce continues to be the single most threat to sustainable services. The lack of psychiatrists and psychiatric nurse practitioners has created a wage scale that is unsustainable in the current fee for service environment and jeopardizes the success of a value based reimbursement system. Expansion of telemedicine adds to the challenge with psychiatrists making more remotely than those who go to a clinic or hospital. Beyond the critical lack of medical staff is also increased demand for social workers, nurses, direct care professionals and peer staff.
- In the area of Children and Family Services we continue to see increasing treatment requests for children on the Autism Spectrum. Many of these children present with behavior challenges and ADHD. Some have completed the front door process however no other services have been offered to them, while others are in process, often for an extended period of time. These referrals also include families who have no understanding of autism spectrum in their child and need education and support in accessing the front door. OPWDD reports 76 children under 17 with autism in 2017, a decline from 82 in 2016.
- Pre-mature deaths such as completed suicides and drug overdoses went down in 2017(3 suicides, 10 ODs) but rose again in 2018 (10 suicides, 8 ODs) and appear to be trending at the same rate in 2019. Youth suicide rate remains below the state average.
- Access to inpatient beds for children is still very challenging and children are held in the Emergency Department for several days until a bed becomes available.
- 

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

- We continue to see an increase in request for competency exams and placements for restoration. The communication during restoration is very poor and decisions seem inconsistent. The cost of the "restorations" increased 110% in 2018 the county and is very unpredictable.
- We are beginning to re-assess our vocation services for young adults to bring them more in line with the work/life goals of this population.

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**:

In 2018 and continuing in 2019 Otsego County has seen the following **improvements** in Substance Use Disorder needs:

- Expansion of Peer Recovery Supports:
  - Friends of Recovery of Delaware and Otsego (FOR-DO) provided recovery support services to **81** individuals in 2018
  - Helio Health (STR-COTI) had **11** referrals in Otsego County in 2018
  - Open Access through The Neighborhood Center, Inc., served **31** individuals in 2018, **118** from Jan.thru April 2019
  - Family Support through the Center for Family Life and Recovery had **7** referrals for Otsego County residents
  - Peer Support offered through the Utica Rescue Mission did not report any services to Otsego County residents.
  - Otsego County Addiction Recovery Services Article 32 added Peer Services.
- There was a significant increase in referrals to peer support from the A.O. Fox Hospital ED.
- FOR-DO provided workforce development to **105** recipients by providing training required to pursue NYS CPRA or CARC certification.
- LEAF and FOR-DO have **13** employers interested in employing individuals in recovery and have linked **25** employees to those employers.
- LEAF provided training for employers in preparation of hiring individuals in recovery.
- Otsego County Addiction Recovery Services was approved by the National Health Services Corp as a SUD loan forgiveness site.
- Initiation of jail based and transitional substance use disorder services.
- Outpatient Services are seeing a decline in Opiates as a primary substance on admission.
- The adolescent and young adult clubhouse showed an increase in participation and has been fully funded. However the referrals to adolescent addiction treatment continue to remain low given the estimated need in the county. When youth are referred, it is not until there is juvenile justice involvement.
- Through the Leatherstocking Collaborative Health Partners PPS we have been developing an ambulatory withdrawal practice through primary care sites and Otsego County now has **36 X** licensed prescribers. Some of these prescribers participate in an ECHO project to develop their knowledge and skills in treating addiction focused on Medication Assisted Treatment (MAT). Within the Bassett system we have seen the implementation of prescribing guidelines for opiates, non-opiate options for pain management and education on medication take back.
- Trained an additional **9** medical staff on SBIRT in 2018 bringing the total trained to **109** since 2016. **5** SBIRT were administered in 2018.
- Access to MAT has increased both through specialized addiction treatment and the primary care services.
- Referrals to specialty outpatient treatment from the primary health care system increased from **.7** in 2017 to **1.4** in 2018. The national standard is 10%.
- Access to inpatient has improved due to bed expansion. Improved access to inpatient beds has reduced the number of individuals being held at lower level of treatment for shorter periods of time, thus improving outcomes.
- Ease of access to inpatient has improved significantly due to the LOCADTR and elimination of prior approval
- Otsego County moved significantly closer to have housing to support those with substance use disorders in there recovery through the efforts of Rehabilitation Support Services, Inc.who was awarded ESSHI funding in 2018.
- Through the Otsego County System of Care expansion grant early intervention for youth experimenting with substances will be providing in all participating school district and BOCES using Teen Intervene, Motivational Interviewing and Trauma Informed interventions.
- SAMHSA approved Infants with Neonatal Abstinence Syndrome (NAS) will be included in the System of Care CHOICES program for children birth - 5.
- Over **200** individuals received NARCAN training.
- OD Mapping is started in 2019.
- For adolescents current use of alcohol has dropped from 36.3% in 2016 to 28.4% in 2018. Current use of marijuana dropped from 23% in 2016 to 19.6% in 2018. Heroin use by adolescents is significantly lower compared to NYS (YRBS)
- All 12 school districts in Otsego County participated in the 2018 YRBS.

Assuring the needs of Otsego County residents are met through multifarious initiatives and services is essential to driving successful outcomes. In 2018-2019 the service delivery system demonstrated the ability and commitment to work together to address the addiction service needs of the community and saw significant improvement. We are a person centered system!

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

- Overdose deaths had a slight increase in 2018 from 7 in 2017 and 8 in 2018 however 10 deaths in 2017 had cause pending. This is a sharp decline from the peak in 2016 at 22.
- Lack of early identification and engagement of youth with SUD needs has not improved.
- Even with a significant financial investment in COTI-STR Otsego County has not seen immediate access to Buprenorphine and access to inpatient is usually within 48-72 hours. The majority of Peer Services are being provided by FOR-DO and Open Access. COTI-STR has increased access and training for NARCAN.

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

- Family Peer Support through the Center of Family Life and Recovery has provided minimal support for Otsego County residents. The Rescue Mission provides Peer Engagement Specialists to Otsego County but did not report any utilization for 2018. Both of these services are based in Oneida County.
- Lost Addiction Medicine Psychiatrist in 2018.
- Otsego County is significantly above the NYS average on use of an electronic vapor product on one or more of the past 30 days, 31% vs 15% (2018 YRBS)

- Increased use of inhalants by youth increased from 5.6% in 2016 to 8% in 2018. ( 2018 YRBS)
- Increased awareness of stigma with strong opposition to recovery housing.
- Lack of a consistent treatment approach to OUD by OASAS and DOH.
- Moving from abstinence to "harm reduction" is creating fragmentation in the service delivery system. The legal system still operates on an abstinence model.
- Poor communication and collaboration between state and local partners in the opioid response efforts.

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**:

**Limited data is available from OPWDD to update parts of the plan and assess service delivery and need. For 2019 Otsego County will be compiling its own data to best assess gaps in services and needs.**

There were 699 individuals identified as having an Intellectual/Developmental Disability with 540 (77%) receiving a service in Otsego County in 2018. This is a decline from 839 identified as having a Intellectual/Developmental Disability and 694 (83%) receiving services in 2017. Of these, 165 are 20 and under, 476 are 21-64 years of age and 75 are 65 and above. 134 carry a primary diagnosis of Autism. Of those with an Intellectual Disability 151 are mild to moderate and 82 are severe or profound. Of the 699 individuals identified 544 are receiving services, 327 live in a certified setting and 623 are enrolled in a CCO. No 2018 Front Door data was made available. Of the 544 receiving services 304 were enrolled in day habilitation, 167 in Community Habilitation, 57 in respite, 2 received adaptive tech, 1 environmental modifications, 88 fiscal Intermediary, 76 IDGS, 82 Broker, 8 Pathways to employment, 47 site-based pre-vocational services, 36 community based prevocational services, 90 SEMP, 58 Family Care, 253 Supervised IRA, 16 Supported IRA.

Data is available for adults and children referred to the Otsego County SPOA.

In 2018 Otsego County Single Point of Access (SPOA for Mental Health Services) had 20 referrals of youth 18 and under for services. 11 were referred with a diagnosis of Autism (7), or PDD(4). 9 did not have a DD diagnosis initially but were sent for further testing during the SPOA process.

Otsego County continues to wait for START. Based on information provided by Medicaid Service Coordinators and Residential providers during 2018, 20 individuals from Otsego accessed emergency room in psychiatric/behavioral crisis. Respite services were provided to 57 individuals during 2018.

The transition to the three CCOs serving Otsego County has gone very well with 623 individual enrolled. The provider system in Otsego County continues to successfully adapt to the changing healthcare environment. All three providers demonstrate innovation developing employment opportunities, evolving residential services to meet the needs of their residents and addressing their workforce challenges. There continues to be strong collaboration between the primary healthcare system, behavioral health and the ID/DD providers to meet the complex needs of the population. There is increased visibility, integration and acceptance into the broader community. There is a commitment to maintaining a local service delivery system that will best meet the needs of our residents and their families. There is a strong working relationship with OPWDD to assure service delivery and development.

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

There was a decline of individuals served in 2018 compared to the 2017 with no clear explanation for the decline. 57 individuals went through the Front Door, 26 (47%) were determined eligible, 18 (32%) determined not to be eligible, 4 lost contact, 6 were no longer interested and 3 choose other services.

Feedback from families and agencies interfacing with the ID/DD system include:

- families often feel pressured to accept self-directed care and are not offered an alternative unless they refuse
- lack of access to respite and community rehab
- denials of environmental modifications
- wait times for required evaluations averaging 3-6 months.
- families are choosing not to go through the process due to the length of time and effort with little benefit.
- referrals to mental health services for youth on the autism spectrum remain constant.

There has been no significant improvement in the workforce challenges. Difficulty hiring DSPs as well as skilled professionals such as Behaviorist, Behavioral Health, Occupational Therapists, Physical Therapists, Speech Therapists and other professional level staff significantly reduces the ability to deliver services. . Lack of professional workforce housing presents a challenge in recruitment.

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

Otsego County SPOA shows declining access to OPWDD Services in 2018.

For adults eligible or enrolled in OPWDD services declined from 7 in 2017 to 5 in 2018.

For children the decline is much more significant:

- Eligible or enrolled went from 29 in 2017 to 9 in 2018
- Being evaluated for OPWDD Services went from 35 in 2017 to 11 in 2018

There is a vital need for comprehensive data for Otsego County to provide a clear assessment of need and service utilization to aid in planning and development.

There is increased need for affordable housing for the aging out 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 type="checkbox"/>            | <input type="checkbox"/>            |
| b) Transportation  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Prevention  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| g) Inpatient Treatment Services                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| h) Recovery and Support Services                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| i) Reducing Stigma   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| j) SUD Outpatient Services                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| k) SUD Residential Treatment Services                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| l) Heroin and Opioid Programs and Services                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| m) Coordination/Integration with Other Systems for SUD clients | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| n) Mental Health Clinic  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| o) Other Mental Health Outpatient Services (non-clinic)        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| p) Mental Health Care Coordination                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| q) Developmental Disability Clinical Services                  |                                     |                                     | <input checked="" type="checkbox"/> |
| r) Developmental Disability Children Services                  |                                     |                                     | <input checked="" type="checkbox"/> |
| s) Developmental Disability Student/Transition Services        |                                     |                                     | <input type="checkbox"/>            |
| t) Developmental Disability Respite Services                   |                                     |                                     | <input type="checkbox"/>            |
| u) Developmental Disability Family Supports                    |                                     |                                     | <input checked="" type="checkbox"/> |
| v) Developmental Disability Self-Directed Services             |                                     |                                     | <input type="checkbox"/>            |
| w) Autism Services   |                                     |                                     | <input checked="" type="checkbox"/> |
| x) Developmental Disability Front Door                         |                                     |                                     | <input checked="" type="checkbox"/> |
| y) Developmental Disability Care Coordination                  |                                     |                                     | <input type="checkbox"/>            |
| z) Other Need 1(Specify in Background Information)             | <input checked="" 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 type="checkbox"/>            |

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

**2a. Housing - Background Information**

Otsego County Community Services has identified a need for sober/recovery housing for over 14 YEARS!! As a rural county the majority of recovery support services and treatment are located in Oneonta which makes it difficult for individuals entering recovery to get to when living in the small communities. Safe/sober living environments are essential for individuals to succeed in their recovery. Nearly 50% of the high ED utilizers (PSYCKES) in Otsego County are individuals struggling with addiction. Individuals struggling with addiction make up the majority of the homeless and jail population.

In 2018 Rehabilitation Support Services, Inc. was awarded 14 ESSHI housing slots for individuals with SUD making a commitment to recovery. Opposition to the development of this housing brought increased awareness of the stigma and lack of understanding for individuals with substance use disorders.

Overall there is a need for affordable quality housing that would allow individuals and families the least restrictive living environment.

There is a lack of housing for the direct service providers as well as professional specialties.

Rents in Otsego County are 25% higher than our neighboring counties due to demand from the two colleges and tourism industry.

**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 affordable housing options.  
Secure housing for those with substance use disorders.

**Objective Statement**

Objective 1: Support efforts to develop recovery housing such as ESSHI.  
Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Provide community education on the benefits of supportive recovery housing.  
Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Support appropriate funding levels to support the needs of individuals with SPMI/SED to remain in their community.  
Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Support efforts to develop and promote affordable housing options  
Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 5: Secure housing for individuals with ID/DD who are aging out of residential services.  
Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

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

During 2018 Rehabilitation Support Services, Inc. applied for and was awarded 14 ESSHI beds. They have proposed an affordable housing development of 64 apartments in the City of Oneonta.

**2b. Transportation - Background Information**

Due to the rural nature of Otsego County transportation challenges exists on many levels.  
"In community" service delivery is cost prohibited by the distance and time required to deliver services.  
Workforce challenges are greater when travel time and cost are added to low and medium wage jobs.  
Public transportation is limited for individuals to get to treatment(non-Medicaid), work and to engage in community events promoting wellness and recovery.  
Medicaid transportation cannot be used to obtain medications from a pharmacy and pharmacy's do not find it cost effective to deliver in the rural areas.

**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 transportation .

**Objective Statement**

Objective 1: Participate in Regional Transportation Workgroup  
Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Explore transportation options such as peer to peer, direct contracts, etc.  
Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 3: Provide funds for those who need assistance in maintaining transportation.  
Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 4: Increase community education on options and funding.  
Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 5: Improve access to medications either via paid transportation to pharmacy or improved home delivery  
Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

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

Informed state partners through the RPC of the transportation need for pharmacy.  
Explored use of mail order.  
Identified parity concerns with timely access to medications.  
The Otsego County Transportation Workgroup has partnered with the Southern Tier and health care providers to work together.  
Telehealth options are considered however the lack of broadband and cost of providers limit use.  
Peer provided transportation has increased.  
Education on options such as mail order medications, Lyft, Uber are explored.

**2c. Crisis Services - Background Information**

- Otsego County is part of a regional continuum of crisis/community stabilization services and has made progress in patient engagement and follow-up with treatment services as evident in improved performance measures in the PPS.
- The Mobile Crisis Assessment Team struggles with staff recruitment and retention of staff based in Otsego County. Remote crisis response is not as effective and results in increased involvement from law enforcement, increase ED visits and increased demand on clinic staff. Turnover and vacancies in Mobile Crisis staff also decreases community satisfaction and confidence in the service.
- A key challenge in the crisis clinical staff workforce is that crisis work does not meet the requirements for clinical hours towards professional licensing. Staff often leave so they can build clinical hours to obtain their professional license. Specific credentials are required to perform the clinical functions but these functions do not meet the Department of Education requirements for clinical hours toward licensing.
- The greatest demand on the MCAT in Otsego County is from schools. For 2018 the Adolescent Crisis bed has been operating at nearly 100% occupancy. There are no crisis/respite beds for children under 12 and waits for inpatients beds can be over 100 hours.
- In the last quarter of 2018 Open Access (OASAS) added capacity to respond to addiction treatment needs via the 24/7/365 call and service delivery system already established. This services continues to grow significantly with 31 individuals served from mid-Oct-Dec. 2018 and 118 from January- April 30, 2019.
- Access to detox and inpatient care has improved due to increased bed capacity.
- *STR-COTI has provided minimal "immediate access" to MAT and in 2018 received only 11 referrals. It did transport several to inpatient/detox but usually within a 24 hr. window. Clearly the level of services cannot sustain the cost.*
- MAT has been increasingly available within the Otsego County based services either through the Article 32 clinic or the Primary Care sites of Bassett Healthcare.
- An exception is Methadone which is an hour away.
- Only 1.5% (11) of the ID/DD population required a psychiatric hospitalization in 2018.

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 the number of EDs visits.

**Objective Statement**

Objective 1: Increase engagement with primary care and specialty behavioral health services.

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

Objective 2: Increase engagement in services for children and adolescents from schools.

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

Objective 3: Identify respite options for children under 12

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

Objective 4: Increase use of interventions such as SBRIT, Teen Intervene, Youth Mental Health First Aid, and SafeTalk,

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

Objective 5: Support children and families through the System of Care Expansion.

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

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

Through the Leatherstocking Collaborative Health Partners PPS we have been working on improving engagement to both primary care and specialty behavioral health services.

Access to MAT and ambulatory withdrawal through the Primary Care practices has expanded. This innovative practice significantly increases availability of addiction treatment in our rural community, reduces stigma, is science based and person centered.

Processes are being implemented to transition individuals between primary care and specialty behavioral health services.

We continue to see high utilization of the MCAT by schools but very few referrals from schools into the service delivery system.

With Otsego County's System of Care award in late 2018 we have created a Behavioral Health Resource Center operated out of our BOCES and providing early intervention and engagement to all schools districts in Otsego County.

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

Workforce challenges exist at all levels and across all three specialty areas.

There is growing competition and demand for the direct service professionals such as DSPs, MSCs, Care Coordinators, MH workers, navigators, etc. with a limited pool of potential candidates and low wages.

There is a shortage of qualified professional staff that includes not only MDs, NPPs, RNs but also LCSWs, specialty therapist such as speech, physical and occupational , addiction professionals and peer specialists.

There is also a shortage of primary care providers which makes it challenging to transition patients who no longer require specialty care.

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

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

To develop career pathways in the human services and healthcare for our local workforce.

**Objective Statement**

Objective 1: Expand internship opportunities with local and regional colleges.

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

Objective 2: Maintain National Health Services Corp Designation for loan forgiveness

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

Objective 3: Advocate for fair wages.

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

Objective 4: Create collaborative relationships that enhance employment opportunities.

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

Objective 5: Increase competence in primary care settings to treat individuals with behavioral health needs.

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

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

We have expanded our opportunities for internships for undergraduates.  
We have steady demand for MSW field placements and through our System of Care have paid stipends for MSW students.  
Two providers are now National Health Services Corp (NHSC) sites.  
Otsego County received SUD site approval for the National Health Services Corp (NHSC).  
SUNY Binghamton continues to provide scholarships for Psychiatric Nurse Practitioners.  
Direct care staff received cost of living increases or higher.  
An ECHO project has extended to increase education, support and skill development in treating addiction in a primary care setting.  
The Mohawk Valley Regional Planning Consortium created COPE (Career Opportunities for Peer Empowerment) to develop peer specialists.

**2e. Employment/ Job Opportunities (clients) - Background Information**

Over 60% of individuals entering outpatient treatment for SUD are in prime employment years of 25-44.

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 opportunities for individuals in recovery to have employment that supports their recovery and overall wellbeing.

**Objective Statement**

Objective 1: Increase peer workforce

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

Objective 2: Increase employers supporting individuals in recovery

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

Objective 3: Increase work satisfaction for individuals in recovery.

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

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

Recovery Friendly Employment:

- Currently, there are thirteen employers who identified as recovery friendly.
- LEAF has partnered with FOR-DO, The Otsego County Chamber, CDO Workforce and The Appalachian Commission to provide four training opportunities.
- The Otsego County Chamber is working on some minimal criteria a "seal" for businesses to display indicating that they are a recovery friendly workplace.
- LEAF and FOR-DO are partnering with The Otsego County Chamber of Commerce to create "workplace wellness" lunch and learns that will include recovery/prevention topics.
- FOR-DO has trained 105 individuals in preparation for CARC and CPRA certification.

We are beginning to explore models for assisting young adults in vocational skill building and development that is person centered.

**2f. Prevention - Background Information**

In 2017 Otsego County saw a significant decrease in deaths due to suicide from 2016 and its historical numbers. For the past decade Otsego County suicides annually have been between 9-12. In 2017 that number dropped to 4. However in 2018 we saw that number return to 10 with the key risk group being white males between the ages of 35-60. Of note for the 10 completed suicides in 2018 is that the means was split between guns and hanging. Historically guns was the means by which most suicides were completed. In 2017 it is estimates that 600 gun locks were distributed throughout Otsego County. Both the PHIP and the Otsego County Suicide Prevention Coalition have this as a priority focus. The approaches to education and suicide prevention activities include:

- Education on gun safety and distribution of gun locks.
- SafeTalk and ASSIST trainings.
- Community education events

Otsego County has an well developed Opiate Task Force with support throughout the community. To address the continuing opiate epidemic our priorities are to provide:

- Community Education by increasing the number of individuals trained in the use of NARCAN.
- Monitoring the safe prescribing and disposal of opiates.
- Advocate for a more comprehensive approach to pain management
- Advocate for quick access to treatment.

In 2018 the number of overdose deaths were 8 which is a significant decline from 22 in 2016.

The 2018 Youth Risk Behavioral Survey indicates that:

- 28.4% of Otsego County youth currently drink alcohol (National average is 29.8%) down from 36.3% in 2016!
- 19.6% currently use marijuana (National average 19.8%), down from 23% in 2016!
- Otsego County is significantly above the NYS average on use of an electronic vapor product on one or more of the past 30 days, 31% vs 15% (2018 YRBS)
- Increased use of inhalants by youth increased from 5.6% in 2016 to 8% in 2018. ( 2018 YRBS)

Efforts to reduce Adverse Childhood Experiences include:

- Bassett Hospital Healthy Steps Program
- Educating all child and family serving systems on trauma.
- System of Care activities through the Behavioral Health Resource Center and CHOICES program (birth to 5)
- Providing trauma informed training to schools.
- Increasing parent partners.

**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 the number of pre-mature deaths related to completed suicides and overdoses.

**Objective Statement**

Objective 1: Increase the number of individuals trained in the use of NARCAN.

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

Objective 2: Increase use of Teen Intervene through BHRC staff in schools

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

Objective 3: Increase number of individuals trained in SafeTalk

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

Objective 4: Provide rapid communication on lethal illicit drugs in our community.

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

Objective 5: Reduce alcohol, vaping and marijuana use among high school students

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

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

Both the PHIP and the Otsego County Suicide Prevention Coalition have narrowed their focus to white males between the ages of 35-60. Over 600 gunlocks have been distributed as well educational materials.

Otsego County's Opiate Task Force meets bi-monthly with the priorities of Community Education, Public Policy and Stakeholder Involvement. There is significant increase in collaboration as stakeholders work together through the PHIP, Suicide Prevention Coalition, Opiate Task Force, and DSRIP.

Increased national attention and awareness have supported local efforts and community awareness and education.

The increase prevalence of vaping has increased dialogue with schools on how to address the addiction services needs for youth.

**2i. Reducing Stigma - Background Information**

Opposition to a housing development which will include ESSHI funding for those in SUD recovery highlighted the negative stereotyping and misunderstanding about those who struggle with SUD.

For over 14 years Otsego County has identified a need for housing for those recovering from SUD. Many models of funded housing have not been suitable for a small community. The ESSHI funding was awarded to Rehabilitation Support Services, Inc. as part of a affordable housing development.

The need for affordable housing is well documented in Oneonta through a housing study completed as part of the DRI grant.

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

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

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

**2q. Developmental Disability Clinical Services - Background Information**

Access to appropriate clinical services is a challenge primarily due to the lack of qualified practitioners.

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):  
Addressed under Workforce.

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

Approval for an Article 16 clinic for a large local provider will increase capacity.  
GAP in services for youth with Autism has been identified.

**2r. Developmental Disability Children Services - Background Information**

There has been an increase in youth and their families seeking psychotherapy services for youth with autism and asperger due to the lack of appropriate 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

Develop appropriate services for individuals and their families with autism and asperger.

**Objective Statement**

Objective 1: Monitor efficacy of CCOs in assisting families in the front door process

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

Objective 2: Educate providers on the role and responsibilities of the CCOs.

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

Objective 3: Provide education and support to families on the process

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

Objective 4: Create appropriate clinical services

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

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

The Children and Family Behavioral Health Services currently has about 12% of the youth receiving services are on the autism/asperger spectrum. This is a significant increase over the historical 5%.  
There continues to be an increase in referrals due to lack of appropriate services and lack of support and education for families going through the eligibility process.  
The mental health services are the default provider when eligibility criteria is not met in the OPWDD system.

**2u. Developmental Disability Family Supports - Background Information**

There has been some confusion about the role fo the CCOs in assisting families in accessing services and with the front door process.  
The absence of more direct service provider places more of a burden on the family. Families often have long wait times for the required evaluations and also have to travel over an hour away.  
For those who go through the front door process and are determined ineligible (18 out of 57 in 2018) there is no supports. It is hard to imagine families go through the process without feeling a need for help.

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 LGU cannot implement change in the OPWDD system.

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

There has been increased clarification of the role of the CCO.

**2w. Autism Services - Background Information**

There continues to be a significant increase in referrals to the mental health system for service for youth on the autism spectrum. Some youth have been identified but are referred due to lack of appropriate services; some are referred for behavioral issues which are identified as related to autism and some have mental health needs in addition to autism treatment needs. The treatment needs for individuals with autism vary and typically have a strong behavioral component. The treatment provided in a non-specialized clinical setting is inadequate to meet the needs of this population.  
Appropriate treatment services need to be available to individuals on the autism spectrum.  
Evaluations for Autism are not reimbursed by Medicaid thereby leaving families with the burden to self- pay for the required evaluation.

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):  
addressed in 2r.

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

We have seen not improvements for thsi population over the past year.

**2x. Developmental Disability Front Door - Background Information**

Families identify frustration and hardship on the front door process. They report multiple evaluations which require extensive travel and time and appointment wait times from 3-6 months..

There is a lack of comprehensive data on the front door process. Data provides new applications but does not provide total in process, average length of time to complete the process and total number accepted, denied and withdrawn.

Data also does not provide services needed vs service delivered to assist in identifying gaps in services.

There does not seem to be a appropriate response to those who are found not to meet criteria.

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):  
Counties have no influence over the Front Door process or access to the complete data.

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

CCO enrollemnt has gone very well however access to services is yet to be determined. Families complain of going thrugh the process only to have limited access to services.

Families report feeling that "self-directed" is the only option. Some families do well with self-direction others do not.

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

The Otsego County 2018 Youth Risk Behavioral Survey found that 31% of all students reported using electronic vapor products during the last 30 days. This is significantly higher that the NYS and USA average, 31% compared to 15% NYS and 13% USA.

We are exploring the clinical interventions for vaping since it is not addressed in the tobacco cessation models.

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

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

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

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

Efforts to reduce Adverse Childhood Experiences include:

- Bassett Hospital Healthy Steps Program
- Educating all child and family serving systems on trauma.
- System of Care activities through the Behavioral Health Resource Center and CHOICES program (birth to 5)
- Providing trauma informed training to schools.
- Increasing parent partners.

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

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

To coordinate efforts to address Adverse Childhood Experiences

**Objective Statement**

Objective 1: Establish a training workgroup through the System of Care

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

Objective 2: Create a learning collaborative for both clinicians and child and family workers to enhance their skills.

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

Objective 3: Implement PAX in three schools.

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

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

There have been multiple trainings on trauma informed and ACE however the ongoing support and education is needed to create a trauma informed system.

**New York State Prevention Agenda Survey**  
Otsego County Community Services Board (70120)  
Certified: Susan Matt (5/30/19)

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

All inquiries regarding this survey should be directed to [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

**Background**

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

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

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

**Questions**

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

No

Yes, please explain:

In collaboration with the LHD, health system and prevention agency an integrated prevention plan has been developed.

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:

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:

We have LHD, OFA, PHIP, health system, prevention agency, law enforcement, clergy, veterans, treatment, schools, crisis services and local Suicide Prevention and Opiate Task force.

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:

we monitor completed suicides, overdoses, Narcan administrations, infants born with NAS, law enforcement response to MH and Addiction related situations.

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

No

Yes, please explain:

We have a separate prevention agenda supported by OASAS.

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:

LHD has partnered to improve health assessments, screenings, tobacco cessation with article 31 & 32. LHD is taking the lead on Suicide Prevention and Opioid Response.

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:

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:

the PPS has funded a very successful Healthy Living Expo that has a major focus on behavioral health.

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

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

Please describe your efforts in addressing the selections above:

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): A number of group offer training but we do not track

How many hours:

Target audience for training:

Estimate number trained in one year:

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**  
Otsego County Community Services Board (70120)  
Certified: Susan Matt (5/30/19)

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

**Background**

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

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

DOH website

**DSRIP Performing Provider Systems (PPS)**

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

**DSRIP Project Lists**

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

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

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

New York State VBP Roadmap

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

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

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

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

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

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

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

**Questions**

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

a)  Yes  No

b) Please provide more information:

Healthy Living Expo April 2018 & 2019 Opioid Summit- December 2016 MAT Training December 2016 & 2018 SBRIT Training 2016,2017, 2018-19 trainings, 109 individuals trained Funded 2 FTE Engagement Specialist with Rehabilitation Support Services. Funded Bassett for a Telemedicine Initiative for Specialty Visits including Behavioral Health Funded Bassett for staffing for Telemedicine Initiative per above. Funded Mental Health First Aid to First Responders and Community through The Neighborhood Center, Inc.

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

a)  Yes  No

b) Please explain:

There seems to be no sustainability plan for LCHP. Individual organizations have sustainability plans for their projects. Trainings have no sustainability plans.

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

a)  Yes  No

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

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

a)  Yes  No

b) Please explain:

The primary health care system is not partnering with behavioral health providers. I believe they intend to manage all within their system which is inadequate to do so.

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

a)  Yes  No

b) Please explain:

Fidelis contracted with individual providers to do follow-up after hospitalization. I do not believe they officially did "In-Lieu" of because of the cumbersome process it required.

6. Can your LGU support the BHCC planning process?

a)  Yes  No

b) Please explain:

Otsego participates in the MVBHCC and has a seat on the board and Executive Committee.

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

a)  Yes  No

b) Please explain:

The LGU has access to several data bases however none with outcome management capability. The LGU is working with the BHCC to develop these systems.

**Community Service Board Roster**  
 Otsego County Community Services Board (70120)  
 Certified: Susan Matt (5/24/19)

**Note:**

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

|                                |  |   |                                 |  |
|--------------------------------|--|---|---------------------------------|--|
| <b>Name:</b> Pat Knuth         | <input type="checkbox"/> Physician<br><input type="checkbox"/> Psychologist            | <b>Represents:</b> ARC<br>Otsego                | <b>Term Expires:</b><br>12/2020 | <b>Email Address:</b><br>knuthp@arcotsego.org                |
| <b>Name:</b> Noel Clinton-Feik | <input type="checkbox"/> Physician<br><input type="checkbox"/> Psychologist            | <b>Represents:</b><br>Business Owner            | <b>Term Expires:</b><br>12/2022 | <b>Email Address:</b><br>noel.clinton.feik@gmail.com         |
| <b>Name:</b> Chris Wolf-Gould  | <input checked="" type="checkbox"/> Physician<br><input type="checkbox"/> Psychologist | <b>Represents:</b><br>Healthcare                | <b>Term Expires:</b><br>12/2021 | <b>Email Address:</b><br>christopher.wolf-gould@bassett.org; |
| <b>Name:</b> Ryan Alsheimer    | <input type="checkbox"/> Physician<br><input type="checkbox"/> Psychologist            | <b>Represents:</b><br>FOR-DO<br>Recovery Center | <b>Term Expires:</b><br>12/2021 | <b>Email Address:</b><br>ryan@friendsofrecoverydo.org;       |
| <b>Name:</b> Amanda Stamas     | <input type="checkbox"/> Physician<br><input type="checkbox"/> Psychologist            | <b>Represents:</b><br>Family member             | <b>Term Expires:</b><br>12/2021 | <b>Email Address:</b><br>AStamas@rehab.org;                  |
| <b>Name:</b> Amy Clarvoe       | <input type="checkbox"/> Physician<br><input checked="" type="checkbox"/> Psychologist | <b>Represents:</b><br>College/Education         | <b>Term Expires:</b><br>12/2019 | <b>Email Address:</b><br>amyclarvoe@gmail.com;               |
| <b>Name:</b> Adrienne Martini  | <input type="checkbox"/> Physician<br><input type="checkbox"/> Psychologist            | <b>Represents:</b><br>County Board              | <b>Term Expires:</b><br>12/2019 | <b>Email Address:</b><br>martinia@otsegocounty.com;          |
| <b>Name:</b> Sarah Buttice     | <input type="checkbox"/> Physician<br><input type="checkbox"/> Psychologist            | <b>Represents:</b><br>Healthcare                | <b>Term Expires:</b><br>12/2020 | <b>Email Address:</b><br>Sarah.Buttice@aofmh.org;            |
| <b>Name:</b> Kate Hewlett      | <input type="checkbox"/> Physician<br><input type="checkbox"/> Psychologist            | <b>Represents:</b><br>Lived Experience          | <b>Term Expires:</b><br>12/2020 | <b>Email Address:</b><br>kate77hewlett@gmail.com;            |

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

**Alcoholism and Substance Abuse Subcommittee Roster**  
 Otsego County Community Services Board (70120)  
 Certified: Susan Matt (5/24/19)

**Note:**

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

|                                  |  |   |   |
|----------------------------------|--|---|---|
| <b>Name:</b> Julie Dostal        | <b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No | <b>Represents:</b> LEAF Inc. Prevention     | <b>Email Address:</b> julie@leafinc.org             |
| <b>Name:</b> Kelly Liner         | <b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No | <b>Represents:</b> Public Health            | <b>Email Address:</b> linerk@otsegocounty.com       |
| <b>Name:</b> Noel Clinton-Feik   | <b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No | <b>Represents:</b> Crossroads/Faith/Housing | <b>Email Address:</b> noel.clinton.feik@gmail.com   |
| <b>Name:</b> Ryan Alsheimer      | <b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No | <b>Represents:</b> FOR-DO Recovery Center   | <b>Email Address:</b> ryan@friendsofrecoverydo.org; |
| <b>Name:</b> James Anderson, PhD | <b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No | <b>Represents:</b> Healthcare               | <b>Email Address:</b> james.anderson@bassett.org;   |
| <b>Name:</b> Sarah Buttice       | <b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No | <b>Represents:</b> Healthcare               | <b>Email Address:</b> Sarah.Buttice@aofmh.org;      |
| <b>Name:</b> Kathy Lindberg      | <b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No | <b>Represents:</b> Peer                     | <b>Email Address:</b> Kathleel@neighborhoodctr.org> |
| <b>Name:</b> Miguel Martinez     | <b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No | <b>Represents:</b> Treatment                | <b>Email Address:</b> martinezm@otsegocounty.com    |

**Mental Health Subcommittee Roster**  
 Otsego County Community Services Board (70120)  
 Certified: Susan Matt (5/24/19)

**Note:**

- The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

|                                    |  |                                       |   |
|------------------------------------|--|---------------------------------------|---|
| <b>Name:</b> Kate Hewlett          | <b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No | <b>Represents:</b> Lived Experience   | <b>Email Address:</b><br>kate77hewlett@gmail.com    |
| <b>Name:</b> Marion Mossman        | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> System of Care     | <b>Email Address:</b><br>mossmanm@otsegocounty.com; |
| <b>Name:</b> Matt Johnson          | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Public Health      | <b>Email Address:</b><br>johnsonm@otsegocounty.com  |
| <b>Name:</b> Amanda Stamas         | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Provider/RSS       | <b>Email Address:</b><br>AStamas@rehab.org;         |
| <b>Name:</b> Jennifer Johnson-Carr | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Schools            | <b>Email Address:</b><br>jcarr@milfordcentral.org;  |
| <b>Name:</b> Dan Maskin            | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Community Action   | <b>Email Address:</b><br>dmaskin@ofoinc.org;        |
| <b>Name:</b> Celeste Johns, MD     | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Bassett Healthcare | <b>Email Address:</b><br>celeste.johns@bassett.org; |
| <b>Name:</b> Michelle Zuk          | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Family             | <b>Email Address:</b><br>mzuk@familyrn.org;         |
| <b>Name:</b>                       | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b>                    | <b>Email Address:</b>                               |

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**  
 Otsego County Community Services Board (70120)  
 Certified: Susan Matt (5/24/19)

**Note:**

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

|                                 |  |  |  |
|---------------------------------|--|--|--|
| <b>Name:</b> Pat Knuth          | <b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No | <b>Represents:</b> ARC Otsego          | <b>Email Address:</b><br>knuthp@arcotsego.org            |
| <b>Name:</b> Paul Landers       | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Pathfinder Village  | <b>Email Address:</b><br>PLanders@pathfindervillage.org; |
| <b>Name:</b> Judith Thistle     | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Clergy/Fox Hospital | <b>Email Address:</b><br>thistleja@stny.rr.com;          |
| <b>Name:</b> Ann Marie Petersen | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Regional Office     | <b>Email Address:</b><br>Annmarie.peterson@opwdd.ny.gov; |
| <b>Name:</b> Michelle Zuk       | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Family              | <b>Email Address:</b><br>mzuk@familyrn.org;              |
| <b>Name:</b> Patricia Kennedy   | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Springbrook         | <b>Email Address:</b><br>kennedyp@springbrookny.org;     |
| <b>Name:</b> Peg Quinn          | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Family              | <b>Email Address:</b><br>pquinn1152@gmail.com;           |
| <b>Name:</b> Lucinda Levene     | <b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No | <b>Represents:</b> Family              | <b>Email Address:</b><br>lucinda.levene@bassett.org;     |

**2020 Mental Hygiene Local Planning Assurance**  
Otsego County Community Services Board (70120)  
Certified: Susan Matt (5/30/19)

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2020 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2020 Local Services planning process.

**Health Coordination Survey**  
 Otsego County Community Services Board (70120)  
 Certified: Susan Matt (3/28/19)

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).

57 %

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                 |
|-------|--------------------------------|--------------------------|--------------------------|-------------------------------------|
| 50325 | Otsego Co Community Svcs CD OP | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| PRU   | Program                        | Health Coordinator #1 |          |   | Health Coordinator #2 |                   |  |   |                       |
|-------|--------------------------------|-----------------------|----------|---|-----------------------|-------------------|--|---|-----------------------|
|       |                                | Services Provided     |          | Hours per Week Worked as a Health Coordinator | Hourly Rate (dollars) | Services Provided |  | Hours per Week Worked as a Health Coordinator | Hourly Rate (dollars) |
|       |                                | On-site               | Off-site | On-site                                       |                       | Off-site          |  |   |                       |
| 50325 | Otsego Co Community Svcs CD OP |                       |          |   |                       |                   |  |   |                       |

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                 |   |                       |
| 50325 | Otsego Co Community Svcs CD OP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14  | \$ 39.00              |

**NYS OASAS Clinical Supervision Contact Information Form**

(50325)

Certified: Susan Matt (3/28/19)

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

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

**Name** Miguel Martinez  
**Credentials** LCSW  
**Email Address** [martinezm@otsegocounty.com](mailto:martinezm@otsegocounty.com)  
**Phone** 607-431-1030

**Name** Gary Wannamaker  
**Credentials** LMSW  
**Email Address** [wannamakerg@otsegocounty.com](mailto:wannamakerg@otsegocounty.com)  
**Phone** 607-431-1030

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

Otsego Co Community Svcs CD OP (50325)

Certified: Susan Matt (3/28/19)

The following survey is designed to provide OASAS with program-level information regarding two topics that are integral to ensuring that individuals with Substance Use Disorders (SUDs) receive the highest quality care. Part I asks about Electronic Health Record (EHR) usage and Part II collects information regarding the treatment of individuals identifying as lesbian, gay, bisexual, transgender or questioning (LGBTQ).

Questions related to this survey should be directed to Carmelita Cruz at [Carmelita.Cruz@oasas.ny.gov](mailto:Carmelita.Cruz@oasas.ny.gov).

**PART I- Electronic Health Record (EHR) Survey**

An Electronic Health Record (EHR) is a computerized record of health information about individual patients. Such records may include a whole range of data in comprehensive or summary form, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal information like age and weight, and billing information. Its purpose is to be a complete record of patient encounters that allows the automation and streamlining of the workflow in health care settings and increases safety through evidence-based decision support, quality management, and outcomes reporting.

The purpose of Part I of this survey is to assess your agency's status on the adoption of an EHR, and which EHRs are most commonly used by OASAS-certified programs.

**1. Does your program use an electronic health record?**

- No
- Yes, please provide the company and product names of your EHR below:

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

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

**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**

6 %

**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: