



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

Seneca County Community Services Board  
September 6, 2019

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**Mental Hygiene Goals and Objectives Form**  
Seneca County Community Services Board (70330)  
Certified: Margaret Morse (5/30/19)

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

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

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

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

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

Over the past year, we have added three clinical positions to the clinic and expanded school based satellite hours. We have also developed open access/walk-in hours. This has improved access to services however it has also increased our census and therefore created additional staffing needs to accommodate demand. Additionally, we have been successful in increasing community awareness of Suicide Prevention through the work of our county's Suicide Prevention Coalition. We hosted the first Finger Lakes Out of the Darkness Walk and raised over \$20,000. We developed Sudden Loss support groups and have gained media focus and attention on the issue to assist with community education efforts. We trained approximately 200 community members in Talk Saves Lives.

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

Our staffing challenges continue as we attempt to meet the growing demand for psychiatric and clinical care. While we have been successful in bringing increased awareness and education to our community around the issues of mental health and suicide prevention, death by suicide continues to be an issue in our community.

The systems transformation to a Health Homes Care Management Model still has not evidenced positive outcomes in our community. Care Management agencies serving Seneca County continue to report high caseloads and are not particularly effective with the higher needs population. We hope to see Health Homes Plus provide enhanced benefit with the promise of lower caseloads. Our experience continues to be that the transition has not provided adequate benefit to those requiring care management/case management services.

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

Within the past year we have experienced an increase in demand for child and adolescent services in our community. In response to both local and national events, in addition to increased community efforts to educate about mental health, our community has become increasingly vigilante in regards to the community's mental health needs. As a result, we are receiving more requests for both school based and outpatient clinic services resulting in the need to grow our staffing resources. We have expanded our school satellite services and hired additional staff to accommodate, however the need continues to grow, with additional staffing being requested by the school districts to accommodate growing demand for clinical services to children. This challenges us to recruit and hire qualified staff in our rural community as we compete with other larger, higher paying counties and community based organizations for scarce staffing resources. In the midst of the increased need for children's and adult services, the state continues to close beds. CPEP continues to report increasing numbers of children presenting in their ER with no beds to place them resulting in long waits in the ER while awaiting placement. Residential resources out of county remain the bulk of the mental health bed options for our rural county. Crisis residential bed are almost entirely out of county. Additionally, with the closing of Hillside Varick Campus, we predict an increase in demand for outpatient support.

Access to psychiatric care in our community continues to be a growing challenge. Despite hiring a full time psychiatrist, our County Mental Health Clinic does not have enough psychiatric providers to meet the need. Finding and retaining qualified, licensed mental health and psychiatric staff in our rural community continues to be a challenge. Rural communities such as ours, struggle to find staff, let alone provide competitive wages to retain them. While open access hours has increased access to mental health outpatient services, it has also increased engagement and retention of clients creating increased caseloads for clinicians and prescribers.

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, overall, has changed over the past year:  Improved  Stayed the Same  Worsened

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

The County Mental Health Department has received a number of grant awards in the past year to support treatment of OUD in our community. We have hired certified Peer Advocates and are developing Opioid Response services including the use of a specified vehicle for in-community response to addictions crises. This has increased access to services.

The County Mental Health Department is partnering with New York Chiropractic College for provision of free on-site acupuncture and chiropractic services to our clients. This has been highly utilized and preliminary data appears to be evidence improved service engagement and retention. Clients are reporting reductions in withdrawal symptoms in addition to anxiety and depression.

Prevention efforts continue to be robust in our community and local school districts have expanded their support of these services in the past year.

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

Unfortunately, as was the case last year, while we have seen some improvements and increased funding for increased service delivery, opioid use and resulting consequences including arrests and overdose, continue to be a growing concern in Seneca County. While access to MAT has improved in our outpatient settings, access to detox and stabilization beds has not yet improved despite efforts by the state to increase these numbers. We do however expect to experience benefits of additional bed availability once local providers have opened their new beds.

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

Seneca County continues to experience an increase in opioid overdose, opioid related ER visits and hospitalizations and opioid related deaths. Seneca County had among the highest rate of opioid related ER visits in the region January-June of 2018. Additionally, we continue to struggle to add MAT prescribers to our staff roster. We are currently working with OMH to acquire a waiver for our family nurse practitioner so she can

continue to prescribe MAT in our community, however without this waiver, we will have to reduce access to MAT.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, overall, has changed in the past year:  Improved  Stayed the Same  Worsened

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

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

The unmet needs appear to have remained the same during the past year. We continue to monitor changes as the system transformation moves forward.

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

The new Care Coordination Organizations are providing services in place of the former MSC. This has apparently been a difficult transition with IT functionality issues including an inability to utilize their electronic record to develop life plans. We have not heard any negative feedback from families or consumers regarding the transition but our local service provider expresses stress on staff which may eventually have an impact on consumers of services.

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

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**2a. Housing - Background Information**

There continues to be a paucity of safe, affordable housing in Seneca County. This fact is experienced acutely by those members of our community challenged by mental illness and/or substance use disorder. Providers and consumers alike describe housing options as sub-standard. Supported Housing waiting lists are long in large part due to the difficulties providers experience in finding adequate housing for consumers. There exists only one OASAS Supportive Living bed in Seneca County. Individuals leaving the state hospitals or other controlled environments including jail and prison face significant barriers to community re-engagement due to a variety of factors including inability to find adequate housing in Seneca County. From a 'housing first' perspective, our community is not conducive to recovery when we cannot meet the basic housing needs of our residents.

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 new housing initiatives in conjunction with community based organizations to provide adequate, safe, affordable housing in Seneca County.

**Objective Statement**

Objective 1: Work with FLACRA on development of new housing initiatives that will provide affordable housing access to those in Seneca County struggling with SUD.

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

Objective 2: Work with Lakeview Mental Health on development of new housing initiatives that will provide affordable housing access to those in our community struggling with mental illness.

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

Objective 3: Work with Seneca County Housing Coalition on development of new housing initiatives to bring affordable housing opportunities to Seneca County.

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

Objective 4: Continue to advocate for increased funding for OASAS supportive living beds.

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

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

Seneca County received a grant from the State Senate to support our first domestic violence shelter. This will assist us with placing women and children facing domestic violence with a safe in county shelter option. We have not accomplished our goals in the area of housing despite efforts by OMH and OASAS to increase community housing options, for which we are very appreciative. It is possible that 2020 will see some improvements as local providers take advantage of opportunities available to them for increased OMH long term stay beds and OASAS stabilization beds. An additional barrier to bed availability is the unintended consequence of the OASAS 820 residential redesign and it's fiscal impact on community based agencies. We need more supportive living beds but they are not fiscally sustainable at current rates of reimbursement.

**2b. Transportation - Background Information**

Access to transportation, continues to be a major barrier for accessing services in Seneca County. This barrier to accessing services, as well as employment, continues to be a theme of community forums. Residents on the south end have little to no access to public transportation options. Those options that are available are inadequate, and it can take individuals an entire day utilizing public or medicaid transportation to attend one appointment on the north end. Transportation for non-medicaid individuals is even more limited. The county has made some efforts via a volunteer transport service on the south end, however this is for medical appointments only and is limited in it's scope of service due to it's volunteer workforce.

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 services for those with Substance Use Disorder of Mental Health Disorders in Seneca County.

**Objective Statement**

Objective 1: LGU will continue to explore and collaborate with other County departments and community based agencies to identify funding opportunities to assist residents with transportation to services.

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

Objective 2: LGU will explore community based solutions that could contribute to increasing access to transportation including Park and Ride and Ride Share website.

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

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

Seneca County Community Counseling Center did acquire a \$4,000 Excellus grant to assist clients with transportation to services. The funding support gas cards, bus passes and small stipends for client of Seneca County Community Counseling Center.

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

Seneca County continues to experience increased opioid overdose and death rates in our community. Seneca County had among the highest crude rate of ER visits due to heroin overdose last quarter of 2018 in the Finger Lakes Region. Additionally, we have experienced a number of suicides since 2018. Our local law enforcement report numerous mental health crisis calls on a weekly basis.

Despite increased collaboration with the Finger Lakes CPEP, county residents in need of mental health crisis services continue to be routinely transported to area 9.39 hospitals, as we have limited access to mobile crisis services and therefore limited ability to divert transports via stabilization in the community. Information regarding ongoing concerns with lack of crisis services, including mobile response are reported by community members in group settings. These concerns are parroted by our local law enforcement in our CIT planning meetings.

**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 crisis services for Seneca County residents diagnosed with a behavioral health disorder.

**Objective Statement**

Objective 1: Seneca County will continue collaboration with Rochester Regional Health for enhancement of CPEP mobile crisis response in the County.

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

Objective 2: Seneca County will continue to plan with regional partners including Ontario County Mental Health, Wayne Behavioral Health and Rochester Regional Health in the implementation of a Regional Crisis Plan, once it is approved, that includes mobile crisis capacity for Seneca County.

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

Objective 3: Seneca County will develop COTI services including a 1-800 crisis line for opioid crisis response in the community.

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

Objective 4: DCS will continue to facilitate CIT collaboration with Seneca County law enforcement entities.

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

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

Seneca County Community Counseling Center was awarded \$400,000 in State Opioid Response funds which will support development of COTI services in our county. Seneca County participated in CIT training and is continuing to plan for collaborative crisis response teams in the county.

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

Workforce recruitment and retention continues to be an issue for rural counties attempting to staff both mental health and SUD services. Seneca County in particular struggles with recruitment and retention due to low county wages. Recruitment of psychiatric providers also continues to be a struggle for our rural community. We have no private psychiatrists or psychiatric nurse practitioners in our county. An unintended consequence to integrated our article 31 and 31 clinics under OMH is that our family nurse practitioner is not considered an eligible prescriber. This regulation is serving as a barrier to retaining DATA 2000 waived staff to serve those in our community with a opioid use disorder.

The ARC of Seneca County reports continued recruitment and retention issues with their direct care staff. Transition to CCOs has exacerbated this challenge.

Lakeview Mental Health also reports continued challenged with recruitment and retention of direct care staff.

Failure to effectively recruit and retain direct care, clinical and medical staff significantly impacts the county's ability to effectively care for persons with mental health, substance use disorder and developmental disabilities.

**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

Realization of improved recruitment and retention of staff serving persons with disabilities in Seneca County.

**Objective Statement**

Objective 1: We will continue to work with our County Legislator to bring wage parity to Seneca County.

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

Objective 2: We will continue to work with County HR and IT departments on effective recruitment.

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

Objective 3: We will continue to appropriately increase contract amounts to reflect governor's increase in direct care wages.

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

Objective 4: We will advocate for approval of the OMH 501 Waiver application currently pending.

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

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

An unintended consequence of clinic integration has been the potential loss of MAT prescriber time. We continue to advocate with OMH for approval of our 501 Waiver application.

**2f. Prevention - Background Information**

In the past 18 months, Seneca County has experienced a number of deaths due to suicide and opioid overdose. The Pride Youth Development Survey conducted by the Substance Abuse Coalition illustrates decreases in perceptions of substance harm by both youth and their parents. We know this to be a risk factor for our community. While we have had the opportunity to expand services in the schools both OMH clinical and OASAS prevention, our youth population has unmet prevention needs. Additionally, our Substance Abuse Coalition lost it's main funding source in 2018. The County is now funding the Coalition. Community members consistently report in community forums and other group settings, that prevention efforts should be a priority in our community.

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

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

Implementation of universal mental health screening in schools and primary care for youth in Seneca County. Increase access to prevention services for both mental health and substance use disorder in county schools.

**Objective Statement**

Objective 1: LGU will collaborate with Racker Centers and The Suicide Prevention Center of New York for implementation of a youth focused Zero Suicide Initiative

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

Objective 2: LGU will monitor progress of Systems of Care Initiatives in Seneca County being lead by Seneca County Children's Services Coordinator

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

Objective 3: LGU will work with stakeholders to implement Zero Suicide Initiative.

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

Objective 4: LGU will work with Racker Centers for implementation of Project Teach in Seneca County.

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

Objective 5: LGU will monitor OASAS prevention activities being delivered in the county schools and the community.

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

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

OASAS has funded a new half time prevention position making it possible for county operated prevention services to better meet the need of the school community. The Seneca County Suicide Prevention Coalition has presented Talk Saves Lives to approximately 200 community members. Seneca County Mental Health and Public Health Departments have collaborated to provide ongoing quarterly community Narcan trainings.

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

Stigma in our community continues to create barriers to employment, services, adequate healthcare, social services, housing etc.... Stigma was commonly mentioned in all of our Community Forums as being experienced by both youth and adults in our community living with SUD and MH.

**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

Work to reduce the stigma associated with MH and SUD in Seneca County.

**Objective Statement**

Objective 1: The Seneca County Suicide Prevention Coalition will continue to facilitate Talk Saves Lives presentations throughout the community

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

Objective 2: The LGU will continue to facilitate implementation of Mental Health First Aid classes throughout the community.

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

Objective 3: The Seneca County Substance Abuse Coalition will continue to provide community education programs.

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

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

The Seneca County Suicide Prevention Coalitions provided Talk Save Lives presentations to approximately 200 community members in 2019. The SCSPC and the Substance Abuse Prevention Coalition have tabled at multiple events throughtout the community providing educational

materials and resources on the topics of mental health and substance use disorders. The DCS and other Coalition members and Mental Health Department program managers have participated in Pod Casts on the topics of Opioid Use Disorder, SUD Awareness and Prevention and Mental Health and Suicide Awareness and Prevention efforts in the community. The local papers have featured the County Department's initiatives in multiple features throughout the year. The County Board of Supervisors adopted a resolution proclaiming Suicide Prevention Awareness Month and Mental Health Awareness Month.

## 2k. SUD Residential Treatment Services - Background Information

Access to residential treatment services is limited for our community members. The only providers of SUD Residential Treatment in our region have long waiting lists to access beds. Access to beds can take months. Demands for residential SUD beds have increased in our community due to the growing heroin/opioid problem. Additionally, an unintended consequence of residential redesign is that individuals are having significantly shorter lengths of stay in stabilization and rehabilitation levels of care. They are discharging to Supportive Living without adequate skills to maintain recovery in the community. Additionally, there are now longer waiting lists for supportive living beds.

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 number of available residential beds, with a particular focus on Supportive Living beds, in order to increase access to residential services for Seneca County residents needing this level of care.

### Objective Statement

Objective 1: Seneca County will provide support to community based agencies including Finger Lakes Addiction Counseling Referral Agency's efforts to increase the number of residential beds available to Seneca County residents.

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

Objective 2: DCS will continue to work with Finger Lakes RPC to advocate for resolution to unintended consequences of OASAS residential redesign.

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

### Change Over Past 12 Months (Optional)

FLACRA was awarded an additional 25 Rehabilitation/Stabiization beds however they have not been realized as of yet in 2019.

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

Seneca County continues to experience an increase opioid related emergency room visits and overdose deaths in 2019. According to DOH data, Seneca County had among the highest rates of opioid related ER visits in the Finger Lakes Region. Approximately 50% of the county operated OASAS outpatient clinic's current clients are diagnosed with an opioid use disorder.

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

Decrease opioid overdose rates in Seneca County.

### Objective Statement

Objective 1: Implement Ancillary Withdrawal Services in the county operated outpatient clinic.

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

Objective 2: Continue development of an emergency room overdose response program for Seneca County residents, to include suboxone bridging services, in collaboration with Finger Lakes Health.

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

Objective 3: Continue expansion of Community Narcan Training opportunities.

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

Objective 4: Develop formal policies and procedures for provision of Narcan to all clients in service with Seneca County Community Counseling Center with OUD.

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

Objective 5: Continue development of Opioid Response and Peer Services to include COTI services for Seneca County.

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

### Change Over Past 12 Months (Optional)

Seneca County Community Counseling Center has been awarded \$400,000 in State Opioid Response Funding. We have hired a full-time Peer Advocate and purchased a vehicle to support provision of opioid response services. Seneca County Community Counseling Center's Ovid Satellite is now an IOS clinic with a DATA 2000 Waivered NPP on-site one day a week. This will allow us to increase MAT access to south end residents with OUD. We continue to experience recruitment challenges for additional MAT prescribers for our Waterloo Site. Additionally, we are still awaiting approval of our Ancillary Withdrawal Services application.

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

Waiting periods for access to DD services in Seneca County have historically been a barrier for residents with DD and their families. Additionally, we are concerned that systems transformation may have unintended consequences to service access.

**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 barriers to service access for those individuals in Seneca County with DD and their families.

**Objective Statement**

Objective 1: LGU will monitor Front Door access via reporting from Seneca/Cayuga ARC.

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

Objective 2: LGU will collaborate with OPWDD and Seneca/Cayuga ARC to support systems transformation.

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

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

We have increased participation from OPWDD regional office at our OPWDD CSB Subcommittee meetings which has been very informative.

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

We continue to receive reports regarding the challenges being experienced by the CCO transition. Person Centered Services, Inc, reports continued struggles with technology impacting the ability to get Life Plans in place for all consumers of 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

Monitor CCO transition to ensure provision of quality care in Seneca County.

**Objective Statement**

Objective 1: Person Centered Services will report quarterly to the CSB Subcommittee.

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

Objective 2: Seneca Cayuga ARC will report quarterly to the CSB to inform on provision of CCO services to consumers.

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

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

Person Centered Services, Inc is sending a representative to quarterly CSB OPWDD Subcommittee meetings. They have also presented twice to the CSB on their services and plans to improve technology struggles.

**New York State Prevention Agenda Survey**  
Seneca County Community Services Board (70330)  
Certified: Margaret Morse (3/25/19)

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:

We work closely with our Public Health Department and are on the CHIP Committee.

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:

We have implemented or are in the process of implementing the following: - Seneca County Suicide Prevention Coalition - Out of the Darkness Walk - year two - Zero Suicide Initiative - Integrated Outpatient Services - OASAS and OMH at our main site and application is in at our South End Satellite Office. - We have SUD prevention services implemented in all of the County Schools where we utilize, environmental approaches and evidence based practices in all settings that meet our OASAS prevention plan guidelines. We have expanded these services into multiple schools in 2018 and have a funding application in to OASAS to allow us to expand further into additional grades in two Seneca County Schools. - We fund our Substance Abuse Coalition and collaborate on all prevention efforts to reduce alcohol and drug use among youth in our county. - We have implemented Peer services, expanded access to MAT and collaborated with our Public Health Department to increase access to Narcan in our community. - We have implemented a Talk Saves Lives training initiative and trained close to 200 county residents. -We have hosted multiple Mental Health First Aid Trainings and have had 2 our staff certified as youth Mental Health First Aid Trainers. - We have implemented CIT. - We have multiple staff trained in Trauma Informed Approaches and we have one supervisor participating in the TIG Community. - We work closely with the Seneca County Housing Coalition and are working with this agency to strategize solutions to affordable housing deficits in our community. - We acquired approximately \$300,000 new funding resources in 2018 to support Opioid Response Services. We will be developing a 24/7 response team for our community. - The DCS has trained all local hospital care managers in use of SBIRT and has assisted in development of screening policies.

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 sit on the CHIP Committee. We are partnering with Finger Lakes Health, specifically, Geneva General Hospital for implementation of ER Suboxone Initiation.

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 plan to continue to utilize PSYCKES, Community Health Assessment Reports data and hope to build various HEDIS measures into our new Electronic Health Record.

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

No

Yes, please explain:

The New York State Office of Mental Health does not provide funding to support mental health prevention work in the schools. OASAS has cut prevention funding over the past years and the process of applying for additional funding is onerous and cumbersome.

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:

We utilize more than 50% EBP in our OASAS Prevention Plan. We are working with our Public Health Department to implement Chronic Disease Self Management Groups in our clinics. We have had staff trained to implement CDSM groups. We have integrated our Article 31 and 32. We will be tracking HEDIS measures along with PSYCKES data to address preventable hospitalizations, ER utilization, initiation of substance abuse treatment and MAT as well as social determinants of health.

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:

We are collaborating with our Public Health Department for provision of Chronic Disease Self Management Groups. We are also collaborating on provision of Community NARCAN trainings. We are also collaborating on development of Maternal Healthcare initiative, specifically, post partum depression prevention efforts.

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:

Family Counseling Service of the Finger Lakes is currently seeking funding for the Finger Lakes Resiliency Network.

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

Un/Underemployment and Job Insecurity

Poor Education

Food Insecurity

Poverty/Income Inequality

Adverse Features of the Built Environment

Adverse Early Life Experiences

Housing Instability or Poor Housing Quality

Poor Access to Transportation

Discrimination/Social Exclusion

Other

Please describe your efforts in addressing the selections above:

We are funding vocational services for those in our community with SUD and/or MH disorders. We are working with our County Housing Coalition to bring affordable housing to our county. We are working with our prevention coalitions to address Stigma in our community through awareness and education campaigns including Talk Saves Lives. We are working with our County Legislature, DSRIP, CSB to address transportation challenges in our community.

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):

The LGU recently lent support to Family Counseling Service of the Finger Lakes FLPPS application for funding for the Finger Lakes Resiliency Network. We are committed to becoming a member if the initiative is funded.

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**  
Seneca County Community Services Board (70330)  
Certified: Margaret Morse (3/25/19)

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:

We are currently participating in two FLPPS funding initiatives via subcontract with FLACRA and The Rural Health Network. Both projects are opioid focused and are assisting us in filling service gaps surrounding Peer Services, MAT prescribing and levels of care transition.

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

a)  Yes  No

b) Please explain:

All services, others than levels of care transition, are services that will be billable through Medicaid.

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):

n/a

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 county operates a dually licensed (OMH, OASAS) integrated article 31. We also have developed peer services and currently employ 1.5 FTE

Peers.

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

a)  Yes  No

b) Please explain:

We have no current In-Lieu of proposals.

6. Can your LGU support the BHCC planning process?

a)  Yes  No

b) Please explain:

We are a member of Integrity Partners, Inc.

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:

We are currently implementing a new EHR and are working with our BHCC to ensure we are capable of all necessary data analytics to support transformation to VBP and for effective outcomes management.

**Community Service Board Roster**  
Seneca County Community Services Board (70330)  
Certified: Margaret Morse (3/25/19)

**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> Lisa Heitman	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Public and Provider	<b>Term Expires:</b> 11/2020	<b>Email Address:</b> lisajan1962@yahoo.com
<b>Name:</b> Greg Lazzaro	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Seneca County Board of Supervisors - MH Committee Chair	<b>Term Expires:</b> 01/2019	<b>Email Address:</b> glazzaro@senecafalls.com
<b>Name:</b> Suzanne Lee	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Public	<b>Term Expires:</b> 02/2019	<b>Email Address:</b> eesuzanne270@yahoo.com
<b>Name:</b> Joseph Lorenzetti, MD	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Public	<b>Term Expires:</b> 02/2202	<b>Email Address:</b> lorenzettimd@gmail.com
<b>Name:</b> Ted Papperman, Ph.D	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	<b>Represents:</b> Family & Provider - Yates County MH	<b>Term Expires:</b> 02/2020	<b>Email Address:</b> tjpapperman@gmail.com
<b>Name:</b> Tom Premo	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Consumer & Provider - Seneca Connections Drop In Center	<b>Term Expires:</b> 03/2020	<b>Email Address:</b> tom_premo972@yahoo.com
<b>Name:</b> Stanley Hatch	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family Member	<b>Term Expires:</b> 11/2020	<b>Email Address:</b> srhatch67@yahoo.com
<b>Name:</b> Patricia Plyter	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Family Member	<b>Term Expires:</b> 02/2019	<b>Email Address:</b> patriciaplyter@yahoo.com
<b>Name:</b> Dr. Veronica Mittak, Ph.D	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	<b>Represents:</b> NYS Chiropractic College	<b>Term Expires:</b> 09/2020	<b>Email Address:</b> vmittak@nycc.edu
<b>Name:</b> Jennifer Mander	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Consumer & Provider - Elmira Psych Center (MIT)	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> jlmander24@yahoo.com
<b>Name:</b> Peter Same	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Public	<b>Term Expires:</b> 02/2020	<b>Email Address:</b> psame@rochester.rr.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**  
 Seneca County Community Services Board (70330)  
 Certified: Margaret Morse (3/25/19)

**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> Dr. Ted Papperman	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Public Representative	<b>Email Address:</b> tjpapperman@gmail.com
<b>Name:</b> Pat Plyter	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Family Member	<b>Email Address:</b> patriciaplyter@yahoo.com
<b>Name:</b> Dr. Veronica Mittak	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> NYS Chiropractic College	<b>Email Address:</b> vmittak@nycc.edu
<b>Name:</b> Tammy Orlopp	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Seneca County Addiction Program	<b>Email Address:</b> torlopp@co.seneca.ny.us
<b>Name:</b> Tim VanDamme	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Council on Alcohol and Substance Abuse	<b>Email Address:</b> vandamme@twcmetro.biz.com
<b>Name:</b> Tania Doverspike	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Seneca County Jail	<b>Email Address:</b> tdoverspike@co.seneca.ny.us
<b>Name:</b> Marty Teller	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> FLACRA	<b>Email Address:</b> martin.teller@flacra.org
<b>Name:</b> Beth Clark	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Hillside Children's Center	<b>Email Address:</b> bclark@hillside.com
<b>Name:</b> Mary Ker	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Van Dyke Treatment Center	<b>Email Address:</b> Mary.Ker@oasas.ny.gov

**Mental Health Subcommittee Roster**  
 Seneca County Community Services Board (70330)  
 Certified: Margaret Morse (3/25/19)

**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> Ashley Kise	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Lakeview Mental Health Services	<b>Email Address:</b> akise@lakeviewhs.org
<b>Name:</b> Jenny Darling	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Glove House	<b>Email Address:</b> darling@glovehouse.org
<b>Name:</b> Sandie Case	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Unity House of Cayuga County	<b>Email Address:</b> scase@unityhouse.com
<b>Name:</b> Robert Dinan	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Seneca County Community Counseling Clinic	<b>Email Address:</b> rdinan@co.seneca.ny.us
<b>Name:</b> Carol Faivre	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Family Member	<b>Email Address:</b> cfaivre@nycc.com
<b>Name:</b> Jennifer Mander	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Consumer	<b>Email Address:</b> jlmander24@yahoo.com
<b>Name:</b> Pat Plyter	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family Member	<b>Email Address:</b> patriciaplyter@yahoo.com
<b>Name:</b> Lisa Heitmann	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Elmira Psych Center	<b>Email Address:</b> lisajan1962@yahoo.com
<b>Name:</b> Tom Premo	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Consumer	<b>Email Address:</b> tom_premo1972@yahoo.com

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**  
Seneca County Community Services Board (70330)  
Certified: Margaret Morse (3/25/19)

**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> Stanley Hatch	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Family Member	<b>Email Address:</b> srhatch67@yahoo.com
<b>Name:</b> Tom Premo	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Consumer	<b>Email Address:</b> tom_premo1972@yahoo.com
<b>Name:</b> Lisa Heitman	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Elmira Psychiatric Center	<b>Email Address:</b> lisajan1962@yahoo.com
<b>Name:</b> Carol Faivre	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> NYS Chiropractic College	<b>Email Address:</b> cfaivre@nycc.edu
<b>Name:</b> Kaitlyn Laskowski	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Seneca County Jail	<b>Email Address:</b> klaskowski@co.seneca.ny.us
<b>Name:</b> Denise Vreeland	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Seneca/Cayuga ARC	<b>Email Address:</b> dvreeland@sencayarc.org
<b>Name:</b> Lisa Leary	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> OPWDD	<b>Email Address:</b> LISA.LEARY@opwdd.ny.gov
<b>Name:</b> Rose Palmieri	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family Member	<b>Email Address:</b> rosepalmieri@verizon.net

**2020 Mental Hygiene Local Planning Assurance**  
Seneca County Community Services Board (70330)  
Certified: Margaret Morse (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**  
Seneca County Community Services Board (70330)  
Certified: Margaret Morse (5/22/19)

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).

45 %

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
53098	Seneca Co Community Services Gam OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50431	Seneca County Community Services OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PRU	Program	Health Coordinator #1			Health Coordinator #2			Hourly Rate (dollars)
		Services Provided		Hours per Week Worked as a Health Coordinator	Services Provided		Hours per Week Worked as a Health Coordinator	
		On-site	Off-site		On-site	Off-site		
53098	Seneca Co Community Services Gam OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.5	\$ 26.80	<input type="checkbox"/>	<input type="checkbox"/>	\$
50431	Seneca County Community Services OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	\$ 26.80	<input type="checkbox"/>	<input type="checkbox"/>	\$

4. Please provide the following information for each PRU where those contracted services are provided. If multiple contracted individuals provide these services at a single program, provide the total hours worked per week and the average hourly rate paid. For dollars paid, use number format without a dollar sign or symbols (example: 37.5).

PRU	Program	Service Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)
		On-site	Off-site		

**NYS OASAS Clinical Supervision Contact Information Form**

(53098)

Certified: Tammy Orlopp (5/7/19)

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

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

<b>Name</b>	Tammy Orlopp
<b>Credentials</b>	LCSW, CASAC
<b>Email Address</b>	<a href="mailto:torlopp@co.seneca.ny.us">torlopp@co.seneca.ny.us</a>
<b>Phone</b>	315-539-1957

**NYS OASAS Clinical Supervision Contact Information Form**

(50431)

Certified: Tammy Orlopp (5/7/19)

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

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

<b>Name</b>	Tammy Lynn Orlopp
<b>Credentials</b>	LCSW, Master CASAC
<b>Email Address</b>	<a href="mailto:torlopp@co.seneca.ny.us">torlopp@co.seneca.ny.us</a>
<b>Phone</b>	3155391985

**Electronic Health Record (EHR) and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Program Survey**  
Seneca County Community Services OP (50431)  
Certified: Margaret Morse (5/22/19)

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.):  
Accumedic but transitioning to 10e11

Product Name (e.g., Paragon, CareRecord, Cx360, etc.)  
10e11 in 2020

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

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

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

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

- No
- Yes

**3. In your opinion and not relying on data reported to OASAS, please estimate the percentage of total clients treated over the course of a year that identify as lesbian, gay, bisexual, transgender or questioning**  
5 %

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

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