



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

Wayne County Community Services Board
September 6, 2019

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Planning Form	LGU/Provider/PRU	Status
Wayne County Community Services Board	70540	(LGU)
Executive Summary	Optional	Not Completed
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New York State Prevention Agenda Survey	Required	Certified
Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified
 Wayne County Community Services Board	 70540/70540	 (Provider)
Health Coordination Survey	Required	Certified
 Wayne Substance Abuse Services OP	 70540/70540/4168	 (Treatment Program)
Clinical Supervision Contact Information Survey	Required	Certified
Program EHR and LGBTQ Survey	Required	Certified

Mental Hygiene Goals and Objectives Form
Wayne County Community Services Board (70540)
Certified: James Haitz (6/6/19)

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**:

This past year we were successful in accomplishing a long standing goal to establish a mental health clinic in every school building in Wayne County. There are eleven school districts and 31 school buildings in the County. By investing in this resource we have been able to reach children who have unaddressed mental health needs who typically would never have received services/treatment unless the service was brought to them. Establishing the satellite clinics within the school setting has allowed us to reach these children. It has vastly improved access to care and made a significant difference in the school climate in many districts. It is a win-win for the child, family, school, and the community, as well as the agency.

In partnership with this approach, we also established a substance abuse prevention education program comprised of a number of evidenced base programs and provided a consistent program to every school district in the County. We regularly bring these two teams together to collaborate and network as we address the behavioral needs of the youth in our community.

One other strategy we implemented was expanding SRO officers in several school districts. The SRO's also join the behavioral health teams in collaborating and networking together. The County launched a CIT team as well and the LGU provides behavioral health related training and resource information to the CIT and SRO officers.

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

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

We continue to see greater numbers of people who present to outpatient behavioral health services who appear to have more complex and serious symptoms and needs than ever before. The demand for services continues to reach record numbers over prior years. The clients have a variety of social & economic related needs in addition to their behavioral health needs. Over the past year we have seen an increase in the number of children who have behavioral health needs and they experience more serious & complex symptoms and needs. In general, we can say that we are seeing people who are more seriously ill and have multiple complexities associated along with their mental health problems. Also, people who mental health related needs are presenting with substance use needs. As a result, there are greater needs and demands for co-occurring mental health & substance abuse services. We also have seen an increase in opioid and drug overdose related incidents. The outpatient behavioral health system has a greater level of demand for services along with greater expectations from the community to manage the individuals presenting with these problems, all while the system continues to move forward with its goal to reduce the number of emergency room visits and the number of psychiatric inpatient stays and this has created greater demands on community clinics. Therefore, by default and by design, the outpatient system is relied upon more and more, and is expected to manage the patients who are perhaps in need of higher levels of care. However, outpatient mental health services have not received any significant funding increases, nor are the current levels of funding adequate to develop new or expanded services and resources to respond appropriately to these increased demands and more complex needs. The most recent State plan for the behavioral health system, which includes the system evolving and reinventing itself by moving into a redesigned system of Value Based Payments (VBP) based on performance and outcomes, contributes to the added strain and stress on an already stretched system of care that has been trying to manage through a number of other system reforms including the Medicaid Redesign Team Delivery System Reform Incentive Payment Program (DSRIP), the Health Home Care Management Initiative that replaced OMH Targeted Case Management, the development of Behavioral Health Care Collaboratives (BHCC), the Performing Provider Systems (PPS), the Childrens Services Transformation Plan, and other transformation plans related to the Behavioral Health System of Care. Clients within the system have struggled to navigate through the evolving & complex system of change that is consistently under revision. Providers also have struggled to maintain continuity of services, financial viability, and their resources have been stretched and strained in order to keep up with the demands placed upon them by the system.

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 August 2018 Wayne County launched a 9 County Regional Open Access Center and COTI. Since opening and beginning these services, several hundred people that were not in treatment previously have been able to obtain services for their addiction and/or mental health problem. These programs have been extremely valuable and have dramatically improved access to care and medication assisted treatment. Although we have always included a mobile capacity from day one, we recently took delivery of a vehicle equipped to be used as a mobile clinic. This expand our ability to bring services (including MAT) into the community and we hope to reach people in need of care that wouldnt otherwise obtain or seek it. We also have expanded MAT in our jail.

In 2018 through our school based SU prevention services we included Life Skills EBP in all our school districts in the 6th grade. During 2019 we added the next level of Life Skills and expanded to the 6th & 7th grades in all school districts. In the upcoming school year we will yet again expand by adding the 3rd level of Life Skill to the 8th grade in all districts, which at that point all 6th, 7th and 8th grade students will be receiving Life Skills prevention education programming.

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

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

We have seen an increase in the number of individuals who are struggling with alcohol and drug related problems, particularly with heroin & other opioids. We also see rise in cocaine use. We continue to see numbers of people who have had a drug overdose, ER and/or hospitalization,

and/or a death related to the overdose. The increasing number of deaths that have occurred over the past couple of years is significant, and this has impacted all age ranges and socio-economic levels. It has been difficult at times to find available in-patient detox and/or in-patient rehab/stabilization services at the time they are needed, and there appears to be a greater demand/need for these levels of care. Heroin & Opioid related problems continue to be a serious & primary concern, and the more serious drugs such as Fentanyl and Carfentanil, not unlike many other areas in the state and the country, have had an impact in our local community as well.

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

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

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

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

The OPWDD system at times has been a difficult system to navigate through, can be difficult to enter, and is known to have extremely long delayed processes on a number of levels (i.e. referral, evaluations, forensic related transfers, etc.).

During the course of this past year, the Wayne County LGU continues to be involved with challenging and complex cases with individuals from the OPWDD system and within our county mental hygiene forensic system. We have seen greater numbers of OPWDD clients get arrested & jailed, and with more increasing serious crimes, which increases their involvement within the criminal justice system. We continue to find that the process for the OPWDD system regarding taking custody of these individuals, as a result of a court order, to be very slow and cumbersome given the very limited number of state OPWDD facilities available to take these clients into their services. We have found ourselves devoting increased staff resources and time in managing these cases and mitigating the issues with the Public Defender's office, the District Attorney's office, the Court system and the Sheriffs Office, while we navigate with the OPWDD system to expedite their process for taking custody of individuals who can not return to the community, but rather are placed in their care by a court. These challenges and difficulties places the LGU and the clients in a precarious position while they await the OPWDD system to take appropriate action. OPWDD lacks sufficient resources to be able to respond these types of cases and had significant limitations as a result of service reductions at the state level.

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

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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
- w) Autism Services
- x) Developmental Disability Front Door
- y) Developmental Disability Care Coordination
- z) Other Need 1(Specify in Background Information)
- aa) Other Need 2 (Specify in Background Information) (NEW)
- ab) Problem Gambling (NEW)
- ac) Adverse Childhood Experiences (ACEs) (NEW)

(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 disparity in Wayne County with regards to an adequate amount of available, safe and affordable housing for those with low income and who are coping with one or more of the disability areas. People who receive services in this county have been known to live in unsafe, poorly maintained rental housing that have serious plumbing issues, at time no running water, inadequate-unsafe electrical systems, poorly run heating systems, to name just a few of some of the types of issues people contend with. Although these are issues more for the local inspecting authorities to address, it also speaks to the level of housing many of our clientele must contend with living in. With limited income and limited selection of appropriate housing resources, there are very few options available to the clientele. Some individuals we serve, along with their families, have been forced to live in tents, campers, former migrant camp shacks or make-shift shacks in the woods, or to live in a car.

All individuals, regardless of mental illness, struggles with addiction, or low socio-economic standing deserve to reside in safe, affordable housing, and not to be encumbered and further stigmatized by being faced with and having to endure living in substandard housing, forced to struggle to maintain their stability as it relates to their overall health well-being. We clearly recognize that this is one of the primary social determinants of health, and is a related issue given the relationship of the economic and social conditions and their distribution within our population and how they relate in the overall health status of individuals. The goal of creating more safe & affordable housing options is absolutely essential.

We also recognize that poverty and poor housing is a factor that can contribute to lower life expectancy with the mentally ill and appropriate housing is social determinant of health and as such, this area is a concern for us.

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

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

Goal: To Develop and support efforts related to increasing additional safe and affordable housing options for people in Wayne County.

Objective Statement

Objective 1: To work in partnership with a town or village governments willing to consider and accept housing projects and to assist in secure funding for the project.

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

Objective 2: To expand residential support program housing options snf crisis housing options.

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

Objective 3: To expand crisis housing options to enable those in crisis or early in their recovery to stay in a safe place during periods of transition.

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

Change Over Past 12 Months (Optional)

There has not much change over the past 12 months. However, from a longer term historical perspective and following over a 10+ year period of advocating and exploration, the LGU, in close collaboration with Lakeview Health Services, nearly 3 years ago realized our vision with the opening of a 60 unit one-bedroom apartment building in the county. The building was designed to provide safe and affordable housing to people of the county who receive mental hygiene services, as well as to those residents of the county who have moderate to low income. This was a tremendous accomplishment, however there still continues to be a significant gap in available, safe, affordable housing for those who receive mental hygiene services and for those that have income below the poverty level. There is more work for the LGU, Community Services Board, community providers, and other local governments, to do in this area.

In addition, with the down-sizing of State OMH facilities, Wayne County received state-aid funding, and utilized that funding to contract with DePaul Community Services to provide short-term transitional crisis housing. DePaul now operates 3 apartments that we utilize to place people in who are in crisis with regards to a housing problem. This has been an extremely successful initiative, and is a much-needed resource. That said, often we are presented with those in need of crisis housing while our occupancy in the crisis apartments is full. This is a housing resource well worth expanding. We first launched this initiative with 2 apartments, and fortunately we discovered we had adequate funding available to add one more apartment for a total of 3 apartments. Although we have seen a slight increase in resources for this, as previously noted this is still not adequate to meet all the needs. We would very much welcome additional resources to expand this service in Wayne County.

2c. Crisis Services - Background Information

In addition to above noted issue related to crisis housing, we have a number of issues related to crisis services. One issue relates to the opioid epidemic. We have seen an increase in opioid related overdoses and deaths. Wayne County statistically is above the State average in terms of number of opioid related incidents. Fortunately, the County's proposal to develop an Open Access Center was approved by OASAS and the

initiative began servicing the region on August 30, 2018. Also, as of August 30, 2018, the County was designated as a Center of Treatment Innovation (COTI) and awarded a Strategic Targeted Response (STR) grant, which has allowed us to respond into our community with mobile clinic services, peer related services, telehealth, among many other services. We also are planning to supplement these services with the addition of mental health staff in order to also address those who may have mental health related problems. We want to continue to take a comprehensive approach to being able to address those in crisis for either or both mental health and/or substance use disorders and have expanded access with these services.

Suicide Prevention also is a significant focus for the County. Last year we launched our Wayne County Suicide Prevention Coalition and have had great success in developing a strong collaborative network of stakeholders. We have made great progress with our prevention agenda and efforts and have held a variety of community related events to promote greater awareness about suicide prevention and where public can obtain information and how to get help. In addition to our community activities we believe our Open Access Center, in addition to helping those with substance abuse related issues, will likely play an important role as well in assisting those who are struggling with suicide or mental health problems.

We are also partnering with our neighboring counties (Seneca, Ontario & Yates), including a number local community agencies and other mental hygiene related services (i.e. CPEP, MIT, COTI-STR, etc.), to develop a comprehensive crisis response plan. The plan will include the ability to triage those in crisis and if necessary, include the ability for a face-to-face mobile response within 3 hours of determining that is an appropriate intervention. Our local CPEP is expanding to include 24/7 capability for mobile response. Also, the County Mental Health Department is working closely with the law enforcement community and other stakeholders to develop a Crisis Intervention Team (CIT). CIT is aimed at promoting community collaboration using the CIT program to assist people living with mental illness and/or addiction who are in crisis. The model promotes a safe and humane response to those experiencing a mental health crisis. We are currently midway through our development and training process in order to prepare and adopt this program.

We also provide response services through our Trauma, Illness & Greif Team as well as our Post-vention response team.

Immediate access to services and/or treatment is a priority and an essential level of service that is needed. The County remains committed to providing this level of service to our community and our programs offer this and we are pleased to be further expanding this to 24/7 at some point this year.

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 continue to develop plans and services that address needs of those coping with a crisis and maintain immediate access to care including mobile capacity and eventually expanding to hours to 24/7.

Additionally, our region is working closely with EPC to enhance MIT services and we have developed a plan to fund and embed a clinical social worker along with an EPC Finger Lakes MIT team. This will bring a added level of clinical competency and assessment that has been lacking with this service.

Objective Statement

Objective 1: The County will continue to address community needs related to the opioid crisis and suicide prevention and further expand its crisis response services.

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

Objective 2: The County will launch its Open Access and COTI-STR Programs and provide 24/7 access.

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

Objective 3: The County will continue to offer immediate access into its treatment programs and work with local providers to do the same.

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

Objective 4: The County will launch a CIT Program

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

Objective 5: The County will provide crisis mobile response services

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

Change Over Past 12 Months (Optional)

See above 2c. description which includes information related to this section.

Also, the County has developed a Crisis Intervention Team (CIT team). We completed the sequential intercept mapping workshop during 2018. Training to law enforcement CIT was provided regarding MHL 9.45, Open Access Center & COTI services, strategies and uses for arrest diversion, court involvement, AOT and Safe Act and Mental Health First Aid. Later this year we will participate in an OMH Law Enforcement & Mental Health Dept collaborative regarding equipping officers with technology to access tele-mental health services while responding in the field to a mental health related incident. We will be coordinating this service through our clinic and Open Access Center.

we also will be focused on expanding AOT services, MIT services, Open Access Center (OAC) & COTI services and expanding hours of operation to 24/7, and expanding CPEP hours.

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

The County and other local providers across the region have been struggling with the recruitment and hiring of qualified licensed health professionals (i.e. LMSW, LCSW, CASAC, MD, NP, RN). There clearly is a shortage of professionals within the workforce and it has been challenging for employers to hire qualified professionals in order to meet service delivery needs.

We have been focused on this issue within our own programs and expanding recruitment efforts and strategies including use of additional job posting services, HRSA opportunities, partnering with local colleges and universities to expand training and internship opportunities in county programs.

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

This was not designated a top priority item by the LGU or Community Services Board this year. Although, many providers are significantly challenged with recruitment and/or retention of professionally licensed staff. We will continue to try to provide what ever incentives we can in order to attract potential candidates, however as a government, the additional types of incentives such as those the private sector can offer are limited. We will also work closely with local area colleges/universities to provide internship field work experiences to students who could potentially become viable employment candidates. In addition, we will support and work with state authorities and local work force development offices to address this issue. As noted previously we will also expand training and educational opportunities for student internships which could lead to hiring once students graduate.

Objective Statement

Change Over Past 12 Months (Optional)

We will increase student internship opportunities in county programs for all behavioral health related professions (i.e. social work, substance abuse counseling, mental health counseling, nursing, nurse practitioner, and physicians).

We will also continue advocate with our colleagues and RPC to OMH to allow Physicians Assistants to practice and prescribe within OMH clinics and in accordanc with their state education licensing authority and DEA certification and with psychiatrist supervision, and without the need for OMH to require a waiver to do so. PA's should be allowed to practice within their licensed scope in an OMH clinic as they can in an FQHC or a PCP's offices without the need for a waiver. This is an OMH self imposed obstacle and a practive which reduces the viable potential to expand the work force for prescribing and addressing the medical needs in clinics and could help to address the professional shortage of psychiatrists and nurse practitioners.

2f. Prevention - Background Information

The LGU & CSB would like to see additional financial resources dedicated to prevention services for SUD & MH issues. Although some resources have been dedicated by OASAS, those resources have remained fairly flat for the past several years, and prevention resources from OMH are virtually non-existent.

We work very closely with each Wayne County School District and their Superintendents in providing SUD preventions services and referral to treatment (and have mental health clinics in schools). We have along standing history of providing SUD prevention education and counseling programs in our schools. This year we were able to provide every school district (12 districts in all) with an array of Evidenced Base Programs of SUD Prevention Education Programs. We will again bring this programming forth in the next school year and will add an additional EBP.

Suicide prevention is also a focus for us in our community. Last year we launched our Wayne County Suicide Prevention Coalition. The coalition sponsored a confrence on the topic aimed toward professionals and also held a community presentation. The featured speaker at both events was Kevin Hines and both events were extremely well attended. The coalition also has a number of other community events and activities planned geared to increase awareness about suicide prevention and how to get help. We also will be providing additional training to schools on the topic.

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

Resources for providing prevention services for substance abuse and mental health issues are very limited and a need. We will advocate with OMH & OASAS for their commitment to provide additional financial resources for prevention services in order to better develop a proactive approach rather than only offer a reactive strategy to SUD & MH issues.

The County will continue to work closely with local school districts to provide prevention services. We have a long history of providing SUD prevention education and counseling services in our schools. This past year we were able to provide every school district with an Evidenced Based Program of prevention education services. We are continuing those efforts in the next upcoming school year. We also have been engaged in Youth Mental Health First Aid training and will continue to provide and expand training with regards to this. Our Suicide Prevention Coalition is working closely with schools in order to offer training on recognizing a student who might be struggling with thoughts of suicide or another mental health issue. This year we will reach our goal to have an OMH licensed mental health clinic for every school in every school district in Wayne County. Not only do we consider these activities as direct delivery of services, but we equally consider them to be prevention initiatives.

- Prevention Services:
- Expand School Based SUD Prevention & Educational Services and community prevention services
- Suicide Prevention – Suicide Safety in Schools Training, TIG – Trauma-Illness-Grief Response Team, Post-Vention Response Team, Delphi & WCDMH YMHFA Initiative, Lifeskills Initiative.
- MH Prevention Services Would like to see added resources for this.

Objective Statement

Objective 1: Host additional community events regarding suicide prevention

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

Objective 2: Host additional community education forums on heroin and opioid addiction

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

Objective 3: Provide training to schools and other organization re suicide prevention, addiction, YMHFA/MHFA

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

Objective 4: Advocate for additional funding and expansion of school SUD prevention services

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

Objective 5: Advocate with OMH to fund prevention services

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

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

Locating an available in-patient treatment bed for SUD service has been a challenge at times. Finding available detox & rehab beds can be time consuming, staff intensive, and difficult to locate. Although OASAS has a bed availability website that providers should be reporting their bed availability into on a daily basis, they often do not enter accurate data or don't enter data at all. Therefore, the bed availability is not accurately listed. The local Regional Planning Consortium has developed a sub-committee that is addressing and working on this issue.

Being able to admit a child/youth from an emergency department into a Children's OMH licensed in-patient bed can be a challenge at times and long waits periods with children in ED's can occur between beds becoming available.

With the closure of local OPWDD Developmental Centers, the clients who were once in need of residing at the Developmental Center, are now residing in the community. For some clients it has been a struggle to make a successful transition into the community setting and to maintain stability. We have seen an increase in arrests, incarcerations, and court involvement for OPWDD clients including for both minor and serious violent crimes. In some cases, following the conclusion of the court process and a commitment order has been issued, it has been a challenge for OPWDD to facilitate getting the client admitted to one of only two remaining secure OPWDD facilities.

Overall, the mental hygiene system has become strained, and the demand for services is high as a result of the various initiatives aimed at decreasing the number of in-patient beds in the OMH & OPWDD systems, as well as other initiatives aimed at reducing ER & in-patient hospitalizations. One consequence of this is we have seen an increase of arrests and incarcerations of people connected with the mental hygiene system (in particular OMH & OPWDD clients), and many of those individuals have an increased involvement in the criminal justice system, including an increase in CPL 730 court ordered competency examinations along with the resulting commitment orders.

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 and the Community Services Board have not designated this area as a priority. Other objectives in our plan make mention of our coordination with hospitals and law enforcement. This may be an area to monitor more closely and to consider for future planning. However, in response we have increased the number of staff resources on our forensic services team by expanding the clinical treatment team in the County Jail, we have expanded our Medication Assisted Treatment capability in the clinics and the jail, and have increased the number of forensic trained medical staff. We are also developing additional diversion and alternatives to incarceration strategies (i.e. crisis services, Open Access, SUD & MH jail treatment services and linkage to outpatient services, we provide a staff liaison to County Drug Court, additional AOT staff, etc) to help link those in need of treatment to services vs. going to jail (when appropriate).

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

We certainly recognize the importance and the role that recovery and support services provide and the effectiveness and benefits of this service to the consumers.

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

We will support and employ peer support and family navigation services for mental health & substance abuse services. We will work with providers and other stakeholders to enhance and further develop these services within our local programs and the community at large, and hire peers into these roles.

Objective Statement

Objective 1: Increase the number of peers hired and working in OMH & OASAS programs

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

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

Stigma in our community remains a problem. Individuals from all three disability areas are faced with stigma and the impacts of this within the community. We will continue to advocate and combat stigma, and to provide education to the community about the mental hygiene system and those served by it.

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

Our goal will be to combat, reduce and eliminate stigma in our community and provide education in order to increase understanding and acceptance of those who have a mental health or addiction problem or a developmental disability.

During the next year we plan to develop and formalize an anti-stigma campaign which will be promoted throughout the county.

Objective Statement

Objective 1: Host educational & public awareness activities in the community to inform and combat stigma.

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

There remains a strong demand and need for SUD out-patient services. We have seen an increase in the number of individuals suffering from addiction, including heroin and opioid addiction. The County fortunate to be making good progress to address the ongoing and increased demand for services by providing immediate access for services, and there is no waiting list.

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

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

The County will continue to meet the demand and need for out-patient treatment services and will dedicate sufficient staff resources as necessary. We will expand access to services by launching an Open Access Center with 24/7 capacity as well as by providing COTI-STR services including mobile clinic and peer services. We will continue to reach out to our community to inform them about the available services and how to access these services. We will also continue to provide Medication Assisted Treatments including; Vivitrol in our clinic and our Jail, Suboxone, and soon we will provide injectable Sublocade Buprenorphine extended-release medication in our clinic. We want to have the most effective and up to date treatments available and to have our medical staff trained with the competencies needed in order to provide them.

Objective Statement

Objective 1: Launch the Open Access Center & COTI-STR Summer 2018

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

Objective 2: Continue to meet demand and need for out-patient services and provide immediate access.

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

Objective 3: Provide the most up to date MAT treatment interventions available.

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

We have identified an ongoing need for additional services with respect to supportive living services, stabilization, and rehab beds. Also, providers have noted concerns related to the residential redesign initiative that include concerns about insurance payments and the associated delays and/or denials in receiving payments for services provided. There is no mechanism to "back-pay" or make a retroactive payment from the start/admission date the client began in the program and the time the benefits were activated. In many cases, the client has completed treatment before the benefits have become active, and the provider can not back-bill for the services they delivered.

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 and the Community Services Board has not designated this area as a priority area. However, we do make mention of the need for the Residential Redesign initiative to address the rules regarding insurance & payment time frames. Also, the system will require additional beds in the areas noted above in order for those in need of residential services to be able to access them timely when needed. This is particularly important in order for Open Access Centers and COTI-STR initiatives to be successful and able to link people into the appropriate level of care. All levels of care must have an adequate number of beds available in order to place people in need with the appropriate service.

Change Over Past 12 Months (Optional)

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

This remains a primary and important area of focus. A number of points related to this area have previously been highlight in this plan. Our community continues to struggle with this issue and we continue to see individuals overdose and die from heroin and opioids, including deaths related to overdoses from fentanyl and carfentanil which is 10 to 100 times more potent and deadly than heroin. It is our understanding that in 2017 approximately 3000 individuals in NY died of an opioid related overdose. In Wayne County, the latest DOH statistics show that emergency room visits for opioid related overdose, opioid related hospitalizations, and deaths involving any opioid all have been increasing in recent years. We also know that only 1 in 10 people with a substance use disorder receive treatment, and according to the CDC 46 people die every day from

overdoses involving prescription drugs, and 115 Americans die every day from an opioid overdose (including prescription and illicit opioids). The rise in opioid overdose deaths is dramatic and has been happening since 1999 with the first wave related to prescription opioid (natural & semi-synthetic opioids like oxycodone and hydrocodone) overdose deaths, followed by the rise in Heroin overdose deaths beginning in 2010, and the third wave beginning in 2013 with the rise in synthetic opioid (like fentanyl) overdose deaths. We continue to see this trend of rising overdoses & deaths.

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

We have a number of goals and objectives listed below related to combating this problem. The law enforcement community has clearly stated that they can not arrest their way to resolving this issue. It takes a much broader approach with many stakeholders and community involvement. Some of the strategies we are and will take include the following:

- The CSB has created a Heroin-Opioid Coalition and we will partner with other stakeholder coalitions in efforts to address this issue.
- The Department of Mental Health, Public Health and the Sheriff's Office will continue working together on this issue and facilitate the involvement of community stakeholders and providers within our respective fields to partner with us in combating this issue.
- We will continue working closely with schools on school prevention substance abuse related issues.
- We will continue to participate with other government leaders & groups who are leading or coordinating activities related to addressing this issue.
- The Wayne County Finger Lakes Open Access Center and COTI-STR Program will expand to 24/7 operation.
- We will develop and deploy mobile clinic services and crisis response services, including certified peer services.
- We will expand addiction medical professional staff resources and capacity, also with expanded hours for services.
- We will continue to provide education and hold public forums regarding Opioids and Heroin & Narcan training.
- We have established a Wayne County prescription medication disposal site and we will publicize this and inform the public about this resource.
- The County will continue to provide and expand addiction services and MAT in our Jail and SUD Clinic, including providing injectable medication assisted treatments and linkage to outpatient follow-up care.
- We will continue to participate in the Wayne County Opioid Task Force & implementing the ODMapping System with law enforcement in Wayne County.

Objective Statement

Objective 1: see objectives above

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

Change Over Past 12 Months (Optional)

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

The County Dept of Mental Health & the LGU has a long standing working relationship with the Sheriff's Office and other local law enforcement departments. We also have an equally long standing working relationship with the criminal justice system including our County Drug Court and Criminal Court. We provide a court liaison from our office to participate on the Drug Court Team. We work closely with other local providers including Pre-Trial Services, the Public Defenders Office, DSS, Probation & Parole. We work very closely with each Wayne County School District and their Superintendents in providing SUD preventions services and referral to treatment (and have mental health clinics in schools). Our CSB and LGU has strong involvement and participation, coordination and representation with a variety of other health and human service organizations representing a number of other systems including the Aging/Elderly, Children and Youth, Hospital & Health Systems, Education, Public Health, etc.

We will continue to work closely with these systems and stakeholders to maintain, enhance and foster efforts towards coordination and integration of services for SUD clients involved with multi-systems.

Continue to participate and coordinate with the Wayne County Opioid Task Force and Public Health Dept on SU related issues and community health improvement initiatives. We will also work closely with our Community Schools group in meeting the needs our of youth.

- other SUD Needs –
 - Additional resources for prevention related services.
 - A growing problem in schools and with youth related to vaping (including vaping marijuana).
 - Added resources for OAC/COTI/Peer Services/Immediate Access Available – our need continues for ongoing opioid related services. We see increasing Cocaine & Fentanyl use.

Other Needs: Relationships with Other Stakeholders

- Fostering appropriate relationships with other stakeholder groups such as the criminal justice & law enforcement community, the educational community, other County Gov. Dept.'s, is essential to fostering a healthier community, and for receiving the expertise these other groups bring to the process of addressing MH, SUD, and DD needs in the County.
- Goal: To collaborate with our community stakeholders (including law enforcement and other entities) and to partner with them to increase training & education, increase dialogue and actions in working together to improve the lives of those with mental illness, addiction and/or those with developmental disabilities.
- Work with law enforcement and other criminal justice related entities to provide training, education and supports related to mental hygiene law and mental hygiene services.
- We will be developing collaborative initiatives with law enforcement to bring behavioral health related services and supports into the field (i.e. tele-mental health with police, Crisis Intervention Team – CIT services & training, MAT Jail based services, Police Peer Support Program, etc)
- Continue to provide Narcan-Naloxone training to the public and stakeholders.
- To continue to expand our reach in supporting efforts for delivering mental health first aid for both adult & youth populations, and support development of training of new facilitators and partnering to increase training in the community.
- Continue the efforts of the Suicide Prevention Coalition initiative with involvement of key stakeholders and continue with focus to increase awareness, foster prevention and promote education to eliminate suicide.
- Continue with and expand Emotional Health & Wellness Early Recognition Screening Program services (both in community and with

schools).

- Continue collaboration with Community Schools Project and the Wayne County Partnership.
- Continue with co-leadership of the Wayne County Opioid Task Force – will become the Substance Use Task Force in anticipation of growing concerns with other drug problems (i.e. cocaine, marijuana, vaping, and alcohol).
- Anticipated legalization of marijuana and in response the related need for additional education, prevention, and treatment 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

as noted above

Objective Statement

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

We have worked diligently to provide and expand mental health screening, education and treatment to the youth of our county. This work serves as an investment in our county's younger population and has a direct impact on the overall health and well being of children and our community as a whole. The LGU has a responsibility to assure that access to mental health treatment is readily available to this population as well as to the adult population. We are committed to meet the presenting needs and demands for mental health services in our community and we are committed to providing immediate access to care within all our services. The demand for services remains strong with approximately 325-350 new referrals in the County programs alone per month, and we pleased to report there is no waiting period to access services. The need and demand for school base MH clinic services also remains strong and we are responding to that with added staff resources and additional clinics.

- Mental Health Needs –
 - Increasing numbers of those requesting & needing treatment both adults & youth.
 - Significant numbers of more complex and seriously ill individuals present.
 - Poverty is significant in Wayne County, along with related other significant socio-economic factors – all related to and impacting emotional health & wellness.
 - Youth & school setting issues - bullying, social media’s impact on mental health for youth, continued MH & SU related problems.
 - Numbers of youth presenting in need for treatment and requests from school officials for additional resources is increasing. Youth also are more complex with multiple needs
 - Available in-patient services can be a challenge at times for both youth & adults.
 - Additional resources for prevention related 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

Our goal is to expand services and to maintain immediate access to mental health clinic services for both youth and adult populations in an effort to improve the over mental health wellness in our community and increase positive outcomes. We will continue collaboration with our partner agencies on addressing the issues noted and wokring closely with schools as the needs relate to youth.

Objective Statement

Objective 1: We will continue our efforts in schools to provide mental health emotional wellness screenings of children

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

Objective 2: We will continue to identify schools that demonstrate a significant number of children in need of mental health services and respond by creating licensed satellite clinics in those schools and/or increase resources in existing school clinics.

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

Objective 3: We will continue to increase capacity in our clinics for both adult and C&Y populations and maintain the availability for immediate access to services including crisis services.

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

Objective 4: We will have a voice by participating with the DCJS and the Finger Lakes Youth Justice Committee Team

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

Objective 5: Our developing Suicide Prevention Coalition will have an educational focus for youth and for those who work with youth within the educational community and we will equally address the needs of the adult population.

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

Change Over Past 12 Months (Optional)

Our Early Recognition Screening state funding ended in the previous year, however we still remain committed to this work and will continue to provide screenings in schools and other locations. We have screened well over 2,000 children since its inception, many of whom had indicators that suggested the recommendation for linkage to more formal treatment and or assessment. This work addresses the mental health needs of the children in our community and promotes a healthier community, and in spite of the the funding being discontinued, we would be remiss not to continue to deliver this vital service to our county.

We are licensed/certified by the Office of Mental Health to provide treatment in 26 satellite clinics located in school buildings within our county. We anticipate that by September 2018 will be located in and able serve every school building (31 schools) within Wayne County, placing us in all of the 12 School Districts within the County. Without this service, many of the youth we have treated may otherwise likely not have had access or opportunity to receive mental health treatment. This is any area in which expansion is necessary in order to foster healthier children, a healthier community, and a safer school environment.

As we begin to realize the effects of the State's "raise the age" initiative, our role on the DCJS Finger Lakes Youth Justice Team has become more vital than ever. This is where we learn about the implications of the change in the law, and we have a voice and an opportunity to be a contributing member of the regional team and effort. We also have been proactively involved with other stakeholders including our County DSS & Probation Departments to plan for this initiative and the needs of the youth.

2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

Fostering appropriate relationships with other stakeholder groups such as the criminal justice and law enforcement community, the educational community, other County Govt. Dept's., is essential to fostering a healthier community and for receiving the expertise and input of these other groups, and to bring the process of addressing MH (as well as SUD & I/DD) needs within the County. Other MH related supports such as housing, respite, crisis services, care management services, psychosocial programs, peer services, SPOA, MIT, AOT, ACT, Court related support services, etc., are essential and play an important role in helping to maintain stability of a individual with mental illness.

Our goal will include continuing to support providers, programs and services that provide their services to the MH population. The LGU & CSB will work closely with law enforcement and other criminal justice related entities to provide training, education, and supports related to mental hygiene law and mental hygiene related services including LGU & DCS related services. We will continue to provide education and training on suicide prevention, the opioid & heroin epidemic, narcan overdose prevention, Youth and Adult Mental Health First Aid, and other similar non-clinic mental health out-patient services.

We will also continue to support and expand our Project Lifesaver Program. In partnership with the Wayne County Sheriffs Office, we will continue to provide support to this program which is aimed at assisting law enforcement in locating missing persons who are at risk and vulnerable due to their disability, and involves attaching an electronic radio transmitter device to the ankle or wrist of the individual at risk of wandering. The radio signal transmitter can be picked up by a receiver operated by a public safety officer and assist law enforcement in locating the missing person.

We also intend to work towards developing greater enhanced capacity and competency related to working with the elderly population and to better coordinate with the community and regional providers who specialize in services for the elderly.

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

see above goals.

Also:

Provide ongoing and expanded MH screening, education and treatment to youth in the County.

Goal: to expand access & services to MH clinic services for youth in an effort to increase positive outcomes

Also....

- Continue to provide school based emotional wellness screenings of youth.
- New initiative to address MH (and SU) needs of BOCES students and college students - Will establish a satellite clinics at FLCC Newark Campus - Already had preliminary discussion and planning with FLCC College President and we have his support for this initiative.

Develop and Expand Services for the Elderly: Currently 4% of WBHN population - 177 clients

- - New Managed Care Contracts with Medicare population clients
- Also developed Psych Treatment Service in the County Nursing Home
- Develop & enhance coordination with community and regional providers who specialize in services for the elderly
- Include service providers for the elderly in the Suicide Prevention Coalition initiative
- Expand Project Life Saver services within the LGU & Sheriff's Office – This service has expanded significantly over the past year – both for DD and Elderly Dementia/Alzheimers Clients
- Utilize Mobile Integration Team for elderly community members with known or suspected mental health issues for outreach, engagement, assessment and linkage to treatment

Objective Statement

Objective 1: We will work to address, enhance and/or maintain each of the areas noted above

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

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

We are going to utilize this section to comment on a number of areas. As mentioned previously, the closing of the Developmental Centers has had a significant impact on the community and the OPWDD population. Obviously, as a result, a reduction in available services is a given. During the closing process, individuals with a long history of being confined with in-patient stays were suddenly deemed appropriate to live in less structured/un-secure community settings. We have since seen a significant increase in OPWDD clientele involvement in the criminal justice system, increased arrests and incarcerations, and court ordered evaluations and commitments.

We also are aware clients in need of clinical services sometimes have long wait periods before being able to get into an Art 16 clinic.

- Developmental Disability Needs –
 - Delays in accessing services remains a concern.
 - Increased numbers of Forensic related cases and individuals being incarcerated and/or CPL 730 Court Orders.
 - Forensic related cases can have very limited available resources for case disposition of court orders – creating excessive incarceration periods for those awaiting services.

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)

2y. Developmental Disability Care Coordination - Background Information

The transition from MSC to Health Home Care Coordination has been a slightly bumpy journey. The transition from the current structure to the new one has had an impact on the work force and many staff have left their employment for more secure arrangements, which has caused a shortage and disruption in the service delivery and the work force. We anticipate that this will improve and even out over time, but it has caused some clients to fall through the cracks at this point.

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

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

This is a state driven initiative and outside the control of the LGU. Also, we recognize that transitions and system changes often encounter difficulties and take time to settle down and resolve. We anticipate this will resolve over time.

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Wayne County Community Services Board (70540)
Certified: James Haitz (6/6/19)

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

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

Background

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

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

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

Questions

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

No

Yes, please explain:

We are working closely with our Public Health Dept and are an active participant in their planning process and both plans identify MH & SU priorities within their plans. We also collaborate on initiative to address address these issues in our community. The MH Director and PH Director are co-chairs of the County Opioid Task Force. We also collaborate on SU prevention services in our schools.

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 a strong Suicide Prevention Coalition. Also have Trauma, Illness and Grief response team for schools. We also have developed a Post-vention response team. Offer Suicide Safety in schools. Mobile Crisis Service response team. We have an Open Access Center. Establish a mental health clinic in every school building in the county.

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:

Local Health Dept. Wayne County Rural Health Network. Newark Wayne Community Hospital. Wayne County Opioid Task Force. S2AY rural health network.

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 utilize a local data management agency to assist in collecting and analyzing we collect. One primary tool is the Youth Evalumetrics Survey.

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

- No
- Yes, please explain:

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

- No
- Yes, please explain:

The LGU operates both Art 31 & 32 clinics and utilizes EBP's within its programs.

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:

As previously noted, we work closely with PHD and collaborate on a number of joint initiatives.

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:

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 checked="" 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:

We are collaborating with many stakeholders on these issues as well incorporating strategies within our own programs to assist clients in overcoming and/or coping with these factors.

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):

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:

We include in our plan goals related to preparing for the increase numbers of elder people and we also bring program services to the elderly

within our community who may not otherwise be able to obtain them.

Office of Mental Health Agency Planning (VBP) Survey
Wayne County Community Services Board (70540)
Certified: James Haitz (6/6/19)

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

Background

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

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

DOH website

DSRIP Performing Provider Systems (PPS)

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

DSRIP Project Lists

New York State Delivery System Reform Incentive Payment Program Project Toolkit

DSRIP Performing Provider Systems (PPS Statewide)

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

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

New York State VBP Roadmap

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

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

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

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

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

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

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

Questions

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

- a) Yes No

b) Please provide more information:

The support has been minimal. The LGU has participating in supporting the PPS and has asked the PPS to support the LGU's priorities, however there has not been any major support provided. Surrounding agencies and/or other counties have received considerable support.

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

- a) Yes No

b) Please explain:

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 LGU and county agency are engaged in peer support services, also participate and belong to BHCC. The county agency serves the dual diagnosed population and has both OASAS & OMH clinics at the same site.

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

a) Yes No

b) Please explain:

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

Currently a member of Integrity Partners BHCC

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

a) Yes No

b) Please explain:

Community Service Board Roster
Wayne County Community Services Board (70540)
Certified: James Haitz (6/6/19)

Note:

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

Name: Paul Pfrommer	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public & Families	Term Expires: 03/2020	Email Address: pep@rochester.rr.com
Name: James Haitz, LCSW-R	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: County of Wayne DCS, Public, Families, Consumers	Term Expires:	Email Address: jhaitz@co.wayne.ny.us
Name: Josh McCrossen	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Commissioner Wayne Cnty DSS & Families	Term Expires: 03/2022	Email Address: jmccrossen@co.wayne.ny.us
Name: Frank Quinn	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Families & Public	Term Expires: 03/2022	Email Address: fquinn@rochester.rr.com
Name: Penny Shockley	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Director Wayne Cnty Aging & Youth / Families	Term Expires: 12/2018	Email Address: pshockley@co.wayne.ny.us
Name: Rebecca Remington	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumers & Families	Term Expires: 03/2020	Email Address: becky.remington@palmaccsd.org
Name: Barry Virts	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Sheriff Wayne Cnty & Public & Families	Term Expires: 03/2020	Email Address: BVirts@co.wayne.ny.us
Name: Kenan Baldrige	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Wayne County Board of Supervisors Health & Medical Comm Chair & Public	Term Expires: 03/2022	Email Address: rosesupervisor@rochester.rr.com
Name: Scott Bischooping	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: SuperIntendent Wayne Finger Lakes BOCES, Schools, Families & Public	Term Expires: 03/2022	Email Address: sbischooping@wflboces.org
Name: William Sorrels, RN	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public & Families	Term Expires: 03/2022	Email Address: wsorrells@yahoo.com
Name: Edward Hunt	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Deputy Director Wayne Cnty Dept MH & Consumers & Public	Term Expires: 12/2019	Email Address: ehunt@co.wayne.ny.us

Name: Haidee Pidor, MD	<input checked="" type="checkbox"/> Physician	Represents: Families, Consumers & Public	Term Expires: 12/2019	Email Address: hpidor@co.wayne.ny.us
	<input type="checkbox"/> Psychologist			
Name: Vacant - temporary	<input checked="" type="checkbox"/> Physician	Represents: community/families	Term Expires:	Email Address:
	<input checked="" type="checkbox"/> Psychologist			
Name:	<input type="checkbox"/> Physician	Represents:	Term Expires:	Email Address:
	<input type="checkbox"/> Psychologist			

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

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

Alcoholism and Substance Abuse Subcommittee Roster
Wayne County Community Services Board (70540)
Certified: James Haitz (5/15/19)

Note:

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

Name: Barry Virts	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Sheriff, law enforcement, public, families	Email Address: bvirts@co.wayne.ny.us
Name: Kenan Baldrige	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Wayne County, Public	Email Address: rosesupervisor@rochester.rr.com
Name: Edward Hunt	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Wayne County, Public, Consumers, Families	Email Address: ehunt@co.wayne.ny.us
Name: Marty Teller	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumers	Email Address: marty.teller@flacra.org
Name: Carl Hatch-Feir	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumers	Email Address: chatch-feir@delphi.org
Name: Tim VanDamme	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumers, Public	Email Address: tvandamme@twcmetro.biz.com
Name: Kristie Elias, LCSW	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumers	Email Address: kelias@cfcrochester.org
Name: James Haitz, LCSW-R	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Wayne County, Public, Consumers, Families	Email Address: jhaitz@co.wayne.ny.us
Name: Josh McCrossen	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: County DSS, Families	Email Address: jmccrossen@co.wayne.ny.us

Mental Health Subcommittee Roster
Wayne County Community Services Board (70540)
Certified: James Haitz (5/15/19)

Note:

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

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

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

Name: Kathy Lovejoy	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer & Families	Email Address: CLovejoy@lakeviewhs.org
Name: Paul Pfrommer	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public & Families	Email Address: pep@rochester.rr.com
Name: Sharon Clovis	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: consumers	Email Address: sharon.clovis@waynecap.org
Name: Patti DiNardo	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumers & Families	Email Address: pdinardo@flpn.org
Name: Penny Shockley	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Families	Email Address: pshockley@co.wayne.ny.us
Name: Haidee Pidor, MD	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumers & Families	Email Address: hpidor@co.wayne.ny.us
Name: Ed Hunt	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Families, Public & Consumers	Email Address: ehunt@co.wayne.ny.us
Name: Rebecca Remington	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumers & Families	Email Address: becky.remington@palmacsd.org
Name: Frank Quinn	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Families & Public	Email Address: fquinn@rochester.rr.com
Name: Fran Padilla	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Families & Consumers	Email Address: fpadilla@goodwillfingerlakes.org
Name: James Haitz, LCSW-R	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: County of Wayne DCS, Consumers, Public & Families	Email Address: jhaitz@co.wayne.ny.us

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
Wayne County Community Services Board (70540)
Certified: James Haitz (5/15/19)

Note:

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

Name: James Haitz, LCSW-R	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: County of Wayne DCS, Public, Families, Consumers	Email Address: jhaitz@co.wayne.ny.us
Name: Penny Shockley	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Families, Consumers & Public	Email Address: pshockley@co.wayne.ny.us
Name: Scott Bischooping	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Schools, Families, Public	Email Address: sbischooping@wflboeces.org
Name: William Sorrels, RN	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Families, Consumers & Public	Email Address: wsorrels@yahoo.com
Name: Edward Hunt	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Consumers & Families, Public, Wayne County	Email Address: ehunt@co.wayne.ny.us
Name: David Calhoun	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Families & Consumers	Email Address: david.calhoun@waynearc.org
Name: Dr. H. Pidor	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumers	Email Address: hpidor@co.wayne.ny.us
Name: Josh McCrossen	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Families & Consumers	Email Address: JMcCrossen@co.wayne.ny.us

2020 Mental Hygiene Local Planning Assurance
Wayne County Community Services Board (70540)
Certified: James Haitz (5/15/19)

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
Wayne County Community Services Board (70540)
Certified: James Haitz (5/14/19)

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).

26 %

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
4168	Wayne Substance Abuse Services OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PRU	Program	Health Coordinator #1			Health Coordinator #2			Hourly Rate (dollars)	
		Services Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)	Services Provided			Hours per Week Worked as a Health Coordinator
		On-site	Off-site			On-site	Off-site		
4168	Wayne Substance Abuse Services OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35	\$ 30.857	<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

(4168)

Certified: James Haitz (5/14/19)

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

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

Name	Christopher Thomas
Credentials	LMSW, CASAC
Email Address	cthomas@co.wayne.ny.us
Phone	315-946-5722

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

Wayne Substance Abuse Services OP (4168)

Certified: James Haitz (5/14/19)

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

Questions related to this survey should be directed to Carmelita Cruz at Carmelita.Cruz@oasas.ny.gov.

PART I- Electronic Health Record (EHR) Survey

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

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

1. Does your program use an electronic health record?

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

Company Name (e.g., Allscripts, Netsmart, Core Solutions, etc.):
Cerner, however we are just beginning the implementation of the Ten Eleven system.

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

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: