

2018
Local Services Plan
For Mental Hygiene Services

Greene County Community Services
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Planning Form	LGU/Provider/PRU	Status
Greene County Community Services	70680	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning 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

Mental Hygiene Goals and Objectives Form
Greene County Community Services (70680)
Certified: Margaret Graham (7/13/17)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

A survey conducted by Siena College Research Institute funded by the Rural Health Network in March 2017 in Greene County showed that public attitude toward mental health conditions (depression, anxiety) and alcoholism have improved, meaning more of the public were identifying these conditions as a chronic disease and not a moral failure. It also noted that 40% of those who felt they had a mental health problem at some point in the past several years had not obtained treatment and the main reason identified (55%) was that they did not need it.

The Medicaid eligibility expansion has resulted in more Greene Co residents being eligible for Medicaid which has helped with access to mental health services. There continues to be a high no show rate of those being referred to the county operated Article 31 licensed Mental Health Clinic post psychiatric hospitalization even though the client is getting a follow-up appt within 3 to 4 days post discharge at our Open Access Clinic. As a result the client is not linking or engaging in treatment and may end up back in the ER in a relatively short period of time. The clinic in the last few months has engaged in a more focused outreach to this population at the time of the no show in an effort to reschedule and connect the client to services. This will be monitored over the next year to assess if this more targeted approach will result in decrease in the no show rate.

The State Aid funded Mobile Crisis Assessment Team (MCAT) serving Col/Greene Counties has been a great resource to the county but had reached capacity in its current format, was the recipient of DSRIP funds from Behavioral Health Northeastern New York (BHNNY). This has resulted in the expansion of teams and hours of operation. This will permit MCAT to continue their work not only responding to those in crisis but also referring and linking those to treatment that are in desperate need of services.

Higher acuity, complicated trauma, crisis, increase in MCAT calls, distressed family systems and complex needs are being noted in the child and adolescent population accessing outpatient mental health services. It is almost impossible to find trained Nurse Practitioners and Child Psychiatrists to serve this age group.

The outpatient mental health clinic has access to a Child Psychiatrist 5 days/month which does not meet the demand for this specialized level of service.

The transition of Children's targeted case management into Medicaid Health Home Care Management has been identified as overwhelming, time and labor intensive especially during the first 60 days of service when there is a heavy paperwork requirement as well as resulting in fewer face to face contacts. Case Managers are struggling to learn multiple EMR systems because each Health Home has their own EMR.

Greene Co has no hospital located in the county, no psychiatric bed capacity for adults or children. Greene county's population includes 15% disabled which is the second highest percentage in any NYS county (Capital DSRIP Region Needs Assessment -Dec 2016). 17% of the Greene Co population are 65 and over. Greene Co has the Health Professional Shortage Area Designation (HPSA) for primary care and mental health professionals. This culminates in area of unmet need within the county as it relates to those trying to access preventative, primary care and mental health services.

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

Please Explain:

In the Capital Region, the rate of alcohol related motor vehicle injuries and deaths per 100,000 is highest in Greene County (n=61), data source is the NYS DOH Community Health Indicators (CHIRS), May 2016. Data from Statewide Planning and Research Cooperative System (SPARCS) place the percent change in Opioid Overdose Crude Mortality Rates from 2005-2007 to 2013-2015 at 156% in Greene Co; Capital Region was at 29% and Upstate at 55%. The percent change in Crude Opioid Overdose Hospitalization rates during the same period revealed Greene Co to have the highest % change at 304% amongst the counties of Albany, Columbia, Rensselaer, Saratoga and Schenectady.

Earlier this year OASAS identified Greene Co as one 16 Upstate New York counties to be a community of focus for opioid use disorder (OUD) treatment services. The counties selected indicated high rates of deaths from opioids and opioid-related hospital admissions as well as showed a high percentage of people seeking substance use disorder treatment outside their county of residence.

Medication Assisted Treatment providers are extremely limited within Greene Co. The addiction treatment provider located in the county does not initiate Vivitrol treatment at the outpatient clinic although will continue Vivitrol treatment should a client come to them on it. Recruitment and retention of prescribers is problematic. Having Vivitrol available to those deemed eligible and appropriate within the jail population is nearing the contract phase. A needs assessment completed in the Fall 2015 as part of planning for a new jail in Greene Co revealed that substance abuse directly accounted for 27% of those incarcerated.

In Feb 2017 the DCS received a report on Medicare Part D opioid prescribing rates for 2014. The federal government had released the data to help address the growing epidemic of opioid abuse. In Greene Co: Number of Medicare Part D prescribers were 85; Opioid prescriptions 6,173; all prescriptions 117,633; percentage of prescriptions that were for opioids was 5.25%; average NY opioid prescribing rate 3.01% (<http://www.syracuse.com/health/index.ssf/2017/02/>).

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

Please Explain:

The needs of the developmentally disabled population in Greene Co has worsened in the last year as reported during the OPWDD sub-committee mtgs, other communication forums and in completed surveys. The closure of institutions and Olmstead legislation has resulted in bringing clients into the community with highly complex psychiatric needs without available qualified and experienced clinicians, psychiatrists to provide support. Need experts in supporting people with long trauma histories, limited communication skills, lower IQs, attachment issues, PTSD. Those with developmental disabilities often end up in the mental health system with providers who have no training in how to serve the unique needs of this population.

The eligibility process can be difficult to navigate and an enormous undertaking for an already stressed system. Recently a trend was observed where children were referred to SPOA who actually required assistance in completing the OPWDD eligibility process. During this last year there has been minimal involvement from the school districts at monthly OPWDD sub-committee mtg. In the past the OPWDD mtg rotated between the school districts which resulted in good attendance of both school personnel and parents, sharing of info, identification of challenges and successes, brainstorming.

Families with children with developmental disabilities lack adequate respite services and many struggle to plan properly for their child's transition after school.

Many services are located out of the county and this can be a barrier to someone accessing the appropriate services.

Closure of the sheltered workshops has resulted in social isolation for some and few opportunities for others to secure some form of employment opportunity.

Several OPWDD providers have been unable to fill Medicaid Service Coordinator, respite and community hab vacancies throughout most of the year which directly correlates with inadequate service delivery to support some of our most vulnerable.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

Housing continues to be a huge challenge in Greene Co. This matter is a frequent topic of discussion at CSB, OASAS and Mental Health Sub-Committee mtgs as well as being identified in a survey completed by multiple entities within the county in Spring 2017. The National Low Income Housing Coalition estimates that the 2016 Housing Wage for a one bedroom apartment in Greene Co was \$14.65/hour, however the average renter wage earned in Greene Co is \$9.86/ hour. Affordable, safe and stable housing is limited. Greene Co had the highest percentage (35.8%, n=6,300) of sub-standard housing units that were occupied in the Capital Region. About 211,000(23%) of Capital Region residents were at or below 185% Federal Poverty Level (FPL) however Greene County (27.5%) had the highest percentage in the Capital Region(Health Equity Report). Housing is considered to be cost-burdened when an individual or family spends over 30% of its income to rent or buy a residence and severely cost burdened when more than 50% of income is used for same purpose. Greene Co had the highest rate of cost burdened (36.7%) and severely cost burdened (16.0%) households in the capital region. Families who lack affordable housing are more likely to move frequently and this instability has been associated with emotional and academic problems in children, depression and early drug use in adolescents. Greene County has 246 Housing Choice Vouchers allocated to county, managed by RUPCO. Currently utilizing 235. The average wait list wait time can be anywhere from 1-3 years. The wait list is currently closed to new applicants and applications are not available until the list is open again. Some of our high need individuals who have both mental health and addiction issues are placed in motels through DSS that have a reputation for substance use. Less than favorable living conditions result in poor outcomes for those who are most vulnerable. Licensed housing options of Community Residence Type and Supported Housing for those with mental illness and substance use disorder remain a key priority within the county. The Supported Housing program managed by MHA of Col/Greene Co always has a waiting list (20 plus) so is not available when needed. The lack of safe, supportive and appropriate housing for those with mental illness too often creates a bottleneck at the hospital resulting in lengthy inpatient stays.

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

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

Increase access to safe, stable and affordable housing for those with mental health and or substance use disorder.

Objective Statement

Objective 1: Create housing plans that incorporate the need for hospital diversion and subacute care.

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

Objective 2: Engage in a more focused and targeted awareness campaign of the housing needs within the county.

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

Objective 3: Relocation and expansion of the women's residence managed by Twin County Recovery services .

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

Objective 4: MHA, housing provider will apply for construction funding for the mixed, affordable housing project.

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

Change Over Past 12 Months (Optional)

MHA of Col/Greene were selected to receive funding for services and supports for a mixed housing project in Greene Co (Empire State Supportive Housing

Initiative). They have a verbal agreement on a piece of property and have been meeting with Village Planning Board. This mixed housing would include 50 special need units with 34 dedicated to those with mental health needs, 8 dedicated to those with substance use disorder and 8 dedicated to domestic violence. This will not provide any immediate relief to our housing situation but it is good to know that the project is progressing and moving in the right direction. Greene Co did receive additional state aid funding in Jan2017 for 3 additional supported housing slots from OMH.

2b. Transportation - Background Information

Transportation needs continue to be an identified area of need for the public and those with disabilities in rural Greene Co. The Arc of Ulster/Greene began operating a public transportation system in Greene Co about 1 year ago. Throughout the year the marketing plan and advertising activities initially proposed have been minimal. Most recent update is that an application to DOT for additional funding to increase routes is still under review. The plan to build up ridership is in discussion. The Arc of U/G has not been successful this far in securing a location to house the additional buses. There have been success stories which have included a young man using the transportation to get to work and then riding his bike to return home. Bikes are able to be secured safely on the bus. There is no stop at the county mental health clinic in Cairo, no planned trips during the week to Col Memorial Health or the Col/Greene Community College both located in Col Co. The DSS commissioner and DCS did meet with personnel from The Arc of U/G regarding this transportation service being an option for those with Medicaid. Over the last year there has been several complaints brought to the attention of the DCS regarding the current system of taxis used for those with Medicaid. Clients were not picked up which resulted in them missing their scheduled mental health appt, were dropped off at the clinic almost 1 hour before it opened. This is not an easy system to navigate and involves time and persistence in addressing the issue.

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

Improve transportation availability to the public, disabled and low income in Greene Co.

Objective Statement

Objective 1: Engage in a more focused and targeted exploration of the current transportation system operated by The Arc, should include representation from The Arc, Greene Co legislature, DOT, DSS, DCS, public.

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

Objective 2: Develop the marketing plan and advertising activities to increase ridership.

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

Objective 3: The Arc of U/G will provide quarterly updates to CSB on ridership, expansion plans, viability and financial sustainability.

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

Change Over Past 12 Months (Optional)

The Arc of U/G did begin operating Greene Co transit in June 2016 which was well received within the county. A more targeted evaluation of the first year of operation is now indicated that would include a more focused marketing plan and advertising activities as many within the county do not seem well informed about the public transportation, schedules and stop locations within the county. The main goal is that this much needed service will sustain over time.

2c. Crisis Services - Background Information

The Mobile Crisis Assessment Team (MCAT) operated by MHA of Col/Greene Co has been of tremendous benefit to both Greene and Columbia counties in responding to those in crisis and referring them to most appropriate service. MCAT quickly reached capacity and the two person team serving 1,300 square miles between the two counties necessitated request for additional funding to expand teams and hours of service. During a Crisis Intervention Training (CIT) Systems Mapping Exercise in March 2017, MCAT reported that 37% of the referrals to them at that time were unable to be responded to in a timely manner. Survey responses noted there needed to be expanded hours to avoid unnecessary hospitalizations and visits to ER, police involvement, incarceration all of which can be traumatic for the person in distress. During the most recent school year MCAT received more requests from school districts to respond to crisis situations in the school setting. A request to OMH for additional state aid was denied due to lack of available funding. Reports and service utilization including diversion from hospitalization had been shared over several months with AMCH DSRIP (now Behavioral Health Northeast New York BHNNY). Funding request was made to BHNNY for additional funds to expand the service. Request was granted because the work of MCAT aligned with DSRIP Community Crisis Stabilization, 3.a.i project. This additional funding has resulted in the expansion of hours of operation and increase in the number of teams to respond to needs of two counties. MCAT has also signed a contract with CDPHP to serve their clients post psychiatric hospitalization and on discharge to make sure they are linking to community based treatment.

In Dec 2016 Greene Co was notified they were one of 7 counties selected to be the recipient of funding to support CIT initiative. A systems mapping exercise completed in March 2017 which evaluates crisis services available in the community including contact with law enforcement and entry into the jail has provided insights into our current system including strengths and gaps in our system. The facilitators of this exercise noted the "widespread commitment to understanding and improving the county emergency response system evident by the large group that attended the five hour meeting." Opportunities for system enhancement/improvement included several. The one that seems of utmost priority is to simplify what number to call in an emergency. During this exercise there were several local, regional and national numbers identified but for someone experiencing a mental health related crisis it was not always apparent which number to call. Updating and educating public, law enforcement, providers, EMS about available resources and improving communication within different aspects of the system were also identified as key focus areas.

The 1 hospital diversion bed located at the Community Residence is underutilized even though the referral packet and requirements for utilization were reviewed with clinic and adult case management. Construction at the residence in the fall and Spring, accessing additional staff to support the person in crisis with little notice and the bed being located within the milieu of community residence are factors that can contribute to it being a difficult to access resource. The Open Access Coordinator at the Outpt Mental Health Clinic has been identified as the point person in determining if a referral is appropriate and being the liaison with the residence.

The NY START model for those with OPWDD eligibility is poorly understood within the OPWDD providers themselves and the community. MCAT and DCS are scheduled to meet with Director of NY START in an effort to coordinate and streamline MCAT response and referral to this service.

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

Improve messaging so that the public has awareness of who to call in an emergency, what resources are available.

Objective Statement

Objective 1: Engage in public service announcement on who to call in a crisis.

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

Objective 2: Expand MCAT 's hours of operation.

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

Objective 3: Law enforcement to complete CIT training in the fall.

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

Objective 4: Develop a workgroup to begin exploration of the communication challenges highlighted by the mapping exercise

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

Objective 5: Meet with MCAT and NY START to discuss the interface between the 2 systems and referral process.

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

Change Over Past 12 Months (Optional)

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

Workforce recruitment and retention is being identified across all disability groups as a major issue. As stated by a survey respondent "without a stable workforce nothing positive will happen. People get better when solid connections with helpers who have a level of sophistication and caring in their interactions with clients happen." OPWDD providers have not been able to fill vacancies in the area of Medicaid Service Coordination, Respite and Com Hab in the last year. OMH Residential provider is finding it more and more difficult to recruit residential care workers and fill vacancies in the community residence. This is having a negative impact on those who remain in that they are being asked to work longer hours, burning out and not providing the care and compassion that many of these clients require. In addition providers are being asked to work with clients who are more compromised than in the past. The financial compensation no longer aligns with work expectations and responsibilities being placed on the worker. Rates that are set by the state for the provider agencies are not adequate. It has been a chronic issue not being able to find prescribers to work with children and adolescents. The outpatient clinic is fortunate to have the expertise of a child psychiatrist 5 days/month but it does not meet the demand for services. The clinic is working closely with local pediatricians who in most cases will take over the prescribing of those children once they are stable. There are only 3 doctors in the county who are prescribing suboxone and 1 nurse practitioner who is prescribing vivitrol. There are very limited options for clients in the county who need medication assisted treatment (MAS). My hope is that the funding associated with Opioid STR grant will assist with recruitment of prescriber to offer MAT. Greene Co has HPSA designation for primary care and mental health professional shortage. In the past this had helped with recruitment of clinical social workers and psychologists who were able to apply for loan forgiveness. No one within the clinic has been successful in being granted loan forgiveness in approx 5 years. In following up I'm being told Greene County's score of 14 does not make us competitive, it should be 16.

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)

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

Greene Co has been affected by the opioid epidemic and seen an increase in those seeking treatment for opioid addiction. In 2015 there were 162 unique Greene Co clients admitted to OASAS-certified chemical dependence treatment programs for heroin, 247 unique clients admitted for any opioid (incl heroin). The Capital Region experienced a 58% increase in the opioid overdose hospitalization rates from 2006-2008 to 2013-2015. Greene Co not only had the highest opioid overdose hospitalization rate in the region (27.1/100,000), it had the highest rate of change between 2006-08 and 2013-15 with a 302% increase. Greene had the highest 2013-2015 opioid overdose visit rate(37.5/100,000).(Health Equity Report, Opioid Overdose provided by HCDD). The recent prevention agenda conducted by the local health depts and hospitals identified substance abuse, primarily opioid abuse, as a prevention agenda priority for all Capital Region Counties. Greene County's MAPP process shifted focus from mental health to substance abuse. Greene Co has no acute care hospital, inpt detox or inpt rehab services available in the county. Greene Co has been identified as focus county (1 of 16 counties identified)for opioid use disorder and recipient of grant funding to address this issue. The 16 focus counties selected for this State Targeted Response (STR) grant are generally in greater need of access to services than New York State as a whole. In 2015, there were 124,203 treatment admissions to OASAS certified substance use disorder (SUD)treatment programs in which the client indicated opioid use. Of the statewide admissions, 64% were admitted to SUD treatment in the same county in which they had their primary residence. Greene Co had 63% of those requiring treatment seeking it outside the county (OASAS Client Data Source) It is hoped the STR funding will increase service access by increasing quantity and quality of treatment in the focus county.

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

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

The Greene Co Community will increase their knowledge/understanding that Addiction is a chronic brain disease that requires a more dedicated and coordinated public health focus.

Objective Statement

Objective 1: Provide community education on the opioid crisis.

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

Objective 2: Increase the number of Medication Assisted Treatment Providers in the county.

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

Objective 3: Clinical outreach and engagement of those not in treatment.

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

Objective 4: SBIRT screening in CMH ER.

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

Objective 5: Training and certification of peers who will be instrumental in the engagement process.

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

Change Over Past 12 Months (Optional)

Having Vivitrol as a treatment option for inmates in Greene Co jail deemed eligible is in the contracting phase. Youth Clubhouse in Catskill is now operational and with good attendance.

2n. Mental Health Clinic - Background Information

This year the Greene Co Mental Health Clinic has seen higher acuity and need in the children and families being referred for clinic services. Significant trauma histories, increased pathology and emotional distress, ineffective coping skills and parental substance use are all contributing to a family system that needs a lot of support in managing day to day life. Referrals for Health Home Care Coordination services continue to be high risk kids with histories of placement, hospitalizations, step down from waiver. This year the clinic has had a waiting list of kids that need waiver but with only 6 slots the demand exceeds the available resource. This is of concern because child and family may be assigned intensive level of care management when the entire system would be better served by waiver. CMH hospital has contacted the DCS about next day appts at the clinic for kids that are being seen in the ER. There has been an increase in kids presenting to ER. This Spring there was an increase in suicidal behavior exhibited by adolescents being served by clinic. The transition to children's health home model has been stressful and at time overwhelming to our legacy case managers. There was a huge investment of time preparing for the transition. The clinic has limited prescribing resources available and the 5days/month Child Psychiatrist availability does not meet the demand for this service. There is no other child psychiatry service within the county. Financial and a variety of transportation issues are a barrier to families accessing this service outside of the county.

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

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

Increase the mental health services, supports and resources available to our Children and Families in Greene Co.

Objective Statement

Objective 1: Engage our clinic therapists in an overview of trauma, effects of adverse childhood events and its overall impact on the family system.

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

Objective 2: Implement the use of the PHQ 9 Adol version and Columbia Impairment Scale on referrals to clinic.

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

Objective 3: Risk assessment and safety planning overview with all clinic staff.

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

Objective 4: Engage with Center for Practice Innovations (CPI) who has evidence based modules that therapists can access.

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

Objective 5: DCS will advocate with OMH to be granted additional waiver slots.

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

Change Over Past 12 Months (Optional)

The overnight respite (100 nights/year) using therapeutic foster homes in the county has been a tremendous resource and heavily utilized this year in averting crisis, avoiding ER and hosp level of care and maintaining an intact family system. 73 out of the 100 available nights have already been utilized. Our day respite slots are heavily utilized, will be a service requested by a family system with/without case management. The availability of respite in either form is instrumental in maintaining stability within the caregiving system.

A full time fully credentialed Family Peer Advocate who takes referrals through SPOA and from clinic staff has been very well received and has enriched the services provided to our children and families. She is very much seen as part of the team. She has been instrumental in engaging some of our hard to engage families. She is doing outreach, in-home services, skill building and helping families to advocate for themselves. Children's SPOA representatives and DCS are engaging in an earlier and coordinated dialogue and transition planning on those leaving placement.

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information

The DCS in Greene Co has been involved in the DSRIP process through our DSRIP lead AMCH. On This has included participation in PAC mtgs, a member of the Clinical & Quality Committee, behavioral health and physical health integration initiative 3.a.i and community crisis stabilization 3.a.ii. The DCS has engaged in education of Greene Co stakeholders including CSB, select county leadership and management team of Article 31 licensed county operated outpatient mental health clinic on DSRIP initiatives. The DCS advocated with my counterpart in Col Co for DSRIP funds that would expand the MCAT hours of operation and number of teams responding to crises in our communities. MHA of Col/Greene Co was successful in being selected to receive DSRIP funds to expand the service.

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

Goal Statement- Is this Goal a priority goal? Yes No

The DCS will remain actively involved in the DSRIP process.

Objective Statement

Objective 1: Attend and participate in mtgs, facilitate information flow to Greene Co stakeholders.

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

Objective 2: Monitor network adequacy and identify access issues for those with behavioral health conditions.

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

Objective 3: Engage is dialogue regarding value based payment structure.

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

Change Over Past 12 Months (Optional)

The Greene Co outpt mental health clinic has initiated a more targeted outreach to those that no show for post hospitalization follow up. The clinic has a process to make sure all post hosp clients have follow up appts 7 days or less post discharge. The mental health clinic has begun to incorporate the use of PHQ9 (depression screen) and GAD 7 (anxiety) on all adult clients entering the clinic for services. WE are working with our EMR vendor to incorporate into the electronic record. Connection to HIXNY is being actively pursued since there is now a contract in place between our EMR vendor and HIXNY.

3c. Regional Planning Consortiums (RPCs) - Background Information

The Greene Co DCS is on the Capital Region RPC board and participates on the Children and Families Sub-Committee of the Capital Region RPC. The Family Peer Advocate who works with the children and families seen at our outpt mental health clinic is actively involved in the peers/youth/family advocates stakeholder group of the Capital Region RPC. The focus has been the transition from Medicaid fee for service to Managed Medicaid. The collaborative, problem solving approach is identifying issues around network adequacy, access, payment structure that can be addressed regionally. Issues related to HARP/HCBS and Children's transition to Health home care coordination that could not be addressed regionally are being presented by our RPC Co-Chairs to the state.

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

Goal Statement- Is this Goal a priority goal? Yes No

The DCS in Greene Co will remain actively involved with RPC process to facilitate transition to Managed Medicaid.

Objective Statement

Objective 1: Monitor HARP/HCBS (Health and Recovery Plans, Home and Community Based Services) infrastructure and network adequacy as it relates to Greene Co.

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

Objective 2: Engage is a more targeted education of consumers and stakeholders on the HARP product.

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

Objective 3: The County Operated Mental Health clinic will outreach to those clients in our system identified as HARP enrolled but not Health Home enrolled to educate them on their HARP benefit package.

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

Objective 4:

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

Change Over Past 12 Months (Optional)

Info from PSYCKES identifies us as having 69 clinic clients enrolled in HARP, 40 of them are not enrolled in Health Home(HH). The clinic has begun outreach and to date 8 clients have been referred to HH. The clinic is also creating a brochure on what is a health home with language that is easy for our clients to understand. There is misinformation and confusion regarding HH, HARP and HCBS among clients, providers, family members and other stakeholders.

3d. NYS Department of Health Prevention Agenda - Background Information

The DCS has been actively involved in the Mobilizing for Action through Planning and Partnerships(MAPP) committee in selecting the priorities to be reported on the Community Health Improvement Plan for Greene Co. The MAPP Committee in combination with Public Health leadership reviewed data presented by Healthy Capital District Initiative(HCDI)on all of the NYS Prevention Agenda areas. Focus shifted from mental health to substance abuse. Project Lazarus model was adopted. The activities of the Col/Greene Controlled Substance Awareness task force and the 2 sub committees: prevention and practice guidelines align with the recommended interventions for local action.

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

Goal Statement- Is this Goal a priority goal? Yes No

DCS, Public Health and other stakeholders engaged in the MAPP process will identify opioid epidemic as a public health concern that requires coordinated interventions from the Greene Co community.

Objective Statement

Objective 1: Advertise the location of the permanent medication drop boxes within the county.

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

Objective 2: Engage in prescriber education on managing those with acute and chronic pain.

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

Objective 3: Engage in community based education.

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

Objective 4: provide Narcan trainings on a regular basis.

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

Change Over Past 12 Months (Optional)

The Col/Greene Prevention sub committee has been very targeted in their approach to educating the public and advertising the location of the 8 permanent medication drop boxes that are located within Greene Co. The Public Health Educator did a presentation at 5 senior centers in Greene Co on medication safety, handling and disposal of unused medication. The Greene Co Sheriff's Dept assisted her in doing a medication take back at some of the centers because seniors were citing they would be unable to get to a permanent drop box location. Brochures on safe disposal of unused medication with info regarding the location and hours of operation of the permanent drop boxes were brought to Community Hospice, funeral directors and coroners. All of this was very well received by the intended audience.

The practice guidelines sub-committee who meets with select representation from CMH pain management worked on prescriber education packet that included pain management assessment, functional assessment , risk assessment. Areas being targeted now is the education of those providers who treat those with acute and chronic, tracking clients that have had a pain review and providing an alert when the yearly medical pain review is due. Narcan trainings are being hosted monthly by twin county Recovery Services, presented by Catholic Charities Project Safe POint.

Rural Health Network provided funding to Twin County Recovery Services that has resulted in 2 Greene Co schools getting a prevention /intervention counselor. This is considered seed money and the service will have to develop a sustainability plan over time.

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Greene County Community Services (70680)
Certified: Margaret Graham (7/9/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

1. For Criminal Procedure Law 730 Chargeback Budgeting: Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted

Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

2. For Local Administration of the Assisted Outpatient Treatment Program:

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment. Referrals are submitted to AOT Coordinator who completes an investigation which includes obtaining records that show history of non compliance with treatment, behaviors that posed a risk of harm to self or others , hospitalizations, incarceration. The AOT Coordinator communicates with the DCS on all matters relating to AOT. Person examined by physician, physician determines AOT appropriate, petition filed within 10 days, treatment plan prepared, person served with petition, hearing date is set, court hears testimony. Examining physician submits affidavit and treatment plan recommending AOT. AOT order issued for 1 year. The AOT Coordinator ensures the person is connected with appropriate care manager.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

Those on AOT are connected with Intensive Case Manager who meets with person at least 4 times a month and makes sure that all aspects of the treatment plan are being followed. The AOT Coordinator receives a weekly written summary in addition to having immediate phone or face to face contact with intensive case manager to discuss issues or areas of concern such as non-compliance, change in mental status, inability to locate person. The DCS is notified of concerns. The Intensive Case Manager when indicated completes a significant event report that is forwarded to OMH with a copy also being sent to AOT Coordinator.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

In Greene Co we have 2 Intensive Case Managers (State Items) who are assigned to AOTs. They have several years of experience providing case management to this population, work very closely with the AOT Coordinator.

Questions regarding this survey item should be directed to Rebecca Briney at Rebecca.Briney@omh.ny.gov or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System, please contact the OASAS Planning Unit at 518-457-5989 or by email at oasasplanning@oasas.ny.gov

Community Service Board Roster
Greene County Community Services (70680)
Certified: Margaret Graham (6/26/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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.

Chairperson

Name VACANT
Physician No
Psychologist No
Term Expires
eMail

Member

Name Brenda Beach
Physician No
Psychologist No
Represents NAMI / Families
Term Expires 12/31/2018
eMail brenda.beach@ymail.com

Member

Name Jackie Kayata
Physician No
Psychologist No
Represents NAMI / Families
Term Expires 12/31/2017
eMail jackiekayata@gmail.com

Member

Name Christopher Lewoc
Physician No
Psychologist No
Represents RCAL - Taconic DDSO
Term Expires 12/31/2018
eMail clewoc@gmail.com

Member

Name Elizabeth Rowntree
Physician No
Psychologist No
Represents The ARC of Ulster-Greene
Term Expires 12/31/2018
eMail lizr@ugarc.org

Member

Name Aimee Richards
Physician No
Psychologist No
Represents Mobile Crisis
Term Expires 12/31/2020
eMail arichards@mhacg.org

Member

Name Francesca Daisernia
Physician No
Psychologist No
Represents Greene County Mental Health
Term Expires 12/31/2020
eMail fdaisernia@discovergreene.com

Member

Name Brian Stewart
Physician No
Psychologist No
Represents Hospital - Psych Unit
Term Expires 12/31/2017
eMail bstewart@cmh-net.org

Member

Name VACANT
Physician No
Psychologist No
Term Expires
eMail

Member

Name VACANT
Physician No
Psychologist No
Term Expires
eMail

Member

Name VACANT
Physician No
Psychologist No
Term Expires
eMail

Member

Name Kira Pospesel
Physician No
Psychologist No
Represents Department of Social Services
Term Expires 12/31/2018
eMail kpospesel@discovergreene.com

Member

Name Kimberly Kaplan
Physician No
Psychologist No

Member

Name Carrie Wallace
Physician No
Psychologist No

Represents Department of Public Health
Term Expires 12/31/2017
eMail kkaplan@discovergreene.com

Represents Dept. of Human Services
Term Expires 12/31/2018
eMail cvedder@discovergreene.com

Member
Name Tor Tryland
Physician No
Psychologist No
Represents Law Enforcement
Term Expires 12/31/2019
eMail ttryland@discovergreene.com

Alcoholism and Substance Abuse Subcommittee Roster
 Greene County Community Services (70680)
 Certified: Margaret Graham (7/9/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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.

Member
Name Alan Frisbee
Represents Probation
eMail afrisbee@discovergreene.com
Is CSB Member No

Member
Name Carrie Wallace
Represents Dept. of Aging & Youth
eMail cvedder@discovergreene.com
Is CSB Member Yes

Member
Name Michelle Romalin Black
Represents Veteran's Services
eMail mblack@discovergreene.com
Is CSB Member Yes

Member
Name Paula Queirolo
Represents Twin County Recovery Services
eMail paulaq@twincountyrecoveryervices.org
Is CSB Member No

Member
Name Barbara Palmateer
Represents Community Action
eMail bpalmateer@cagcny.org
Is CSB Member No

Member
Name Barbara Downey
Represents Drug Court
eMail bdowney@nycourts.gov
Is CSB Member No

Member
Name Joel Rowell
Represents Law Enforcement
eMail jrowell@discovergreene.com
Is CSB Member No

Member
Name Michelle Monarch
Represents Twin County Recovery Services
eMail michellem@twincountyrecoveryervices.com
Is CSB Member No

Member
Name Theresa Lux
Represents Catholic Charities
eMail tlux@cathcharcg.org
Is CSB Member No

Mental Health Subcommittee Roster
Greene County Community Services (70680)
Certified: Margaret Graham (6/27/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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. 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.

Chairperson

Name Francesca Daisernia
Represents Greene County Mental Health Center
eMail fdaisernia@discovergreene.com
Is CSB Member Yes

Member

Name Brenda Beach
Represents NAMI / Families
eMail brenda.beach@ymail.com
Is CSB Member Yes

Member

Name Jackie Kayata
Represents NAMI / Families
eMail jackiekayata@gmail.com
Is CSB Member Yes

Member

Name Tor Tryland
Represents Law Enforcement
eMail ttryland@discovergreene.com
Is CSB Member Yes

Member

Name Kimberly Kaplan
Represents Public Health
eMail kkaplan@discovergreene.com
Is CSB Member Yes

Member

Name Kira Pospel
Represents Dept. of Social Services
eMail kpospel@discovergreene.com
Is CSB Member Yes

Member

Name Aimee Richards
Represents Mobile Crisis
eMail arichards@mhacg.org
Is CSB Member Yes

Member

Name Brian Stewart
Represents Hospital - Psych Unit
eMail bstewart@cmh-net.org
Is CSB Member Yes

Member

Name John Metzger
Represents Twin County Recovery Services
eMail johnm@twincountyrecoveryervices.org
Is CSB Member No

Member

Name Jacklyn Perez
Represents Care Management
eMail jperez@mhacg.org
Is CSB Member No

Member

Name Amanda Pierro
Represents Peer Advocacy
eMail apierro@mhacg.org
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Greene County Community Services (70680)
 Certified: Margaret Graham (7/9/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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.

Chairperson

Name Chris Lewoc
Represents RCAL - MSC
eMail clewoc@gmail.com
Is CSB Member Yes

Member

Name Liz Rowntree
Represents Ther ARC of Ulster Greene
eMail lizr@ugarc.org
Is CSB Member Yes

Member

Name Melissa Rappleyea
Represents RCAL
eMail mrappleyea@rcal.org
Is CSB Member No

Member

Name Ro Hurley
Represents Autism Connection
eMail theautismconnectionny@gmail.com
Is CSB Member No

Member

Name Kara Scott
Represents Families
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Is CSB Member No

Member

Name Noor Pinna
Represents Public Representative - Therapist
eMail npinna@asfl.org
Is CSB Member No

Member

Name Rebecca Crast
Represents In Flight
eMail rcrast@inflightinc.org
Is CSB Member No

Member

Name Danielle Sickler
Represents Maranatha
eMail dsickler@maranathahs.org
Is CSB Member No

2017 Mental Hygiene Local Planning Assurance
Greene County Community Services (70680)
Certified: Margaret Graham (7/13/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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 2018 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 2018 Local Services planning process.