2018
Local Services Plan
For Mental Hygiene Services

Columbia County Dept of Human 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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Columbia County Dept of Human Services	**70140**	**(LGU)**
Executive Summary	Optional	**Not Completed**
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Mental Health Subcommittee Roster	Required	**Certified**
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Columbia County Dept of Human Services	**70140/70140**	**(Provider)**

Mental Hygiene Goals and Objectives Form
Columbia County Dept of Human Services (70140)
Certified: Alison Calhoun (6/16/17)

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:

Geographic, financial and stigma barriers persist limiting access by residents of Columbia County to prevention, screening, referral for assessment, treatment and recovery. Of the counties' conservatively estimated 12,000 residents (20% of 60,000) impacted by a diagnosable mental illness, only 2000 individuals are estimated to be engaged in public or private treatment.

The expansion of Medicaid insurance eligibility in New York State has decreased financial barriers but Medicare, the ACA bronze plans as well as many commercial insurance products continue to suppress access. This is due to high co-pays, high deductibles, and under cost provider reimbursement resulting in network inadequacy.

Routine PHQ9 and SBIRT screenings (or the like) at the ambulatory, ED or inpatient medical services level of care are uncommon. As such, referrals to behavioral health specialists are less likely to occur (assuming network was adequate). PCPs are valiantly attempting to provide medication management services to those in their care.

Since the implementation of NYS Medicaid Redesign Team Phase 2, full managed " carved-in" Medicaid, the HARP assessment and Home and Community Based Services (HCBS) service delivery roll out has been slow. More individuals have some degree of care coordination services available than before but the level of services the rate supports is often inadequate.

Transportation to service depends exclusively upon Medicaid medical transportation by taxi and private automobiles in the absence of public transportation. Workforce shortages at all professional levels are increasing staff vacancies and creating burnout through unsustainable overtime hours.

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:

Columbia County has a history of complex socio-economic issues. High poverty rates are compounded by a lack of transportation, lack of healthcare providers, and barriers to access of quality healthcare. Community health assessments, as well as the local hospital's Community Service Plan, continuously identify several critical health issues, the most urgent being extremely high rates of alcohol and substance use. Anecdotal and prevalence data demonstrate a compelling need for substance use prevention, treatment, and recovery efforts in Columbia County.

Data from the Statewide Planning and Research Cooperative System (SPARCS) reveal that, while the entire Capital Region experienced a 30% increase in the rate of opioid overdose mortality from 2005 to 2015, Columbia County experienced one of the largest increases: 227%. This report also shows that Columbia County had one of the highest 2013-15 opioid overdose ED visit rate (28.9/100,000) in the Capital Region. Cost information generated from the SPARCS database reflects the disproportionate effect of substance use in Columbia County.

The most recent NYS DOH Opioid related data only incorporates the first 9 months of 2016 but indicates that the crude rate of heroin overdose deaths in Columbia County was 68% higher than the NYS average (excluding NYC) and the rate for all opioid overdose deaths was 53% higher than the rest of NYS.

Columbia County is rural, and as such, our population of roughly 60,000 has a smaller absolute number, compared to our more urban neighbors, of individuals who are affected by substance use disorders. However, as the data just shared reveals, our incidence of morbidity and mortality associated with substance use disorders are alarmingly high. As funding opportunities are often associated with absolute number impact, communities such as ours are disadvantaged.

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 impact of the well intended Olmstead legislation continues to be felt for those diagnosed with I/DD, their family supports and professional supports. For most, the absence of a "sheltered workshop" has resulted in social isolation, identity and self esteem loss, rather than community integration. Competitive employment (even part time) is unrealistic for many. Employer and employee misconceptions create barriers for individuals who are potentially capable of competitive employment. Lack of public transportation further increases isolation and paradoxically increases an individual's dependence upon family members and paid providers. Permanent supported subsidized housing models are excessively rigid and underfunded limiting achievement of residential independence. The financial sophistication required for independent budgeting, service selection and payment is unachievable for most individuals diagnosed with I/DD.

The decentralization of the local I/DD SPOA process and implementation of the "Front Door" eligibility and service assignment process has delayed service access and resulted in an inability of the Local Governmental Unit to determine local need.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	☑	☑	☑
b) Transportation	☑	☑	☑
c) Crisis Services	☑	☑	☐
d) Workforce Recruitment and Retention (service system)	☐	☑	☑
e) Employment/ Job Opportunities (clients)	☐	☐	☑
f) Prevention	☑	☑	
g) Inpatient Treatment Services	☐	☐	
h) Recovery and Support Services	☑	☐	
i) Reducing Stigma	☐	☐	
j) SUD Outpatient Services	☐		
k) SUD Residential Treatment Services	☐		
l) Heroin and Opioid Programs and Services	☑		
m) Coordination/Integration with Other Systems for SUD clients	☐		
n) Mental Health Clinic		☐	
o) Other Mental Health Outpatient Services (non-clinic)		☐	
p) Mental Health Care Coordination		☐	☐
q) Developmental Disability Clinical Services			☐
r) Developmental Disability Children Services			☐
s) Developmental Disability Adult Services			☐
t) Developmental Disability Student/Transition Services			☐
u) Developmental Disability Respite Services			☐
v) Developmental Disability Family Supports			☐
w) Developmental Disability Self-Directed Services			☐
x) Autism Services			☐

y) Developmental Disability Person Centered Planning	■	■	☐
z) Developmental Disability Residential Services	■	■	☐
aa) Developmental Disability Front Door	■	■	☐
ab) Developmental Disability Service Coordination	■	■	☐
ac) Other Need (Specify in Background Information)	☐	☐	☐

2a. Housing - Background Information

Supported housing units (rental subsidy with case management supports) are sorely needed for SMI, SUD and I/DD adult populations. The wait lists for supported housing continue to be extremely long. According to the 2016 year end OMH Residential Program Indicator Report, the Columbia County occupancy rates for 2016 of voluntary apartment programs was at 97.3%, supported housing (excluding PC long stay beds) was at 97.8% and congregate care at 97.5%.

Housing for individuals with I/DD continues to be limited for individuals requiring 24 hour supports and even when the individual doesn't need that level of supervision, availability of affordable and safe rental properties is limited.

Non-supported rental subsidy opportunities are also severely limited.

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 and affordable housing

Objective Statement

Objective 1: Relocation and expansion of capacity (13 to 18 beds) of Twin County Recovery Services' men's residence
Applicable State Agency: (check all that apply): ☑ OASAS ☐ OMH ☐ OPWDD

Objective 2: Enhance behavioral health service community based organizations' knowledge of housing development process by providing one community training and have one community based organization submit an application.
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 3: Host one housing forum to inform public and obtain input
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 4: Engage community partners to provide client education on how to secure affordable housing
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 5: Clarify the roles and responsibilities of the community's housing resources program (Rural Preservation Corp)
Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

Progress made towards last year's goals:

- **Mental Health Association's Greenport Gardens housing project commenced building in October which which will contain 28 supported housing units. (Completion anticipated April 2018)**

- **Columbia County was awarded additional state aid funding from OMH for 2 additional supported housing beds which began in January 2017.**

2b. Transportation - Background Information

As stated in the February 2017 Mobility Management Study completed for New York State- "After speaking with agencies, providers, individuals with disabilities, families and advocates across New York State, the importance and apparent lack of transportation options for individuals with disabilities was reiterated and validated. Transportation was continually cited as a barrier to accessing all activities of daily life for individuals with disabilities. From attending medical appointments, participating in day services and programs, getting to and from work and school, or even to the grocery store or socializing with friends, the lack of transportation in many cases prevents people from

doing such things and from being active members of their communities."

Transportation has been a struggle in our rural community for decades and remains the same high need for all residents.

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

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

Increase the capacity of affordable public transportation.

Objective Statement

Objective 1: Connect with other communities who have implemented rural transportation systems to learn what has been successful.
Applicable State Agency: (check all that apply): [x] OASAS [x] OMH [x] OPWDD

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

According to OMH PSYCKES, the rate of Columbia County residents with 2 or more behavioral health (MH and/or SUD) inpatient stays in the past 12 months is more than double the New York State average. Also, the rate of Columbia County residents with 2 or more behavioral health visits to the Emergency Department in the past 12 months is 66% higher than the statewide average.

Prior to 7/1/15, Columbia County had no crisis hotline stabilization services, no mobile crisis capacity and one "situational crisis bed". OMH Article 28/31 reinvestment funding supported one part time, 2 person Mobile Crisis Assessment Team 8 hours/day for a 1300 square mile region. This was woefully inadequate and quickly was being utilized beyond capacity. A request for increased state aid funding from OMH was unsuccessful as was a request to OASAS for state aid support. MMCO and DSRIP PPS support was also sought and recently temporary DSRIP funding has supplemented the state aid base and is anticipated to permit slight expansion of the capacity.

OMH Article 28/31 Reinvestment funding also funded one "hospital diversion" bed within a licensed congregate apartment program. This funding proved inadequate as well; funding only 9 months/ year of one such bed. Children's overnight respite funding utilizing an existing structure of Therapeutic Foster Care Homes was also secured through this mechanism, but is not regularly being utilized.

Treatment provider crisis services (Art 31 OMH and OASAS Clinics) are warmlines. They are valuable services, but do not meet the hotline function need. A local village police department has recently initiated a "PAARI" (Police Assisted Addiction Recovery Initiative) like service with a mostly volunteer workforce. This has had a significant positive impact to our communities' crisis response impact, but is unsustainable as a volunteer model.

Columbia County does not have a homeless shelter for adults, families or children and does not have an Assertive Community Treatment (ACT) team.

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 capacity of local crisis services

Objective Statement

Objective 1: Expand hours of operation and increase staffing of the Mobile Crisis Assessment Team
Applicable State Agency: (check all that apply): [x] OASAS [x] OMH [ ] OPWDD

Objective 2: Pursue development of Intensive Outpatient Programs for both mental health and substance abuse
Applicable State Agency: (check all that apply): [x] OASAS [x] OMH [ ] OPWDD

Objective 3: Pursue Crisis Intervention Training (CIT) with local law enforcement
Applicable State Agency: (check all that apply): [ ] OASAS [x] OMH [ ] OPWDD

Objective 4: Implement a 24/7 helpline/hotline for information and referral
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 continues to be a major issue for agencies serving our I/DD and SMI populations. Support for higher wages is needed to retain employees. Workforce is being impacted by minimum wage increases with inadequately corresponding increases to service reimbursement rates. To the contrary, some agencies are having rates decreased in July due to rate rationalization. The Justice Center processes allegations and at times takes months to complete their investigation. Often by then the impacted staff have already secured employment elsewhere if they are even cleared to return.

Enhanced incentives for Fiscal Intermediaries and Support Brokers are needed to create network adequacy.

There is a lack of psychiatrists qualified to work with the I/DD population and a county wide shortage of psychiatrists who serve all populations. According to the December 2016 Capital DSRIP Region Needs Assessment there are only 4 psychiatrists in Columbia County (one psychiatrist for every 15,500 residents).

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

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

Advocate the OPWDD and OMH the need for increased wages for employees and rates for the provider agencies.

Objective Statement

Change Over Past 12 Months (Optional)

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

The availability of employment opportunities in community settings is insufficient for the expectations of employment from OPWDD and CMS. Client workforce needs acceptance by employers and greater support from coaches that is not time limited. Expansion of the network of willing community employers is needed.

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

Foster the independence of individuals with intellectual and developmental disabilities.

Objective Statement

Objective 1: Meet with the CSE Chair of each school district to discuss employment preparation of students
Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 2: The I/DD Subcommittee will host one event to educate local employers about hiring individuals with intellectual and developmental disabilities.
Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

Progress on last year's goals:

In September during the I/DD subcommittee's annual self advocacy meeting, individuals identified a lack of job opportunities in the community. A forum was subsequently planned and held on 3/24/17 by the subcommittee which included local employers, regional OPWDD staff and individuals with intellectual and developmental disabilities. This forum gave an opportunity for individuals to vocalize

the specific barriers to employment and as a group, came up with solutions.

2f. Prevention - Background Information

State Aid and insurance reimbursable financially supported mental health prevention and education services are not available. This gap creates a population which is not health literate regarding the disease of mental illness, symptom recognition, models of self care, the effectiveness of treatment and the hope of recovery. Extremely limited funding for suicide prevention has been secured historically with minimal lasting impact.

In 2011, Columbia County was selected for termination of a 23 year old $180,000/yr state aid funded prevention project referred to as "The School and Community Services Project". This left the county reliant completely upon our only other existing prevention program. This program currently offers outstanding services to a few of our counties' school districts within the limits of the state aid resources provided. As other schools' requests for support were unable to be met, we recently requested additional state aid to expand the program. This request was denied. The Mentor Foundation has begun to offer limited education and prevention services to upper grades within two school districts.

Columbia County is not a part of a Prevention Coalition and this has been a barrier to access additional funding. A recent Community Coalition RFP application was submitted and denied by OASAS.

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

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

Decrease use of alcohol and other drugs

Objective Statement

Objective 1: Expand school based prevention and intervention counseling services by meeting with each school district to complete a needs assessment
Applicable State Agency: (check all that apply): [x] OASAS [x] OMH [ ] OPWDD

Objective 2: Provide 10 additional community education forums
Applicable State Agency: (check all that apply): [x] OASAS [ ] OMH [ ] OPWDD

Objective 3: Increase the number of syringe disposal locations from zero to two
Applicable State Agency: (check all that apply): [x] OASAS [ ] OMH [ ] OPWDD

Objective 4: Increase the number of medication drop boxes from three to five
Applicable State Agency: (check all that apply): [x] OASAS [ ] OMH [ ] OPWDD

Change Over Past 12 Months (Optional)

Progress towards last year's goals:

- **This year Catholic Charities of Columbia Greene Counties submitted a request to OASAS for an additional staff person for their prevention program but that request was denied.**
- **A third medication drop box was added at another local police department.**
- **In October, Columbia Memorial Health issued pain management guidelines across the entire organization and all 34 Primary Care Providers were trained on the guidelines.**
- **15 Community education forums were held this past year at various venues (4 different school districts, 3 public venues and 8 senior centers) to increase public awareness about alcohol and other drug use, focusing on heroin and other opioids. These education forums featured speakers who are in recovery, family members of individuals who have been lost by overdose, law enforcement, and community service providers. The senior center forums focused on opioid use and how to properly dispose of medications.**

2h. Recovery and Support Services - Background Information

There are currently only 4 medication assisted treatment prescribers located within Columbia County. 2 prescribe both Suboxone and Vivitrol, 1 prescribing Vivitrol only 1 prescribing Suboxone only.

According to 2016 OASAS Medicaid recipient data, use of methadone treatment services by Columbia County residents has increased 62% since 2014 however there are no Methadone Maintenance Treatment Programs located in 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

Advocate for awareness and education of medical providers of Medication Assisted Treatment (MAT) options and capacity

Objective Statement

Change Over Past 12 Months (Optional)

- **Young People in Recovery (YPR) has revitalized its Hudson chapter over the past year and is very active in the community. They held a large public event in September in Hudson celebrating recovery.**
- **Mental Health Association of Columbia Greene Counties was awarded Youth Clubhouse funding for two locations (one in Columbia County) which are both now fully operational.**
- **Twin County Recovery Services applied for but was not awarded funding from OASAS for a recovery community outreach center in February 2016.**
- **The Columbia County Department of Human Services put together a Medication Assisted Treatment slot inventory to help assess the need for additional provider slots.**
- **There is now a regularly scheduled monthly public Narcan training held in the county and it is advertised widely. In 2016, 486 individuals were trained to use Naloxone by Project Safepoint in Columbia County. The supply of kits is inconsistent.**

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

Data from the OASAS Client Data System indicates that total admissions of Columbia County residents with a primary diagnosis of Heroin dependence to OASAS programs increased by 30% from 2014-2016. Admissions for Heroin now account for 44% of the total of all admissions to OASAS licensed programs, up from 33% just 2 years ago. In 2015, there were 194 admissions (135 of them being for heroin and other opioids) of Columbia County residents to detox programs and 128 admissions (84 heroin and other opioids) of county residents to inpatient rehabilitation programs however Columbia County has no crisis stabilization or inpatient programs. These individuals need to travel outside of the county to access these services.

Reported Naloxone administrations in the County increased by 13% from 2015-2016 and Columbia County's Nalaxone administration rate in 2016 was approximately 50% higher than that of the rest of NYS (excluding NYC).

In 2014 (most recent available data), the Columbia County rate of Neonatal Abstinence Syndrome was 67% higher than that of the rest of NYS (excluding NYC).

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

Please refer to goals and objectives for 2(f) Prevention & 2(h) Recovery and Support Services.

Objective Statement

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	☑	☑	☐
b) Delivery System Reform Incentive Payment (DSRIP) Program	☐	☐	☐
c) Regional Planning Consortiums (RPCs)	☐	☐	☐
d) NYS Department of Health Prevention Agenda	☐	☐	☐

3a. Medicaid Redesign - Background Information

Preparation of providers for conversion from non-managed volume-based fee-for-service reimbursement to full carve-in managed care with a value based incentive payment structure has been promoted and supported by the LGU.

Data collection via advanced electronic health records has been promoted. RHIO (HIXNY) contracting for inclusion in multi-provider shared health record networks has been promoted.

Provider education in managed care contracting has been encouraged, as has the formation of IPA, IMOAs and, most recently, BH Care Collaborative. Our two largest OMH and OASAS providers are members of IPAs.

Development of an adequate HARP assessment provider network is gradually occurring. The development of a local robust adult HCBS waiver service provider network has been more of a challenge.

BH provider integration of medical screenings, referrals to and close collaboration with medical providers has been promoted.

Children and Adult Care Coordination provider network adequacy is being monitored by the LGU. Reimbursement for adult care coordination services thus far insufficient to sustain these providers. Data entry into service, billing and MAPP software has proven to be a barrier.

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

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

Support of all BH providers in partnering with other like organizations to form IPAs (or IPA like organizations) and collaborative of IPA like organizations for the purposes of shared administration cost burden and shared quality measurement values, standards, and added provider MMCO contracting value.

Objective Statement

Change Over Past 12 Months (Optional)

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
Columbia County Dept of Human Services (70140)
Certified: Alison Calhoun (6/15/17)

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
- [x] Other

If "other" please indicate how these charges are budgeted
This expense is budgeted in a separate county fund, which does not directly affect our county departments account from a budget perspective. This also does not appear on the CFR
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.
Pursuant to MHL 9.60, referrals are submitted to AOT coordinator, AOT coordinator then completes AOT investigation to ensure individual meets criteria for AOT order. Investigation includes obtaining paperwork regarding history of non-compliance which has resulted in risk of harm to self or others,
hospital admission/discharge paperwork, scheduling planning meeting with referral source and community providers that will be included in the order to assist with formulating treatment plan. scheduling an evalution meeting once a determination has been made that an individual meets criteria for an AOT order and it is the least restrictive treatment option. The AOT Coordinator or alternative petitioner (i.e. inpatient psychiatric hospital staff) then completes AOT petition and submits it to Columbia County Court within 10 days of AOT evaluation.
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.
Pursuant to MHL 9.60, all clients that are currently on an AOT order are required to meet with a Care Coordinator at least 4 times per month to ensure AOT clients are receiving services outlined in AOT treatment plan. The AOT coordinator meets with Care Coordination staff weekly to obtain updates on clients progress, attendance, engagement in services and to discuss any concerns regarding the same. All providers that are included in the AOT order receive a copy of the AOT treatment plan and are instructed to report any issues with non-compliance or concerns re: changes in mental status/risk immediately to AOT Coordinator, Care Coordination staff or Care Coordination supervisor.
c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.
Columbia County LGU works with our one Adult Health Home Lead (HRHC/ CCC) and our in-house county operated CMA. The counties' CMA is currrently the exclusive provider of AOT Health Home Plus Care Coordination .
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
Columbia County Dept of Human Services (70140)
Certified: Alison Calhoun (6/16/17)

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 Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson

Name	Beth Schuster
Physician	No
Psychologist	No
Represents	Twin County Recovery Services, Inc.
Term Expires	12/31/2017
eMail	beths@twincountyrecoveryservices.org

Member

Name	Leitha Pierro
Physician	No
Psychologist	No
Represents	Public Representative
Term Expires	12/31/2020
eMail	Nino551950@hotmail.com

Member

Name	Julie Valliere
Physician	No
Psychologist	No
Represents	Columbia Memorial Health
Term Expires	12/31/2017
eMail	jvalliere@cmh-net.org

Member

Name	Diane Whiteman
Physician	No
Psychologist	No
Represents	Family
Term Expires	12/31/2019
eMail	dianewhiteman65@gmail.com

Member

Name	Jeffrey Rovitz
Physician	No
Psychologist	No
Represents	Mental Health Association of Columbia Greene Counties
Term Expires	12/31/2020
eMail	jrovitz@mhacg.org

Member

Name	Jeffrey Hunt
Physician	No
Psychologist	No
Represents	Columbia County Chamber of Commerce
Term Expires	12/31/2017
eMail	jhunt@columbiachamber-ny.com

Member

Name	Nancy L. Hoag, PhD
Physician	No
Psychologist	Yes
Represents	Public Representative
Term Expires	12/31/2020
eMail	DrNancyHoag@gmail.com

Member

Name	Claire Parde
Physician	No
Psychologist	No
Represents	Columbia County Community Healthcare Care Consortium, Inc.
Term Expires	12/31/2018
eMail	cparde@columbiahealthnet.org

Member

Name	Mary Daggett
Physician	No
Psychologist	No
Represents	Columbia Memorial Health
Term Expires	12/31/2017
eMail	mdaggett@cmh-net.org

Member

Name	Pat Anders
Physician	No
Psychologist	No
Represents	NAMI Columbia County
Term Expires	12/31/2017
eMail	anderhous@gmail.com

Member

Name	Kathryn Applegate
Physician	No
Psychologist	No
Represents	Columbia Opportunities, Inc.
Term Expires	12/31/2017
eMail	kapplegate@columbiaopportunities.org

Member

Name	Christina Fish-Acker
Physician	No
Psychologist	No
Represents	Public Representative
Term Expires	12/31/2017
eMail	mcffa@verizon.net

Member

Name	James Haskin

Member

Name	Lee Jamison

Physician	No	**Physician**	No
Psychologist	No	**Psychologist**	No
Represents	Center for Advocacy Voice and Empowerment	**Represents**	Public Representative
Term Expires	12/31/2020	**Term Expires**	12/31/2017
eMail	jhaskin@mhacg.org	**eMail**	Ber02244@berk.com

Member	
Name	John Wapner, Ph.D.
Physician	No
Psychologist	Yes
Represents	Public Representative
Term Expires	12/31/2020
eMail	waps@fairpoint.net

Alcoholism and Substance Abuse Subcommittee Roster
Columbia County Dept of Human Services (70140)
Certified: Alison Calhoun (6/16/17)

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 Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson

Name	Beth Schuster
Represents	Twin County Recovery Services, Inc.
eMail	beths@twincountyrecoveryservices.org
Is CSB Member	Yes

Member

Name	Mary Daggett
Represents	Columbia Memorial Health
eMail	mdaggett@cmh-net.org
Is CSB Member	Yes

Member

Name	Claire Parde
Represents	Columbia County Community Health Care Consortium, Inc.
eMail	cparde@columbiahealthnet.org
Is CSB Member	Yes

Member

Name	Peter Volkmann
Represents	Chatham Cares 4 U
eMail	pfvolkmann@fairpoint.net
Is CSB Member	No

Member

Name	Meg Cashen
Represents	Public Representative
eMail	jimcashen@yahoo.com
Is CSB Member	No

Member

Name	Kristy Frederick
Represents	Columbia County Department of Health
eMail	kristy.frederick@columbiacountyny.com
Is CSB Member	No

Member

Name	Gary Doughty
Represents	Berkshire Farm Center and Services for Youth
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Is CSB Member	No

Member

Name	Ellen Forman, Ph.D.
Represents	Public Representative
eMail	doctoresf@aol.com
Is CSB Member	No

Mental Health Subcommittee Roster
Columbia County Dept of Human Services (70140)
Certified: Alison Calhoun (6/16/17)

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 Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Co-chairperson

Name	Kathryn Applegate
Represents	Columbia Opportunities, Inc.
eMail	kapplegate@columbiaopportunities.org
Is CSB Member	Yes

Co-chairperson

Name	James Haskin
Represents	Center for Advocacy Voice and Empowerment
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Is CSB Member	Yes

Member

Name	Julie Valliere
Represents	Columbia Memorial Health
eMail	jvalliere@cmh-net.org
Is CSB Member	Yes

Member

Name	Jules Canez
Represents	Public Representative
eMail	jaycanez@verizon.net
Is CSB Member	No

Member

Name	Yolanda Williams
Represents	Consumer
eMail	smiley419@verizon.net
Is CSB Member	No

Member

Name	Amanda Pierro
Represents	Public Representative
eMail	athomas@mhacg.org
Is CSB Member	No

Member

Name	Carol Novack
Represents	Columbia Greene Community College
eMail	novack@sunycgcc.edu
Is CSB Member	No

Member

Name	Tim Smith
Represents	Public Representative
eMail	LinkenTim@gmail.com
Is CSB Member	No

Developmental Disabilities Subcommittee Roster
Columbia County Dept of Human Services (70140)
Certified: Alison Calhoun (6/16/17)

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 Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Co-chairperson

Name	Christina Fish Acker
Represents	Public Representative
eMail	mcffa@verizon.net
Is CSB Member	Yes

Co-chairperson

Name	Carolynn Anklam
Represents	Coarc
eMail	carolynna@coarc.org
Is CSB Member	No

Member

Name	Lee Jamison
Represents	Public Representative
eMail	ber02244@berk.com
Is CSB Member	Yes

Member

Name	William Furse
Represents	Consumer
eMail	fursephoto@verizon.net
Is CSB Member	No

Member

Name	Maureen Hotaling
Represents	Family
eMail	moeford35@yahoo.com
Is CSB Member	No

Member

Name	Anna Papadakis
Represents	Columbia County Early Intervention
eMail	anna.papadakis@columbiacountyny.com
Is CSB Member	No

Member

Name	Darlene Butterworth
Represents	Public Representative
eMail	No Email
Is CSB Member	No

Member

Name	Kam Bellamy
Represents	Camphill Hudson
eMail	kambellamy@camphillhudson.org
Is CSB Member	No

2017 Mental Hygiene Local Planning Assurance
Columbia County Dept of Human Services (70140)
Certified: Alison Calhoun (6/16/17)

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.