



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019
Local Services Plan
For Mental Hygiene Services

Warren/Washington County Community Services
July 19, 2018

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Warren/Washington County Community Services	70220	(LGU)
Executive Summary	Optional	Certified
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

2017 Mental Hygiene Executive Summary
Warren County Community Services
Certified: Carrie Wright (6/15/18)

The Warren./Washington Community Services Board (CSB) is aware and actively involved in discussions around our local challenges surrounding each of the three disability areas, as well as opportunities that have arisen with the implementation of medicaid redesign and DSRIP funds. We have seen some great successes with the continued collaboration of our local stakeholders along with the support of Adirondack Health Institute, the PPS. The Office of Community Services has developed a fruitful working relationship with AHI that has resulted in many progressive training programs, particularly for law enforcement and the intersection of law enforcement and mental health.

We received stakeholder input into the priorities for the county plan from a variety of public and private entities. Our office and community is working diligently to continue to best utilize our current resources while collaborating and coordinating to advocate for additional services where we are obviously seeing a gap in need. Warren and Washington Counties continue to be one of many communities that has seen a disproportionate number of opiate related deaths and complications. Additionally, completed suicide rates are also high and continued timely access to transportation as well as outpatient and inpatient behavioral and substance use treatments are critical in nature.

Our Community Services Board and office will continue to do the work necessary to move our communities forward in a dynamic healthcare environment, advancing a population health approach to clinical services as well as further integration of general health and the three disability areas.

Mental Hygiene Goals and Objectives Form
Warren County Community Services (70220)
Certified: Carrie Wright (6/15/18)

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:

Warren and Washington Counties are rural counties located in Northeastern New York State. The two counties have a combined population of approximately 130,000. Both Warren and Washington Counties have a higher percentage of residents who are aged 65 and older as well as a higher percentage of disabled individuals under the age of 65, when compared to statewide averages. In addition, Washington County has a higher than average rate of completed suicide and it appears to be on an upward trend. Warren County's rate of completed suicide, while slightly higher than the statewide rate, appears to be decreasing over the past 3 years. The most significant issues that are impacting the overall community needs are a limited public transportation system, lack of access to outpatient clinic services and a significant shortage of a qualified behavioral health workforce. The Adirondack DSRIP Region, which encompasses Warren, Washington, Hamilton, Essex, Franklin and Clinton Counties, has the third lowest rate of licensed Mental Health professionals in any DSRIP region. Namely, Washington County has the lowest county distribution of Mental Health professionals, 13 per 10,000, which is the second lowest rate among all NYS counties.

These factors, combined with the rural nature of both counties, contribute to multiple challenges in the delivery of mental health services. The culture of self-sufficiency, hesitancy on the part of residents to seek behavioral health care in traditional ways and the large number of employment opportunities that are often seasonal and lack health benefits all present unique challenges in the delivery of mental health services in the region. While there has not been a significant change in unmet mental health services over the past year, we solicited feedback from our local mental health providers and various community stakeholders, most of whom indicated that their perception is that the level of unmet mental health service needs has increased over the past year despite the addition of mobile crisis services and several school based clinics. The mobile crisis services for both adults and children have continued to see a steady increase in referrals and have also been able to expand their hours since the inception of their services. In addition, Parsons Child and Family Center provides Home Based Crisis Intervention services, which continues to be utilized by families with children that have more acute behavioral and mental health service needs. We are also working with several of our local outpatient clinics in order to implement an open-access model, which would allow individuals to receive same day appointments for mental health services. This model has been shown to increase client engagement rates by allowing individuals to access services when they are ready to initiate treatment. The feedback received from our local programs as well as individuals attempting to access care is that the long waiting periods necessary to obtain an appointment lead to increased no-show rates for outpatient care. In addition, Parsons/Northern Rivers has received the contract to provide a 48 slot ACT Team. The program is recruiting for a Director/Team Lead as of May 2018.

Our counties have seen a significant increase in mental health needs for children. Over the past year, the number of children and youth SPOA applications grew from 31 applications in the first quarter of 2016 to 53 applications in the first quarter of 2017. Despite the increase in referrals, there are limited community programs and services to meet the needs of these children and families. Our Children's clinics participated in the open-access project, in attempt to improve access and engagement in outpatient care. Several providers and families have indicated that an increase in mental health prevention programs as well as an increase in support groups for children and families would empower families by building a larger network of support, increasing awareness of community resources and in turn reducing the number of mental health related crises. Additionally, our counties could benefit from an increase in both adult and child peer programs, as we currently have two mental health programs that utilize peer support services, however these are mainly for adults with behavioral health needs. We recognize that these services are not able to meet the diverse needs of children and adults in our communities and we hope to expand these as they provide positive recovery options, not only for the individuals receiving services but also for the peer employees. The implementation of these programs is critical in engaging our communities in helping to reduce the stigma of behavioral health treatment and diagnoses. We continue to see an increase in utilization of the 24-hour support line and short term crisis respite services that are provided by the Rose House, a program provided through People, Inc. 2019 will also see the development of a Veteran's Peer Services Program, named after Joseph P. Dwyer, a combat medic who died of a drug overdose after years of struggling with Post-Traumatic Stress Disorder. The program is funded by the state to design, implement and evaluate a county-based veteran peer-to-peer service program for veterans.

One of our most pressing and challenging concerns is the lack of inpatient beds for children within our two counties. Children are being held in the ECC for days at a time while they await appropriate inpatient services, which are often located a significant distance away and create a transportation challenge for families. According to the Adirondack Region DSRIP Needs Assessment, our larger Adirondack region has 12 child inpatient beds but we have an average daily census of 28. Glens Falls Hospital is in the process of creating a Crisis Stabilization Center, which will be housed within the hospital's ECC. This area will be patient- and child-centered so that it is much more comfortable for the children and families accessing services. The services provided will be specific to psychiatric crisis and will serve both adults and children, with an area designated specifically for children. The staff will be dedicated to this unit and therefore will have specific training in evidence based practices, including crisis intervention and de-escalation techniques. The Crisis Stabilization Center will incorporate peer and family supports, with goals of increasing community support and engagement, while decreasing inpatient hospitalizations.

On the preventative end of our services, the Council for Prevention has been pioneering numerous community forums and coalitions to address suicide prevention initiatives. The Council has been able to provide free Mental Health First Aid trainings for community and program stakeholders as well as an increase in training programs that are available to licensed behavioral health and substance abuse professionals. These trainings have been available at no cost for our workforce, allowing staff to complete necessary continuing education credits needed to retain their licensure as well as bringing the most up to date evidence based and trauma informed trainings to a smaller, rural region. The Council has also been spearheading the DSRIP initiative 4.a.iii, improving the mental health and substance abuse infrastructure, further allowing them to use DSRIP funding in creative and engaging ways for program staff and the community at large. The Suicide Prevention Coalition has also formalized a post-vention team and process that is available to our local communities and school districts to assist the staff and students after a death by suicide or tragic event. Our local schools have embraced these services and have found them to be invaluable as far as education and post-vention support for individuals affected by such events.

The LGU continues to work closely with AHI, our local PPS, around finding a way to fund the SIM (Sequential Intercept Mapping) workshop, which includes a day and a half workshop that assists communities in clarifying how individuals with mental illness may typically intersect with the criminal justice system. This mapping process allows community systems such as law enforcement, criminal justice and mental health to

come together to identify diversion opportunities for individuals with mental illness prior to more serious involvement with the legal system. Legal interventions are both costly and ineffective when it comes to addressing the larger issue of mental illness. The goal is to increase service linkages and allow for an increase in quality of life for individuals that are often seen repeatedly in the criminal justice system.

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:

The LGU was able to gather feedback from local programs as well as individuals that are involved in the recovery movement. In reviewing local data sources and community responses it was determined that the level of unmet needs have maintained over the past year. While we continue to work with local programming and OASAS, the development of new programs is not able to keep up with the growing demand for services. Two other concerns that are paramount in all three disability areas is the difficulty recruiting and retaining qualified professionals as well as a lack of transportation resources due to the rural nature of the area.

Across Warren and Washington Counties there has been a 21% increase in chemical dependency services from years 2014-2016. While the heroin and opiate crisis continues to be the most pressing issue in the arena of substance use disorders, the data shows that there isn't an upward trend in use although the rate continues to maintain. The addition of Fentanyl has proven to be a significant concern and has greatly contributed to an increase in overdoses. Warren and Washington Counties had the 2nd and 4th highest SUD crisis admits as well as the 2nd and 3rd highest number of residential admits to SUD housing in the North Country RPC. The two substances that continue to plague our area are opiates and alcohol.

Within Warren and Washington Counties we have lost on residential program for women which leaves us with two substance abuse residential programs that serve a total of 36 individuals. Based on the increase in chemical dependency services and the feedback from stakeholders, the increased need for housing programs is a significant issue for those in need of SUD services. In addition, the lack of detox, inpatient and MAT programs are also a notable gap in service needs for our area. Within our larger Adirondack DSRIP region, which encompasses Clinton, Essex, Franklin, Hamilton, Warren and Washington Counties, we have only two inpatient rehabilitation programs, which are both located in Franklin County. The lack of essential SUD treatment and crisis services make it difficult for individuals with acute needs to access timely services due to increased travel and limited openings across the region. Once the Glens Falls Hospital Crisis Stabilization Center is open they will have some availability to treat SUD individuals however it will likely be on a limited basis.

Locally, our two largest outpatient SUD providers have expanded hours and service availability by implementing specific open access clinic times. Both Glens Falls Hospital Center for Recovery clinics (Glens Falls and Hudson Falls) as well as the Baywood Center clinic offer open access hours. Hudson Headwaters Health Network received funding last year that has allowed them to increase opioid treatment options. They have partnered with two out of the local outpatient SUD clinics to provide slots for individuals that may need MAT, Medically Assisted Treatment, even after completing outpatient programming. Our DSRIP region has the highest average daily census of individuals in SUD outpatient programs. Specific to opioid treatment programs the Adirondack DSRIP region has only one treatment program, which is located in Clinton County. The capacity for such programming is the lowest rate of any DSRIP region in the state.

The Council for Prevention continues to lead the local Hometown vs. Heroin and Addiction Coalition, which has been an instrumental part of bringing awareness to our community and reducing the stigma that often comes with addiction and treatment. The Coalition continues to conduct numerous school- and community-based forums with experts in the field of SUD in addition to individuals in recovery and families affected by opiate addiction. The Coalition has several sub-committees to address more targeted needs, such as a neo-natal abstinence group that grew out of the healthcare worker's recognition that there was an increase in infants being born to opiate addicted mothers. The group has successfully garnered the support of local legislators as well as key community and healthcare stakeholders.

The Council for Prevention has also continues to oversee the local recovery center, which has a part time staff/peer counselor. OASAS has strategically planned to enhance treatment and recovery as well as improve the effectiveness of prevention and recovery services. There has been a cultural shift in recent years that has embraced recovery and encouraged a more person-centered, holistic lens around the nature of recovery. Feedback from our two county SUD services and recovery community indicated that there is an increase demand for peer-based services. Peer-based services have great value and there is evidence to indicate that these services can be very effective in supporting individuals throughout the various phases of recovery. There is a focus on a more holistic perspective and our local Warren/Washington Friends of Recovery has done a wonderful job advocating and creating a more public forum to bring attention to how pervasive substance use disorders are in our area. The Council continues to run the adventure-based diversion program for 18-25 year olds that have been involved with the criminal justice system due to opiate use. This diversion program has the capacity to serve 30 individuals in the course of a year. Referrals will be made from Alternative Sentencing in Washington County and will act as a pre-court diversion from Probation in Warren County.

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:

One of the most pressing issue in the arena of disability services is workforce recruitment and retention. This concern is one that cuts across all three disability areas but has had a profound impact on developmental/intellectual disability services due to the large number of direct care staff these services employ. Several programs noted that the increasing minimum wage has made recruitment more difficult, particularly for such nuanced work that requires a high level of dedication and empathy. Providers indicate that they are competing with employers in the fast food industry as they are able to provide similar wages for job duties that typically require much less responsibility on the part of the employees when compared to those of a direct care support staff.

The other priority within disability needs is the lack of residential services. **From 2014-2016 there has been a twenty percent increase in residential enrollments for Warren County. Within Washington County there has been a slight decrease in the residential enrollments.** Also notable is the access to disability services, due in part to the OPWDD transformation, which has a greater emphasis on moving individuals from day support options into employment-based opportunities. The concern is that while employment can be an important piece of supportive services, not all individuals are interested in or able to maintain employment. Those opportunities that are available are limited and highly competitive. Additionally, the eligibility process for OPWDD services continues to be a long process that often times causes frustration to the families and individuals that are in need of support. The START team is available in our area to provide community-based prevention and crisis intervention to individuals with acute behavioral health needs. The START staff and director continue to engage with our local stakeholders to ensure they are an accessible resource within the community.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input 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 major concern across all three disability areas. WWAMH is exploring a Housing First project in Glens Falls, as the Hudson Falls model has been so successful. Locally, our OASAS residential housing options are in flux as 820 River St., part of Peter Young Housing Industries and Treatment (PYHIT), is no longer receiving funding from NYS OASAS. They have recently closed their women's Community Residence in Granville. They continue to operate the men's Crandall St. Community Residence in Glens Falls w/o state assistance. The Addictions Care Center of Albany has been approved to operate Community Residences in our Counties and is in the process of identifying and securing appropriate properties.

Housing for developmentally disabled individuals also continues to be a concern, as OPWDD is updating and monitoring their review of the Residential Request List (RRL). Over the past three years the RRL reflects a statewide reduction of approximately 1,000 individuals. OPWDD has also revised their approach to determine access to certified residential opportunities after concerns were made that there was not a provision for individuals whose family members were no longer able to, or would soon be unable to, continue caring for them. This helped address some of the individuals that may have never received services but reside with an aging parent/s or caretaker. Additionally, OPWDD continues to work on expanding more community integrated housing options, which are not viable for all individuals. There continue to be extended waiting periods for individuals trying to attain housing/residential services. The North Country branch of the Saratoga-North Country Continuum of Care is working closely with CARES to implement a coordinated entry system that will allow individuals in need of housing to allocate our community resources as effectively as possible, regardless of which agency an individual presents at. HUD has made the coordinated entry process a mandate as of January 2018 for all CoC funded agencies.

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

Expand access to housing options that are safe, affordable and person-centered. Work with the local CoC to explore additional funding

opportunities for permanent supportive housing to allow individuals with the greatest need to access housing resources in a timely and effective manner.

Objective Statement

Objective 1: Explore housing redesign with the Housing First model for special populations with programs that have project proposals, as funding is identified. These will be reviewed through presentation and approval by the appropriate Community Services Board subcommittee.

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

Objective 2: Collaborate with the administration of local adult homes to discuss ways we can better serve the needs of our aging and disabled/recovering populations.

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

Objective 3: Increase the number and types of housing opportunities for persons with developmental disabilities

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

Objective 4: Develop housing opportunities for persons with substance use disorders, including those not yet in treatment

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

Objective 5: Increase the number of supported housing opportunities that target transition-aged youth (16-24 yrs) across all three disability areas.

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

Change Over Past 12 Months (Optional)

The local branch of the Saratoga-North Country Continuum of Care continues to work diligently with members and the community to address unmet housing needs. The North Country CoC now has a shared Coordinated Entry system that will eventually be available, electronically, through HMIS. The Coordinated Entry process is a mandate that has been a HUD requirement since January 2018 and MOU's with participating agencies have already been executed. WWAMH is in the process of a new Housing First project in the Glens Falls area.

2b. Transportation - Background Information

Our office sent out surveys to local programs and community stakeholders to determine the biggest unmet service needs in all three disability areas. One of the top concerns across all disability areas was the lack of accessible public transportation. There is a local transit system (Greater Glens Falls Transit) in our local city center that reaches a small area of the outlying region; however, it is not large enough to reach the more rural towns and outlying areas of our Counties. Not all individuals are comfortable utilizing public transportation or have the financial resources to pay for it. We have also been advised through local program reporting that using the Medicaid transportation services appears to be more complicated and less reliable than they were several years ago. It is unknown if this is because of the restructuring of Medicaid transportation and the process or simply a coincidence.

In addition, the Office of Community Services has made contact with the Adirondack/Glens Falls Regional Transportation Council in order to work on community/regional solutions and planning to address the lack of transportation. The A/GFRTC has a sub-committee of human services providers that meet quarterly to discuss the impact this has on the populations they serve as well as potential options to increase use of existing transportation resources. We also have developed a local committee in the last year to specifically work on transportation solutions in our area.

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

Expand alternative transportation ideas/options for individuals across all three disability areas.

Objective Statement

Objective 1: Collaborate with the Adirondack Glens Falls Transportation Council on rural funding and strategies..

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

Objective 2: The Office of Community Services will participate in a work group/coalition with key stakeholders to explore the development of volunteer and/or peer based transportation options.

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

Change Over Past 12 Months (Optional)

There has not been any new development of additional transportation resources over the past year, although there have been reports from community stakeholders and program staff that Medicaid transportation is not as easily accessible as it once was. This may be due to the Medicaid transportation process being restructured several years ago through Medicaid Redesign. Transportation barriers throughout the North Country region are being identified and discussed as part of several DSRIP workgroups within our PPS. There is a monthly meeting and committee that has organized around transportation needs and involves many community stakeholders. We are hopeful that this group will be able to pool resources and strategies to better address the gaps in services.

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

Workforce recruitment and retention continues to be an ongoing issue in our two counties across all three mental hygiene areas. This category of unmet needs was most widely noted on the provider and stakeholder surveys that were collected by the LGU. This difficulty, combined with the raise in minimum wage, continues to tax the human services sector as industries such as fast food service are able to compete with direct care jobs. Direct care employment typically carries more responsibility and accountability for similar pay. Our local PPS, Adirondack Health Institute, has worked collaboratively with the community to ensure that all appropriate agencies and staff are aware of the workforce recruitment and retention funds which have been an asset to a number of our contract agencies.

As of late 2016, both Warren and Washington Counties have been determined to qualify as a health professional shortage area (HPSA), due to

the work of the Center for Health Workforce Studies out of SUNY Albany, who applied for the designation on behalf of the LGU. This HPSA designation allows certain behavioral health providers to become National Health Service Corp. sites, which then allows certain licensed mental health professionals to apply for their loan forgiveness program. Benefits such as loan repayment are a valuable resource for rural areas looking to attract and retain a qualified professional workforce.

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

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

The Office of Community Services will encourage local providers to collaborate and implement effective strategies to address workforce shortage issues across all three disability areas.

Objective Statement

Objective 1: Work with regional providers and AHI on the most useful and effective ways to utilize DSRIP Workforce Funds.

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

Objective 2: Encourage providers to apply for the National Health Service Corp. site designation and include information regarding the college loan repayment programs in their recruitment and advertising efforts.

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

Objective 3: Explore and implement the use of telemedicine where appropriate and viable.

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

Change Over Past 12 Months (Optional)

The need for services across all the disability areas appears to have maintained, although the Children and Youth SPOA applications have increased significantly in the past year, indicating the need for a more robust children's mental health services system. The workforce issue directly effects access to treatment services. The recruitment of psychiatric prescribers for adults and children is still at the forefront of the crisis, as the lack of prescribers limits the ability of outpatient clinics to take on new individuals in need of treatment.

2g. Inpatient Treatment Services - Background Information

Glens Falls Hospital is the only provider that has psychiatric inpatient availability for adults in our counties. Within the Adirondack DSRIP region, Warren County has the largest number of adult certified inpatient beds (30), located at Glens Falls Hospital. The total psychiatric bed capacity for our DSRIP region is 27 per 100,000 adults and 17 per 100,000 children, which are the second lowest capacity rates in all the NYS DSRIP regions. Warren County also has the highest average daily census numbers for inpatient children, despite having no designated children's beds. The Glens Falls Hospital is currently constructing a crisis stabilization center that will have a designated area for children in psychiatric crisis. They will also have the ability to treat individuals with substance use disorders but on a very limited basis.

The other concern noted by community stakeholders and programs is the lack of detox and inpatient services for those individuals with substance use disorders. The highest percentage of inpatient SUD admissions in Warren County was for cocaine use disorder and in Washington County the largest percentage of inpatient SUD admissions was due to opioid use disorder.

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

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

Timely access to flexible, appropriate Behavioral Health Services

Objective Statement

Change Over Past 12 Months (Optional)

The Glens Falls Hospital has recently opened their Crisis Center, an acute crisis stabilization unit. This crisis center is an acute 7-bed secured unit that is for adults and children in crisis. The center will offer 24-hour access to acute crisis services with an emphasis on connection to community behavioral health treatment services. This will help sustain and support strong community behavioral health and substance abuse support that is unique to each individual. The center will have an integrated team of Social Workers, RNs, Techs, a Patient Navigator and Peer Advocates.

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

The growing heroin and opiate crisis continues to be the most pressing issue in the arena of substance use disorders. The addition of fentanyl to some sources of heroin has also dramatically increased the number of overdoses and deaths related to heroin and opiate use. The Council for Prevention continues to lead the prevention front around opiates and substance use disorders. The Hometown vs. Heroin and Addiction Coalition continues to gain momentum and has several subcommittees that have been successful in reaching local legislative support and publicity on issues such as the increase of infants born addicted to opiates.

One of the major stumbling blocks in our two county area is the lack of detox and inpatient SUD services as individuals are not able to received the appropriate level of treatment. These limitations continue to place a burden on our communities and key local stakeholders are interested in trying to close this gap in services.

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

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

Expand substance abuse services to align with local/regional needs.

Objective Statement

Objective 1: Collaborate with the Mental Health/Chemical Dependency subcommittee to determine how to increase treatment options and access

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

Objective 2: Work with local SUD providers and determine if development of detox and/or medically assisted treatment is viable

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

Objective 3: Continue the success and work of the Council for Prevention through the Hometown vs. Heroin task force to advance specific abuse prevention strategies within the community

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

Change Over Past 12 Months (Optional)

The Hometown vs. Heroin and Addiction task force continues to work hard within the community to bring awareness and education resources to local schools and public forums. The task force along with the Warren/Washington Friends of Recovery continue to gain traction and have been successful in bringing a large variety of service providers and community stakeholders together to discuss specific strategies to combat the opiate crisis. The task force subcommittee has a neonatal abstinence group that has received the notice and support of local pediatricians and legislatures to produce educational materials around the growing number of opiate addicted infants. Additionally, the Council and the Center for Recovery have partnered together to implement an adventure based diversion program for young adults that have law enforcement involvement based on their opiate use. The program will run in 4 month cycles and the first one is slated to begin in June. SUNY Albany will be collecting data on the program including evaluations, outcomes and surveys.

2n. Mental Health Clinic - Background Information

The lack of psychiatric prescribers available has compounded the limits on outpatient treatment options, as it has slowed the rate at which our local clinics have been able to admit new individuals. This is across both the child and adult mental health clinics. Several local providers are in the process of exploring the use of telemedicine as an alternative, as workforce recruitment and retention continues to be an issue across the entire state.

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

Individuals will have timely access to flexible, appropriate Behavioral Health supports and services.

Objective Statement

Objective 1: Implement open-access model of treatment in our Glens Falls Hospital outpatient clinic as well as WWAMH Caleo Clinic.

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

Objective 2: The Office of Community Services will work with local providers to develop additional school based mental health clinic satellites.

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

Objective 3: The Office of Community Services will develop and implement a Veteran's Peer-to-Peer support pgroom with NYS Senate

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

Objective 4: The Office of Community Services will advocate for appropriate levels of local/regional inpatient behavioral health services

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

Objective 5: The Office of Community Services will help coordinate a new group of community stakeholders to help implement objectives of the SIM workshop

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

Change Over Past 12 Months (Optional)

Parsons mobile crisis teams for adults and children continue to see an increase in their referrals and have been able to extend their hours of operation for the children's team. Parsons also has their home-based crisis intervention services that support children and families that have a higher level of needs, over a more extended period than the crisis services.

Parsons has opened up several school-based clinics within the past year, one at Queensbury School and the other in Cambridge. WWAMH has school based clinics currently in Whitehall and Granville and several other local schools have expressed an interest in having the service, after recognizing the school staff is unable to meet the behavioral and mental health needs of many of their students. WWAMH also has imbedded a therapist at a local pediatric office to address behavioral health concerns.

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- 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

The Office of Community Services continues to be an active participant in several DSRIP PPS projects, including but not limited to Domain 3.a.ii project: Behavioral health community crisis stabilization services and the population wide projects, Domain 4.a, Promote Mental Health and Prevent Substance Abuse (MHSA). Within the last year and a half Warren and Washington Counties have been able to bring in both Adult and Children and Youth Mobile Crisis Services. Our service providers and staff continue to attend and utilize M/CTAC trainings in order to gain important knowledge on data collection, best practices and implementation of HCBS services and Value Based Payments. Glens Falls Hospital is also starting the construction on a Crisis Stabilization Center and formalizing its protocols with other community MH providers to address the crisis response. We have had the Sequential Intercept Model training and we are working to determine how to implement this model to better serve the individuals with MH and SUD that have law enforcement and legal involvement, allowing more avenues for diversion and therapeutic interventions. The Council for Prevention is leading the 4.a population wide project and meetings convene monthly in that group. They are working with the PPS AHI project manager to bring various trainings and raise community awareness around mental health and substance use disorder. Additionally, the Office of Community Services continues to be involved in several county-region committees around HCBS services, transportation, long term care, and has also hosted a small HCBS forum with local providers that have been HCBS designated as well as the care management agencies and several managed care organizations. Our offices plan to do this again as HCBS services and care management continue to ramp up in the region.

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

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

Advance a population health approach to clinical services

Objective Statement

Objective 1: Develop relationships and strategies to outreach to individuals in need of treatment, but may be ambivalent

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

Objective 2: Increase the availability of psychiatric and SUD services by soliciting new contract providers

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

Objective 3: Introduce additional peer coaching services

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

Objective 4: Collaborate with providers to increase the implementation of evidence based practices that infuse the Adverse Childhood Experiences Study on individuals' health across a lifetime

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

Change Over Past 12 Months (Optional)

The community as a whole, particularly with the work of the Council for Prevention and Mental Health First Aid training, has become much more open and accepting in regards to mental health treatment, trauma informed care and reduced stigmatization for those who access services. There is a cultural shift that is occurring and continues to gain momentum, also leading to more individuals accessing services which is reflected in the increasing number of referrals across the behavioral health agencies. Rose House and People, Inc. continue to see an increase in referrals and usage of their services. Glens Falls Hospital Crisis Center is also utilizing a peer counselor. Northern Rivers is also in the process of hiring and training peer counselors for children's services, which are part of the SPA services for children and waiver services.

Many of our larger health centers have integrated behavioral health care into their practices so that needs of patients can be addressed in the moment. Additionally, many providers are utilizing some form of SUD screening tool so that appropriate referrals can be made. This along with the trauma informed, person centered cultural shift is also resulting in an increase in service need for SUD services.

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

The Office of Community Services continues to be an active participant in several DSRIP PPS projects, including but not limited to Domain 3.a.ii project: Behavioral health community crisis stabilization services and the population wide projects, Domain 4.a, Promote Mental Health and Prevent Substance Abuse (MHSA). Within the last year and a half Warren and Washington Counties have been able to bring in both Adult and Children and Youth Mobile Crisis Services. Our service providers and staff continue to attend and utilize M/CTAC trainings in order to gain important knowledge on data collection, best practices and implementation of HCBS services and Value Based Payments. Glens Falls Hospital is also starting the construction on a Crisis Stabilization Center and formalizing its protocols with other community MH providers to address the crisis response. We continue to investigate ways to bring the Sequential Intercept Model to our two counties in order to better serve the individuals with MH and SUD that have law enforcement and legal involvement, allowing more avenues for diversion and therapeutic interventions. The Council for Prevention is leading the 4.a population wide project and meetings convene monthly in that group. They are working with the PPS AHI project manager to bring various trainings and raise community awareness around mental health and substance use disorder. Additionally, the Office of Community Services has also hosted a small HCBS forum with local providers that have been HCBS designated as well as the care management agencies and several managed care organizations.

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

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

Support all initiatives through Medicaid Redesign, DSRIP and Managed Care HCBS waiver services. Develop culturally competent,

person-centered, recovery-oriented services and culture.

Objective Statement

Objective 1: Develop relationships with the regional health home agencies as well as our local PPS in order to deliver integrated care.

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

Objective 2: Explore opportunities for the integration of primary care, behavioral health and substance use disorder services.

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

Objective 3: Increase population health through the promotion of mental, emotional, and behavioral well-being for all county residents through trauma informed care

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

Objective 4: Behavioral Health Certified Peer community outreach capacity will be developed/expanded

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

Change Over Past 12 Months (Optional)

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

The Office of Community Services is pleased to have been part of the successful launch of the Regional Planning Consortia (RPC). The Director of Community Services for Warren and Washington Counties is serving as a co-chair for the North Country RPC. The transition to Medicaid managed care is a major shift for the service delivery system and the RPCs bring together the appropriate mix of system stakeholders in an organized fashion to monitor the impacts of this systems change upon providers and upon the individuals and families we serve. RPCs provide a data-informed regional forum for collaboration, information sharing, issues identification, problem solving, as well as informing local- and state-level policy and funding decisions.

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

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

The North Country Regional Planning Consortium (RPC) will continue to address identified regional issues/challenges related to Medicaid Redesign and the transition to Medicaid Managed Care. The North Country RPC will utilize a thorough due diligence process to bring clarity and specificity to identified issues and recommended solutions.

Objective Statement

Objective 1: Identify related issues/challenges through RPC Board meetings, established workgroups and community outreach/stakeholder input.

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

Objective 2: Pursue due diligence measures within the RPC regional and statewide structure to adequately vet the identified issues, and inform potential regional and statewide solutions

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

Objective 3: Establish a Children and Families Standing Committee of the North Country RPC with broad regional stakeholder representation to address the transition of the children's system to Medicaid Managed Care, and related issues

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

Objective 4: Clarify, refine and advance issues and solutions through ongoing dialogue with regional stakeholders and State Agency partners

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

Change Over Past 12 Months (Optional)

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

The Office of Community Services continues to be an active participant in several DSRIP PPS projects, including but not limited to Domain 3.a.ii project: Behavioral health community crisis stabilization services and the population wide projects, Domain 4.a, Promote Mental Health and Prevent Substance Abuse (MHSA). Within the last year and a half, Warren and Washington Counties have been able to bring in both Adult and Children & Youth Mobile Crisis Services. Our service providers and staff continue to attend and utilize M/CTAC trainings in order to gain important knowledge on data collection, best practices and implementation of HCBS services and Value Based Payments. Glens Falls Hospital is also starting construction on a Crisis Stabilization Center and formalizing it's protocols with other community MH providers to address the crisis response. We continue to investigate ways to bring the Sequential Intercept Model to our two counties in order to better serve the individuals with MH and SUD that have law enforcement and legal involvement, allowing more avenues for diversion and therapeutic interventions. The Council for Prevention is leading the 4.a population wide project and meetings convene monthly in that group. They are working with the PPS AHI project manager to bring various trainings and raise community awareness around mental health and substance use disorder. Additionally, the Office of Community Services has also hosted a small HCBS forum with local providers that have been HCBS designated as well as the care management agencies and several managed care organizations. We are also exploring ways to address the Early Intervention needs of children and families within our counties.

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

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

Support all initiatives through Medicaid Redesign, DSRIP and Managed Care HCBS waiver services. Develop culturally competent, person-centered, recovery-oriented services and culture.

Objective Statement

Objective 1: Develop relationships with the regional health home agencies as well as our local PPS in order to deliver integrated care.

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

Objective 2: Explore opportunities for the integration of primary care, behavioral health and substance use disorder services

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

Objective 3: Increase population health through the promotion of mental, emotional, and behavioral well-being for all county residents through trauma informed care

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

There is a need to improve the readiness of our Disaster Mental Health response capacity. Twelve years ago, we developed a cadre of approximately 30 volunteer local clinicians that were trained in the Disaster Mental Health: A Critical Response curriculum. These individuals were designated by our County Boards of Supervisors as comprising the County Disaster Mental Health Team for both Warren and Washington Counties. Over the years, various clinicians have retired, moved from the area or simply expressed a desire to no longer be part of the County DMH team. Our numbers are now half or less of the original team composition. In the event of a disaster with local or regional impacts, the Office of Community Services for Warren and Washington Counties may be called upon to deploy this resource for the benefit of our citizens. The original two-day curriculum has recently been revised into a new one-day training curriculum: Fundamentals of Disaster Mental Health Practice. We will re-constitute the County Disaster Mental Health (DMH) team by offering training(s) in the new curriculum and requiring successful completion to be a designated member of the County DMH team.

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

Goal Statement- Is this Goal a priority goal (Only 5 goals can be selected as priority goals)? Yes No

The County Disaster Mental Health (DMH) team for Warren and Washington Counties will be offered at least two related training opportunities in 2019. The team will be reconstituted to provide appropriately trained staff in the event of the need for deployment

Objective Statement

Objective 1: The Office of Community Services will widely promote/offer at least two disaster mental health related trainings to County DMH team members

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

Objective 2: The Office of Community Services will maintain current contact information for County DMH team members

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

Objective 3: OCS will promote at least one disaster mental health-related response drill.

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

Change Over Past 12 Months (Optional)

The County Disaster Mental Health Team was reconstituted in late 2017 and is now comprised of 16 Masters-level clinicians trained in the NYS OMH/DOH Fundamentals of Disaster Mental Health curriculum.

Attachments
<ul style="list-style-type: none">• Adirondack DSRIP Needs Assess.pdf - Adk. DSRIP OMH Needs Assessment• countyutilization2015 (2).pdf• HIC-PIT-Memo-Saratoga-North-Country-2017.pdf

Office of Mental Health Agency Planning Survey
 Warren County Community Services (70220)
 Certified: Carrie Wright (6/6/18)

1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issue
Psychiatrist	5	5	lack of available providers, lack of medical director leadership, salary
Physician (non-psychiatrist)			
Psychologist (PhD/PsyD)	4	4	lack of available providers
Nurse Practitioner			
RN/LPN (non-NP)			
Physician Assistant			
LMSW	4	4	salary/benefit competitiveness
LCSW	5	5	salary/benefit competitiveness
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)			
Peer specialist	3	4	Lack of certified peers
Family peer advocate			

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.

Three providers

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman jeremy.darman@omh.ny.gov. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
 Warren/Washington County Community Services (70220)
 Submitted for Approval: Crystal Lawrence (4/13/18)
 Certified: Robert York (4/13/18)

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.

Warren County

Chairperson		Member		Member	
Name	Kimberly Brayton, JD, Ph.D.	Name	Holly Irion, LMHC	Name	Amy Molloy, MSV M.Ed.
Physician	No	Physician	No	Physician	No
Psychologist	Yes	Psychologist	No	Psychologist	No
County	Warren	Represents	SUNY Adirondack	Represents	Suicide Prevention
Term Expires	12/31/2020	County	Warren	County	Warren
eMail	kimbraytonjdphd@yahoo.com	Term Expires	12/31/2019	Term Expires	12/31/2019
		eMail	irionh@sunyacc.edu	eMail	aemolloy5@yahoo
Member		Member		Member	
Name	Barbara Boggia	Name	Joan Grishkot, RN	Name	Lu Thomas-Cosgrove LCSW
Physician	No	Physician	No	Physician	No
Psychologist	Yes	Psychologist	No	Psychologist	No
County	Warren	Represents	Retired Warren County Public Health	County	Warren
Term Expires	12/31/2018	County	Warren	Term Expires	12/31/2021
eMail	boggiabarbara@hotmail.com	Term Expires	12/31/2018	eMail	lucsgv@msn.co
		eMail	grishkotj@gmail.com		
Member		Member		Member	
Name	Maureen Schmidt	Name	James P. Dexter	Name	Christina Bessen
Physician	No	Physician	No	Physician	No
Psychologist	No	Psychologist	No	Psychologist	No
Represents	Retired Warren County Social Services	Represents	Warren/Saratoga/Washington/Hamilton/Essex BOCES	Represents	Probation Officer/Parent
County	Warren	County	Warren	County	Warren
Term Expires	12/31/2021	Term Expires	12/31/2021	Term Expires	12/31/2021
eMail	schmidtmaureen393@gmail.com	eMail	jdexter@wswebores.org	eMail	mccb@roadrunner

Washington County

Chairperson		Member		Member	
Name	Samuel Hall	Name	Michelle Burke, RN	Name	Patricia Hunt, RN
Physician	No	Physician	No	Physician	No
Psychologist	No	Psychologist	No	Psychologist	No
Represents	Veterans	Represents	School/youth/health	Represents	Washington County Public Health
County	Washington	County	Washington	County	Washington
Term Expires	12/31/2019	Term Expires	12/31/2021	Term Expires	12/31/2021
eMail	sammyjh49@yahoo.com	eMail	Shelbylb51@hotmail.com	eMail	phunt@co.washington.ny.us
Member		Member		Member	

Name Claire Bromley, LMSW
Physician No
Psychologist No
Represents BOCES/youth
County Washington
Term Expires 12/31/2021
eMail cricketb63@yahoo.com

Member
Name Linda Michaud
Physician No
Psychologist No
County Washington
Term Expires 12/31/2019
eMail lindamary1959@gmail.com

Name Heather Adams-Wendell
Physician No
Psychologist No
Represents Parent/Head Start
County Washington
Term Expires 12/31/2020
eMail hadamswendell@yahoo.com

Member
Name Sharon Mead, RN
Physician No
Psychologist No
County Washington
Term Expires 12/31/2020
eMail slmead861@aol.com

Name Desiree Boucher
Physician No
Psychologist No
County Washington
Term Expires 12/31/2020
eMail desireeboucher87@gmail.com

Member
Name Tammy DeLorme
Physician No
Psychologist No
Represents Washington County Social Services
County Washington
Term Expires 12/31/2019
eMail tammy.delorme@dfa.state.ny.us

Alcoholism and Substance Abuse Subcommittee Roster
 Warren/Washington County Community Services (70220)
 Submitted for Approval: Crystal Lawrence (4/13/18)
 Certified: Nicholas Hobson (5/30/18)

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		Member	
Name	Joan Grishkot	Name	Maureen Schmidt
Represents	Warren Co CSB/Public Health	Represents	Warren Co. CSB/LDSS
eMail	wgrishko@nycap.rr.com	eMail	Maureen.Schmidt@dfa.state.ny.us
Is CSB Member	Yes	Is CSB Member	Yes
Member		Member	
Name	Sam Hall	Name	Tammy DeLorme
Represents	Washington Co CSB/Veteran	Represents	Washington County CSB/LDSS
eMail	sammyjh49@yahoo.com	eMail	tammy.delorme@dfa.state.ny.us
Is CSB Member	Yes	Is CSB Member	Yes
Member		Member	
Name	Patty Hunt	Name	Sue Roberts-McManus - Wash Co.
Represents	Washington County CSB/Public Health	Represents	SUD Treatment - Center for Recovery
eMail	Phunt@co.washington.ny.us	eMail	sroberts-mcmanus@glensfallshosp.org
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Holly Irion	Name	Charles Moak - Warren Co.
Represents	Warren Co. CSB/SUNY Adk	Represents	SUD Treatment - Conifer Park
eMail	irionh@sunyacc.edu	eMail	cmoak@libertymgt.com
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Jennifer Neifeld - Warren Co.	Name	Cliff Green - Washington Co.
Represents	SUD Treatment - Baywood Center	Represents	Dual Recovery
eMail	jennifern@pyhit.org	eMail	cliffg@WWAMH.ORG
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Sue Mowrey - Wash. Co.	Name	Amanda West - Wash. Co.
Represents	Washington Co. Youth Bureau/Alternative Sentencing	Represents	SA Prevention - Council for Prevention
eMail	smowrey@co.washington.ny.us	eMail	AmandaWest@councilforprevention.org
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Richard Demers - Wash. Co.	Name	David Klippel - Warr. Co.
Represents	EAP Program	Represents	Peer Services - Warren Washington Rose House
eMail	rdemers@eapwws.org	eMail	davidk@projectstoempower.org
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Keith Stack	Name	Jim Dexter
Represents	ACCA	Represents	Warren County WSWHE Boces

eMail kstack@theacca.net
Is CSB Member No

eMail jdexter@wsweboces.org
Is CSB Member Yes

Member
Name Amy Molloy
Represents Warren County
eMail aemolloy5@yahoo.com
Is CSB Member Yes

Member
Name Desiree Boucher
Represents Washington County
eMail desireeboucher87@gmail.com
Is CSB Member Yes

Member
Name Linda Michaud
Represents Washington County
eMail lindamary1959@gmail.com
Is CSB Member Yes

Mental Health Subcommittee Roster
 Warren/Washington County Community Services (70220)
 Submitted for Approval: Crystal Lawrence (4/13/18)
 Certified: Nicholas Hobson (5/30/18)

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.

Member		Member	
Name	Joan Grishkot	Name	James Dexter
Represents	Warren Co CSB/Public Health	Represents	Warren Co. CSB/BOCES
eMail	wgrishko@nycap.rr.com	eMail	JDexter@wswheboces.org
Is CSB Member	Yes	Is CSB Member	Yes

Member		Member	
Name	Holly Irion	Name	Amy Molloy
Represents	Warren Co. CSB/SUNY Adk	Represents	Warren Co. CSB/Suicide Prevention
eMail	irionh@sunyacc.edu	eMail	aemolloy5@yahoo.com
Is CSB Member	Yes	Is CSB Member	Yes

Member		Member	
Name	Adrienne Slayko - Warren Co.	Name	Jennifer Hill - Warren Co.
Represents	Mobile Crisis/Parsons Child and Family Center	Represents	MH treatment - Glens Falls Hospital
eMail	adrienne.slayko@parsonscenter.org	eMail	jhill@glensfallshosp.org
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Dan Durkee - Warren Co.	Name	David Klippel - Warr. Co.
Represents	Warren Co. Public Health	Represents	Peer Services - Warren Washington Rose House
eMail	durkeed@warrencountyny.gov	eMail	davidk@projectstoempower.org
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Julie Bebee - Warren Co.	Name	David Alloy, Ph.D. - Warren Co.
Represents	Liberty House Foundation	Represents	FQHC-Primary Care/Behavioral Health - HHHN
eMail	jbeebe.libertyhouse@gmail.com	eMail	dalloy@HHHN.org
Is CSB Member	No	Is CSB Member	No

Member		Member	
Name	Sam Hall	Name	Tammy DeLorme
Represents	Washington Co CSB/Veteran	Represents	Washington County CSB/LDSS
eMail	sammyjh49@yahoo.com	eMail	tammy.delorme@dfa.state.ny.us
Is CSB Member	Yes	Is CSB Member	Yes

Member		Member	
Name	Patty Hunt	Name	Andrea Deepe - Washington County
Represents	Washington County CSB/Public Health	Represents	Warren-Washington Association for Mental Health
eMail	Phunt@co.washington.ny.us	eMail	ADeepe@wwamh.org
Is CSB Member	Yes	Is CSB Member	No

Member		Member	
Name	Josh Gray - Washington County	Name	Wendy Berry - Washington County
Represents	WWAMH East Side Center	Represents	MH treatment - WWAMH Caleo

eMail joshg@wwamh.org
Is CSB Member No

Member
Name Lori Bishop - Washington County
Represents WWAMH Care Management
eMail lbishop@wwamh.org
Is CSB Member No

Member
Name Karen Baker - Washington County
Represents Washington County CSB/LDSS
eMail Karen.Baker2@dfa.state.ny.us
Is CSB Member No

Member
Name Maureen Schmidt
Represents Retired Warren County Social Services
eMail schmidtmaureen393@gmail.com
Is CSB Member Yes

Member
Name Linda Michaud
Represents Washington County
eMail lindamary1959@gmail.com
Is CSB Member Yes

Member
Name Rebecca Evansky
Represents AHI
eMail revansky@ahihealth.org
Is CSB Member No

Member
Name Gina Cantanucci
Represents Washington County OFA
eMail Gina.Cantanucci@dfa.state.ny.us
Is CSB Member No

eMail Counseling Services
 wberry@wwamh.org
Is CSB Member No

Member
Name Richard Demers - Wash. Co.
Represents EAP Program
eMail rdemers@eapwws.org
Is CSB Member No

Member
Name Theresa Alvaro
Represents Glens Falls Hospital
eMail talvaro@glensfallshosp.org
Is CSB Member No

Member
Name Desiree Boucher
Represents Washington County
eMail desireeboucher87@gmail.com
Is CSB Member Yes

Member
Name Mary McLaughlin
Represents AHI
eMail mmclaughlin@ahihealth.org
Is CSB Member No

Member
Name Jessica Robertson
Represents AHI
eMail jrobertson@ahihealth.org
Is CSB Member No

Member
Name Dee Park
Represents Warren County OFA
eMail parkd@warrencountyny.gov
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Warren/Washington County Community Services (70220)
 Submitted for Approval: Crystal Lawrence (4/13/18)
 Certified: Nicholas Hobson (5/30/18)

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		Member	
Name	Barbara Boggia	Name	Christina Bessen
Represents	Warren Co. CSB/Psychologist	Represents	Warren County CSB/Parent/Probation
eMail	boggiabarbara@hotmail.com	eMail	mcbb@roadrunner.com
Is CSB Member	Yes	Is CSB Member	Yes
Member		Member	
Name	Heather Adams-Wendell	Name	Debra Rowell - Warren Co.
Represents	Washington Co. CSB/Parent/Head Start	Represents	Community, Work and Independence
eMail	hadamswendell@yahoo.com	eMail	dmr@cwinc.org
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	John Von Ahn - Warren Co.	Name	Kim Heunemann - Warr. Co.
Represents	WWAARC	Represents	Center for Disability Services - Prospect Child and Family Center
eMail	jvonahn@wwarc.org	eMail	heunemann@cfdnsny.org
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Mark Donahue - Warr. Co.	Name	Cynthia Hill - Warren Co.
Represents	Community, Work and Independence	Represents	START team/OPWDD
eMail	mdonahue@cwinc.org	eMail	cynthia.j.hill@opwdd.ny.gov
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Julie Ramos - Warr. Co.	Name	Jennifer Eslick - Warr/Wash Cos
Represents	Vanderheyden Hall	Represents	Mobile Crisis/Parsons Child and Family Center
eMail	jramose@vanderheydenhall.org	eMail	Jennifer.Eslick@parsonscenter.org
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Sue Mowrey - Wash Co	Name	Chris Lyons - Warr/Wash Cos
Represents	Washington County Alternative Sentencing/Youth Bureau	Represents	AIM Services
eMail	smowrey@co.washington.ny.us	eMail	clyons@aimservicesinc.org
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Leslie Addison - Wash Cos	Name	Adrienne Slayko
Represents	Northeast Career Planning	Represents	Parson Center
eMail	laddison@northeastcareer.org	eMail	adrienne.slayko@parsonscenter.org
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Gina Cantanucci	Name	Gina Cantanucci
Represents	DFA	Represents	DFA

eMail Gina.Cantanucci@dfa.state.ny.us
Is CSB Member No

Member
Name Christine Cerro
Represents Support Link
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Is CSB Member No

Member
Name Susan Dornan
Represents Warren County OFA/NY Connects
eMail dornans@warrencountyny.gov
Is CSB Member No

Member
Name Maura Psoinos
Represents Vanderheyden Hall
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Is CSB Member No

Member
Name Stephanie Ball
Represents Washington County OFA/NY Connects
eMail stephanie.ball@dfa.state.ny.us
Is CSB Member No

eMail Gina.Cantanucci@dfa.state.ny.us
Is CSB Member No

Member
Name Christy Kannegiser
Represents Support Link
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Is CSB Member No

Member
Name Julia Beebe
Represents Liberty House
eMail jbeebe@libertyhousefoundation.net
Is CSB Member No

Member
Name Dee Park
Represents Countryside Adult Home
eMail parkd@warrencountyny.gov
Is CSB Member No

Member
Name Stephen Traver
Represents WWARC
eMail straver@wwarc.org
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Warren County Community Services (70220)
Certified: Carrie Wright (6/15/18)

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 2019 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 2019 Local Services planning process.