



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

Ulster County Dept. of Mental Health
August 14, 2018

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Ulster County Dept. of Mental Health	70660	(LGU)
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Mental Hygiene Local Planning Assurance	Required	Certified

Mental Hygiene Goals and Objectives Form
Ulster County Dept. of Mental Health (70660)
Certified: Tara McDonald (8/3/18)

I. 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:

Ulster County is a rural and sprawling county with a population of 182,000. The population of the county has remained consistent since 2016; with less than 25% of residents enrolled in Medicaid. These statistics are significant for Ulster, as New York State's Behavioral Health Care system is transforming specifically to meet the needs of Medicaid eligible individuals.

- Mental Health clinics in Ulster struggled throughout the planning period to maintain adequate staffing to address the clinical needs of individuals in the county. An area of concern continues to be psychiatry and the availability of credentialed prescribers. The dearth of prescribers resulted in longer waiting periods for evaluations and stunted access to services.
- Due to a recent spike in economic growth in the county's more popular areas (Kingston, New Paltz, Woodstock, etc.), in addition to the planned revitalization of downtown Kingston, Ulster County has become increasingly desirable to live, work and visit. However, the changing landscape of the county, taxes the affordable housing market and results in limited housing stock for working class and/or poor Ulster County residents.
- Ulster County's Residential SPOA has a waitlist of 154 individuals actively seeking housing; with 40 residents identified as homeless.
- The challenge of operating a transportation system that can successfully cover the 1,161 square miles that encompasses the county, has resulted in limited access to services for residents living in more rural areas of the county.
- Law enforcement agencies throughout the county have reported a marked increase in the number of calls they respond to that involve an individual with a behavioral health concern.

Areas of Improvement

- There continues to be expansion of mental health services through integrative efforts of local mental health providers and primary care practitioners. The county's largest provider of mental health services for youth and adolescents, established a satellite in the pediatric office of the county's largest primary care provider. There are plans to expand hours and possibly additional locations within the primary care practice.
- One of the county's mental health providers invested in telepsychiatry equipment and begun utilizing telepsychiatry within the clinic.
- Ulster County residents identified as high needs and requiring more intensive services will have the opportunity to receive intensive, supportive and clinical services through a local clinic. The Intensive Outpatient Services program allows for clinicians to provide multiple supportive and clinical services within a day for individuals with higher acuity. The program is expected to launch in July 2018.
- Ulster County was awarded two additional supported housing beds through OMH during the planning period and expanded the services contract of a local peer run housing provider.
- Ulster County received an opportunity to train six local clinical practitioners to become train the trainers of the Crisis Intervention Team curriculum. These six providers are poised to respond to law enforcement's need to train officers in CIT in Ulster County.
- Through FY 16-17 reinvestment funding from OMH, Ulster County developed a Home Based Crisis Intervention (HBCI) program; which launched October 2017. HBCI is a 6 week, intensive community based program for youth ages 5 to 17 at risk of psychiatric hospitalization. Services include 24/7 crisis response, assessment, treatment planning, family and individual therapy.

- 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:

Ulster County continues to suffer the scars of the opiate epidemic that is ravaging our country. Recent annual statistics revealed that despite multiple county sponsored efforts to date, we continue to lose Ulster County residents to opioid addiction at an alarming rate.

- Housing options for individuals with substance use disorders that are seeking recovery, remain limited to the one OASAS licensed residence in the county.
- Outpatient SUD providers in Ulster County continue to attempt to be accessible and flexible in their approach to serve county residents. However, they are overwhelmed by referrals and at times have needed to maintain waitlists.
- There has been limited growth for Medication Assisted Treatments within the county. The Methadone clinic in Kingston continues to serve multiple counties and consistently carries a waitlist.
- The State Targeted Response to the Opioid epidemic in Ulster County has been implemented; however, the program is not routinely treating their targeted population of opiate users.

Areas of Improvement

- Ulster County has been designated as one of sixteen counties having high needs based on the number of opioid deaths, hospitalizations involving opioids and residents leaving the county to access addiction services. The State Targeted Response (STR) team for Ulster County received 2 million dollars of grant money to launch a service to increase access to treatment, reduce unmet need and reduce overdose-related deaths. The dollars associated with the grant led to the development of the Center of Treatment Innovation (COTI). During the planning period, the COTI has established a main site and two satellites in rural areas of the county. COTI team members participate in both Adult and Child SPOA to identify individuals that can benefit from COTI services. The service has touched approximately 50 lives in the past 6 months.
- Ulster County has been identified as one of seven counties that will have access to a new OASAS licensed withdrawal and stabilization

service. The service is under development and is expected to open in the summer of 2019.

- The number of school districts that have been receptive to and actively seeking prevention services for their students and staff continued to increase throughout the planning period.
- The county has a newly formed task force: Ulster County Opioid Prevention Task Force, which had a successful launch on May 24, 2018. The Task Force is charged with reducing opioid related deaths in the county with a three pronged mission: reducing supply, reducing demand and improving treatment recovery services. Next meeting is scheduled for July 19, 2018.

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 NYS Office for People with Developmental Disabilities (OPWDD), joined the state's transformative Medicaid Redesign efforts at an accelerated rate during the past planning period. Individuals eligible for OPWDD services were enrolled into Health Home Care Management services on July 1, 2018. The care coordination services will be provided through regional Care Coordination Organizations (CCOs). The conversion of Medicaid Service Coordination to CCOs will offer opportunities for OPWDD eligible individuals through the addition of services via Home Based Community Services (HCBS). However, much like the transformative efforts of the Office of Mental Health, these services are only available for individuals that are eligible for Medicaid. The eligibility process for adults that had not been identified as struggling with Intellectual/Developmental Disabilities (I/DD) in childhood, remains challenging with low rates of success. Unfortunately, these are the individuals that can no longer be cared for at home due to the advancing age of their parents/caregivers or the loss of a parent/caregiver. These individuals are also the most vulnerable and complex residents for whom the county struggles to meet their needs in the community.

- Planned respite opportunities for OPWDD individuals are scarce. In many cases, when an individual's behavior is deemed too difficult for a provider or a parent to handle, the county's local 9.39 hospital becomes the default respite provider.
- Residential Options for individuals who want to remain near Ulster County to maintain contact with family members, is limited. Limited residential resources also become a challenge when a hospital is planning for discharge of an I/DD individual and they are not welcomed back to the residential they resided in prior to the hospitalization.
- Reduction in vocational opportunities for I/DD individuals continues to be a concern for Ulster County. One I/DD provider in the county has entered their last year of providing Sheltered Workshop, as the funding is near its end. Many of the individuals who had productively engaged in Sheltered Workshop for years, have chosen to retire when the program closes. These individuals have determined that they would not be successfully employed without the Sheltered Workshop model of support.

Areas of Improvement

- During the review period, OPWDD issued five regional Requests for Services for the creation of 455 new certified residential opportunities. 105 slots of the 455 total capacity will be awarded to Region 3 providers; Ulster is located in OPWDD's Region 3.
- NY START continues to expand their resources within Region 3. One I/DD provider in Ulster County is in the midst of development of a respite house for NY START eligible adults. The house is expected to open in early 2019 within the county's borders.
- Advocacy by parents of I/DD individuals was successful in ensuring the inclusion of wage increases for Direct Service Professionals in the NYS budget for 2019. Providing a living wage to the DSPs will assist in staff retention and increased quality of care for recipients of services.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2a. Housing - Background Information

- Ulster County's Residential SPOA has a waitlist of 154 individuals actively seeking housing. At least 30% of the waitlist have been identified as a priority placement either by a designation of homeless or a person in need of Assisted Outpatient Treatment. The majority of the individuals on the Residential SPOA list are waiting for Supported Housing apartments. Supported Housing provides a rental subsidy and monthly case management support contacts. Due in large part to the revitalization of some of Ulster's urban centers, fair market value for apartments have outpaced wages for individuals seeking housing. Once a person is selected from the Residential SPOA list, it is usually months before they are able to secure an apartment.
- Community residences are OMH licensed congregate housing opportunities that offers the highest level of support to mentally ill adults. Ulster County is home to one CR with 12 beds. Over the planning period, the CR had a waitlist of 5-6 individuals for the year. Due to the high needs of the residents at a CR, turnover is slow because discharge options are limited.
- The Federal Government has mandated that counties engage in Continuum of Care activities that include access to federal Housing and Urban Development (HUD) resources. The Ulster County Department of Mental Health hosts the monthly COC meetings that are facilitated by RUPCO. Engaging in COC will allow for individuals on the Residential SPOA list to be considered for HUD housing. Multiple opportunities can reduce the wait time for someone in need of housing.

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 consumer access to housing and other supports that promote recovery and community integration.

Objective Statement

Objective 1: The LGU will work with and support OPWDD in the development of 103 certified residential opportunities in Region 3 in 2019

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

Objective 2: The LGU will provide support and data to assist RUPCO (local low income housing developer) in the development of housing in Kingston that has access to transportation and services.

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

Objective 3: The LGU will maintain membership in the Federal Continuum of Care initiative to increase access for SPOA individuals for Federal Housing.

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

Objective 4: The LGU will lobby OMH for additional family supported housing units.

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

Change Over Past 12 Months (Optional)

Progress was addressed in the needs assessment section of the plan.

21. Heroin and Opioid Programs and Services - Background Information

Ulster County continues to suffer the scars of the opiate epidemic that is ravaging our country. Recent annual statistics revealed that despite multiple county sponsored efforts to date, we continue to lose Ulster County residents to opioid addiction at an alarming rate.

- Outpatient SUD providers in Ulster County continue to attempt to be accessible and flexible in their approach to serve county residents. However, they are overwhelmed by referrals and at times have needed to maintain waitlists.
- There has been limited growth for Medication Assisted Treatments within the county. The Methadone clinic in Kingston continues to serve multiple counties and consistently carries a waitlist.
- The State Targeted Response (STR) to the Opioid epidemic in Ulster County has been implemented; however, the program is not routinely treating their targeted population of opiate users.

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

Death by overdose of opiates will be reduced or remain stable in Ulster County through increased access to treatment, increased community awareness, and reduction of the stigma associated with substance use disorders.

Objective Statement

Objective 1: The LGU will continue to support the STR through gathering data and offering opportunities integration within the pre-existing provider community in the county.

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

Objective 2: The LGU, will maintain membership in the newly formed Ulster County Opioid Prevention Task Force. The LGU will assist in the task force's efforts to reduce supply, reduce demand and improve treatment services.

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

Objective 3: The LGU will assist a local provider in their efforts to develop withdrawal and stabilization services for a seven county region; including Ulster.

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

Change Over Past 12 Months (Optional)

Progress was addressed in the needs assessment section of the plan.

2aa. Developmental Disability Front Door - Background Information

- Planned respite opportunities for OPWDD individuals are scarce. In many cases, when an individual's behavior is deemed to difficult for a provider or a parent to handle, the county's local 9.39 hospital becomes the default respite provider.
- Residential Options for individuals who want to remain near Ulster County to maintain contact with family members, is limited. Limited residential resources also becomes a challenge when a hospital is planning for discharge of an I/DD individual and they are not welcomed back to the residential they resided in prior to the hospitalization.

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 LGU will work closely with the local DDRO and I/DD providers to develop additional respite and residential opportunities.

Objective Statement

Objective 1: The LGU will support a local I/DD provider in its development of 8 adult respite beds in the county by 2019.

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

Objective 2: The LGU will provide the Region 3 DDRO with support and assistance in the development of 105 certified residential slots in the region.

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

Change Over Past 12 Months (Optional)

Progress was addressed in the needs assessment section of the plan.

2ac. Other Need (Specify in Background Information) - Background Information

Jails and prisons house significantly greater proportions of individuals with mental health, substance use and co-occurring disorders than are found in the general public. Ulster County Jail (UCJ) is no exception. During the planning period, Ulster County's Sequential Intercept Mapping (SIM) Workgroup continued to meet to address the needs of individuals struggling with behavioral health issues and are involved in the justice system. Participants in the SIM workgroup includes: local housing providers, probation, the public defender's office, Ulster County Jail, local law enforcement agencies and behavioral health providers. In addition to monthly SIM workgroup meetings, UCDMH convened regular Police/Mental Health meetings throughout the year; which focused on increasing resources for police officers including training. A common theme of the conversations in both the SIM workgroup and Police/Mental Health meetings is the need for individuals in crisis to have a place to go. Inpatient hospital stays are more difficult to obtain and have shorter lengths of stays. Our law enforcement partners report that individuals teetering between stability and instability will come to their attention but law enforcement's response is limited to the emergency room and jail. During most recent SIM workgroup meetings, discussions regarding the development of a crisis stabilization center have resurfaced with renewed energy.

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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 LGU will facilitate ongoing key stakeholder meetings to develop community interventions to improve outcomes for individuals with behavioral health and/or substance use disorder and justice involvement.

Objective Statement

Objective 1: In 2019, Crisis Intervention Team (CIT) will be offered to emergency dispatchers and jail corrections officers.

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

Objective 2: The SIM work group will develop a small work group focused on developing interventions to improve outcomes for inmates released from Ulster County Jail.

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

Objective 3: The LGU will convene quarterly meetings for jail staff and the SUD providers that deliver SUD services in the jail to improve continuity of care.

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

Change Over Past 12 Months (Optional)

- State Targeted Response team began providing psychoeducation and case management services to inmates in UCJ.
- The LGU sponsored six Ulster County providers to become Crisis Intervention Trainers.
- Twenty-eight additional Ulster County law enforcement officers were trained in crisis intervention.

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3a. Medicaid Redesign - Background Information

During the planning year, the transition of Medicaid behavioral health services from fee for service into Medicaid Managed Care plans for children was completed. Ulster County's Child SPOA expanded the ages of individuals it serves to 21 in an effort to align with statewide Medicaid Redesign efforts. For adults ages 21 and older, the state shifted focus to increasing the number of enrollments for Health and Recovery Plans (HARP) eligible individuals. Upon enrollment, Health Homes are encouraged to assess HARP individuals for Home and Community Based Services (HCBS). The LGU spent the planning year supporting and encouraging these statewide efforts with our local care management providers.

This system transformation has created more barriers and bureaucracy for individuals to access to services and confusion throughout the service provider system. Health Home care managers are now expected to perform all care management for individuals enrolled in Medicaid, yet the Health Home Care Management providers are not able to provide the same level of care management that has been available in the past. Case loads are high (upwards of 70 -90) and as such, high need consumers are not able to receive the services that will help them stay engaged in treatment and out of the hospital. The state's transformative efforts have raised concerns about survivability for some of the smaller providers in Ulster. As of this writing, four Care Management Agencies (CMA) that had originally agreed to provide services in Ulster have declined to continue to be an Ulster provider. Statewide, the numbers of youth enrolled in Health Homes are not meeting initial projections. Locally, this has led to challenges in recruiting and maintaining the workforce necessary to provide the services.

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

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

The LGU will work extensively with Ulster County behavioral health providers, Health Homes and Care Management Agencies to ensure access to system wide services throughout continued health care transformation.

Objective Statement

Objective 1: The LGU will meet with behavioral health executives to facilitate collaboration specific to Medicaid Redesign and for collaboration with the Regional Planning Consortium.

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

Objective 2: The LGU will monitor Article 31 clinics to ensure access and quality of service throughout healthcare transformation

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

Objective 3: The LGU will work with Health Homes and Care Management providers to reduce duplication of services, clarify service provision, and ensure that the care management needs of our highest risk adults, children and families are being met in a timely and effective manner.

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

Change Over Past 12 Months (Optional)

- The LGU convened quarterly meetings with behavioral health executives and facilitated discussions regarding challenges and barriers specific to Medicaid Redesign.
- The LGU participated in Regional Planning Consortium events and meetings to ensure that the local perspective of Ulster County providers was included in regional planning conversations.

- The LGU convened quarterly meetings for children's Care Management Agencies to facilitate peer support and provide technical assistance to the care managers.

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

DSRIP is the mechanism by which NYS will fundamentally restructure health care delivery with the expectation of reinvesting in the Medicaid program (at year four of this five year plan very few dollars actually have been reinvested in Ulster County. The main goal of DSRIP is to reduce avoidable hospitalizations by 25 percent.

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

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

Ulster County's Sequential Intercept Mapping workshop identified the development of a crisis stabilization center as a priority for Ulster County. The goal is to work closely with Westchester DSRIP and the PPS in Ulster County towards the development of this center in an effort to reduce unnecessary hospitalizations, arrests, and incarcerations.

Objective Statement

Objective 1: The LGU will work closely with WMC in the development of the Medical Village as a location for the Crisis Stabilization Center

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

Objective 2: The LGU will work with service providers to coordinate services at the Crisis Stabilization Center.

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

Objective 3: The LGU will coordinate Law Enforcement trainings and assist in the development of CIT teams.

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

Change Over Past 12 Months (Optional)

Local conversations regarding the development of the medical village and the crisis stabilization center have been stalled. The proposed location for the medical village is currently the site of HealthAlliance's Broadway campus. Prior to the development of the medical village, HealthAlliance's two campuses will need to be merged onto the Mary's avenue campus. Construction for the combined campus has not begun.

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

The NYS Prevention Agenda is the NYS Department of Health's multi-year state health improvement plan. The goal of the prevention agenda is for local health departments and hospitals to collaborate with community partners to improve health status and reduce health disparities in five priority areas, including 'Promote Mental Health and Prevent Substance Abuse.' In Ulster County, Public Health and Mental Health is a united Department under the leadership of one Commissioner. Based largely on our structure, there is natural synergy in the combined department that results in shared mission and goals.

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

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

The Ulster County LGU will work closely with the NYS Department of Health towards the successful implementation of the prevention agenda and and the Community Health Improvement Plan.

Objective Statement

Objective 1: The LGU will advocate for sufficient care coordination and other safety net and wrap-around resources and develop provider collaboration to reduce unnecessary utilization of the emergency department in an effort to secure improved outcomes for individuals with behavioral health conditions.

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

Objective 2: Suicide Prevention: Ulster County SPEAK Coalition will seek to reduce suicides in Ulster County by promoting suicide prevention through public awareness and education; sponsoring suicide prevention trainings for gate keepers; promoting suicide prevention with fire arms vendors and sportsman's clubs; promoting suicide prevention with local veterans organizations and by creating opportunities for community members to learn about suicide prevention through tabling events.

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

Objective 3: The LGU will work closely with primary prevention providers: Ulster Prevention Council and Family of Woodstock, Inc., NAMI school districts, law enforcement, coalitions, recovery community and behavioral health service providers in UC to facilitate county-wide mental health and substance use prevention initiatives which will include prevention education, awareness, and advocacy.

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

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)

Community Service Board Roster
 Ulster County Dept. of Mental Health (70660)
 Certified: Tara McDonald (7/6/18)

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.

Chairperson		Member	
Name	Amy Russell	Name	Nancy Schaeef
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	community / family	Represents	community
Term Expires	12/31/2020	Term Expires	12/31/2018
eMail	amybob41@gailmail.com	eMail	schaef@hvc.rr.com
Member		Member	
Name	Margaret Sellers	Name	Colleen Sheean
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Family / Community	Represents	consumer
Term Expires	12/31/2018	Term Expires	12/31/2018
eMail	mcsellers@aol.com	eMail	colleens@nyaprs.org
Member		Member	
Name	Nina Singer	Name	Patricia Thayer
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Community	Represents	Community
Term Expires	12/31/2018	Term Expires	12/31/2018
eMail	ninis474@aol.com	eMail	mrstet@aol.com
Member		Member	
Name	Karla Peterson	Name	Jon Brown
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	consumer	Represents	Community
Term Expires	12/31/2020	Term Expires	12/31/2020
eMail	karlamarie.peterson@gmail.com	eMail	jonrsr48@yahoo.com
Member		Member	
Name	Anne Flanagan Kelly	Name	Mary Netter
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	community	Represents	community
Term Expires	12/31/2018	Term Expires	12/31/2017
eMail	akelly342@yahoo.com	eMail	retten98@aol.com
Member			
Name	Theresa Pabon		
Physician	No		
Psychologist	No		
Represents	community		
Term Expires	12/31/2018		
eMail	TPabon@hvc.rr.com		

Alcoholism and Substance Abuse Subcommittee Roster

Ulster County Dept. of Mental Health (70660)

Certified: Tara McDonald (7/6/18)

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

Name Patricia Thayer
Represents public
eMail mrstet@aol.com
Is CSB Member Yes

Member

Name Nina Singer
Represents public
eMail ninis474@aol.com
Is CSB Member Yes

Member

Name Jon Brown
Represents Community
eMail Jonrsr48@yahoo.com
Is CSB Member Yes

Mental Health Subcommittee Roster
 Ulster County Dept. of Mental Health (70660)
 Certified: Tara McDonald (7/6/18)

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
Name Penelope Bishop
Represents consumer
eMail
Is CSB Member No

Member
Name Ethel Knox
Represents public
eMail eknox@greystoneprograms.org
Is CSB Member No

Member
Name Andrea Raphael-Paskey
Represents public
eMail apaskey@hvc.rr.com
Is CSB Member No

Member
Name Colleen Sheehan
Represents consumer
eMail colleens@nyaprs.org
Is CSB Member Yes

Member
Name Cheryl Ronk
Represents consumer
eMail
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Ulster County Dept. of Mental Health (70660)
 Certified: Tara McDonald (7/6/18)

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.

Co-chairperson

Name Anne Flanagan Kelly
Represents public representative
eMail akelly342@yahoo.com
Is CSB Member Yes

Co-chairperson

Name Margaret Sellers
Represents Family
eMail mcsellers@aol.com
Is CSB Member Yes

Member

Name Helen Gonyea
Represents Family
eMail sis.gonyea@gmail.com
Is CSB Member No

Member

Name Ether Knox
Represents Public Representative
eMail eknox@greystoneprograms.org
Is CSB Member No

Member

Name Karla Peterson
Represents family
eMail karlamarie.peterson@gmail.com
Is CSB Member Yes

2019 Mental Hygiene Local Planning Assurance
Ulster County Dept. of Mental Health (70660)
Certified: Tara McDonald (7/6/18)

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.