



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020 Local Services Plan For Mental Hygiene Services

Greene County Community Services
September 5, 2019

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2020 Mental Hygiene Executive Summary
Greene County Community Services
Certified: Jill Sirago (6/27/19)

Mental Hygiene Goals and Objectives Form
Greene County Community Services (70680)
Certified: Jill Sirago (6/27/19)

1. Overall Needs Assessment by Population (Required)

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

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

The Medicaid eligibility expansion has continued to result in more Greene Co residents being eligible for Medicaid which has helped with access to mental health services. Greene Co has a population of 47,791 and remains the most rural county in the Capital Region (73.4pop/sq.mile) per NYS DOH 2018 Population, Land Area, and Density by County report. The geography, poverty, and limited resources within the county can be a barrier to accessing mental health services. The clinic continues to provide therapy services 1 day/week at 3 satellite locations within the county (Catskill, Coxsackie and Hensonville).

In line with the PPS performance initiatives targeted follow up outreach for individuals post psychiatric hospitalization by the county operated Article 31 licensed Mental Health Clinic has continued in 2019 resulting in approx 80% of those referred for services being seen within 7 days or at least within 30 days post discharge. The State Aid funded Mobile Crisis Assessment Team (MCAT) serving Col/Greene Counties continues to be an integral resource to the county and with additional funding from DSRIP (Behavioral Health Northeastern New York (BHNNY) expanded their hours of operation and number of teams in July 2017. MCAT continues to be a key resource within the Greene Co community, not only responding to those in crisis but also referring and linking those to treatment that are in need of services.

The clinic continues to have access to a Child Psychiatrist treating ages 5 through 18, 4-5 days per month.

In January 2019 efforts to recruit an additional NP was successful adding 2 days/week to serve children ages 13-18 for medication management. The clinic's fully credentialed Family Peer Advocate returned after brief employment with another agency in December 2018 adding tremendous support to the Children's Services team. Greene Co Mental Health continues to have contracts to provide mental health services in 4 school districts (there are 6 total school districts in the county) 4 days/week. 2 remaining school districts have expressed interest in our school based services. One school districted has requested a second clinician who will begin in September 2019 4 days per week and a second school district will be adding an additional day of school based services.

Expansion of the local adult case management services in 2018 to include Health Home Plus eligible members has allowed for more intensive case management of those most vulnerable in this population. Additionally, as part of the PPS (DSRIP) initiative, case management referrals pre-discharge from inpatient hospitalization from the local hospital serving the county has improved client connectivity to after care services.

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

The county operated Article 31 clinic has continued to struggle to find additional prescribers for children ages 5-13, leading to long wait lists and at times requiring children in this age group to be hospitalized before they are able to be seen by the clinic's one prescriber for this age group. Greene County continues in the HSPA (Health Professional Shortage Area) designation for primary care and mental health professionals. There is little to no training with regard to mental health medication management for primary care physicians and pediatricians serving the community which often creates a high demand for the county clinics' limited child and adolescent prescriber services.

Greene County continues to have no hospital in the county and no psychiatric bed capacity for adults or children. The shared hospital between Columbia and Greene counties has no psychiatric bed capacity for children.

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

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

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

Greene County continues to address the impact of the opioid crisis and overall substance use disorder. In 2018, Greene County was identified as one of 20 counties in need of Opioid Crisis Funding through the Department of Health. A plan was submitted by the Greene County Public Health Department and Buprenorphine Waiver trainings were conducted through this funding and 3 NP's from the county Public Health Department attended. This has added 3 additional MAT providers in the county augmenting 1 primary care provider office through the local hospital and 1 addiction provider through the local SUD treatment provider. Funding was also used to provide the required training for Certified Recovery Peer Advocates.

Additional year 2 funding for the State Targeted Opioid Response grant now known as "Greener Pathways" has enabled off site outreach throughout the county to those struggling with SUD. Greener Pathways has been able to provide Certified Recovery Peer Advocates in the local emergency room and in locations throughout the county to assist those in need and seeking treatment, as well as provide transportation to SUD treatment, detox, and inpatient rehab. 1 CASAC employed by the local SUD provider has been added to the Department of Social Services Child Protective Services unit. The Greene County Family Planning Clinic has also begun using SBIRT at visits in an effort to identify SUD in the population they serve and refer appropriately.

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

Recruitment and retention of MAT prescribers remains an area of need. The continuum of care for SUD services is lean in the area of treatment and recovery supports. Our SUD provider has been providing intensive outpatient SUD services but demand for services exceeds capacity.

There is no hospital, detox or inpatient rehab services in the county. Efforts to secure property for the women's residential treatment center operated by the local SUD provider as part of the residential redesign and expansion project have continued to meet community resistance and the rural area Greene County is situated in has made it difficult to meet the OASAS water and sewer requirements.

According to the OASAS Client Data System as of 7/8/2018 Alcohol remained second highest to Opiates for those seeking treatment with a total of 265 individuals admitted for treatment of Alcohol Use Disorder accounting for 32% of all admissions.

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

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

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

The needs of the developmentally disabled population in Greene County have remained the same over the last year. The county Article 31 mental health clinic continues to provide psychiatric services to those with developmental disabilities who have a co-occurring mental health diagnosis. A Front Door Session was held in April 2019. Inflight continues to operate a Catskill Day Habilitation site with approx 25-30 clients enrolled and 1 community habilitation program was added on the mountaintop. The transition to CCO/HH was initially overwhelming to providers and struggles with IT platform changes proved challenging, however LifePlans are being completed on all consumers, with most having had at least the initial plan and in the process of completing the 6 month plan. The Early Intervention program is now fully staffed and has been receiving referrals. Access Supports for Living, a provider in the county now has a clinician providing family support services.

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

Respite services for families with children with developmental disabilities remain in short supply. Transitional planning for those aging out of school continues to be identified as a gap in service. There continues to be a high referral rate for community habilitation with a low response to employment postings for new workforce recruitment. There are currently 9 individuals with an average of 4-8 weeks on a wait list for community habilitation services and 2 individuals on the wait list for respite services with an average of 4-8 week wait. The local service provider, The Arc of U/G reports their agency has over 150 full time employment vacancies which limits access to services for consumers. There has been no new development for residential services. NYSTART has remained difficult to utilize as noted at OPWDD subcommittee meetings as referrals have been on hold and new referrals were not being accepting in this region. As of 9/2018 there were 231 referrals in the Taconic Region, 19 of them being from Greene County. The OPWDD County Data System as of 4/2019 data shows a slight increase in recipients of OPWDD services in Greene County with 2016 at 214 recipients, 2017 at 217 recipients, and a preliminary number of 224 recipients for 2018.

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

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

2. Goals Based On Local Needs

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

- t) Developmental Disability Respite Services
- u) Developmental Disability Family Supports
- v) Developmental Disability Self-Directed Services
- w) Autism Services
- x) Developmental Disability Front Door
- y) Developmental Disability Care Coordination
- z) Other Need 1(Specify in Background Information)
- aa) Other Need 2 (Specify in Background Information) (NEW)
- ab) Problem Gambling (NEW)
- ac) Adverse Childhood Experiences (ACEs) (NEW)

(After a need issue category is selected, related follow-up questions will display below the table)

2a. Housing - Background Information

Housing continues to be a huge challenge in Greene County. Safe, accessible, and affordable housing continues to be extremely difficult to find. This matter is a frequent topic of discussion at CSB, OASAS and Mental Health Sub-Committee mtgs. The New York State Community Action estimates that the current wage for a fair market rent, 2 bedroom apartment is \$17.65/hour however, fair market rent prices in Greene County are high compared to the national average. Greene County FMR is noted to be more expensive than 87% of other FMR areas. Fair Market Rent for a two-bedroom apartment in Greene County is \$918 per month. 13 % of Greene County residents are at or below Federal Poverty Level. Since 2012 58% of Greene County residents are living in cost burdened and/or severely cost burdened housing. Housing is considered to be cost-burdened when an individual or family spends over 30% of its income to rent or buy a residence and severely cost burdened when more than 50% of income is used for same purpose.

The American Community Survey (ACS) Bureau of Census 2012-2016 report shows Greee County at 5.5% less than FPL compared to 5.2% for the Capital Region and 13.0% less than 100% FPL compared to 11.1% for the Capital Region.

Affordable housing issues in family systems show families are more likely to move frequently and this instability has been associated with emotional and academic problems in children, depression and early drug use in adolescents.

Most recent Adult SPOA reports indicate there are 34 people on waiting list for SHUD apartmentsm 5 of whom are homeless, 6 for CAP apartments, 4 for Community Residence and 3 for Family Unit through Col/Greene Mental Health Assoc,our Housing Provider . There are another 4 applications being reviewed for housing. There is no transitional housing for those being released from incarceration with MH and/or SUD diagnoses.

Greene County has 246 Housing Choice Vouchers allocated to county, managed by RUPCO. Currently 244 are utilized. The wait list is closed and not accepting new applications at this time. Applicants must be at or below 50% median income.

DSS Commissioner notes her homeless numbers have gone from 14 in 2015 to 65 in 2018 was at the highest in 30 years at 75 in February 2019.

At times those in need of shelter were needing to share rooms due to lack of space. There is no homeless shelter in the county. High need individuals who have both mental health and addiction issues with no housing continue to be placed in motels through DSS that are reportedly high in substance abuse and crime. The lack of safe, supportive and appropriate housing for those with mental illness continues to create a bottleneck at the hospital resulting in increased ER visits and lengthy inpatient stays. There continues to be no transitional housing for youth in the county.

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

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

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

Objective Statement

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

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

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

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

Objective 3: Explore volunteer agency options such as Habitat for Humanity to construct safe and affordable housing.

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

Objective 4: Explore public/private partnership in developing homeless shelters throughout the county.

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

Objective 5: Provide public education related to safe and affordable housing needs within the community.

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

Change Over Past 12 Months (Optional)

MHA of Col/Greene were selected to receive funding for services and supports for a mixed housing project in Greene Co (Empire State Supportive Housing Initiative). This mixed housing would have include 50 special need units with 34 dedicated to those with mental health needs, 8 dedicated to those with substance use disorder and 8 dedicated to domestic violence. This project was met with community resistance and the Village of Catskill has enforced a 1 year moretorium on any further progress.

The Executive Director from Twin County Recovery Services was able to find a property located in Cairo, NY as part of the Residential Redesign

and Expansion program after a chronic issue due to the rural location of Greene County and the need for municipal sewer and water, however this too was met with extreme community resistance resulting in the application to the Planning Board being withdrawn. This has been a chronic issue and has been a barrier to the Womens Residence in Catskill being relocated. The DCS continues to work with the Executive Director and OASAS Field Office representative to address ongoing concerns.

2b. Transportation - Background Information

Transportation needs continue to be an identified area of need for the public, low income, and disabled residents of Greene County. Greene County government in conjunction with DOT funding continues to provide financial support to this project which is operated by The Arc of Ulster/Greene. It has been noted at multiple MH, OASAS and OPWDD subcommittee as well as CSB meetings that although expansion in areas serviced has taken place, there are still extended wait times for incoming or return buses, routes are not always feasible for those attempting to fulfill work requirements under DSS CWEP Employment sites and for the general public attempting to utilize this service to/from employment. For impoverished families it was noted recently at a MH/OASAS subcommittee meeting that there often few if any routes for families to attend community functions, sporting events for children at school, or grocery shop as there is a 2 bag limit per person with an extra fee for > 2 bags. There have been continued concerns with select Medicaid Transportation Providers. Clients have been found outside in sub-zero weather at times up to an hour prior to the MH clinic's opening time and instances where clients have been left without return transportation that was scheduled after the MH clinic had closed. The DCS continues to work with the designated liaison for the county with regard to these complaints.

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

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

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

Objective Statement

Objective 1: Continue to market and advertise current and updated routes operated by GCT.

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

Objective 2: Continue to explore financial partnerships/funding partners that would result in sustainability of this transportation initiative

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

Objective 3: Explore and develop sustainable public transportation that allows for use which is more conducive to employed individuals and families.

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

Objective 4:

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

Change Over Past 12 Months (Optional)

Greene County Transit, the public transportation system operated by The Arc of Ulster/Greene has been expanded in the last year to include more transit lines and lines running to Columbia County with stops including Columbia Greene Community College, Columbia Memorial Hospital and the Amtrak Train Station. Mountain top routes have been added, however there remains concern for the lack of lines for employees working outside the regular 9am-5pm day accessing public transportation as well as low income families with no access to transportation services.

2c. Crisis Services - Background Information

The Mental Health Association of Columbia Greene Counties continues to operate the Mobile Crisis Assessment Team (MCAT) since 2015, with expansion of services through OHM and PPS funding in June of 2017 to meet the needs of the county. Staffing increased from 3 full time staff to 7 full time staff and 3 teams, operating 12 hours per day, 7 days a week from 7 hours per day 7 days a week..

OMH PSYCKES data shows that from 4/1/2018-4/2/2019 Greene County remained above statewide and regional averages for 2+ BH Inpatient Visits at 5.63% with the regional being at 4.55% and statewide at 3.19% as well as above for 2+ BH ER visits at 6.98% with regional being at 4% and statewide being at 5.01%.

The Mental Health Association of Columbia Greene Counties Community Residence does have 1 hospital diversion bed, however accessing this bed remains difficult because of the need for stable discharge plans in a two week period, lack of stable housing options, and the need for immediate staffing for the bed in an industry where staffing needs are difficult to fill.

There is no crisis stabilization center in the county.

Greene County Mental Health after hours on call responded to approx. 750 calls in 2018.

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

Targeted messaging and education to Greene County community on available crisis services.

Objective Statement

Objective 1: Engage with local hospital (CMH) to include MCAT in discharge planning of psychiatric inpatient or ER visits to better collaborate care between providers.

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

Objective 2: Community education on MCAT, as well as it's assess and linkage to other services.

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

Objective 3: Evaluate PPS and DOH Crisis Stabilization funding options in conjunction with local hospital and other service providers

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

Objective 4: Advocate for continued funding through PPS and OMH to expand MCAT to 24 hour services.

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

Objective 5:

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

Change Over Past 12 Months (Optional)

MCAT (Mobile Crisis Assessment Team) which serves both Greene and Columbia Counties, continues to be a much needed service in the county and is an asset in diverting hospitalizations and police involvement for those served. Most recent numbers indicate the following for Greene County

From January 1, 2019 - May 21, 2019 MCAT has reported

phone calls 4885

of new clients served: 155

of total clients served: 682

of clients under the age of 18: 195

of times dispatched (sent to perform face to face assessment): 213

of clients diverted from hospitalization: 95%

of clients diverted from police intervention: 99%

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

Workforce recruitment and retention continues to be identified across all groups as an area of concern. Provider systems are sensitive to fact that a stable workforce is needed to build solid connections with clients, engage them in their treatment, assist them in reaching treatment goals and sustain the progress made over time. Worforce shortages remain prevelant in the MH residential and OPWDD system. Low salaries coupled with the at times intense work conditions and expectations placed on direct care workers has made it extremely difficult to retain staff. In March of 2019 over 1,000 individuals attended a rally in support of #BeFair2DirectCare in efforts that continue to advocate for increased wages. Wage increases noted in the spring of 2018 was reported by providers to not cover cost of living increases.

Psychiatric prescribing services remain in high demand with a statewide shortage of prescribers available, especially to those ages 5-18.

Recruitment and retention of LCSW's and LMSW's in the area continues to be labor and time intensive with lowerst salaries noted in Greene County compared to others in the Capital Region. The average Licensd Clinical Social Worker salary in Albany, NY is \$70,489 as of May 31, 2019, but the range typically falls between \$64,968 and \$76,179 (salary.com), with the average beginning Greene County salary at \$43,953 as of 2019.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Salaries in the public and private sector remain out the of the control of the LGU.

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Twin County Recovery Services (TCRS) provides SUD outpatient services at their location in Catskill for Greene County residents including assessments, treatment, counseling, MAT, psychoeducational services, and a 24 hour crisis hotline.

From January 1, 2019 through May 31, 2019 the clinic reported the following statistics:

133 individuals served

Primary Substance Opiates 46

Primary Substance Alcohol 42

Primary Substance Other: 45

Age >18 125 Case loads remain high as the need for services continues to be in demand and staffing retention proves challenging. There is no ambulatory detox within the county and this remains an identified need.

As previously reported the agency awared funds to develop a Part 816.7 Medically Supervised Withdrawal and Stablization Service had iniitally sought property in Greene County, however this site did not work out and the agency has sought property outside of Greene County.

Greener Pathways Program operated by Twin County Recovery Services as part of the State Targeted Opiod Response Grant has 1 full time social worker and operates in satellitle locations throughout the county as well as in the Greene County DSS Office 1 day per week and Greene County Probation Office 1 day per week serving to provide linkage and access to treatment.

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

Public education on the availability and accessibility of treatment options and other resources.

Objective Statement

Objective 1: Increase access to Medication Assisted Treatment Providers.

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

Objective 2: Utilize Care Coordination and Peer Specialists for clients transitioning between levels of care and/or incarceration.

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

Objective 3: Advocate for increased funding to support additional staff for local SUD provider.

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

Objective 4:

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

Objective 5:

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

Change Over Past 12 Months (Optional)

Greene County Family Planning department is now providing MAT (Buprenorphine) to residents seeking MAT services in conjunction with outpatient treatment from the local SUD provider. As reported at the May 2019 OASAS subcommittee meeting they are serving a total of 39 patients with a capacity for 60 in the first year.

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

Greene County, as across NYS continues to be affected by the opioid epidemic. In 2017 as per the OASAS Client Data Source, there were 371 Greene County residents admitted for OASAS certified chemical dependency treatment programs for Heroin and other opioids as compared to 2016 which reported 214 residents and 162 residents in 2015. Since January 2019 there have been 32 suspected overdoses in Greene County, 8 of which were fatal. Systematic county wide Narcan tracking has been implemented as of May 2019 with the following being reported as of June 2019:

7 suspected overdoses total (as of May 2019)

1 fatal

6 Naloxone reversals

The fatal suspected overdose had received multiple doses of Naloxone, 2 suspected overdoses (non-fatal) received multiple doses of Naloxone, 1 non-fatal suspected overdose received no Naloxone and 3 non-fatal suspected overdoses received a single dose of Naloxone.

Greener Pathways which operates under the STR grant continues outreach and peer support as well as provides transportation to/from outpatient treatment and to inpatient detox and rehab. Certified Peer Recovery Advocates are now being used under this program in the local ER to assist those in linkage to treatment services. The clinician working under this program meets with clients and family at Greene County Department of Social Services, Greene County Probation Department, and at various public venues throughout the county. Since program inception in 2017 569 unique individuals have been served in both Greene and Columbia Counties and from 1/1/19-4/30/19 104 have been served in both counties either by contact with the mobile clinician or transportation service. 112 individuals have been served by a Certified Peer Recovery Advocate in Greene and Columbia Counties from 1/1/19-4/30/19.

In 2018 both Greene and Columbia County governments approved funding to support an Addiction Recovery Coordinator employed by the local SUD provider to better coordinate dissemination of information to providers and community members on available addiction treatment services throughout the two counties.

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

Greene County residents will increase their knowledge base of addiction as a chronic brain disease and of available treatment options.

Objective Statement

Objective 1: Provide community education and public forums focused on heroin and other opiate use disorders.

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

Objective 2: Provide training to expand MAT providers and services throughout the county.

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

Objective 3: Provide community Narcan Training

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

Objective 4: Work with local Primary Care offices to increase SBIRT use in the primary care setting.

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

Objective 5: Fully utilize OD Map to increase real time data so that resources are utilized in impacted areas.

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

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

Greene County Mental Health Clinic continues to see higher acuity and need across all ages. The NYS OASAS Medicaid Receipt Summary Profile shows that in 2018 207 individuals had an inpatient psychiatric stay as compared to 105 in 2016. Similarly this report indicates that 195 individuals has a psychiatric emergency room visit as compared to 96 in 2016. The clinic continues to operate the Open Access walk in clinic 3 days per week from 9am-11am with services noted in higher demand as frequently there are 10-18 individuals being served in Open Access on any of the three given days. While the clinic had 19 AOT's in 2018, there has been a drop to 16 currently however, this number fluctuates frequently with only the 2 Intensive Case Managers through legacy slots to serve this population. At present the adult care coordination

agency serving the county is unable to provide intensive case management to AOT's due to the acuity they require and staffing. There has been success noted in those coming off an AOT transitioning to Health Home Plus through Mental Health Association of Columbia Greene Counties. Children and families referred for services are noted to continue to have high acuity, complex trauma, and an increase in co-occurrent diagnoses. The clinic began providing school based services to the Coxsackie- Athens Middle and High School in September 2018 and it quickly became evident that high volume of children in acute need of services was overwhelmingly in demand. While the district has requested an additional clinician for the 2019-2020 school year this places a strain on staffing in the clinic based area as referrals continue to come in and wait times for intakes clinic based are being scheduled 6-8 weeks out. This correlates directly to an increase need for Child Psychiatry services for which the age group 5-13 remains extremely limited.

Respite services for those families most in need are extremely limited. Currently there are 21 children on the wait list for this service which is 6 months in length and there are 10 respite slots available to the county. Lack of respite services continues to lead to increased crisis needs, psychiatric ER visits, and inpatient stays.

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

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

Increase the mental health services, supports and resources available to all Greene County Residents

Objective Statement

Objective 1: Recruit and retain clinicians to provide clinic and school based services for adults and children.

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

Objective 2: Increase Health Home Plus referrals to link high risk individuals to services.

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

Objective 3: DCS will work with OMH to explore additional respite services.

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

Objective 4:

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

Objective 5:

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

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Greene County Community Services (70680)
Certified: Jill Sirago (6/27/19)

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

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

Background

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

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

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

Questions

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

- No
- Yes, please explain:

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration
- 2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

- 2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- 2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- 2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- 2.2 d) Build support systems to care for opioid users or those at risk of an overdose
- 2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
- 2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy
- 2.2 g) Other

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

- 2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting
- 2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration
- 2.3 c) Implement evidence-based home visiting programs
- 2.3 d) Other

Goal 2.4 Reduce the prevalence of major depressive disorders

- 2.4 a) Strengthen resources for families and caregivers
- 2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)
- 2.4 d) Other

Goal 2.5 Prevent suicides

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care "Zero Suicide" (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

- No
- Yes, please explain:

The LGU works closely with the Greene County Public Health Department, Columbia Memorial Health, Twin County Recovery Services (local SUD provider and prevention provider) and the Columbia Greene Addiction Coalition in the planning and implementation related to the NYS Prevention Agenda.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

- No
- Yes, please explain:

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

- No
- Yes, please explain:

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

- No
- Yes, please explain:

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

- No
- Yes, please explain:

The LGU is actively involved in the planning and implementation of goals and priorities addressed in the Community Health Improvement Plan and Community Health Assessment through a variety of meetings with all stakeholders in the community.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

- No
- Yes, please explain:

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

- | | |
|---|--|
| <input type="checkbox"/> Un/Underemployment and Job Insecurity | <input type="checkbox"/> Poor Education |
| <input checked="" type="checkbox"/> Food Insecurity | <input type="checkbox"/> Poverty/Income Inequality |
| <input type="checkbox"/> Adverse Features of the Built Environment | <input checked="" type="checkbox"/> Adverse Early Life Experiences |
| <input checked="" type="checkbox"/> Housing Instability or Poor Housing Quality | <input checked="" type="checkbox"/> Poor Access to Transportation |
| <input type="checkbox"/> Discrimination/Social Exclusion | <input type="checkbox"/> Other |

Please describe your efforts in addressing the selections above:

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

- a) No Yes
- b) If yes, please list

Title of training(s):

How many hours:

Target audience for training:

Estimate number trained in one year:

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

- No
- Yes, please provide examples:

Office of Mental Health Agency Planning (VBP) Survey
Greene County Community Services (70680)
Certified: Jill Sirago (6/13/19)

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

Background

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

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

DOH website

DSRIP Performing Provider Systems (PPS)

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

DSRIP Project Lists

New York State Delivery System Reform Incentive Payment Program Project Toolkit
DSRIP Performing Provider Systems (PPS Statewide)

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

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

New York State VBP Roadmap

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

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

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

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

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

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

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

Questions

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

a) Yes No

b) Please provide more information:

The PPS provided additional funding to MCAT (Mobile Crisis Assessment Team) which allowed for expansion of hours and additional staffing. Current PPS metrics have promoted increased coordination of care efforts between agencies and addressed gaps in services such as care coordination referrals pre-discharge from inpatient psychiatric hospitalizations.

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

a) Yes No

b) Please explain:

Current measures in place to meet PPS projects will continue as is post completion of the project. New EHR system for the county clinic will also allow for project sustainability.

3. Are there any behavioral health providers in your county in VBP arrangements?

a) Yes No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a) Yes No

b) Please explain:

The LGU is in the infancy stages of planning for quality metrics that will meet VBP requirements especially in the area of Peer Support Services.

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

a) Yes No

b) Please explain:

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

Per recommendation from the county attorney involvement in the BHCC is not recommended at this time.

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

a) Yes No

b) Please explain:

The county Article 31 clinic is transitioning to a new EHR system that will better meet and support these needs.

Community Service Board Roster
Greene County Community Services (70680)
Certified: Jill Sirago (6/11/19)

Note:

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

Name: Katherine Oldakowski (Chair)	<input type="checkbox"/> Physician	Represents: MHA Mobile Crisis	Term Expires: 12/2020	Email Address: koldakowski@mhacg.org
	<input type="checkbox"/> Psychologist			
Name: Elizabeth Rowntree	<input type="checkbox"/> Physician	Represents: The Arc of Ulster Greene	Term Expires: 12/2022	Email Address: lizr@ugarc.org
	<input type="checkbox"/> Psychologist			
Name: Kira Pospesel	<input type="checkbox"/> Physician	Represents: Greene County Dept of Social Services	Term Expires: 12/2022	Email Address: kpospesel@discovergreene.com
	<input type="checkbox"/> Psychologist			
Name: Kimberly Kaplan	<input type="checkbox"/> Physician	Represents: Greene County Public Health Dept	Term Expires: 12/2021	Email Address: kkaplan@discovergreene.com
	<input type="checkbox"/> Psychologist			
Name: Brian Stewart	<input type="checkbox"/> Physician	Represents: Columbia Memorial Hospital	Term Expires: 12/2021	Email Address: bstewart@cmh-net.org
	<input type="checkbox"/> Psychologist			
Name: Jackie Kayata	<input type="checkbox"/> Physician	Represents: NAMI / Family	Term Expires: 12/2021	Email Address: jackiekayata@gmail.com
	<input type="checkbox"/> Psychologist			
Name: Brenda Beach	<input type="checkbox"/> Physician	Represents: NAMI / Family	Term Expires: 12/2022	Email Address: brenda.beach@ymail.com
	<input type="checkbox"/> Psychologist			
Name: Francesca Daisernia	<input type="checkbox"/> Physician	Represents: Greene County Mental Health Center - Consumer	Term Expires: 12/2020	Email Address: fdaisernia@discovergreene.com
	<input type="checkbox"/> Psychologist			
Name: Karen Drossel	<input type="checkbox"/> Physician	Represents: Cairo Durham School District	Term Expires: 12/2022	Email Address: kdrossel@cairodurham.org
	<input type="checkbox"/> Psychologist			

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

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

Alcoholism and Substance Abuse Subcommittee Roster

Greene County Community Services (70680)

Certified: Jill Sirago (6/11/19)

Note:

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

Name: Alan Frisbee	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: Greene County Probation	Email Address: afrisbee@discovergreene.com
Name: Carrie Wallace	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: Greene County Dept. of Aging & Youth	Email Address: cvedder@discovergreene.com
Name: Paula Queirolo	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: Twin County Recovery Services	Email Address: paulaq@twincountyrecovery.org
Name: Barbara Palmateer	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: Community Action of Greene County	Email Address: bpalmateer@cagcny.org
Name: Barbara Downey	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: Greene County Drug Court	Email Address: bdowney@nycourts.gov
Name: Michelle Monarch	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: Twin County Recovery Services	Email Address: michellem@twincountyrecovery.org
Name: Theresa Lux	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: Catholic Charities	Email Address: tlux@cathcharcg.org
Name: Beth Schuster	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: Twin County Recovery Services	Email Address: beths@twincountyrecovery.org
Name: Lori Torgerson	CSB Member: Yes <input checked="" type="radio"/> No <input type="radio"/>	Represents: Twin County Recovery Services - Greener Pathways	Email Address: lorit@twincountyrecovery.org

Mental Health Subcommittee Roster
Greene County Community Services (70680)
Certified: Jill Sirago (6/11/19)

Note:

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

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

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

Name: Francesca Daisernia	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Greene County Mental Health Center	Email Address: fdaisernia@discovergreene.com
Name: Stephen Brucato	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Greene County EMS	Email Address: greencountyparamedics@gmail.com
Name: Jeffrey Rovitz	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Mental Health Association of Columbia-Greene Counties	Email Address: jrovitz@mhacg.org
Name: Amanda Pierro	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: MHA Peer Advocacy	Email Address: apierro@mhacg.org
Name: Jacklyn Perez	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: MHA Care Coordination	Email Address: jperez@mhacg.org
Name: Brian Stewart	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Columbia Memorial Hospital - Psych Unit	Email Address: bstewart@cmh-net.org
Name: Kira Pospesel	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Greene County Dept. of Social Services	Email Address: kpospesel@discovergreene.com
Name: Kimberly Kaplan	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Greene County Public Health	Email Address: kkaplan@discovergreene.com
Name: Jackie Kayata	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: NAMI / Family	Email Address: jackiekayata@gmail.com
Name: Brenda Beach	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: NAMI / Family	Email Address: brenda.beach@ymail.com
Name: Katherine Oldakowski	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: MHA - Mobile Crisis	Email Address: koldakowski@mhacg.org

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

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

Developmental Disabilities Subcommittee Roster
 Greene County Community Services (70680)
 Certified: Jill Sirago (6/11/19)

Note:

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

Name: Elizabeth Rowntree	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Ther Arc of Ulster Greene	Email Address: lizr@ugarc.org
Name: Florence Ohle	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Action of Greene County	Email Address: fohle@cagcny.org
Name: Ro Hurley	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Autism Connection	Email Address: theautismconnectionny@gmail.com
Name: Kara Scott	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Families	Email Address: kbscott@mhicable.com
Name: Kira Pospesel	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Greene County Department of Social Services	Email Address: kpospesel@discovergreene.com
Name: Lauren Clark	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Greene County Early Intervention	Email Address: lclark@discovergreene.com
Name: Linda Goff	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: OPWDD Taconic	Email Address: linda.goff@opwdd.ny.gov
Name: Fawn Potash	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Independent Living Center	Email Address: fpotash@ilchv.org
Name: Bruce Drake	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: COARC	Email Address: bruced@coarc.org

2020 Mental Hygiene Local Planning Assurance
Greene County Community Services (70680)
Certified: Jill Sirago (6/11/19)

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2020 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2020 Local Services planning process.