



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

Greene County Community Services  
August 14, 2018

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Greene County Community Services</b>	<b>70680</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
Mental Health Subcommittee Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Roster	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**Mental Hygiene Goals and Objectives Form**  
Greene County Community Services (70680)  
Certified: Margaret Graham (7/24/18)

**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:

The Medicaid eligibility expansion has resulted in more Greene Co residents being eligible for Medicaid which has helped with access to mental health services, approx 13,000 residents are on Medicaid. Greene Co has a population of 49,928, is the most rural county in the Capital Region (75.2pop/sq.mile). The county's population has the 2nd highest median age at 44.5 years and the lowest percentage of population 0-14 years of age (14.8%) while 18.3% are 65 plus years. Greene Co has the lowest Median Household Income at \$49,655, as well as the largest population below poverty in the Capital Region at 15.1% (HCIDI). Unemployment in county trending downwards with a rate of 4.4% in May 2018. The geography, poverty, 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). A very targeted outreach and post psychiatric hosp follow up by county operated Article 31 licensed Mental Health Clinic has resulted in approx 75% of those referred to us being seen within 7 days or at least within 30 days post discharge. The Mobile Crisis Assessment Team is often part of this outreach effort and in several situations had a pre-existing relationship with the client which has resulted in that client linking and engaging in clinic services.

The State Aid funded Mobile Crisis Assessment Team (MCAT) serving Col/Greene Counties has been a great 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 has become a key resource within the Greene Co community and has been instrumental in not only responding to those in crisis but also referring and linking those to treatment that are in desperate need of services.

Higher acuity, complicated trauma, crisis, increase in MCAT calls, distressed family systems and complex needs continue to be observed in the child and adolescent population accessing outpatient mental health services. The outpatient mental health clinic has access to a Child Psychiatrist 5 days/month which does not meet the demand for this specialized level of service. Efforts to recruit NP with experience serving this population has been unsuccessful. More recently our fully credentialed Family Peer Advocate accepted a job at Families Together but working closely with OMH. This has been a tremendous loss to Children's Services as the advocate engaged very well with our families, in part due to her own experience raising children with disabilities and her experience accessing other service systems. A 4th school district in the county (there are 6 school districts in the county) has contracted with the clinic to provide school based mental health services, 4 days/week. Greene Co Mental Health has 5 contracts to provide mental health services in 4 school districts. The feedback from Superintendents and school staff has been overwhelmingly positive. During the most recent school year a School Avoidance/School Truancy Taskforce (this was a request from school personnel and other service providers within the county) met on a monthly basis to discuss the impact of school avoidance on children, reading ability, high school drop out rate, health conditions. It was noted that physical health, mental health, safety issues and social factors all can be factors in a child being chronically absent from school. The need to complete a comprehensive assessment on the child and family to determine the etiology of the problem in addition to providing remediation and treatment for an underlying mental health condition were identified as integral to the process. School district representatives worked on aligning policies and procedures around school attendance with the goal being to present to school superintendents and school boards for adoption. There was a collaborative effort by providers ( Mental Health, Probation, Pre-Pins) to create a flyer that could be provided to parents/caregivers that addressed "what to expect when referred to services to address school avoidance." This collaboration has resulted in 1 school district asking if the group could continue to meet into the next school year and focus on trauma informed schools.

The transition of Children's targeted case management into Medicaid Health Home Care Management was initially overwhelming, time and labor intensive especially during the first 60 days of service when there is a heavy paperwork requirement. Case Managers have become more comfortable with the EMR and billing software. Paperwork requirements and what is identified by families as intrusive line of questioning early on in the process continue to be identified as barriers in engaging some families in this level of service.

- 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:

Greene Co continues to address the impact of the opioid crisis and overall substance use disorder. There were 961 new CPS reports in 2017 and it was felt the opioid crisis was taking a toll on our residents.

Greene Co was identified as one 16 Upstate New York counties to be a community of focus for opioid use disorder (OUD)treatment services in 2017, SAMHSA funding that came through OASAS. The counties selected indicated high rates of deaths from opioids and opioid-related hospital admissions as well as showed a high percentage of people seeking substance use disorder treatment outside their county of residence. Greene Co has received a 2nd year of State Targeted Response (STR) funding.

Medication Assisted Treatment providers are limited within Greene Co and those listed on a recent inventory are at capacity or have restrictions on who will be served. This results in clients in need trying to access MAT in Albany, Ulster, Dutchess counties. Recruitment and retention of 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 rehab services in the county. OASAS did announce earlier this year that PEOPLE Inc had received grant funding to develop Part 816.7 Medically Supervised Withdrawal and Stabilization Services that would serve 6 counties including Greene. The site to be developed is located in Greene Co but it remains in the infancy stage. There is concern that there will be pushback from the community, same community that had had issue with the office space for STR grant. This resulted in the STR office being closed to staff for several months.

Funding to SUD provider for Prevention Services from OASAS is inadequate to meet the prevention needs at the community level and within the schools. There are 2 prevention counselors to serve 6 school districts and respond to community need. Request to OASAS for additional funding was denied. In light of the epidemic Greene Co and many communities are facing it seems to be counterproductive to what is needed. According to NIDA prevention is the best strategy. NIDA also notes that when research based substance abuse prevention programs are implemented in schools and communities use of alcohol, tobacco, illegal drugs are reduced. A comprehensive approach to SUD means seeing prevention as part of the overall continuum of care. Funding from Rural Health Network has helped to bridge gap in prevention services in that it has assisted 2

schools in getting a dedicated prevention staff member. Schools are contributing about 10% of funding to support staff member's salary and benefits. Requests from Greene Co Community to have Forums around the Opioid epidemic increased during the year. Discussion centered around the severity of the issue, efforts locally to combat, access to and need for more services, impact to those addicted, their loved ones and first responders who are responding to the immediate crisis. Opiate prescribing for 2016-2017 was analyzed at CMH PCP offices. A 12% decrease in opiate prescriptions written.

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

Please Explain:

The needs of the developmentally disabled population in Greene Co stayed the same over the last year. Need experts in supporting people with long trauma histories, limited communication skills, lower IQs, attachment issues, PTSD. The mental health clinic continues to provide psychiatric services to those with developmental disabilities who have a co-occurring mental health diagnosis.

Much of this year has revolved around the transition CCO/HH identified as a huge transformation for the OPWDD system. It was reported by providers that notification to clients had occurred and that about 85% consumers had signed on for the enhanced service package( May 2018). Feedback from providers was mostly positive: more uniformity and less confusion for families. It was felt services will be comprehensive and seamless. Providers felt the intense training in preparation for the transition had prepared them well for the rollout to CCO/HH.

During the year it was reported by one of our DD providers that their pre-vocational program was going well but it was hard to find places for consumers to volunteer. The Arc of U/G who is physically located in the county has developed a large network of volunteer opportunities for consumers. This provider had to close the bottle redemption center that had provided paid work opportunities for clients, funding from state that had assisted in supporting this initiative was no longer an option. Inflight Success Academy for Independent Living opened the "Can do Cafe" in Catskill with about 20 clients being served through this program. It has sustained over time with donations from community. Inflight also operates Catskill Day Hab with approx 30 clients enrolled.

Respite services for families with children with developmental disabilities are in short supply.

NYSTART Region 3 Resource Center still not operational. The physical structure is ready but a decision has to be made on who will provide the clinical services. Staffing changes and inconsistency of supports have been identified as barriers to its overall effectiveness.

Transitional planning for those aging out of school was identified as a gap in service. It was reported that schools were "meeting the spirit but not the act itself." A local provider has not been able to get any support from schools in providing school to work program in the county( would have required 5 students to make program operational). Another issue noted is that students with disabilities are not availing of the opportunity to remain in school until age 21. Frequently these students have no after high school plan and are not well equipped/prepared for life following high school.

Data received from OPWDD, Division of Agency Research and Performance Design, (completion date 3/6/18) was not easily interpreted by the DCS so was not as useful as I had hoped in planning needs of the I/DD clients in Greene Co. The data was reviewed with OPWDD sub-committee( many DD providers) who also expressed some confusion and lack of understanding as to what certain data elements meant or included. I hope there will be an opportunity for more conversation with OPWDD on data and what is needed/relevant at the local level for planning.

## 2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input 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 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
- v) Developmental Disability Family Supports
- w) Developmental Disability Self-Directed Services
- x) Autism Services
- y) Developmental Disability Person Centered Planning
- z) Developmental Disability Residential Services
- aa) Developmental Disability Front Door
- ab) Developmental Disability Service Coordination
- ac) Other Need (Specify in Background Information)

**2a. Housing - Background Information**

Housing continues to be a huge challenge in Greene Co. There is a lack of housing stock and it is rarely handicapped accessible. Rents are high. In a recent newspaper article it was noted that Greene Co was a good place to buy a home since rent costs are higher than mortgage payments. Director of Care Coordination notes that it is becoming increasingly difficult for people to find housing they can afford. This matter is a frequent topic of discussion at CSB, OASAS and Mental Health Sub-Committee mtgs. The National Low Income Housing Coalition estimated that the 2016 Housing Wage for a one bedroom apartment in Greene Co was \$14.65/hour, however the average renter wage earned in Greene Co is \$9.86/ hour. Affordable, safe and stable housing is limited. Greene Co had the highest percentage (35.8%, n=6,300) of sub-standard housing units that were occupied in the Capital Region. About 211,000(23%) of Capital Region residents were at or below 185% Federal Poverty Level (FPL) however Greene County (27.5%) had the highest percentage in the Capital Region( Health Equity Report). Housing is considered to be cost-burdened when an individual or family spends over 30% of its income to rent or buy a residence and severely cost burdened when more than 50% of income is used for same purpose. Greene Co had the highest rate of cost burdened (36.7%) and severely cost burdened (16.0%) households in the capital region. Families who lack affordable housing are more likely to move frequently and this instability has been associated with emotional and academic problems in children, depression and early drug use in adolescents. Most recent Adult SPOA mtg note there are 16 people on waiting list for SHUD apts, 3 for Community Residence and 4 for Family Unit through Col/Greene Mental Health Assoc,our Housing Provider . There are another 10 plus applications being reviewed for housing. Greene County has 246 Housing Choice Vouchers allocated to county, managed by RUPCO. Currently utilizing 244. There are 428 on the waiting list which can be anywhere from 1-3 years. 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 and growing. There is no homeless shelter in the county. Some of our high need individuals who have both mental health and addiction issues are placed in motels through DSS that have a reputation for substance use and crime. Less than favorable living conditions result in poor outcomes for those who are most vulnerable. The lack of safe, supportive and appropriate housing for those with mental illness too often creates a bottleneck at the hospital resulting in lengthy inpatient stays and this continues to be a trend. Meeting the housing needs of transitional age youth is challenging since the waiting list for a routine placement can be 18-24 months, accepting transitional youth can be a luxury.

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

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

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

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

Objective 5: Explore public/private partnership in developing a homeless shelter

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 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. MHA of Col/Greene Counties continues to meet with Catskill Town Planning Board. The Planning Board and public have raised concerns about traffic and storm water drainage. The Planning Board also wants justification that 90 units are needed citing concerns that such a structure will not fit into the community. Concern has been expressed that this will not add to tax base and will hinder businesses from coming into Main Street, Catskill. The proposed location of the housing project is within walking distance to village of Catskill. The Executive Director from Twin County Recovery Services highlighted how OASAS regulations, need to be on municipal sewer and water, lack of timely approval by OASAS before making an offer to a seller has resulted in the piece of property being sold to someone else. This has been a chronic issue and has been a barrier to the Womens Residence in Catskill being relocated. The DCS has outreached to OASAS Field

Office representative to highlight both my frustration and concern.

**2b. Transportation - Background Information**

Transportation needs continue to be an identified area of need for the public and those with disabilities in rural Greene Co. In addition to DOT funding, Greene Co Government is providing financial support to this project. The Arc of Ulster/Greene operates the public transportation system in Greene Co which is called Greene County Transit (GCT). Advertising and Marketing has been a major goal over the last year. GCT has an active Mobility Management Campaign which includes media/digital/social networking spots. There is now a stand alone GCT website, community outreach, education events and travel training. In an effort to assess need for proposed Columbia Greene Community College route surveys were distributed to current students to gather data related to interest in public transit route and area of origin in Greene Co. Surveys were distributed to some high school seniors in the county to more accurately assess need. The Director of Economic Development and Tourism met with Col Memorial Health leadership (CMH is the hosp that serves Greene County, no hosp in Greene Co) to obtain data on need as it relates to employees and residents that work or access services at the hosp. There are route change proposals which would extend service coverage and create transfer sites. The DSS Commissioner noted that CWEP Employment sites could be included in the routes to assist some of the DSS clients in fulfilling their work requirements which in some cases can be challenging due to lack of transportation. Issues continue with select Medicaid Transportation Providers. Clients were not picked up which resulted in them missing their scheduled mental health appt or the taxi company saying it wasn't scheduled. There are times that this is not so because the therapist had scheduled the transportation for the client. Complaints are made to designated liaison for the county. During the last year there have been times when clients do not permit a complaint to be made because they fear retaliation.

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

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

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

**Objective Statement**

Objective 1: Continue the marketing plan and advertising activities to increase ridership.

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

Objective 2: Development and continuation of the quarterly Advisory Transportation Board.

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

Objective 3: Engage in a more targeted outreach to senior classes at 6 Greene Co school to assess their transportation need to college and use a survey to collect info.

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

Objective 4: Explore financial partnerships/funding partners that would result in sustainability of this transportation initiative

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

**Change Over Past 12 Months (Optional)**

The Arc of U/G has been operating Greene Co transit since June 2016. Ridership is increasing. Marketing plans were initiated with a local media company in Dec 2017 to help with branding and design of specific marketing ideas. In Jan 2018 a design was finalized for mobility management brochure, business cards for the mobility manager, a sequence of mobility management ads and a new look for the facebook page. A new GCT website was created which went live in Feb 2018. The Transportation Advisory Board (TAB) had their first quarterly mtg in Jan 2018. There is good representation from county depts (Human Services, DSS, Public Health, Mental Health, local Veterans Affairs, Greene County Economic Development and Tourism), Columbia Greene Community College, other transportation providers within the county, The Arc of U/G. At this time consumers of the transportation service are not represented on the Advisory Board. The mobility manager attends the monthly Citizens Advisory Council meetings to discuss the needs of seniors in the county and monthly network meetings that represent various agencies in Greene and surrounding counties.

The Executive Director of Col/Greene Community Action has submitted application to become an approved Medicaid Transport provider. Driver shortage, competitiveness of wages and benefits can be problematic, First Student Drivers start at \$15/hr, GCT start at \$10-11/hr. Some of the local businesses have voiced concerns regarding the lack of public transportation for employees that work something other than the regular 9-5pm shift.

**2c. Crisis Services - Background Information**

The Mobile Crisis Assessment Team (MCAT) operated by MHA of Col/Greene Co continues to be of tremendous benefit to both Greene and Columbia counties in responding to those in crisis and referring them to most appropriate service. MCAT quickly reached capacity operating from 12-8pm for both counties. Survey responses noted there needed to be expanded hours to avoid unnecessary hospitalizations and visits to ER, police involvement, incarceration all of which can be traumatic for the person in distress. There had also been more requests from school districts for MCAT services during the school day. A request to OMH for additional state aid was denied due to lack of available funding. Reports and service utilization including diversion from hospitalization had been shared over several months with AMCH DSRIP (now Behavioral Health Northeast New York BHNNY). Funding request was made to BHNNY for additional funds to expand the service. Request was granted because the work of MCAT aligned with DSRIP Community Crisis Stabilization , 3.a.i project. Expanded hours 8am-10pm/365 days a year. Expansion increased staffing from 3 full time staff(2 licensed/1 non-licensed) to 7 full time staff ( 4 licensed/2 non-licensed/1 support staff). Expansion included hiring a full time Certified Peer Specialist. MCAT has collaborated with service providers in a way that extends the reach and impact of services it provides. MCAT is always willing to participate in community events and outreach to raise awareness about their services. Results since expansion (June 2017): data points being presented are from July 2017-Feb 2018 and are a combined total for Col and Greene Counties

- 1. Out of the 14,816 calls, 5,447 were during the expanded hours
- 2. Calls increased by 212%
- 3. Average calls per day:61
- 4. Average in-person intervention per day: 2.5

- 5. Total calls/point of contact for Greene Co since start of MCAT in July 2015 through Feb 2018: 18,033
- 6. Number of unduplicated individuals served in Greene Co from July 2015 through Feb 2018: 1,677
- 7. Percent of clients with service provider (in 2017): 53%
- 8. Percent of clients linked to service(in 2017): 20%
- 9. In May 2018, 149 clients were served in Greene Co, 36 were new clients, 17 of them being under age 18. 4 clients served are awaiting OPWDD eligibility determination.

Greene Co Mental Health after hours on call responded to about 600 calls in 2017.

In Oct 2017, 6 Greene Co law enforcement officers completed CIT training(3 Sheriff's deputies, 1 from local PD and 2 State Police). A systems mapping exercise completed in March 2017 noted opportunities for system enhancement/improvement. The one that seemed to be of utmost priority was to simplify what number to call in an emergency. Identifying one number to call in an emergency remains challenging and a focus of conversation within Greene and Columbia Co. In Greene Co a palm card was developed by one of local legislators who is the Chair of the Health Services Committee and MCAT Director, dispersed to all First Responder groups, it was paid for by Cairo Rotary Club. A 2 sided palm card that provided info on Crisis and Treatment services on the one side, Recovery and Support info on the other has been well received. Earlier this year the DCS received a phone call from one of the law enforcement officers who had completed the CIT training, he was concerned about a constituent who had mental illness and wanted some direction on how to proceed. He acknowledged the CIT training had given more insight into those with behavioral health conditions.

The 1 hospital diversion bed located at the Community Residence continues to be underutilized for this purpose although has been used regularly for situational crisis situations within the community. In evaluating a possible barrier I believe the bed being located within the milieu of community residence and accessing staff in the moment to support the client are factors that can contribute to it being a difficult to access resource.

There was a productive mtg between the leadership of NY START, Region 3, MCAT Director for Col/Greene Counties and DCS that focused on coordination, MCAT response and referral to NY START for OPWDD eligible client that was appropriate for their service.

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

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

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

**Objective Statement**

Objective 1: Advocate for expansion of MCAT's hours of operation

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

Objective 2: Revisit the development of a workgroup to explore the communication challenges highlighted by the mapping exercise (part of the CIT initiative)

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

Objective 3: Continue to work with Col Co on establishing one single point of contact that would triage and connect to appropriate service.

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

Objective 4: Continue to work with CMH (hosp) on having MCAT be part of the discharge plan when a client is leaving ER or inpt psychiatric hosp.

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

Objective 5: Community education on MCAT, its ability to assess and link to other services.

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

**Change Over Past 12 Months (Optional)**

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

Workforce recruitment and retention continues to be identified across all disability 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.

Recruitment and retention of LCSWs, prescribers both NPs and psychiatrists, credentialed peers, respite and residential workers continues to be time and labor intensive. There are times that even though a service is available it cannot be provided because their isn't available worker. Workforce shortages are very prevalent in the residential and OPWDD system. Salary, work conditions and the expectations being placed on direct care workers and in many cases for little more than minimum wage has left many feeling disillusioned and disgruntled. "Be fair to direct care" has resulted in 2 salary increases this Spring in the OPWDD system. Recent communication from providers is that even with this increase it is not a living wage. Financial compensation does not align with work expectations and responsibilities being placed on the worker.

Rates that are set by the state for the provider agencies are not adequate. I see this issue worsening in the coming years as the workforce ages, salary increases do not align with the responsibilities and demands placed on the workers and fewer choose the helping professions as a career path.

Medication Assisted Treatment providers are in short supply in Greene Co. Those who are listed have reached capacity or restrict who they will prescribe to. Earlier this year our SUD provider noted there were 23 being prescribed Suboxone through clinic prescriber, 10 being prescribed Suboxone through outside prescriber; 10 being prescribed Vivitrol through clinic prescriber and 4 being prescribed Vivitrol by outside prescriber. In light of the opioid crisis within Greene Co there is a critical shortage MAT prescribers. A Buprenorphine Waiver Eligibility training has been sceduled in June at Columbia Greene Community College.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

**Change Over Past 12 Months (Optional)**

**2j. SUD Outpatient Services - Background Information**

Twin County Recovery Services (TCRS) provides SUD outpatient services at their location in Catskill. During a recent sub-committee mtg it was reported that as of that day there were 191 people seeking treatment at the clinic (outpatient and intensive outpatient), 212 clients had received treatment during the previous month. It was reported that evaluations were being double/triple booked. In addition to scheduling evaluations time has to be set aside to see emergencies. Walk ins off the street have increased from a year ago due to more people looking for medication assisted treatment. The Opioid crisis within the community has resulted in more folks requiring treatment. Caseloads are high because TCRS is capped at 6 clinicians. 3 clinicians at clinic are mental health counselors cross trained in SUD and treating those with a co-occurring mental health diagnosis. TCRS was permitted by OASAS to use State Targeted Response (STR) funds to hire 1 clinician to meet the need for outpatient treatment services as a result of outreach from that initiative. In April of 2018 there was a Substance Use Disorder meeting of providers in both Columbia and Greene Co. The goal was to create an existing inventory of services provided, understand the role of each provider, avoid duplication of services and work in a more well informed and coordinated way. This exercise revealed that Columbia and Greene Co are resource rich in some areas (screening and referral) but that there is a marked decline in resources as one moves along the SUD continuum esp in the treatment and recovery services. It was noted that rigid service system and eligibility requirements can be a barrier to the most vulnerable. Both counties identify the need for ambulatory detox. Earlier this year there was a notification from OASAS that PEOPLE Inc has been awarded funds to develop Part 816.7 Medically Supervised Withdrawal and Stabilization Services that would serve 6 counties: Columbia, Greene, Putnam, Orange, Ulster and Dutchess. The provider is moving ahead with a site in Cairo, most of the work to date has involved zoning, survey of the property and meeting with the planning board. To date no programmatic details. There was a productive mtg between this provider and local providers. It was clear that all wanted to be cooperative and collaborative in their work relationship. The Greene Co providers wonder if this resource once developed will be able to serve the needs of the local community because it will be 20 slots to serve 6 counties. In 2018 Albany Co was awarded the Capital Region SUD Open Access Center grant funding. Hub and spoke model (Greene Co would be spoke) with engagement program that uses peers and navigators to get an individual into appropriate level of treatment. Idea is to enhance services that already exist. There would be a 24 hr hotline, if someone from Greene Co accessed the hotline, a connection would be made to local provider. The goal is to have Access Center operational in Aug/Sept.

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: Use Care Coordinators and Peer Specialists to provide a warm hand off when a client is transitioning between levels of care.

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

Objective 3: Enhance and coordinate the system of care so that those with co-morbid conditions receive the appropriate level of care

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

Objective 4: Advocate to OASAS for increased funding to support additional staff for our local SUD provider.

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)**

An inventory of all prescribers in the CMH system (providing suboxone or not) were evaluated to see what might be a barrier to them being a MAT prescriber. Imminent retirement, practice not taking new pts, discomfort in prescribing suboxone were identified as reasons.

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

Greene Co continues to be affected by the opioid epidemic and has seen an increase in those seeking SUD treatment. In 2016, there were 214 (162 in 2015) unique Greene Co clients admitted to OASAS-certified chemical dependence treatment programs for heroin, 290 unique clients admitted for any opioid (incl heroin) (247 in 2015). In reviewing the Opioid Quarterly Report: Jan through Sept 2017, the numbers are 211 and 280 respectively. The Opioid Quarterly Report noted there were 75 administration of Narcan by First Responder groups in 2016 and 84 in 2017. These numbers only represent events reported electronically and is felt to be an underestimate of actual numbers in Greene Co. The numbers continue to climb indicating this crisis has not reached its high point yet. The prevention agenda conducted by the local health depts and hospitals identified substance abuse, primarily opioid abuse, as a prevention agenda priority for all Capital Region Counties. Greene County's MAPP process shifted focus from mental health to substance abuse. Greene Co has no acute care hospital, inpt detox or inpt rehab services available in the county. Greene Co was identified as focus county (1 of 16 counties identified) for opioid use disorder and recipient of grant funding to address this issue. The 16 focus counties selected for this State Targeted Response (STR) grant are generally in greater need of access to services than New York State as a whole. In 2015, there were 124,203 treatment admissions to OASAS certified substance use disorder (SUD) treatment programs in which the client indicated opioid use. Of the statewide admissions, 64% were admitted to SUD treatment in the same county in which they had their primary residence. Greene Co had 63% of those requiring treatment seeking it outside the county (OASAS Client Data Source) Greene Co has received a second year of STR funding. STR in Greene Co is operational although there was pushback from the local community in Cairo regarding the administrative office location. There was concern that the office space was being used to see clients. The office space was closed for more than 4 months while the provider met

with planning board and resolved issues. The STR grant was instrumental in getting SUD services and Vivitrol program into Greene Co jail prior to jail's closure in April due to structural concerns. All Greene Co inmates are boarded out in either Col or Ulster Co jail. The STR clinician is trying to establish contact with these jails in an effort to maintain a connection with Greene Co inmates. STR clinician has been doing outreach at DSS one day/week and at several other locations throughout the county to increase awareness, provide education and engage those who are seeking treatment. A 17 foot tele-practice vehicle was purchased which will function as a clinic on wheels providing assessments, individual sessions via Zoom platform, medication assisted treatment. The NP/Psychiatrist position still needs to be filled. The STR program engaged the services of a Media Consultant and has created a website, Facebook page and Snapchat account. During Jan-April the website 783 visitors for a total 912 times, 54% are male, top age group 25-34. This data is being used to guide outreach efforts and target audience.

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

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

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

**Objective Statement**

Objective 1: Provide community education on the opioid crisis.

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

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

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

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

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

Objective 4: SBIRT screening in CMH ER.

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

Objective 5: Greene Co First Responder Narcan Tracking.

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

**Change Over Past 12 Months (Optional)**

Narcan is being administered by Law Enforcement, Fire and EMS but without a unified tracking mechanism that could help direct public safety. The plan is that as of July 1st, Greene Co First Responder agencies will report on zip code, amount of Narcan administered, age, gender and outcome by email ( dedicated email address) or voicemail( dedicated number). A report will be compiled on a weekly basis. The goal is that with real time data there would be the ability to move resources to impacted areas ( Narcan Training) and coordinate long-term strategies. There is a plan to enter data into ODMAP system once the local reporting system is up and running. There continues to be a limited number of MAT providers in Greene Co, those listed are frequently at capacity. SBIRT screening did not begin in the CMH ER so will need to be explored further with the hosp.

**2n. Mental Health Clinic - Background Information**

Greene Co Mental Health Clinic in 2017 continued to see higher acuity and need in the children and families being referred for clinic services. Significant trauma histories, increased pathology and emotional distress, ineffective coping skills and parental substance use are all contributing to a family system that needs a lot of support in managing day to day life. Some families who would really benefit from Health Home Care Coordination refused the service citing amount of paperwork and intrusive questioning early on in the process of engagement as barriers. Greene Co was provided 3 additional waiver slots, even with this additional resource there is generally a waiting list of 6 children and families on a monthly basis for this service. This is of concern because child and family may be assigned intensive level of care management when the entire system would be better served by waiver. The transition to children's health home model has been stressful and at time overwhelming to our legacy case managers, auditing requirements (40 plus pages) experienced earlier this year was time and labor intensive. Paperwork and oversight requirements have negatively affected the service that can be provided to child and family. It can be frustrating and stressful for all. In the last 6 months clients on AOTs have gone from 11 to 19. The last 6 clients placed on AOTs are male, age group 21-30 with histories of non compliance, psychiatric hosp and law enforcement involvement. The legacy case management provider(2 State ICMs) is nearing capacity. DCS is in conversation with OMH and Health Home regarding another AOT case management provider. It is also felt that AOT may have been avoided in some cases if HH# had been available because the clients needed more service than that provided by care coordination. The Director of Inpt Psychiatric Services at Col Memorial Health has been meeting with one of the MCO's to discuss the feasibility of intermediate level of care between inpt and outpt clinic. The thinking is that this could be funded with existing billing codes. This more intensive level of care would provide the level of service and support that many of our clients leaving the hosp require.

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

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

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

**Objective Statement**

Objective 1: Engage in a conversation with school districts around trauma informed schools.

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

Objective 2: Recruit and train a fully credentialed Family Peer Advocate for Children's service.

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

Objective 3: Risk assessment and safety planning on all clients entering the mental health clinic.

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

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

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

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

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

**Change Over Past 12 Months (Optional)**

The loss of our fully credentialed Family Peer Advocate has been felt by not only our mental health clinic but also other systems within the county that also interfaced with the child and family system.

**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 type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**3a. Medicaid Redesign - Background Information**

The DCS has been involved in preparing for a Value Based Environment. The DCS has been involved in the Behavioral Health Care Collaborative ( Equinox was awarded the funding) whose mission is to deliver a "continuum of value-based services" for individuals with mental health and substance abuse disorders. This grant funding will further support Medicaid Transformation to a system that rewards for quality and better outcomes rather than volume. An overview of Value Based Environment has been presented to providers and CSB and will be ongoing as the system transformation continues.

The mental health clinic and children's providers are preparing for the Medicaid System Transformation as it relates to Children's Services. Provider and network adequacy remain a focus of conversation as the system prepares for rollout of the SPA and HCBS services. Providers have been encouraged to attend trainings/webinars organized by MCTAC which are informative and comprehensive.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

**Change Over Past 12 Months (Optional)**

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

The DCS in Greene Co has been involved in the DSRIP process through BHNNY. Over the last year local mental health and SUD providers in Col and Greene Counties have participated in Southern Hub meetings with Columbia Memorial Health and Albany Medical Center. Conversations have included data collection barriers: EHR systems that are not nimble, connectivity and HIE, IT challenges, report writing as it relates to people, process, technology and cost.

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

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

The DCS will remain actively involved in the DSRIP process.

**Objective Statement**

Objective 1: Engage clinic and community providers in dialogue around value based payment structure.

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

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

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

Objective 3: Development of report writing fields in our EMR system at Greene Co Mental Health Clinic.

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

**Change Over Past 12 Months (Optional)**

Greene Co Mental Health Clinic is working with BHNNY on developing report writing fields in our EMR that permits us to generate a report on the proxy measures in our phase 3 contract. The clinic will receive some financial support from BHNNY to develop the report writing capacity. The collection of this data will enhance patient care at our clinic, eg monitoring HgA1C and Fasting lipids on those with schizophrenia and

diabetes. The clinic is entering the final stages of connectivity to HIXNY .

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

The Greene Co DCS is on the Capital Region RPC board and participates on the Children and Families Sub-Committee of the Capital Region RPC with the Children's SPOA Coordinator. The focus has been the transition from Medicaid fee for service to Managed Medicaid. The collaborative, problem solving approach is identifying issues around network adequacy, access, payment structure.

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

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

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

**Objective Statement**

Objective 1: Monitor HARP/HCBS network adequacy in Greene Co.

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

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

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

Objective 3: Greene Co Mental Health Children's Providers to continue their preparation for the Children's Transition to Medicaid Managed Care.

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)**

Most recent HARP data for Greene Co indicate there are 418 HARP eligible, 255 HARP enrolled , 93 Health Home Enrolled, 36 HCBS assessed, 35 HCBS eligible and 21 HCBS claims paid. The impression is that with SDE initiative the focus is now on increasing HCBS assessments.

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

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

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

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

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

**Objective Statement**

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

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

Objective 2: Creation of a Public Awareness and Education Committee that reports to Col/Greene Addiction Coalition.

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

Objective 3: Greene Co First Responder Narcan tracking.

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

Objective 4: Local monthly Narcan trainings.

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

**Change Over Past 12 Months (Optional)**

The practice guidelines sub-committee who meets with select representation from CMH pain management worked on prescriber education packet that included pain management assessment, functional assessment , risk assessment. It was reported earlier this year there was a 21% increase in completion of pain evaluations by CMH PCP offices.

Narcan trainings are being hosted monthly by twin county Recovery Services, presented by Catholic Charities Project Safe POint. Rural Health Network provided funding to Twin County Recovery Services for a second year that has resulted in 2 Greene Co schools getting a prevention /intervention counselor. Sustainability plan will be developed over time.

**4. Other Goals (Optional)**

**Other Goals - Background Information**

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

Change Over Past 12 Months (Optional)

**Community Service Board Roster**  
Greene County Community Services (70680)  
Certified: Jill Sirago (5/10/18)

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**

**Name** VACANT  
**Physician** No  
**Psychologist** No  
**Term Expires**  
**eMail**

**Member**

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

**Member**

**Name** Jackie Kayata  
**Physician** No  
**Psychologist** No  
**Represents** NAMI / Families  
**Term Expires** 12/31/2021  
**eMail** jackiekayata@gmail.com

**Member**

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

**Member**

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

**Member**

**Name** Brian Stewart  
**Physician** No  
**Psychologist** No  
**Represents** Columbia Memorial Hospital - Psych Unit  
**Term Expires** 12/31/2021  
**eMail** bstewart@cmh-net.org

**Member**

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

**Member**

**Name** Kimberly Kaplan  
**Physician** No  
**Psychologist** No  
**Represents** Department of Public Health  
**Term Expires** 12/31/2021  
**eMail** kkaplan@discovergreene.com

**Member**

**Name** Carrie Wallace  
**Physician** No  
**Psychologist** No  
**Represents** Dept. of Human Services  
**Term Expires** 12/31/2018  
**eMail** cvedder@discovergreene.com

**Alcoholism and Substance Abuse Subcommittee Roster**

Greene County Community Services (70680)

Certified: Jill Sirago (5/10/18)

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

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

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

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

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

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

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

**Member**  
**Name** Beth Schuster  
**Represents** Twin County Recovery Services  
**eMail** beths@twincountyrecoveryervices.org  
**Is CSB Member** No

**Member**  
**Name** Lori Torgerson  
**Represents** Greener Pathways / GC Legislature  
**eMail** lorit@twincountyrecoveryervices.org  
**Is CSB Member** No

**Member**  
**Name** Aidan O'Connor  
**Represents** EMS / Greene County Legislature  
**eMail** aoconnor@discovergreene.com  
**Is CSB Member** No

**Mental Health Subcommittee Roster**  
Greene County Community Services (70680)  
Certified: Jill Sirago (5/10/18)

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.

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Francesca Daisernia	<b>Name</b>	Brenda Beach
<b>Represents</b>	Greene County Mental Health Center	<b>Represents</b>	NAMI / Families
<b>eMail</b>	fdaisernia@discovergreene.com	<b>eMail</b>	brenda.beach@ymail.com
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	Yes
 <b>Member</b>		 <b>Member</b>	
<b>Name</b>	Jackie Kayata	<b>Name</b>	Kimberly Kaplan
<b>Represents</b>	NAMI / Families	<b>Represents</b>	Public Health
<b>eMail</b>	jackiekayata@gmail.com	<b>eMail</b>	kkaplan@discovergreene.com
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	Yes
 <b>Member</b>		 <b>Member</b>	
<b>Name</b>	Kira Pospel	<b>Name</b>	Brian Stewart
<b>Represents</b>	Dept. of Social Services	<b>Represents</b>	Hospital - Psych Unit
<b>eMail</b>	kpospel@discovergreene.com	<b>eMail</b>	bstewart@cmh-net.org
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	Yes
 <b>Member</b>		 <b>Member</b>	
<b>Name</b>	Jacklyn Perez	<b>Name</b>	Amanda Pierro
<b>Represents</b>	Care Management	<b>Represents</b>	Peer Advocacy
<b>eMail</b>	jperez@mhacg.org	<b>eMail</b>	apierro@mhacg.org
<b>Is CSB Member</b>	No	<b>Is CSB Member</b>	No
 <b>Member</b>		 <b>Member</b>	
<b>Name</b>	Jeffrey Rovitz	<b>Name</b>	Stephen Brucato
<b>Represents</b>	Mental Health Association of Columbia-Greene Counties	<b>Represents</b>	EMS
<b>eMail</b>	jrovitz@mhacg.org	<b>eMail</b>	greencountyparamedics@gmail.com
<b>Is CSB Member</b>	No	<b>Is CSB Member</b>	No
 <b>Member</b>		 <b>Member</b>	
<b>Name</b>	Katie Oldakowski	<b>Name</b>	
<b>Represents</b>	Mobile Crisis	<b>Represents</b>	
<b>eMail</b>	koldakowski@mhacg.org	<b>eMail</b>	
<b>Is CSB Member</b>	No	<b>Is CSB Member</b>	

### Developmental Disabilities Subcommittee Roster

Greene County Community Services (70680)

Certified: Jill Sirago (5/10/18)

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

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

**Member**  
**Name** Kira Pospesel  
**Represents** Greene County Department of Social Services  
**eMail** kpospesel@discovergreene.com  
**Is CSB Member** Yes

**Member**  
**Name** Linda Goff  
**Represents** OPWDD Taconic  
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**Is CSB Member** No

**Member**  
**Name** Bruce Drake  
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**Is CSB Member** No

**Member**  
**Name** Florence Ohle  
**Represents** Community Action  
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**Is CSB Member** No

**Member**  
**Name** Kara Scott  
**Represents** Families  
**eMail** kbScott@mhcable.com  
**Is CSB Member** No

**Member**  
**Name** Lauren Clark  
**Represents** Greene County Early Intervention  
**eMail** lclark@discovergreene.com  
**Is CSB Member** No

**Member**  
**Name** Fawn Potash  
**Represents** Independent Living Center  
**eMail** fpotash@ilchv.org  
**Is CSB Member** No

**2019 Mental Hygiene Local Planning Assurance**  
Greene County Community Services (70680)  
Certified: Jill Sirago (5/10/18)

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.