

**COLUMBIA COUNTY  
OPIOID EPIDEMIC  
RESPONSE PLAN**

# COLUMBIA COUNTY OPIOID EPIDEMIC RESPONSE PLAN

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# COLUMBIA COUNTY OPIOID EPIDEMIC RESPONSE PLAN

## INTRODUCTION

The Chairman of the Board of Supervisors of Columbia County has convened a committee of elected officials, Department Heads and public and private service providers, in order to clarify the following:

- The nature and extent of the opioid abuse problem in Columbia County;
- The full measure of public and private resources being utilized to address this problem;
- The best way to organize and enhance those efforts; and
- What, if any, new initiatives should be considered to complement and/or expand upon those efforts.

### I. The Opioid Epidemic Response Sub-Committee of Columbia County:

Matt Murrell, Chairman  
William Hughes, Supervisor, Fourth Ward  
Paul Czajka, Columbia County District Attorney  
David Bartlett, Columbia County Sheriff  
Edward Moore, Hudson City Chief of Police  
Michael Cole, Director, Columbia County Dept. of Human Services  
Beth Schuster, Director, Twin County Recovery Services  
Claire Parde, Director, The Healthcare Consortium  
Jack Mabb, Director, Department of Health  
Robert Gibson, Acting Commissioner, Department of Social Services

Columbia County Director of Community Services, Michael Cole, with the assistance of several members of this committee, will draft a county-wide response plan designed specifically to address the questions raised above. The plan will document the history of the opioid abuse problem in Columbia County and provide a detailed account of the actions taken by the various stakeholders responsible for addressing this problem. The purpose of the plan is to provide recommendations for more enriched collaboration between these stakeholders. The plan will also identify the numerous “grass roots” campaigns and local advocacy groups that have formed in response to this problem and suggest how they might be organized and supported at the macro level in order to facilitate the greater county wide response effort. By placing a spotlight on unique local barriers and gaps in services that have prevented a more unified and effective approach to combating opioid abuse, the plan, it is hoped, will bring unity and energy to a cause that must succeed.

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## NATURE AND EXTENT OF THE PROBLEM

Columbia has a history of complex socio-economic issues. High poverty rates are compounded by a lack of transportation, lack of healthcare providers, and barriers to access of quality healthcare. Community health assessments, as well as the local hospital's Community Service Plan, continuously identify several critical health issues, the most urgent being extremely high rates of alcohol and substance use.

Anecdotal and prevalence data demonstrate a compelling need for substance use prevention, treatment, and recovery efforts in Columbia County. Data from the Statewide Planning and Research Cooperative System (SPARCS) reveal that, while the entire Capital Region experienced a 30% increase in the rate of opioid overdose mortality from 2005-07 to 2013-15, Columbia County *experienced one of the largest increases: 227%*. Columbia County also had one of the highest 2013-2015 mortality rates (8.6/100,000) in the Capital Region.

According to the 2014 New York State-County Opioid Report, the Capital Region experienced a 58% increase in the opioid overdose hospitalization rate from 2006-08 to 2013-15, similar to the Upstate increase of 61%. However, this report also discloses that Columbia County had one of the highest 2013-15 opioid overdose ED visit rate (28.9/100,000) in the Capital Region.

Cost information generated from the SPARCS database reflects the disproportionate effect of substance use in Columbia County.

OASAS data from 2011-2014 show a *45% increase* in heroin admissions for those over age 25 in Columbia (126 to 227). The same data show an increase in substance use among those under age 25 in both Columbia (34%) as well.

Columbia County is rural, and as such, our population of roughly 63,000 has a smaller *absolute number*, compared to our more urban neighbors, of individuals who are affected by substance use disorders. However, as the data just shared reveals, our *incidence* of morbidity and mortality associated with substance use disorders are alarmingly high, and argue the case for investment in our area.

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## **AN INVENTORY OF EXISTING AND EMERGING EFFORTS TO ADDRESS THE PRESCRIPTION OPIOID AND HEROIN EPIDEMIC IN COLUMBIA COUNTY**

This landscape includes, but is not limited to, several existing working groups, school-based prevention programs, public sector initiatives, law enforcement and criminal justice efforts, harm reduction programs, and other new and pending efforts. Each of these is described in greater detail below.

### ***Existing working groups***

Existing working groups in the area include the following:

- The Columbia-Greene Controlled Substance Awareness Task Force
- Prevention-Awareness-Solutions (P.A.S. It On)
- Young People in Recovery (YPR-Hudson Chapter)
- Columbia Pathways to Recovery (CPR)

*The Columbia-Greene Controlled Substance Awareness Task Force* was spawned out of the 2012 Columbia Memorial Hospital (CMH) Community Service Plan, which identified prescription drug abuse as one of the main health issues confronting Columbia and Greene Counties. The mission of the Columbia-Greene Controlled Substance Awareness Task Force is to address the heroin and prescription drug crisis through prevention, intervention, treatment and recovery.

The Task Force aims to:

- RAISE AWARENESS about the risks associated with controlled substance use;
- EDUCATE the community about prescription and illicit drug abuse and its impacts;
- PLAN AND DELIVER prevention and harm reduction programs and activities;
- PROMOTE AND USE BEST PRACTICES for treating pain and addiction; and,
- ENSURE THERE ARE ADEQUATE SUPPORTS for treatment and recovery.

Its strategies for realizing these goals include:

- STIMULATING information exchange and partnerships
- COLLECTING, ANALYZING, and REPORTING DATA

The initial task force members included representatives from CMH, both County Health Departments, NYS Police, Columbia and Greene County Sheriff departments, Twin County Recovery Services, and both county Human Services Departments. Though these agencies are still represented on the task force, the composition of the group has changed to include representation from the following sectors: pharmacy, dentistry, higher education, law enforcement, substance use prevention & treatment providers, and mental health. Co-chairs of the task force include the Directors from both the Columbia and Greene Human Services Departments. The task force consists of two subcommittees: Practice Guidelines and Substance Use Prevention Education. The Practice Guidelines subcommittee works closely with Columbia Memorial Hospital providers to decrease the overuse and abuse of controlled substances. Many accomplishments can be attributed to the work of this subcommittee

including the development of substance use contracts, scales of functional pain assessments, opioid risk tools, and protocols for treating patients system-wide.

Two major initiatives have come out of the Prevention Education Subcommittee:

- in-classroom prevention programming coupled with a poster contest in multiple schools, both Columbia and Greene Counties;
- safe disposal boxes for prescription medications at locations in Columbia and Greene Counties.

Currently, the Columbia-Greene Controlled Substance Awareness Task Force is in adolescence and has received limited external funding. Outside of contributions of time and meeting space, the group received support from CMH for its first dinner in April 2013. The second dinner in September 2014 was funded by OASAS.

*Prevention-Awareness-Solutions (P.A.S. It On)*-- Formed in 2014, this group operates solely in Greene County. While P.A.S. It On initially had the participation of people in recovery, more recently the group is comprised almost entirely of professionals. P.A.S. It On is currently engaged in community outreach and education efforts, holding a number of community forums throughout Greene County regarding Heroin and Prescription Drug Abuse. While P.A.S. It On has several members who also participate in the Columbia-Greene Controlled Substance Awareness Task Force, it is not currently affiliated with the larger group.

*Young People in Recovery (YPR)*, the national grassroots advocacy organization that focuses on creating recovery-ready communities for young people in, or seeking, recovery recently established a chapter in Hudson, NY (Columbia County). Established in 2016, this group supports young people in or seeking recovery by empowering them to obtain stable employment, secure suitable housing, and explore continuing education. Workshops are offered to chapter members (and open to the public) that provide concrete steps to achieve these goals. Members of this chapter are also encouraged to advocate on the local and state levels for better accessibility of these, and other, recovery resources. Members of the Hudson Chapter of YPR have been instrumental in coordinating and participating in community and school-based substance use awareness events, often as recovery speakers.

*Columbia Pathways to Recovery (CPR)* is a relatively new and exciting grassroots group that is dedicated to decreasing the stigma of substance use, raising awareness, and educating the community about available substance use resources. Established in 2016, this group operates solely in Columbia County and is quickly gaining momentum. Members of CPR have been instrumental in coordinating and participating in school and community-based substance use awareness events.

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## ***School-based prevention programming***

Columbia and Greene Counties are home to two OASAS-funded providers currently working in schools: Twin County Recovery Services, Inc., which serves schools in Greene County, and Catholic Charities of Columbia-Greene Counties, Inc., which serves schools in Columbia County.

Twin County Recovery Services (TCRS) is a non-profit agency, with locations in both Columbia and Greene Counties. In addition to the school-based prevention programming that TCRS provides in Greene County, it also provides outpatient and residential treatment in both counties, administers the Drinking Driver program, provides services at the Columbia County jail, and is extremely active in Twin County efforts to address substance use.

Catholic Charities of Columbia-Greene Counties provides substance use prevention programming to students in grades K-12 in Columbia County school districts. Prevention Educators work in school and community settings to educate children on the dangers of harmful situations and using substances. Educators deliver evidence-based lessons tailored to fit the need of each age group, family, and community.

In addition to the OASAS-funded prevention activities provided by TCRS and Catholic Charities, additional school-based prevention programming is supplied by *Mentor Foundation USA*. This national prevention organization, based in Washington, DC, with an established presence in Columbia County, works with youth to reduce risk factors that lead to substance use including poor academic performance, low self-esteem, a lack of goals, and lack of a caring adult's support. The Mentor Foundation works in three Columbia County schools (Ichabod Crane, Taconic Hills, and Germantown), facilitating "Shattering the Myths" and "Living the Example: Spotlight" programs which promote substance use prevention, help teens seek positive outlets and highlight students' positive activities.

While the formal programming from the OASAS-funded providers and the Mentor Foundation form the basis of prevention programming in the Twin County school districts, there are other school-based efforts worthy of note. Ichabod Crane (Columbia County) in particular has convened its own working group that draws upon the involvement and expertise of outside agencies and organizations. Similarly, Taconic Hills (Columbia County) has assembled partners to host two Drug Awareness Events that coincide with Open House programming for children and families.

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### ***Public sector initiatives***

New York State Department of Health (NYSDOH) requires that hospitals and local health departments collaborate with each other and community partners on the development of Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs). Quantitative and qualitative measures are used to systematically collect and analyze data to better understand the health of Columbia and Greene Counties. Community Health Assessment data inform community decision making, the prioritization of health problems, and

the development, implementation and evaluation of Community Health Improvement (CHIP) Plans. The CHIP is the action phase in response to the assessment process.

Since 2010, Columbia and Greene County Departments of Health have used a comprehensive planning process, called Mobilizing for Action through Planning and Partnerships (MAPP), to identify health care priorities in the Twin Counties. The process includes the assessment of risks and identification of programs that support the mobilization of a wide range of services. Representatives from local county and nonprofit agencies, business leaders, the clergy, schools, law enforcement, and community leaders participate in the assessment process. Outcomes from the assessments for both Columbia and Greene Counties have identified, and continue to identify, key stakeholders and community support systems that address the priorities. Each county develops a list of priorities and forms committees to address the issues identified. MAPP meetings are held in both counties with Columbia Memorial Health representation on both the Columbia and Greene County teams.

Both the current (2013-2017) Columbia and Greene County Community Health Assessments/Community Health Improvement Plans and Columbia Memorial Health's 2014-2017 Community Service Plan identify Mental Health/Substance Use Prevention as one of their top two priority areas. While there is no funding to accompany the CHA/CHIP implementation plans, the coordinated manner in which they were developed provides another example of the unique, collaborative relationship between Columbia and Greene Counties.

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#### ***Law enforcement and criminal justice efforts***

Law enforcement and criminal justice agencies play a critical role in the collaborative method used to address substance use in the Twin Counties. In recent years, there has been a notable shift from prosecution to prevention. One example of this is the involvement of the Columbia and Greene County Sheriff's Offices in National Prescription Drug Take Back Days. Since 2011, the Sheriff's Offices in both counties have not only participated, but have provided leadership for this effort. Additionally, the Columbia and Greene County Sheriff's Offices, together with local town and village police departments in both counties, host a total of six Medication Drop Boxes in their facilities year-round. The Drug Education and Enforcement Unit of the Columbia County Sheriff's office provides the D.A.R.E. program to four Columbia County school districts, while the Greene County Sheriff's Office provides DARE in one school district (Cairo, Greene County). Local Sheriff's Deputies in both counties have also served as active participants in school and community-based activities and events as speakers, panelists and resources.

The *Chatham Cares 4 U Outreach Initiative Program* models the Gloucester Initiative, a program established in Gloucester, Massachusetts wherein anyone who enters the police station requesting help with their addiction is immediately assisted by a police officer in finding treatment. If a participant entering the police station and requesting help is in possession of drugs or drug paraphernalia (needles, etc.), the items will be seized and marked for destruction, but the participant will not be charged. Chatham Cares 4 U is the local example of



a Police-Assisted Addiction and Recovery Initiative (P.A.A.R.I.), whose mission is to foster a dialogue around the unique opportunity for police departments to take direct action against the disease of addiction in their communities. This program, which is based in Chatham, NY (Columbia County) was established in July 2016 and has, to date, placed 50 individuals in treatment. The village police officers who participate in Chatham Cares 4 U also work to eliminate the stigma associated with drug addiction by viewing addiction as a disease, not a crime, and being active partners in school and community-based events.

#### *Columbia and Greene County Drug Courts*

Columbia and Greene counties are also home to Adult/Regional Treatment Court programs. Founded in 2003 and 2005 respectively, the Columbia and Greene County programs employ a team approach, providing the opportunity for non-violent, drug-dependent offenders to take part in an extensive recovery process instead of serving jail time. Participants are drug tested on a regular basis and are required to attend mental health and/or substance use counseling. Offenders may serve jail time if they do not remain clean and sober. These programs have been successful, in part, due to their collaborative nature. Members of the Drug Court Teams include: the Columbia and Greene County District Attorney's Offices, Columbia and Greene County Probation Departments, Public Defender's Offices in both counties, Mental Health Association of Columbia & Greene Counties, Columbia County Department of Social Services, Greene County Mental Health, Columbia and Greene County Sheriff's Offices and jail counselors, as well as Twin County Recovery Services.

#### *Hudson City Drug Court*

Modeled after the Regional Treatment Court Programs, the City of Hudson (Columbia County) recently established a Drug Court. This court, which convenes monthly, is available to those who have been charged with a misdemeanor within Hudson City limits. Any defendant with a criminal charge that has elements of substance use disorder may be placed on the calendar for a court appearance. If the defendant chooses to proceed, he/she is required to attend mental health and/or substance use counseling and must remain drug-free throughout the duration of the program. This program utilizes a team approach for non-violent, drug-dependent offenders, with representation from Columbia County Regional Treatment Court, Columbia County Probation Department, Columbia County District Attorney's Office, Columbia County Public Defender's office, Twin County Recovery Services, and the Columbia County Mental Health Center.

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#### ***Harm reduction programs***

*Project Safe Point*, a program of Catholic Charities Care Coordination Services, which has principle offices in Albany but a service area that includes Columbia and Greene Counties, has been an active partner in the Twin Counties as well. Established in 2008 in response to an unmet need for sterile syringe access and harm reduction services in the Capital Region, Project Safe Point expanded its reach to include Columbia and Greene Counties in 2013 and has since become the primary provider of training for the administration of Narcan in the twin counties. In addition to providing Narcan training, Project Safe Point staff actively participate in meetings, activities, and events sponsored by other area partners.

The substance use effort spearheaded by a group at the *Kinderhook Reformed Church* (Columbia County) exemplifies not only the sheer scope of the substance use problem in our counties, but the unique approaches that are being used. The church has initiated public panel discussions, or "Community Conversations", in an attempt to highlight the substance use problem our counties are facing as well as the various resources that are available.

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### ***Other new or pending efforts***

*Youth Clubhouse*—The Mental Health Association of Columbia and Greene Counties (MHA) recently received the extremely exciting news that it was awarded funding to establish two Youth Clubhouses that will serve youth in both Columbia and Greene Counties. These facilities will provide a safe place for youth to congregate, utilizing peer supports in an engaging, non-clinical setting to promote and support a healthy, drug-free lifestyle among our youth ages 12 to 21. Though the clubhouses are not expected to open in the immediate future, they will be an invaluable resource to our communities and will, undoubtedly, be a critical part of the proposed coalition. Establishment of Youth Clubhouses provides yet another example of the energy and momentum directed at substance use prevention, treatment, and recovery for Columbia and Greene County residents.

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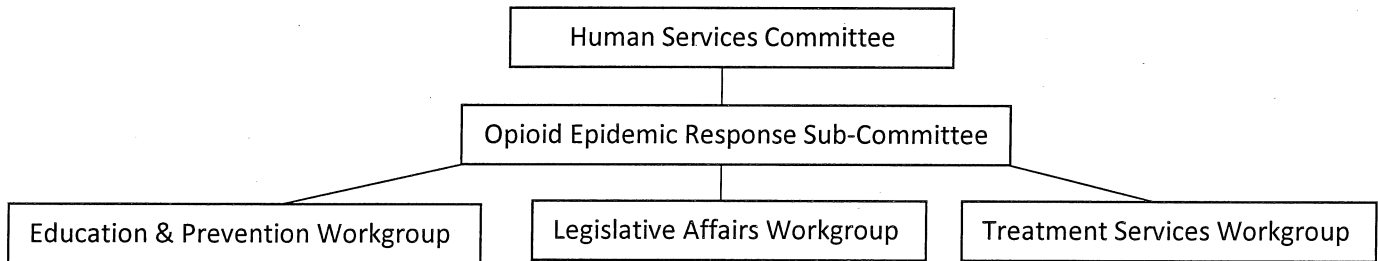
## RECOMMENDATIONS

1. That the County create an Opioid Epidemic Response Sub-Committee as an *ad hoc* sub-committee of the Human Services Committee, which shall convene every sixty (60) days in order to provide political and tactical support.
2. That the County locate a detox facility in Columbia County and increase capacity for Residential Treatment Services.
3. That the County employ a coordinator to help identify all local advocacy groups, establish a relationship with each and work with them to enhance their education and prevention efforts.
4. That the County expand the scope and services of the Mobile Crisis Assessment Team (MCAT).

Each of these is described in greater detail below.

### 1. **Creating an Opioid Epidemic Response Sub-Committee as an *ad hoc* sub-committee of the Human Services Committee**

The sub-committee shall direct its activities through work groups set up to address specific areas of concern as set forth in the Opioid Epidemic Response Plan. Initially, three work groups are envisioned:



#### *Steering Committee/Legislative Affairs Work Group*

To support the other work groups that shall form pursuant to the Opioid Epidemic Response Plan, the legislative affairs work group shall endeavor to further the mission of the Committee by developing a comprehensive strategy to influence public policy at the local, state and federal levels. This will consist of identifying legal barriers or policy gaps that prevent the implementation of important committee goals, i.e., increasing capacity for residential treatment services and locating a detox facility locally. The legislative affairs work group shall also address the funding and political problems that challenge the success of the Response Plan. This shall include lobbying state agencies for the procurement of essential funding, meeting with elected officials to in order to influence public policy and

identifying which demographic groups need to be reached and what messaging will best influence each in order to further the Committee's mission.

### *Treatment Services Workgroup*

To assure that the county is at all times prepared to offer the most effective treatment options for residents suffering from opioid addiction, the Treatment Services workgroup, comprised in large part of the county's treatment providers, will continue to take assessment of existing options while actively seeking new and innovative alternatives. Among the many tasks that this work group will undertake is determine the best methods available for measuring the success of existing programs in order to use the evidence culled therefrom to seek additional funding, make policy recommendations or seek additional service delivery modalities.

### *Prevention and Education Workgroup*

The Prevention and Education workgroup will help build on existing resources by developing messaging strategies to educate the public on the dangers of opioid abuse. The workgroup will be comprised of members of the treatment and prevention community experienced in reaching large segments of the population and tailoring a message for each specific group therein. A Coordinator will be appointed to organize community outreach and lead the Committee's prevention and education initiatives. The Coordinator will be charged with reaching out to all known grass roots groups and programs that have formed in response to the opioid abuse epidemic. Rather than usurp the initiative of any of these groups, the Coordinator will offer the Committee's services to each, i.e., serving as a clearing house, assisting in the coordination of community events, and assisting groups with developing strategies to gather resources in furtherance of their goals.

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## **2. Locating a detox facility in Columbia County and increasing capacity for Residential Treatment Services.**

In order to facilitate a solution to the lack of a local detoxification service and a need to expand our capacity for residential treatment services, Twin County Recovery Services is completing an application a new project through the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) for what's known as "Residential Redesign."

Residential Redesign incorporates detox, rehab and residential programming into one setting, allowing for a wider range of services, a smooth transition between each modality,

and an ability to move patients at their own pace in completing each phase. Part of this process will include relocation and expansion of the current Community Residences.

Not all patients will need to participate in each phase and may enter at any phase deemed clinically appropriate after completing a thorough assessment process.

This Program will be designed to incorporate medical/physical, mental health, and substance use disorder issues, as well as prepare patients for employment, higher education, and improved community integration prior to completion.

Funding for this Project will be requested from NYS OASAS.

Twin County Recovery Services will continue to work closely with community providers, referral sources and families to ensure the possibility of success for its patients.

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**3. Employing a Coordinator to help identify all local advocacy groups, establish a relationship with each, and work with them to enhance their education and prevention efforts.**

As noted in the previous inventory of existing and emerging efforts, there are numerous groups and efforts already focused on substance use prevention, treatment and/or recovery. While it's tempting to try to enfold these groups into a single large group, we see a greater benefit in allowing these groups to maintain their autonomy while, at the same time, enhancing their efforts by lending technical assistance and support. Jack Mabb, Director of the Columbia County Department of Health, was quick to recognize the value of this approach, and has created a position within CCDOH to serve as an Opioid Epidemic Response Coordinator. Working 25-30 hours per week on this issue, the Coordinator will provide technical assistance and support to all the existing and emerging efforts in the County in order to maximize their reach and impact, and facilitate collaboration among them. Key functions of the position include the following:

*Collecting and maintaining data*

The Coordinator could collect and maintain relevant data, including, but not limited to, the following:

- School-based education and outreach events, including the number of attendees
- Community-based education and outreach events, including the number of attendees
- Takeback days
- Number and location of medication drop boxes
- Pounds of medication collected at drop boxes
- Number of community members trained in the administration of Naloxone
- Number of Narcan administrations by local and county law enforcement and other first responders

Additionally, they could distill and disseminate key findings from the Healthy Capital District Initiative's Population Health Improvement Program data.

### *Being a clearinghouse*

The Coordinator could serve as the hub for all substance use related information, activities, and events that occur in Columbia and Greene Counties. In this way, he/she can facilitate information exchange and amplify outreach efforts, making use of websites, social media and other opportunities and platforms for disseminating information to diverse audiences.

### *Serving as a liaison*

One of the most important functions of the Coordinator could be to ensure that there is "cross-pollination" between all the groups/efforts in order to increase collaboration, avoid duplicative work, and maximize impact.

Some specific activities the Coordinator could undertake are as follows:

- *Develop a resource list, to be updated regularly and distributed to stakeholders. The resource list will be included on various websites, including those of all prevention, treatment and recovery groups in our area.*
- *Ensure all resources are available online and distributed electronically. Build and promote a website and Facebook page, whose target audience will include adolescents, young people in recovery, individuals in recovery, and family members*
- *Develop a speaker's bureau to be available to participate in various community events and speak publicly. The speaker's bureau will include experts and recovery speakers and shall represent the community and include a range of ages.*
- *Help to plan, publicize and promote forums for the general community to increase community awareness of the prescription opioid and heroin crisis, along with other substances, to create a greater understanding of the disease of addiction with a focus on eliminating the stigma.*
- *Help to schedule and promote community activities/events to celebrate Recovery month in September; share and promote resources.*
- *Help the Columbia County Sheriff's Office to schedule and promote Prescription Medication Drug Take Back days and Medication Drop Boxes.*

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#### **4. Expanding the scope and services of the Mobile Crisis Assessment Team (MCAT).**

The Mental Health Association of Columbia-Greene Counties (MHACG) has operated the Columbia Greene Mobile Crisis Assessment Team (MCAT) since 7/1/15. MCAT is a crisis intervention hot line service and program that provides outreach, mobile intensive crisis services, wellness checks, and transition of care to all residents free of charge. Many of the residents served are experiencing challenges related to acute mental illness and substance use disorder symptoms. Some individuals served are medically and residentially vulnerable, disengaged with preventative and treatment services, and over-reliant upon emergency and inpatient services as a result. MCAT engages individuals and refers them to intermediate and long term service providers, works to avoid unnecessary hospitalizations, provides support until individuals are stabilized, and provides step-down community support after inpatient care. Linkage to appropriate level of care and follow-up is also provided.

The success of MCAT depends upon the maintenance of strong collaborative and trusting relationships with law enforcement, EMS, ambulatory and inpatient medical, behavioral health and social service providers.

MCAT currently receives \$361,000 a year from NYS OMH to operate (8) eight hours a day, seven days a week, utilizing a team of 2 staff (a licensed psychiatric clinician and a non-licensed psychiatric technician). At this current level of service, MCAT engages approximately 2,800 individuals a year. However, this level of service is not sufficient to meet the demands of our community. Meeting the existing known demand would require MCAT being open fourteen (14) hours a day, seven days a week, utilizing a team of seven full-time staff (four licensed/two non-licensed/one support), three half-time staff, and four per diem staff. This increase in time and staff would require an additional \$295,000 a year in addition to the \$361,000 a year from NYS OMH. With this expansion, it is anticipated that MCAT could engage 4,400 individuals a year.

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**APPENDIX A. Inventory of Current Local Service Model Type and Capacity**

OASAS Service Model	Offered in County?	in	If Yes, where is the service, which organization offers it, what is the slot capacity, is there a waiting list, insurance restrictions	If No, miles to nearest service site	If No, where is the service, which organization offers it, what is the slot capacity, is there a waiting list, insurance restrictions
Medically Managed Withdrawal and Stabilization	No		NA	20-40?	-SPARCS, Albany -Whitney M. Young Jr. Health Center, Albany -APH -Kingston Hospital -Step One -Mid-Hudson Valley WMC, Poughkeepsie
Medically Supervised Inpatient Withdrawal and Stabilization	No		NA	20-40?	-Cornerstone, Rhinebeck -APH -Kingston Hospital -Step One
Medically Supervised Outpatient Withdrawal and Stabilization	No		NA	20-40?	-Mid Hudson Addiction Recovery Center, Poughkeepsie
Ancillary Withdrawal Services	No??			20-40?	-SPARCS -APH -Kingston Hospital -Step One
Medically Monitored Withdrawal and Stabilization	No			20-40?	-Health Alliance Hospital Mary's Avenue, Kingston
Inpatient Rehabilitation	No			20-40?	-SPARCS, Guiderland -Cornerstone, Rhinebeck -Mid-Hudson Valley WMC, Poughkeepsie -Seton Health System, Troy -Health Alliance Hospital Mary's Avenue, Kingston -Villa Veritas Foundation, Kerhonkson
Brief Intervention	??			20-40?	
Outpatient Clinic	Yes		TCRS, Census 110 Berkshire Farm Center- Male Campus Youth	NA	NA
Outpatient Rehabilitation	No			20-40?	-Addictions Care Center, Menands -SPARC, Albany -Turning Point, Poughkeepsie -Hudson-Mohawk Recovery Center, Troy -New Choices Recovery Center, Schenectady -Health Alliance Hospital Broadway, Kingston
Program Gambling Outpatient	Yes?		TCRS, Census 110	20-40?	-Capital Counseling, Albany -Hudson-Mohawk Recovery Center, Troy -Schoharie County CSB, Schoharie
Intensive Outpatient Service	Yes?		TCRS, Census 110	20-40?	
Opioid Treatment	No			20-40?	-Camino Nuevo, Albany

Program				-Whitney M. Young Jr. Health Center, Albany -Lexington Center for Recovery, Poughkeepsie -Health Alliance Hospital Broadway, Kingston
Intensive Residential Services	No		20-40?	-Hope House, Albany -Hospitality House T.C., Albany -The Next Step, Albany -Trinity Alliance, Albany -New Hope Manor, Poughkeepsie -Samaritan Daytop Village (2 Fox Run, Meadow Run), Rhinebeck -Villa Veritas Foundation, Kerhonkson
Community Residential Services	Yes	TCRS/ Men	5-40?	-TCRS, Catskill Women -McCarty Avenue, Albany -Hope House, Albany -SPARC, Albany -Mid Hudson Addiction Recovery Center (3) Poughkeepsie -New Hope Manor, Poughkeepsie -820 River Street, Troy -Hudson-Mohawk Recovery Center, East Greenbush -New Choices Recovery Center (3), Schenectady -Purcell House, Schenectady -RSS Abel House, Saugerties
Supportive Living	No		20-40?	-Eleanor Young- Albany -Albany Citizens Council, Albany -The Next Step, Albany -St Joesph's Addiction, Treatment and Recovery, Poughkeepsie -820 River Street, Troy -Hudson-Mohawk Recovery Center, Troy
Stabilization Services in a Residential Setting	No		20-40?	
Rehabilitative Services in a Residential Setting	Yes (pending)	TCRS/ Men	5-40?	-TCRS Women
Reintegration Services in a Residential Setting	Yes (pending)	TCRS/ Men	5-40?	-TCRS Women
Residential Rehabilitation Services for Youth	No		30	-Hope House 1 and 2, Albany Never Alone, Hurley
Recovery Support	No		20-40?	
Permanent Supportive Housing	Yes	St. Catherines Services for Children	20-40?	
Prevention Programs and Strategies	Yes	Catholic Charities of Columbia and Greene Counties		

<b>Non OASAS Service Model</b>	<b>Offered in County?</b>	<b>If Yes, where is the service, which organization offers it, what is the slot capacity, is there a waiting list, insurance restrictions</b>	<b>If No, miles to nearest service site</b>	<b>If No, where is the service, which organization offers it, what is the slot capacity, is there a waiting list, insurance restrictions</b>
NYS DOH Health Home-Care Coordination	Yes	CCDHS, MHACG, APH, Catholic Charities of Albany County		
Section 8 Housing Vouchers	Yes			
State AID- Forensic Services, Jail Services	Yes	CC Jail/ CCDHS, TCRS,		
Re-Entry	Yes			
State and County Department of Health -Public Health Education Services	Yes			
MATS	No		20-40?	
Drug Court	Yes	County, City		
PAARI	Yes	Chatham Cares 4U/ Village of Chatham	20-40?	
Transportation	No			
Other Recovery Support Services	Yes	YPR AA, Alanon, NA Naranon, CPR,		
Stop DWI				