

2018  
Local Services Plan  
For Mental Hygiene Services

St. Lawrence County Community Srvs Bd  
October 31, 2017



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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<b>St. Lawrence County Community Srvs Bd</b>	<b>70700</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
Office of Mental Health Agency Planning Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
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Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>
 <b>St. Lawrence County Community Srvs Bd</b>	 <b>70700/70700</b>	 <b>(Provider)</b>
 <b>St. Lawrence CD Services OP</b>	 <b>70700/70700/50188</b>	 <b>(Treatment Program)</b>
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**Mental Hygiene Goals and Objectives Form**  
 St. Lawrence County Community Svcs Bd (70700)  
 Certified: Suzanne Lavigne (8/21/17)

**1. Overall Needs Assessment by Population (Required)**

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

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

Please Explain:

Although there are several local providers who have expanded services or are currently creating plans for expansion there continues to be unmet needs. The most significant is the high rate of utilization of emergency department services by children and families in crisis. The County continues to experience workforce recruitment and retention issues; particularly in relation to psychiatrists and licensed professionals. The St. Lawrence County Suicide Prevention Coalition has been formed and county wide initiatives are currently underway to expand prevention efforts and develop strategies to meet the needs of youth and adults.

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:

Efforts continue to address the opiate/opioid epidemic in the County. Seaway Valley Prevention has taken a significant lead in coordinating the Massena Drug Free Community Coalition and Resource Center. The agency has combined efforts with St. Joseph's Addiction Treatment and Recovery Centers/Rose Hill to provide peer support, assessment and referral services at the Massena Hospital. The need for site based crisis services are significant as the only site based service in the County is the hospital based service provided by Canton Potsdam Hospital. It is hoped North Country Freedom Homes will pursue 820 Residential Redesign to provide stabilization opportunities for County residents.

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:

It is hoped that the launch of OPWDD DDRO Region 2 NYSTART services will support I/DD individuals at the time of a crisis event. Emergency/Crisis Respite must be available to decrease the impact on local EDs.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- aa) Developmental Disability Front Door
- ab) Developmental Disability Service Coordination
- ac) Other Need (Specify in Background Information)

**2a. Housing - Background Information**

St. Lawrence County LGU developed a survey tool which included the list of issues/needs in the 2018 LSP Guidelines. The survey was distributed to Community Services Board, Subcommittee members and key stakeholders. Results were ranked by highest number of unmet needs. Community Services Board discussed areas of unmet needs and brainstormed resolution strategies. Survey results and information from 2016-17 CSB and subcommittee materials, service delivery reports and discussions were used to identify goals and objectives.

**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

Create opportunities for those in need of safe and affordable housing.

**Objective Statement**

Objective 1: St. Lawrence County DCS will attend Points North Housing Coaliton to understand needs and pursue housing opportunities.

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

Objective 2: St. Lawrence County Community Services will partner with St. Lawrence County Department of Social Services to identify county specific housing needs and possible solutions.

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

Objective 3: Step By Step will develop a proposal to include 5-10 permanent supportive housing beds in Ogdensburg through the Empire State Supportive Housing Initiative.

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

Objective 4: St. Joseph's Addiction Treatment and Recovery Centers/Rose Hill will develop a proposal for permanent supportive housing beds for young women in Massena through the Empire State Supportive Housing Initiative.

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

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

**2b. Transportation - Background Information**

St. Lawrence County LGU developed a survey tool which included the list of issues/needs in the 2018 LSP Guidelines. The survey was distributed to Community Services Board, Subcommittee members and key stakeholders. Results were ranked by highest number of unmet needs. Community Services Board discussed areas of unmet needs and brainstormed resolution strategies. Survey results and information from 2016-17 CSB and subcommittee materials, service delivery reports and discussions were used to identify goals and objectives.

**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

Insure transportation is available to St. Lawrence County residents for access to services and employment.

**Objective Statement**

Objective 1: St. Lawrence County LGU will create strategies to evaluate transportation barriers for individuals receiving services from St. Lawrence County Mental Health and Addiction Treatment Services.

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

Objective 2: St. Lawrence County Community Services and Subcommittee will host a presentation by St. Lawrence County NYSARC to better understand the availability of transportation services and evaluate existing need.

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

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

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

St. Lawrence County LGU developed a survey tool which included the list of issues/needs in the 2018 LSP Guidelines. The survey was distributed to Community Services Board, Subcommittee members and key stakeholders. Results were ranked by highest number of unmet needs. Community Services Board discussed areas of unmet needs and brainstormed resolution strategies. Survey results and information from 2016-17 CSB and subcommittee materials, service delivery reports and discussions were used to identify goals and objectives.

**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

St. Lawrence County LGU/Community Services will develop strategies to reduce the high utilization of hospital emergency department services by children and families in crisis.

**Objective Statement**

Objective 1: Claxton Hepburn Medical Center will fully operationalize Article 31 services in outpatient primary health centers.

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

Objective 2: St. Lawrence County Youth SPOA/Mental Health Services Coordinator will evaluate effectiveness of procedures used by SPOA and timeliness of

children receiving services.

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

Objective 3: St. Lawrence County LGU/Community Services will operationalize the Child and Family Support Team; establish linkages with school districts and provide direct support to children and families. The Team will establish stakeholder meetings in each school district to include school personnel and service providers; identify and address barriers in accessing community based supports; identify needed services and establish service priorities in each school district.

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

Objective 4: OPWDD DDRO Region 2 will convene stakeholders on September 27, 2017 to launch NYSTART - Systemic, Therapeutic, Assessment, Resources and Treatment.

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**

St. Lawrence County LGU developed a survey tool which included the list of issues/needs in the 2018 LSP Guidelines. The survey was distributed to Community Services Board and Subcommittee members and key stakeholders. Results were ranked by highest number of unmet needs. Community Services Board discussed areas of unmet needs and brainstormed resolution strategies. Survey results and information from 2016-17 CSB and subcommittee materials, service delivery reports and discussions were used to identify goals and objectives.

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

Develop strategies to assist providers in recruitment and retention of professional staff.

**Objective Statement**

Objective 1: St. Lawrence County providers will have an opportunity to attend OASAS Regional Workforce Development Focus Groups in October 2017.

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

Objective 2: St. Lawrence County Community Services LGU/ Board will host DSRIP Workforce representatives to provide a presentation regarding workforce initiatives, trainings and other opportunities.

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

Objective 3: St. Lawrence County Community Services Board and Integrated Subcommittee will host a roundtable discussion with providers to identify workforce issues and collaborative strategies.

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

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

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

St. Lawrence County LGU developed a survey tool which included the list of issues/needs in the 2018 LSP Guidelines. The survey was distributed to Community Services Board, Subcommittee members and key stakeholders. Results were ranked by highest number of unmet needs. Community Services Board discussed areas of unmet needs and brainstormed resolution strategies. Survey results and information from 2016-17 CSB and subcommittee materials, service delivery reports and discussions were used to identify goals and objectives.

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

Reduce the impact of opiate/opioid use disorders through supports to individuals, families and local communities.

**Objective Statement**

Objective 1: St. Lawrence Community Services/LGU will respond to OASAS 24/7 crisis treatment center RFP to ensure access to services.

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

Objective 2: Seaway Valley Prevention and St. Joseph's Addiction Treatment and Recovery Centers/Rose Hill will provide assessment, referral and peer support services at the Massena Hospital.

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

Objective 3: St. Lawrence County DCS and Addiction Treatment Clinic Staff will participate in the Massena Drug Free Community Coalition.

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

Objective 4: St. Lawrence County Sheriff and Claxton Hepburn Hospital will work collaboratively to offer BH Services via telemedicine at the County Correctional Facility.

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

Objective 5: Seaway Valley Prevention Council will open the OASAS Clubhouse and continue facilitation of the Massena Drug Free Community Coalition and Resource Center.

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

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

**2u. Developmental Disability Respite Services - Background Information**

St. Lawrence County LGU developed a survey tool which included the list of issues/needs in the 2018 LSP Guidelines. The survey was distributed to Community

Services Board, Subcommittee members and key stakeholders. Results were ranked by highest number of unmet needs. Community Services Board discussed areas of unmet needs and brainstormed resolution strategies. Survey results and information from 2016-17 CSB and subcommittee materials, service delivery reports and discussions were used to identify goals and objectives.

**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 opportunities for I/DD individuals in need of respite to include crisis and intensive site based services.

**Objective Statement**

Objective 1: St. Lawrence County DCS, CSB, I/DD Subcommittee and key stakeholders/providers will form a work group to identify needs and address challenges in creating respite opportunities.

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

Objective 2: Invite OPWDD DDRO Region 2 Leadership to attend I/DD Subcommittee to discuss respite opportunities.

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

Objective 3: OPWDD DDRO REgion 2 will collaborate with local providers to implement financially sustainable crisis/intensive site based respite services for youth.

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

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

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

St. Lawrence County LGU developed a survey tool which included the list of issues/needs in the 2018 LSP Guidelines. The survey was distributed to Community Services Board, Subcommittee members and key stakeholders. Results were ranked by highest number of unmet needs. Community Services Board discussed areas of unmet needs and brainstormed resolution strategies. Survey results and information from 2016-17 CSB and subcommittee materials, service delivery reports and discussions were used to identify goals and objectives.

**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

St. Lawrence County Suicide Prevention Coaliton will develop a comprehensive plan to better serve local communities and school districts.

**Objective Statement**

Objective 1: St. Lawrence County Suicide Prevention Coalition will invite stakeholders and agency representatives to particiapte in a strategic planning session facilitated by the OMH Suicide Prevention Center of NY; September 2017.

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

Objective 2: St. Lawrence Community Services will pursue training and certification of staff to provide Mental Health First Aid Training.

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

Objective 3: The Suicide Prevention Coalitions of St. Lawrence and Franklin Counties will collaborate and co-sponsor suicide prevention activities, trainings and events.

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

Objective 4: St. Lawrence County Suicide Prevention Coalition will establish a plan to collect and analyze suicide and related data from a variety of sources.

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

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

**3. Goals Based On State Initiatives**

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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)**

**Office of Mental Health Agency Planning Survey**  
St. Lawrence County Community Svcs Bd (70700)  
Certified: Suzanne Lavigne (8/9/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

**1. For Criminal Procedure Law 730 Chargeback Budgeting:** Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted

Questions regarding the above survey item should be directed to Hank Hren at [hank.hren@omh.ny.gov](mailto:hank.hren@omh.ny.gov) or 518-474-2962.

**2. For Local Administration of the Assisted Outpatient Treatment Program:**

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment. The St. Lawrence County AOT Coordinator manages referrals for individuals hospitalized at St. Lawrence Psychiatric Center. Individuals from the SLPC catchment area include the Counties of St. Lawrence, Jefferson, Franklin, Essex, Lewis and Clinton.

Referrals for AOT services are made through the AOT Coordinator. The Coordinator meets with the referral source and the individual. Releases are obtained, records requested and reviewed. The psychiatrist reviews the documents and makes the recommendation to pursue the order. A SPOA release is obtained for necessary services. Treatment plan is created with input from AOT Coordinator.

If the referral originates from SLPC; the Attorney General coordinates the court proceedings; SLPC completes required paperwork/petition. If the referral originates from the community, the St. Lawrence County Attorney coordinates court proceedings/petition. AOT Coordinator contacts referral source and providers with outcome of court proceedings/order.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

AOT Coordinator is contacted if person fails to abide by the court order. Meetings are scheduled to if necessary to review noncompliance issues and to establish necessary supports for the individual to engage in services. AOT Coordinator receives monthly monitoring reports and if necessary, significant event reports are filed with 24 hours of the event. If the individual cannot be located, the OMH AOT missing person protocol is followed. Thirty days prior to the expiration of the order, the psychiatrist is consulted for renewal. If renewal will not be pursued, the psychiatrist forward letter to support non-renewal.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

United Helpers Care, d.b.a. Mosaic

Questions regarding this survey item should be directed to Rebecca Briney at [Rebecca.Briney@omh.ny.gov](mailto:Rebecca.Briney@omh.ny.gov) or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System, please contact the OASAS Planning Unit at 518-457-5989 or by email at [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov)

**Community Service Board Roster**  
 St. Lawrence County Community Srvs Bd (70700)  
 Certified: Suzanne Lavigne (7/10/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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** Carolyn White  
**Physician** No  
**Psychologist** No  
**Represents** Consumer  
**Term Expires** 12/31/2017  
**eMail** rhernandez2@twcny.rr.com

**Member**  
**Name** Tina Buckley  
**Physician** No  
**Psychologist** No  
**Represents** Rose Hill  
**Term Expires** 12/31/2027  
**eMail** tbuckely@rosehillrehab.org

**Member**  
**Name** Joan Lambert  
**Physician** No  
**Psychologist** No  
**Represents** Family  
**Term Expires** 12/31/2019  
**eMail** momiejoan@hotmail.com

**Member**  
**Name** Marsha Sawyer  
**Physician** No  
**Psychologist** No  
**Represents** St. Lawrence University  
**Term Expires** 12/31/2018  
**eMail** msawyer002@twcny.rr.com

**Member**  
**Name** Margaret Caswell  
**Physician** No  
**Psychologist** No  
**Represents** Community  
**Term Expires** 12/31/2019  
**eMail** kcaswell3@twcny.rr.com

**Member**  
**Name** Vicki Perrine  
**Physician** No  
**Psychologist** No  
**Represents** Claxton Hepburn Medical Center  
**Term Expires** 12/31/2020  
**eMail** vperrine@chmed.org

**Member**  
**Name** John Burke  
**Physician** No  
**Psychologist** No  
**Represents** Legislature liason  
**Term Expires**  
**eMail** jburke@stlawco.org

**Member**  
**Name** Kristin Weber  
**Physician** No  
**Psychologist** No  
**Represents** St. Lawrence Psychiatric Center  
**Term Expires** 12/31/2019  
**eMail** Kristine.Weber@omh.ny.gov

**Member**  
**Name** Sherri Hewitson  
**Physician** No  
**Psychologist** No  
**Represents** CP of the North Country  
**Term Expires** 12/31/2021  
**eMail** sherri@cpnorthcountry.org

**Member**  
**Name** Lee Scaggs  
**Physician** No  
**Psychologist** No  
**Represents** BOCES  
**Term Expires** 12/31/2020  
**eMail** scaggs337@gmail.com

**Member**  
**Name** John Nixon  
**Physician** No  
**Psychologist** Yes  
**Represents** Community  
**Term Expires** 12/31/2017  
**eMail** nixon@canton.edu

**Member**  
**Name** David Bayne  
**Physician** No  
**Psychologist** No  
**Represents** Peer  
**Term Expires** 12/31/2020  
**eMail** mindwork@ne.twbc.com

**Member**  
**Name** Courtney Tom  
**Physician** No

**Member**  
**Name** Mary Jones  
**Physician** No



**Psychologist** No  
**Represents** Housing - MILC  
**Term Expires** 12/31/2019  
**eMail** ctoms@milcinc.org

**Psychologist** No  
**Represents** Hospice of St. Lawrence County  
**Term Expires** 12/31/2021  
**eMail** mjones@hospiceslv.org

**Alcoholism and Substance Abuse Subcommittee Roster**  
 St. Lawrence County Community Svcs Bd (70700)  
 Certified: Suzanne Lavigne (8/18/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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.

**Chairperson**

**Name** Carolyn White  
**Represents** Community Services Board  
**eMail** rhernandez2@twcny.rr.com  
**Is CSB Member** Yes

**Member**

**Name** Marsha Sawyer  
**Represents** Community Services Board  
**eMail** msawyer002@twcny.rr.com  
**Is CSB Member** Yes

**Member**

**Name** Tina Buckley  
**Represents** Community Services Board  
**eMail** tbuckely@rosehillrehab.org  
**Is CSB Member** Yes

**Member**

**Name** David Baynes  
**Represents** Step by Step  
**eMail** mindwork@ne.twcbs.com  
**Is CSB Member** Yes

**Member**

**Name** Larry Calkins  
**Represents** lcalkins@svpcnet.  
**eMail** Seaway Valley Prevention Council  
**Is CSB Member** No

**Member**

**Name** Sandy Larue  
**Represents** St. Lawrence ATC  
**eMail** Sandra.Larue@oasas.ny.gov  
**Is CSB Member** No

**Member**

**Name** Christopher Roberts  
**Represents** North Country Freedom Homes  
**eMail** Christopher.Roberts@nnymail.com  
**Is CSB Member** No

**Member**

**Name** Kevin Wells  
**Represents** St. Lawrence County Sheriff  
**eMail** kwells@stlawco.org  
**Is CSB Member** No

**Member**

**Name** Kristin Colorusso-Martin  
**Represents** Massena Drug Free Coalition  
**eMail** kcolorusso-martin@svpc.net  
**Is CSB Member** No

**Mental Health Subcommittee Roster**  
 St. Lawrence County Community Srvs Bd (70700)  
 Certified: Suzanne Lavigne (8/18/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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

**Member**  
**Name** Joan Lambert  
**Represents** Community Services Board  
**eMail** momiejoan@hotmail.com  
**Is CSB Member** Yes

**Member**  
**Name** Vicki Perrine  
**Represents** Community Services Board  
**eMail** vperrine@chmed.org  
**Is CSB Member** Yes

**Member**  
**Name** Kristine Weber  
**Represents** Community Services Board  
**eMail** kristne.weber@omh.ny.gov  
**Is CSB Member** Yes

**Member**  
**Name** Colleen Aldridge  
**Represents** United Helpers  
**eMail** csaldrige@unitedhelpers.org  
**Is CSB Member** No

**Member**  
**Name** Kim McKnight  
**Represents** Claxton Hepburn Medical Center  
**eMail** kmcknight@chmed.org  
**Is CSB Member** No

**Member**  
**Name** Heather Rand  
**Represents** St. Lawrence County DSS  
**eMail** heather.rand@dfa.state.ny.us  
**Is CSB Member** No

**Member**  
**Name** Tischa Toon  
**Represents** Community  
**eMail** Tischa.toon@ymail.com  
**Is CSB Member** No

**Developmental Disabilities Subcommittee Roster**  
 St. Lawrence County Community Svcs Bd (70700)  
 Certified: Suzanne Lavigne (8/18/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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.

**Chairperson**

**Name** Lee Scaggs  
**Represents** Community Services Board  
**eMail** scaggs337@gmail.com  
**Is CSB Member** Yes

**Member**

**Name** Sheri Hewitson  
**Represents** Cerebral Palsy of NNY  
**eMail** Sherri@cpnorthcountry.org  
**Is CSB Member** No

**Member**

**Name** John Mikolay  
**Represents** Transitional Living Services NNY  
**eMail** jmikolay@tlnny.com  
**Is CSB Member** No

**Member**

**Name** Lori Murray  
**Represents** St. Lawrence BOCES  
**eMail** lori.murray@slboces.org  
**Is CSB Member** No

**Member**

**Name** Michelle McGraw  
**Represents** United Helpers  
**eMail** mmcgraw@unitedhelpers  
**Is CSB Member** No

**Member**

**Name** Daphne Pickert  
**Represents** St. Lawrence County NYSARC  
**eMail** dpickert@slnysarc.org  
**Is CSB Member** No

**Member**

**Name** Heather Rand  
**Represents** St. Lawrence Co. DSS  
**eMail** Heather.Wenzel.@dfa.state.ny.us  
**Is CSB Member** No

**Member**

**Name** Linda Scagel  
**Represents** Family  
**eMail** 311linny@gmail.com  
**Is CSB Member** No

**Member**

**Name** Bobbie Jo Sweeney  
**Represents** Family  
**eMail** bobbiethayer@yahoo.com  
**Is CSB Member** No

**2017 Mental Hygiene Local Planning Assurance**  
St. Lawrence County Community Srvs Bd (70700)  
Certified: Suzanne Lavigne (8/21/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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 2018 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 2018 Local Services planning process.