



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

Essex County Community Services  
July 16, 2018

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Essex County Community Services</b>	<b>70060</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 Goals and Objectives Form**  
 Essex County Community Services (70060)  
 Certified: Terri Morse (5/30/18)

**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:

With the implementation of Adult Health Home, HCBS and HARP enrollees, there is an increase in services to the Medicaid Managed Care participants. Additionally, an increase in requests for services made by schools and PCPs has increased the need in our county, which we are preparing ourselves to address. The area that may have "worsened" is the delay in Children's HCBS services.

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:

Like most counties across NYS, we continue to see significant increases in abuse of and addiction to heroin/opiates. While the number of opioid-related deaths in Essex have essentially stayed the same, Addictions, in general, have increased, with an increase in crack and alcohol use. We are hopeful that the number of persons participating in OASAS treatment will increase in the next year given a local provider's grant to open a detox center and residential treatment.

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:

As OPWDD prepares for NYSTART, the pressures that the rural providers are experiencing in the transformational changes are compounded with workforce issues. Low pay, fear of Justice Center involvement, and a lack of qualified, dedicated workers are the primary concerns of the local provider.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- v) Developmental Disability Family Supports
- 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**

There are no halfway houses in Essex County for individuals recovering from addictions who are in need of a structured residential environment. The only housing resources available in Essex County for people with mental illnesses are rent stipends via MHA or HUD. Consumers in need of more structured, supervised and supportive services have to leave the county. A population of 16 -21 year olds needing residential services has been identified through SPOA. They are not eligible for foster care, not ready for independent living, unable to live with family, and at risk of homelessness and involvement with the criminal justice system.

**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 availability of supportive/therapeutic housing for all County residents with serious mental illness and/or diseases of addiction.

**Objective Statement**

Objective 1: Monitor initiatives from OMH, OASAS, HUD and DSRIP and identify opportunities for development of sustainable housing programs for county residents.

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

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

It is the plan to apply for the ESSHI grant to gain momentum toward obtaining supportive housing.

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

There are limited behavioral health staff members at local emergency departments in Essex County. After-hours crisis services provided by mental health agencies are almost exclusively limited to phone contact. Many individuals in crisis are subjected to involuntary transportation by law enforcement personnel to a hospital ER in a neighboring county for assessment and admission to an inpatient mental health unit. Many of these ER/MHU admissions could be avoided if there was access to an appropriate crisis stabilization 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

Provide readily accessible behavioral health crisis services - telephonic and mobile, 24/7.

**Objective Statement**

Objective 1: Continue planning for and implementation of Behavioral Health Community Crisis Stabilization Services to include mobile crisis teams, ER diversion protocols and observation/stabilization units.

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

Objective 2: Increase availability of respite services for children and families.

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

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

In a collaborate manner, Essex County mental health, substance abuse, Emergency Services, Law Enforcement providers have established a Crisis Stabilization Plan. The upcoming year will focus on implementing the Plan. Additionally, approximately 6 NYSP officers and 6 Essex County Deputies have been trained on the Crisis Intervention Team protocols, which we will continue integegrating into crisis intervention strategies.

**2f. Prevention - Background Information**

There is an increasing tide of approval for marijuana use, first as medical, and second as recreational. The general tenor of media coverage seems to be trending toward positive aspects of marijuana use and typically does not accurately communicate the growing scientific evidence of potential for harm, as well as the certainty that addiction to marijuana can and does happen to some who use regularly.

**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 understanding among clients/consumers of the risks of habitual marijuana use.

**Objective Statement**

Objective 1: Provide training/dialogue sessions with provider staff about the research basis of the harmful effects of regular marijuana use and its addictive potential.

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

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

All providers believe that they have presented, or are able to present, accurate information regarding the effects of marijuana use to their clients/consumers.

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

The number of Essex County residents who has OASAS program admissions related to opioid abuse/addiction has increased dramatically since 2009.

**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

For individuals who are abusing opioids or other substances, provide readily accessible treatment, recovery, support and prevention services for the individual and their families.

**Objective Statement**

Objective 1: Integrate Trauma-Informed Care services within Essex County CSB providers and Community Based Organizations (CBO)

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

Objective 2: Increase the availability of Medically Assisted Treatment (MAT) in all regions of the county.

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

Objective 3: Participate in the Essex County Heroin/Opiate Coalition to monitor efforts to reduce the impact of heroin/opiate use among county residents.

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

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

Essex' outpatient substance abuse provider has increased accessibility for MAT and have received a grant for a detox center. All providers have become more informed on the impact that ACE's (Adverse Childhood Experiences) have had on substance use.

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

The suicide rate in Essex County is above the average for NYS and nationwide. Suicide is widely acknowledged to be one of the leading causes of death among teens and young adults. Data also indicate that individuals diagnosed with mental health and substance use disorders are at higher risk for attempting and completing suicides. There is a need for a community-based approach to prevent suicides.

**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

Decrease the suicide rate for children and adults in Essex County.

**Objective Statement**

Objective 1: Collaborate with the NYS Suicide Prevention Initiative to provide training and technical support for local school districts to

effectively address youth suicide, discuss and plan prevention strategies to keep at-risk students safe.

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

Objective 2: Collaborate with the NYSSPI to provide Gatekeeper and Community Training/ Education to raise suicide awareness, knowledge and skills for stakeholders, service providers and community members, including veterans, throughout Essex County.

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

The Affordable Care Act and NYS Medicaid Redesign will continue to have a significant impact on the delivery of local services over the next several years. Health Home Care Coordination, Managed Medicaid and DSRIP all emphasize increased collaboration and integration of behavioral health services within the broader health care system, forensic services and other sectors of the social service system.

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

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

Enhance integration of care within the Essex County service system.

**Objective Statement**

Objective 1: Integrate mental health, substance abuse, and developmental disability services with primary care services to promote coordination of care for consumers of one or more of these services.

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

Objective 2: Create a workgroup of CSB service providers dedicated to expand integrated mental health and substance abuse services in healthcare, social services, forensic and school settings

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

Objective 3: Cross-train OMH clinical staff on working with developmentally disabled individuals and OPWDD front-line staff in working with individuals who also have mental health issues

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

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

The majority of substance abuse and mental health clinicians have been trained in integrated treatment for co-occurring disorders. Brief screens for mental health have been integrated into addictions providers workflow; brief screens for substance abuse have been integrated into mental health providers workflow.

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

Data indicate that individuals with mental health and substance use disorders are twice as likely to be tobacco dependent than the general population. This is a key factor leading to poorer health outcomes and reduced life expectancy for this population in Essex County.

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

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

Reduce the incidence of tobacco use and dependence among behavioral health consumers in Essex County.

**Objective Statement**

Objective 1: CSB agencies will continue partnering with the North Country Healthy Heart Network to implement policies that ensure all tobacco-using consumers have the opportunity to receive evidence-based tobacco cessation treatment.

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

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

There has been progress made on this goal in the past year. We are finding it VERY difficult to motivate individuals to address this concern. The number of individuals participating smoking cessation services is low.

**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**  
 Essex County Community Services (70060)  
 Certified: Terri Morse (5/29/18)

**1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.**

	<b>Recruitment</b>	<b>Retention</b>	<b>Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issue</b>
Psychiatrist	5	3	not enough available psychiatric staff in our county
Physician (non-psychiatrist)	n/a	n/a	
Psychologist (PhD/PsyD)	n/a	n/a	
Nurse Practitioner	n/a	n/a	
RN/LPN (non-NP)	3	3	
Physician Assistant	n/a	n/a	
LMSW	3	1	Those closest MSW program to our agency is over 140 miles away.
LCSW	3	1	
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	1	1	
Peer specialist	n/a	n/a	May be hiring in future. We do not know the limitations of recruiting for this position at this date
Family peer advocate	n/a	n/a	

**2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining**

**3. Please indicate how many, if any, programs in your county provided input specific to this questions set.**  
 One.

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman [jeremy.darman@omh.ny.gov](mailto:jeremy.darman@omh.ny.gov). For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).



**Community Service Board Roster**  
 Essex County Community Services (70060)  
 Certified: Terri Morse (5/29/18)

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.

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Geoff Neu	<b>Name</b>	George King
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Community Member	<b>Represents</b>	Provider Agency
<b>Term Expires</b>	12/31/2020	<b>Term Expires</b>	12/31/2018
<b>eMail</b>	geobasics@hotmail.com	<b>eMail</b>	kinggeo@westelcom.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Karen White	<b>Name</b>	Mary Bell
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	Yes	<b>Psychologist</b>	No
<b>Represents</b>	Community Member	<b>Represents</b>	Community Member
<b>Term Expires</b>	12/31/2018	<b>Term Expires</b>	12/31/2019
<b>eMail</b>	kawpsy@verizon.net	<b>eMail</b>	bellme996@gmail.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Charles Harrington	<b>Name</b>	Lynne Macco
<b>Physician</b>	No	<b>Physician</b>	Yes
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Board of Supervisors	<b>Represents</b>	Physician
<b>Term Expires</b>	12/31/2019	<b>Term Expires</b>	12/31/2020
<b>eMail</b>	cwharrington@cptelco.net	<b>eMail</b>	lemacco@gmail.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	John Tibbits	<b>Name</b>	JoAnn Morris
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	State Police	<b>Represents</b>	Public Health
<b>Term Expires</b>	12/31/2016	<b>Term Expires</b>	12/31/2017
<b>eMail</b>	John.Tibbits@troopers.ny.gov	<b>eMail</b>	jmorris@co.essex.ny.us
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Clay Reaser	<b>Name</b>	John Haverlick
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Community Member	<b>Represents</b>	mental health field
<b>Term Expires</b>	12/31/2017	<b>Term Expires</b>	12/31/2019
<b>eMail</b>	claytonreaser@mac.com	<b>eMail</b>	jjhaverlick@gmail.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Judy Feigenbaum	<b>Name</b>	Linda Beers
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	mental health field	<b>Represents</b>	public health field
<b>Term Expires</b>	12/31/2021	<b>Term Expires</b>	12/31/2020
<b>eMail</b>	judyf13@charter.net	<b>eMail</b>	lbeers@co.essex.ny.us

**Member**

**Name** Cammy Sheridan  
**Physician** No  
**Psychologist** No  
**Represents** education field  
**Term Expires** 12/31/2021  
**eMail** csheridan@nccc.edu

**Alcoholism and Substance Abuse Subcommittee Roster**  
 Essex County Community Services (70060)  
 Certified: Terri Morse (5/29/18)

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.

**Chairperson**

**Name** Geoff Neu  
**Represents** community member  
**eMail** geobasics@hotmail.com  
**Is CSB Member** Yes

**Member**

**Name** Tracy Sherman  
**Represents** Probation  
**eMail** tturek@co.essex.ny.us  
**Is CSB Member** No

**Member**

**Name** Brooke Clark  
**Represents** Heroin-Opiate Taskforce  
**eMail** bclark@co.essex.ny.us  
**Is CSB Member** No

**Member**

**Name** Lynn Macco  
**Represents** physician  
**eMail** lemacco@gmail.com  
**Is CSB Member** Yes

**Member**

**Name** John Tibbits  
**Represents** NYS  
**eMail** John.Tibbits@troopers.ny.gov  
**Is CSB Member** Yes

**Member**

**Name** Doug Terbeck  
**Represents** Prevention provider  
**eMail** doug@preventionteam.org  
**Is CSB Member** No

**Member**

**Name** Robin Gay  
**Represents** Outpatient treatment  
**eMail** robingay@stjoestreatment.org  
**Is CSB Member** No

**Mental Health Subcommittee Roster**  
 Essex County Community Services (70060)  
 Certified: Terri Morse (5/29/18)

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.

**Chairperson**

**Name** George King  
**Represents** retired military  
**eMail** kinggeo@westelcom.com  
**Is CSB Member** Yes

**Member**

**Name** Clay Reaser  
**Represents** retired educator  
**eMail** claytonreaser@mac.com  
**Is CSB Member** Yes

**Member**

**Name** Valerie Ainsworth  
**Represents** provider representative  
**eMail** valerie@mhainessex.org  
**Is CSB Member** No

**Member**

**Name** Annie McKinley  
**Represents** provider representative  
**eMail** amckinley@co.essex.ny.us  
**Is CSB Member** No

**Member**

**Name** Juli Beatty  
**Represents** probation director  
**eMail** jbeatty@co.essex.ny.us  
**Is CSB Member** No

**Member**

**Name** JoAnne Caswell  
**Represents** provider representative  
**eMail** jcaswell@familiesfirstessex.org  
**Is CSB Member** No

**Member**

**Name** John Haverlick  
**Represents** Licensed Social Worker  
**eMail** jjhaverlick@gmail.com  
**Is CSB Member** Yes

**Developmental Disabilities Subcommittee Roster**  
 Essex County Community Services (70060)  
 Certified: Terri Morse (5/29/18)

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.

**Chairperson**

**Name** Geoff Neu  
**Represents** community member  
**eMail** geobasics@hotmail.com  
**Is CSB Member** Yes

**Member**

**Name** Karen White  
**eMail** kawpsy@verizon.net  
**Is CSB Member** Yes

**Member**

**Name** Marty Nephew  
**Represents** provider representative  
**eMail** mnephew@mountainlakeservices.org  
**Is CSB Member** No

**Member**

**Name** Barb Reed  
**Represents** community member  
**eMail** reedburke@gmail.com  
**Is CSB Member** No

**Member**

**Name** Nina Matteau  
**Represents** family member of consumer  
**eMail** nmfm50@yahoo.com  
**Is CSB Member** No

**Member**

**Name** Mary Bell  
**Represents** community member  
**eMail** bellme996@gmail.com  
**Is CSB Member** Yes

**2019 Mental Hygiene Local Planning Assurance**  
Essex County Community Services (70060)  
Certified: Terri Morse (5/30/18)

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.