

2018
Local Services Plan
For Mental Hygiene Services

Lewis County Community Services
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Planning Form	LGU/Provider/PRU	Status
Lewis County Community Services	70100	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

Mental Hygiene Goals and Objectives Form
 Lewis County Community Services (70100)
 Certified: Patricia Fralick (6/1/17)

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:

While the mental health services provision in Lewis County has identified some improvement from 2015, our community is still challenged by lack of providers, wait for services and staff turnover. Our efforts to improve service provision include:

- Regular convening of stakeholder groups
- Bi monthly meetings of behavioral health leadership
- Systems approach to countywide planning
- Collaboration on agency specific benchmarks
- Staff education and training on state and federal initiatives
- Participation in regional tri-county initiative

Areas that enhanced service:

- Improved collaboration with medical community
- Access to telehealth
- Access to peer support
- Increased number of private practitioners

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:

The substance use disorder needs saw an increase in unmet needs due to the opioid and methamphetamine crisis. This is also complicated by limited resources, the county wide poverty; lack of employment opportunities and transportation challenges our community faces. Despite increasing service options in 2016, our county like other NYS counties and states, saw a significant increase in problems associated with heroin and methamphetamine use.

Our efforts to improve service provision include:

- Regular convening of stakeholder groups
- Bi monthly meetings of behavioral health leadership
- Systems approach to countywide planning
- Collaboration on agency specific benchmarks
- Staff education and training on state and federal initiatives
- Participation in regional tri-county initiatives
- Multiple prevention efforts
- Community education efforts

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:

While the developmental disability services provision in Lewis County has identified some improvement from 2015, our community is still challenged by lack of some services, wait for services and adequate staffing levels. Our efforts to improve service provision include:

- Regular convening of stakeholder groups
- Bi monthly meetings of behavioral health leadership
- Systems approach to countywide planning
- Collaboration on agency specific benchmarks
- Staff education and training on state and federal initiatives
- Participation in regional tri-county initiatives

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input 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 checked="" 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	<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 checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2b. Transportation - Background Information

Lewis County New York provides a basic county wide public transportation services for its residents. The challenges for consumers involve getting from their location to the offered routes. Another challenge involves accessing services located outside of the county. While residents have access to the Volunteer Transportation Center, this service only provides limited access to medical appointments. Access to methods of transportation is also impacted by the poverty experienced by consumers, who also have license restrictions. The rate of poverty in Lewis County is 14%. Other barriers are the non local approach to scheduling Medicaid transportation, available resources whose regulatory requirements inadvertently create access issues

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

Lewis County Community Services will convene meetings with stakeholder groups in the tri-county area to identify opportunities to improve transportation access to consumers.

Objective Statement

Objective 1: Lewis County Community Services will meet with county departments, transportation providers, consumers and contract agency staff in the tri-county area to identify opportunities to access funding, coordinate existing services, inform for future planning and improve service access

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

Objective 2: . Will explore “Liberty Mobility Now”

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

Objective 3: Work with county Mobility Manager and local county transportation plan

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

Change Over Past 12 Months (Optional)

- Regular convening of stakeholder groups
- Bi monthly meetings of behavioral health leadership
- Systems approach to countywide planning
- Collaboration on agency specific benchmarks
- Staff education and training on state and federal initiatives
- Participation in regional tri-county initiatives
- Multiple prevention efforts
- Community education effort

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

Executive leadership from our mental health, substance use and developmental disability providers all report concerns with staff turnover, filling existing positions, finding and keeping qualified and experienced staff. Salaries and benefits at the nonprofit levels have difficulty competing with those at the county, state and federal level. During county planning sessions, participants also note that when there is turnover, this results in a temporary higher case load, loss of agency knowledge, multiple counselors for the client’s episode of care, fragmented continuity of care and a reduced confidence in services by both professionals and consumers.

It is the consensus of the Community Service Board and all subcommittees that without maintaining qualified and experienced workforce it will be challenging to maintain a collaborative treatment community meeting the complex needs of our consumers.

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

Working with contract agency leadership and other stakeholders create opportunities to improve employment opportunities and experiences for potential and current staff

Objective Statement

Objective 1: Submit DSRIP RFP

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

Objective 2: Work with Fort Drum Regional Health Planning Workforce retention staff

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

Objective 3: Collaborate with other nonprofits to pool resources and standardize orientation practices

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

Objective 4: Develop comprehensive internship program and related opportunities

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

Change Over Past 12 Months (Optional)

- Regular convening of stakeholder groups
- Bi monthly meetings of behavioral health leadership
- Systems approach to countywide planning
- Collaboration on agency specific benchmarks
- Staff education and training on state and federal initiatives
- Participation in regional tri-county initiatives
- Multiple prevention efforts
- Community education effort

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

Our community substance abuse problem is complicated by community education gap, stereotypical thinking of what constitutes an addict, stigma and not fully understanding the purpose of medication assisted treatment. While we offer outpatient services which includes assessment and referral, wait times for both detoxification and inpatient beds prevent clients from “getting right in”. Our location does not have access to “respite” or safe sober locations while waiting.

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 community knowledge of substance abuse, treatment resources and treatment options

Objective Statement

Objective 1: Work with agencies to develop strategies to provide consistent community education

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

Objective 2: Work with agencies to develop strategies to provide education to staff from community based organization

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

Objective 3: Create consumer driven committee to develop opportunities for sober activities and telling of consumer experiences

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

Objective 4: Coordinate coalition and grass roots efforts working towards consistent education and community collaboration

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

Change Over Past 12 Months (Optional)

- Regular convening of stakeholder groups
- Bi monthly meetings of behavioral health leadership
- Systems approach to countywide planning
- Collaboration on agency specific benchmarks
- Staff education and training on state and federal initiatives
- Participation in regional tri-county initiatives
- Multiple prevention efforts
- Community education effort

2r. Developmental Disability Children Services - Background Information

Lewis County only has access to a limited number of qualified and experienced staff for consumers with developmentally disability diagnosis especially those in the 3-5-year age group. The county also lacks comprehensive services resulting in consumers and families traveling out of area.

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 number of educated and qualified staff and improve access to services

Objective Statement

Objective 1: Working with stakeholder groups develop a strategy to attract and retain qualified staff with experience and education to serve those consumers

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

Objective 2: Develop an education plan to increase current staff knowledge of working with these consumers

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

Objective 3: Look at services outside of county and determine if those services could be provided locally

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

Change Over Past 12 Months (Optional)

- Regular convening of stakeholder groups
- Bi monthly meetings of behavioral health leadership
- Systems approach to countywide planning
- Collaboration on agency specific benchmarks
- Staff education and training on state and federal initiatives
- Participation in regional tri-county initiatives
- Multiple prevention efforts
- Community education effort

2x. Autism Services - Background Information

Lewis County only has access to a limited number of qualified experienced staff for consumers with autism diagnosis especially those in the 3-5-year age group. The county also lacks comprehensive services resulting in consumers and families traveling out of area.

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 number of educated and qualified staff and improve access to services

Objective Statement

Objective 1: Working with stakeholder groups develop a strategy to attract and retain qualified staff with experience and education to serve those consumers

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

Objective 2: Develop an education plan to increase current staff knowledge of working with these consumers

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

Objective 3: Look at services outside of county and determine if those services could be provided locally

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

Objective 4: Explore programming opportunities for educational and vocational services

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

Change Over Past 12 Months (Optional)

- Regular convening of stakeholder groups
- Bi monthly meetings of behavioral health leadership
- Systems approach to countywide planning
- Collaboration on agency specific benchmarks
- Staff education and training on state and federal initiatives
- Participation in regional tri-county initiatives
- multiple prevention efforts
- community education effort

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Need to keep stakeholder groups informed

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

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

Keep stakeholder groups updated and informed

Objective Statement

Objective 1: Report regularly at committee meetings

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

Change Over Past 12 Months (Optional)

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

Need to keep stakeholder groups informed

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

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

Keep stakeholder groups updated and informed

Objective Statement

Objective 1: Report regularly at committee meetings

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

In an effort to assess and ensure community needs are identified strategically it is important to identify, monitor and track related data.

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

Goal Statement- Is this Goal a priority goal (Only 5 goals can be selected as priority goals)? Yes No

Improve data tracking, analysis and response

Objective Statement

Objective 1: Research and be aware of other treatment modalities and best practices

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

Objective 2: Identify data points to track

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

Objective 3: Develop strategy to respond to identify needs

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Lewis County Community Services (70100)
Certified: Patricia Fralick (5/12/17)

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 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. Initial referrals, the application is processed by the DCS who is the AOT coordinator. If the person meets criteria the DCS works with the county attorney's office and MHL services to finalize the process

For renewals, once the DCS determined need for renewal DCS works with the county attorney's office and MHL services to finalize the process

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.

Direct contact between the Community Services office (DCS) the Case Manager and their supervisor

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

Transitional Living Services of Northern New York

Questions regarding this survey item should be directed to Rebecca Briney at 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

Community Service Board Roster
 Lewis County Community Services (70100)
 Certified: Patricia Fralick (5/12/17)

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.

Co-chairperson

Name John Waterhouse
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2019
eMail johnwaterhouse126@gmail.com

Co-chairperson

Name Douglas Ort
Physician No
Psychologist No
Represents public representative
Term Expires 12/31/2019
eMail doug@douglasort.com

Co-chairperson

Name Tom Yousey
Physician No
Psychologist No
Represents consumer family
Term Expires 12/31/2018
eMail ttlyousey@frontiernet.net

Member

Name Gale Grunert
Physician No
Psychologist No
Represents provider
Term Expires 12/31/2020
eMail ur@lcgh.net

Member

Name Scott Mathys
Physician No
Psychologist No
Represents provider
Term Expires 12/31/2020
eMail smathys@lcopps.org

Member

Name Shirley Tuttle Malone
Physician Yes
Psychologist No
Represents Family
Term Expires 12/31/2020
eMail N/A

Member

Name Steven Vance
Physician No
Psychologist No
Represents consumer family
Term Expires 12/31/2017
eMail svance@twcny.rr.com

Member

Name Andrea Moroughan
Physician No
Psychologist No
Represents Family
Term Expires 12/31/2018
eMail amoroughan@twcny.rr.com

Member

Name Jane O'Connor
Physician No
Psychologist No
Represents public representative
Term Expires 12/31/2018
eMail

Alcoholism and Substance Abuse Subcommittee Roster
 Lewis County Community Services (70100)
 Certified: Patricia Fralick (5/12/17)

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 Tom Yousey
Represents Community
eMail ttlyousey@frontiernet.net
Is CSB Member No

Member

Name Mary Jo Burkhard
Represents Community
eMail maryjoburkhard@lewiscounty.ny.gov
Is CSB Member No

Member

Name Penny Ingham
Represents Family
eMail pingham@lcpublichealth.org
Is CSB Member No

Member

Name Andrea Moroughan
Represents Family
eMail amoroughan@twcny.rr.com
Is CSB Member Yes

Member

Name Andrea Neill
Represents Community
eMail andrean@credocommunitycenter.com
Is CSB Member No

Member

Name Patricia O'Donnell
Represents consumer
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Is CSB Member No

Member

Name Dan Pisaniello
Represents Community
eMail danielp@credocommunitycenter.com
Is CSB Member No

Member

Name Dale Roberts
Represents Community
eMail
Is CSB Member No

Member

Name David Williamson
Represents consumer
eMail
Is CSB Member No

Mental Health Subcommittee Roster
 Lewis County Community Services (70100)
 Certified: Patricia Fralick (5/12/17)

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.

Chairperson
Name John Waterhouse
Represents Family
eMail johnwaterhouse126@gmail.com
Is CSB Member Yes

Member
Name Kim Cavanagh
Represents consumer
eMail kimc@nrcil.net
Is CSB Member No

Member
Name Crystal Collette
Represents Community
eMail ccollette@lcgh.net
Is CSB Member No

Member
Name Wendy Eddy
Represents Community
eMail weddy@tlsnny.com
Is CSB Member No

Member
Name Jennifer Jones
Represents Community
eMail Jennifer.Jones@dfa.state.ny.us
Is CSB Member No

Member
Name Douglas Ort
Represents Community
eMail doug@douglasort.com
Is CSB Member Yes

Member
Name Jennifer Peters
Represents consumer
eMail jennysue24@yahoo.com
Is CSB Member No

Member
Name Laurie Simmons
Represents Community
eMail lsimmons@lcpublichealth.org
Is CSB Member No

Member
Name Steve Vance
Represents Community
eMail svance@twcny.rr.com
Is CSB Member Yes

Developmental Disabilities Subcommittee Roster
 Lewis County Community Services (70100)
 Certified: Patricia Fralick (5/12/17)

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 Douglas Ort
Represents community
eMail doug@douglasort.com
Is CSB Member Yes

Member

Name Steve Virkler
Represents consumer family
eMail ssvirkler@hotmail.com
Is CSB Member No

Member

Name Tom Yousy
Represents community
eMail ttlyousey@frontiernet.net
Is CSB Member Yes

Member

Name Deborah Blair
Represents consumer family
eMail debblair@live.com
Is CSB Member No

Member

Name Teri Brabant
Represents community
eMail nnycpass@twcny.rr.com
Is CSB Member No

Member

Name Karmel Der
Represents consumer
eMail
Is CSB Member No

Member

Name Ruth Loomis
Represents consumer family
eMail
Is CSB Member No

Member

Name Jane O'Connor
Represents community
eMail janeoak1@gmail.com
Is CSB Member Yes

2017 Mental Hygiene Local Planning Assurance
Lewis County Community Services (70100)
Certified: Patricia Fralick (6/1/17)

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.