

2018
Local Services Plan
For Mental Hygiene Services

Steuben County Alcohol Substance Abuse
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Steuben County Alcohol Substance Abuse	70640	(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
 Steuben County Alcohol Substance Abuse	 70640/70640	 (Provider)
 Steuben Co Alcohol & SA OP 1	 70640/70640/50914	 (Treatment Program)
 Steuben Co Alcohol & SA Serv OP	 70640/70640/50913	 (Treatment Program)
 Steuben County Alcoholism & SA OP 2	 70640/70640/52186	 (Treatment Program)

Mental Hygiene Goals and Objectives Form
 Steuben County Alcohol Substance Abuse (70640)
 Certified: Henry Chapman (5/25/17)

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:

Steuben County continues to feel the negative impact created by the closure of the adult and adolescent psychiatric care units located at St. James Mercy Hospital in Hornell New York. This closure combined with the reduction of inpatient beds at the Elmira Psychiatric Center causes individuals in need of psychiatric hospitalization to travel a significant distance outside the county to hospitals as far as Rochester and Buffalo. State and local data sources highlight the need for more community based services to enhance hospital diversion efforts.

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:

Consistent with the national "epidemic" State and local data indicates that the number of deaths related to heroin and prescription opioids is on the rise in Steuben County. This increase has highlighted the need to expand opioid and other addiction treatment programs within the county. Although area agencies provide alcohol and substance abuse prevention services at many local school districts and area youth centers, data suggests more prevention services specific to heroin and opioids are needed for young adults between the ages of 18 to 21. Steuben County also has a shortage of supportive housing for individuals in recovery.

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:

Steuben County continues to not have adequate crisis respite and other community support services for individuals with intellectual and developmental disabilities. Similarly, Steuben County has limited options and long waiting periods specific to residential housing in the community. In addition, given the prevalence of individuals that present with complex behavioral and mental health needs more therapeutic in-home support services are needed.

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 checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input 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 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	<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 checked="" 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)

2a. Housing - Background Information

Affordable housing for homeless people who are developmentally disabled, living with mental illness, or recovering from a substance use disorder is a critical recovery support service. Community stakeholder discussions along with local data sources indicate that there is a need for more supportive housing and other residential options within Steuben County.

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

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

Increase access to affordable housing with support services.

Objective Statement

Objective 1: Increase the number of community beds available for individuals that are living with a mental illness, recovering from a substance use disorder, or who are developmentally disabled.

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

Objective 2: Provider agencies will identify funding and work collaboratively to expand supportive housing and respite options.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

Steuben County is a geographically large rural area spanning 1,404 square miles. Despite recent improvements to public transportation there are still many areas of the County where individuals are not able to access such transportation. Without a means of transportation many individuals and families are not receiving the medical and/or behavioral health services they need.

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

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

Increase access to public transportation.

Objective Statement

Objective 1: Provider agencies will work collaboratively with Steuben Coordinated Transportation to identify funding to increase accessibility of public transportation within Steuben County.

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

Objective 2: Provider agencies will work collaboratively to identify transportation options that would serve as an alternative to public transportation for those seeking behavioral health and other medical services.

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

With the closure of St. James Mercy Hospital's adult and adolescent PCU residents no longer have an inpatient psychiatric hospital available in the county requiring individuals in need of such service to travel a significant distance outside of Steuben County. Community stakeholder discussions along with State and local data sources highlight the need for more community based crisis services to enhance hospital diversion efforts.

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

Prevent suicide among youth and adults.

Objective Statement

Objective 1: Reinvestment and other State funding will be utilized to support community based crisis response, support for families, and bridge care management services.

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

Objective 2: Increase partnerships dedicated to implementing and sustaining the Steuben Suicide Prevention Coalition

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

Objective 3: Implement training for professional and non-professionals specific to the recognition of at risk behavior and appropriate response to suicide.

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

Objective 4: The Community Mental Health Center will work in collaboration with the ARC of Steuben and Pathways, Inc. to identify opportunities to enhance crisis respite services for individuals with intellectual and developmental disabilities.

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

Objective 5: Reinvestment funding will be utilized to support Tri-County (Steuben, Allegany & Livingston) Home Based Crisis Intervention (HBCI) program for children and young adults up to 21 years of age.

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

State and local data indicates that the number of deaths related to heroin and prescription opioids is on the rise in Steuben County. This increase has highlighted the need to expand opioid and other addiction treatment programs within the county.

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

Prevent Heroin and other opioid abuse.

Objective Statement

Objective 1: Substance abuse treatment providers will identify funding and work collaboratively to increase the availability of heroin and other opioid addiction treatment programs.

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

Objective 2: In an effort to increase education and awareness at least one forum specific to the opioid and heroin epidemic will be offered to the community on an annual basis.

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

Objective 3: Increase collaborative efforts with area physicians to evaluate, prescribe, and monitor medications used in the treatment of addiction.

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

Objective 4: Members of the Steuben Prevention Coalition will identify funding and work collaboratively to expand its current prevention efforts to include heroin and other opioid abuse.

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

Objective 5: CASAC positions to be established as part of forensic team providing treatment services at the County jail and to complete substance abuse evaluations on individuals admitted to Ira Davenport Memorial Hospital's medically managed detoxification program.

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

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

Although services through Individual and Community Supports (ICS) are person centered and needs-driven, local data and stakeholder meetings suggest that housing options for individuals with developmental disabilities are limited in Steuben County.

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 housing options for people with developmental disabilities.

Objective Statement

Objective 1: Individuals with developmental disabilities will use housing supports such as broker services and fiscal intermediaries to secure housing in their communities.

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

Objective 2: Provider agencies will identify funding and work collaboratively to create housing navigation services in an effort to expand respite and integrated housing options.

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

3a. Medicaid Redesign - Background Information

NYS Department of Health data indicates that some Steuben County Medicaid enrollees have complex medical, behavioral, and long term care needs that create a significant number of high cost services including inpatient and long term institutional care.

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

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

Strengthen cross system collaboration.

Objective Statement

Objective 1: SCCMHC adult and children care management programs will collaborate with regional Health Homes to coordinate and provide access to all services individuals need to stay healthy, out of the emergency room and out of the hospital.

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

Objective 2: Health records will be shared among mental health, substance abuse, primary care, and other health care professionals so that services are not duplicated or neglected.

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

Change Over Past 12 Months (Optional)

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

State and local data indicates that some Steuben County Medicaid enrollees overuse hospital services.

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

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

Achieve a 25% reduction in avoidable hospital use.

Objective Statement

Objective 1: Steuben County Community Mental Health Center (SCCMHC) staff will provide community crisis intervention services as outlined in project 3.a.ii. of the Delivery System Reform Incentive Payment (DSRIP) program.

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

Objective 2: SCCMHC and Steuben County Alcohol and Substance Abuse Services (SCASAS) will integrate behavioral health specialists into primary care locations as stated in DSRIP project 3.a.i.

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

Objective 3: SCCMHC care managers will provide transition services to individuals being discharged from inpatient hospitals in accordance with DSRIP project 2.b.iv.

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

Objective 4: SCCMHC and SCASAS staff will participate in project 2.a.i. to create an integrated delivery system focused on evidence based medicine and population health management.

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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

Information from State and local stakeholder meetings highlight the need to provide more meaningful work and employment opportunities for individuals with developmental disabilities.

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

Individuals with developmental disabilities will utilize self direction to achieve employment and meaningful day activities in the most integrated settings.

Objective Statement

Objective 1: Transition planning for high school students will link the student's individual education plan to the person centered planning process to achieve greater independence and connection to community based services and supports.

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

Objective 2: Individuals with developmental disabilities will develop job skills and work experience needed to transition to integrated employment through making community service and volunteer work part of career exploration.

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Steuben County Alcohol Substance Abuse (70640)
Certified: Henry Chapman (5/30/17)

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. Requests for an AOT review are either put through our local SPOE team or submitted directly to the Director of Community Services (DCS) and/or designee. If the individual meets AOT criteria he/she is examined by a psychiatrist who determines whether the individual will benefit from court ordered treatment. A court date is then scheduled. The court reviews documentation including the petition and a treatment plan for the individual. If the court determines that the individual meets criteria for AOT, an order is issued to the DCS who oversees the County mental health program. Through court order the DCS makes arrangements for the outpatient services described in the treatment plan to be rendered.

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.

In Steuben County the AOT coordinator is also responsible for the SPOE program. The AOT coordinator monitors individuals receiving AOT services through SPOE meetings and/or periodic contact with direct service providers. The first order may be granted for up to one year. Near the end of the order the individual's case is formally reviewed which includes a psychiatric assessment. If it is determined to be necessary and beneficial the order can be extended for an additional year. This review process continues until the individual is determined to no longer be in need of assisted outpatient treatment.

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

Steuben County Community Mental Health Center

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
 Steuben County Alcohol Substance Abuse (70640)
 Certified: Henry Chapman (5/25/17)

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		Member	
Name	Cora Saxton	Name	Doreen Patterson
Physician	No	Physician	No
Psychologist	Yes	Psychologist	No
Represents	Wayland-Cohocton CSD	Represents	Arbor Development
Term Expires	12/31/2020	Term Expires	12/31/2018
eMail	csaxton@wccsk12.org	eMail	dpatterson@arbordevelopment.org
Member		Member	
Name	Vicki Fuerst	Name	Mark Alger
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Public Health Nursing	Represents	Community
Term Expires	12/31/2020	Term Expires	12/31/2017
eMail	vickif@co.steuben.ny.us	eMail	marka@co.steuben.ny.us
Member		Member	
Name	Nancy Bartell	Name	Robert Cole
Physician	No	Physician	Yes
Psychologist	No	Psychologist	No
Represents	Community	Represents	Arnot Ogden Medical Center
Term Expires	12/31/2019	Term Expires	12/31/2019
eMail	nkbartell@stny.rr.com	eMail	recole@roadrunner.com
Member		Member	
Name	Gary Swackhamer	Name	Gina Reagan
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Steuben County Legislature	Represents	Catholic Charities
Term Expires	12/31/2017	Term Expires	12/31/2017
eMail	gswackhamer@co.steuben.ny.us	eMail	greagan@dor.org
Member			
Name	George Basher		
Physician	No		
Psychologist	No		
Represents	Loyola Recovery		
Term Expires	12/31/2019		
eMail	gbasher@loyolarecovery.org		

Alcoholism and Substance Abuse Subcommittee Roster
 Steuben County Alcohol Substance Abuse (70640)
 Certified: Henry Chapman (5/25/17)

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 Robert Cole
Represents Ira Davenport Hospital
eMail recole@roadrunner.com
Is CSB Member Yes

Member

Name Norman McCumiskey
Represents Steuben Prevention Coalition
eMail nmccumiskey@dor.org
Is CSB Member No

Member

Name George Basher
Represents Loyola Recovery
eMail gbasher@loyolarecovery.org
Is CSB Member Yes

Member

Name Ruth Goodwin
Represents Family Services
eMail goodwinr@familyservices.org
Is CSB Member No

Member

Name Rick Mcinroy
Represents Center for Dispute Settlement
eMail rmcinroy@cadsadr.org
Is CSB Member No

Member

Name Susan Hooker
Represents Hornell Concern for Youth
eMail concernforyouth@yahoo.com
Is CSB Member No

Member

Name James Bassage
Represents Bath Hope for Youth
eMail jbassage@dor.org
Is CSB Member No

Member

Name Gina Reagan
Represents Catholic Charities
eMail greagan@dor.org
Is CSB Member Yes

Mental Health Subcommittee Roster
 Steuben County Alcohol Substance Abuse (70640)
 Certified: Henry Chapman (5/25/17)

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 Cora Saxton
Represents Wayland Cohocton Central School District
eMail csaxton@wccsk12.org
Is CSB Member Yes

Member

Name Craig Pomplas
Represents Steuben County Probation
eMail craigpo@co.steuben.ny.us
Is CSB Member No

Member

Name Kathryn Muller
Represents Department of Social Services
eMail kathrynmuller@co.steuben.ny.us
Is CSB Member No

Member

Name Harmony Aries-Friedlander
Represents Family Services
eMail harmonyaf@familyservicesociety.org
Is CSB Member No

Member

Name Doreen Patterson
Represents Arbor Development
eMail dpatterson@arbordevelopment.org
Is CSB Member Yes

Member

Name Gina Reagan
Represents Catholic Charities
eMail greagan@dor.org
Is CSB Member Yes

Member

Name Lynn Goodwin
Represents Pathways Inc.
eMail lgoodwin@pathwaysforyou.org
Is CSB Member No

Member

Name Nancy Bartell
Represents Community
eMail nkbartell@gmail.com
Is CSB Member Yes

Member

Name Stephanie Ulicny
Represents Finger Lakes Parent Network
eMail sulicny@flpn.org
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Steuben County Alcohol Substance Abuse (70640)
 Certified: Henry Chapman (5/25/17)

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 Victoria Fuerst
Represents Public Health Nursing
eMail vickif@co.steuben.ny.us
Is CSB Member Yes

Member

Name Bernard Burns
Represents Steuben ARC
eMail bburns@arcofsteuben.org
Is CSB Member No

Member

Name Gary Swackhamer
Represents Steuben County Legislature
eMail gswackhamer@co.steuben.ny.us
Is CSB Member Yes

Member

Name Lynn Goodwin
Represents Pathways Inc.
eMail lgoodwin@pathwaysforyou.org
Is CSB Member No

Member

Name Mark Alger
Represents Community
eMail marka@co.steuben.ny.us
Is CSB Member Yes

Member

Name Mary Perham
Represents Community
eMail mperham@co.steuben.ny.us
Is CSB Member No

Member

Name Sandra Buto
Represents Capabilities
eMail sandrab@co.steuben.ny.us
Is CSB Member No

Member

Name Matt Mehlenbacher
Represents Steuben ARC
eMail mmehlenbacher@arcofsteuben.org
Is CSB Member No

2017 Mental Hygiene Local Planning Assurance
Steuben County Alcohol Substance Abuse (70640)
Certified: Henry Chapman (5/25/17)

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.