

2018
Local Services Plan
For Mental Hygiene Services

Suffolk Co. Dept of Health 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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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
 Suffolk Co. Dept of Health Services	 70370/70370	 (Provider)
 Div of Comm MH Svcs Alc & SA OTP	 70370/70370/201	 (Treatment Program)
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Mental Hygiene Goals and Objectives Form
 Suffolk Co. Dept of Health Services (70370)
 Certified: Karen Dolecal (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 certain aspects of the system have improved; the overall unmet mental health service needs remain the same largely due to extremely limited availability of psychiatry services to support patient needs.

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:

While certain aspects of the system have improved; the overall unmet substance abuse service needs remain the same as evidenced by increased number of individuals dying from substance disorders, specifically in relation to the heroin epidemic.

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:

OPWDD is undergoing a system transformation that is focused on creating programs that prioritize person-centeredness, community integration and sustainability. Achieving such transformational goals will require coordination between local and state planning efforts.

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

2a. Housing - Background Information

Housing options for all three disability populations are limited. Data sources include - SPA, DSS, Systems of Care meetings, Communities of Solutions meetings, surveys, Mental Health, Chemically Dependency and IDD Subcommittees.

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

Support efforts of providers to expand housing options for all disability groups and placement service options for hard to place individuals with multi system and/or cross system needs by providing data and soliciting information and resources. This included collaborating with the state agency field offices regarding population needs and priorities.

Objective Statement

Objective 1: Monitor the number and utilization of available beds to address the needs of clients who are in need of housing services on a monthly basis.

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

Objective 2: Provide opportunities for collaboration and information sharing through community meetings.

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

Objective 3: Solicit funds for the recently enacted NYS budget that includes funding for the creation of new affordable housing units and new supportive units.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

The reduction in the services provided by the local public transportation system combined with the lack of efficiency in the current Medicaid transportation system has made it difficult for many consumers to access care or make their appointments in a timely manner.

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 barriers that prevent access to care by improving transportation services.

Objective Statement

Objective 1: Encourage and support existing subcommittee workgroups in their effort to advocate for the expansion and improved access to public transportation.

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

Objective 2: Encourage and support existing subcommittee workgroups in their effort to advocate for improved efficiencies in the existing Medicaid transportation system.

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

Objective 3: Utilize any existing transportation resources more effectively and efficiently to provide access to services that have limited transportation options.

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

Individuals with multiple behavioral health issues often end up incarcerated or hospitalized following a crisis situation.

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

Establish 24/7 access to immediate assessment and referral for the full continuum of substance use disorder and behavioral health services.

Objective Statement

Objective 1: Work with state agencies to secure funding to develop crisis center(s).

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

Objective 2: Work with state agencies to identify providers to operate crisis center(s).

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

Objective 3: Work with Performing Provider System (PPS) to coordinate multiple crisis providers.

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

There is insufficient qualified staff, especially prescribers, to meet the demand to address behavioral health disorders.

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 incentives for individuals to pursue skill sets and required credentialing to be qualified to work in the behavioral health field and provide incentives to providers to utilize the expansion of telepsychiatry.

Objective Statement

Objective 1: Explore ways to offer credentialing that is more affordable through collaborations with partner agencies.

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

Objective 2: Identify ways to close the gap in wage disparities between behavioral health and the general workforce through supporting partner advocacy efforts.

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

Objective 3: Support and encourage providers in the use of telepsychiatry through information dissemination.

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

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

Access to inpatient treatment services for individuals with behavioral health disorders is limited; .

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

Expand the scope of prevention and diversion services in the community to assist individuals with multiple and varying needs and avoid hospitalization whenever possible and support the health care community in their efforts for health care advocacy.

Objective Statement

Objective 1: Work closely with OASAS and the outpatient provider community to expand the use of Medication Assisted Treatment.

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

Objective 2: Work closely with OPWDD and the provider community in establishing the NYS START initiative.

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

Objective 3: Support the utilization of crisis, diversion, prevention and respite services whenever possible.

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

Objective 4: Increase utilization and retention rates by supporting the use of credentialed peers and recovery supports.

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

There is a need to improve the efficiency of existing services and address addiction to opiates. There has been an increased number of individuals dying from substance disorders.

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

Improve the overall competence across the chemical dependency prevention, treatment and recovery continuum of care, including use of Narcan, medication assisted treatment, and ancillary withdrawal management capabilities.

Objective Statement

Objective 1: Increase the expansion of community coalitions and expand access to opioid overdose prevention training in the community.

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

Objective 2: Assist outpatient providers in reducing barriers to implementing onsite medication assisted treatment options.

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

Objective 3: Improve awareness about the benefits of utilizing recovery and peer based services.

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

Change Over Past 12 Months (Optional)

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

Individuals with co-occurring mental health and substance abuse disorders need to have improved access to integrated treatment.

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

Improve overall competency for integrated treatment for co-occurring disorders systemwide for individuals with SUD through targeted training, technical assistance and through inclusion of COD services in policy and procedures consistent with this initiative.

Objective Statement

Objective 1: Provide technical assistance and trainings by a Dual Recovery Coordinator.

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

Objective 2: Support providers to co-locate mental health and chemical dependency treatment sites.

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

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

There are not enough specialized clinical services that can address the multiple needs of this population. As these individuals age they are experiencing age related medical complications as a co-occurring condition.

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

Assist the system of care in providing the resources that will help increase person centered clinical services with competent clinicians that will enhance the quality and overall experience for people seeking support and receiving services including the medically frail individuals

Objective Statement

Objective 1: Collobrate with OPWDD to provide training in person centered planning.

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

Objective 2: Collobrate with OPWDD to provide training in addressing the needs of individuals with complex medical needs.

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

Objective 3: Collobrate with OPWDD to develop more fiscal intermediary and brokerage providers.

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

State agencies have designated the RPC to provide regional planning around behavioral health services in the transition to Medicaid Managed Care.

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

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

Identify and prioritize the issues and barriers in the implementation of Health and Recovery Plan (HARP) and behavioral health in a managed care environment on Long Island.

Objective Statement

Objective 1: Provide support to the RPC coordinator and co-chairs in their mission to improve quality of services in a managed care environment.

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

Objective 2: Encourage participation in RPC meetings and subcommittees/workgroups.

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

Change Over Past 12 Months (Optional)

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
Suffolk Co. Dept of Health Services (70370)
Certified: Karen Dolecal (6/1/17)

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. AOT referrals are made by members of the mental health community, family members, or various other interested parties, via completion of an Adult Single Point of Access (SPOA)/AOT application. An AOT investigation is opened and assigned to a worker. Clients deemed potential candidates are scheduled to be examined by the AOT Psychiatrist. If client meets Kendra Law criteria, a Petition is filed with the court. Kendra Law hearings are weekly. AOT Directors/designee also appoints Hospital Psychiatrists to petition court for individuals who are deemed eligible, after receipt of an AOT referral, for clients that are inpatient. Pilgrim Psychiatric Center (PPC) also petitions and the Forensic Coordinator of PPC attends the weekly AOT Clinical Review Panel.

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 court orders are closely tracked through usage of an AOT database, with all the client's information and services pursuant to the AOT order listed - workers call to coordinate and verify that the services listed in the AOT order are in place prior to the court date, and are to be started within the 3 day time frame after court. Changes in treatment plans are tracked and on a case-by-case basis, material changes to the AOT order are processed through a petition to the court for a Modification of the AOT order.

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

Care Management programs that SPOA uses to assign AOT referrals include: Suffolk County Intensive Case Management Program, Hudgon River Health Care Health Home Plus. Case management agencies oncontracted for Legacy slots include: PSCH/Well Life Network, Family Service League (FSL), Federation, Sayville Project, Association of Mental Health and Wellness. Also, there are 7 Assertive Community Treatment (ACT) teams in Suffolk County: FSL (east, west, and central), PSCH/Well Life Network (east and west), Pilgrim Psychiatric Center, and Federations of Organizations.

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
Suffolk Co. Dept of Health Services (70370)
Certified: Karen Dolecal (6/1/17)

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 Elaine Economopolis
Physician No
Psychologist No
Represents Horizons Counseling Center
Term Expires 12/31/2017
eMail ELAINEE@TOSGOV.COM

Member

Name John Haley
Physician No
Psychologist No
Represents Seafield Center, Inc.
Term Expires 12/31/2017
eMail JHBULLY@aol.com

Member

Name Kathie Herz
Physician No
Psychologist Yes
Represents Suffolk County Division of Community Mental
Term Expires 12/31/2017
eMail Kathleen.Herz@suffolkcountyny.gov

Member

Name Kathleen Brown
Physician No
Psychologist No
Represents FREE - Human rights
Term Expires 12/31/2017
eMail Kbrown01@familyres.org

Member

Name Doris Wagner
Physician No
Psychologist No
Represents Federation of Organization/family member
Term Expires 12/31/2017
eMail dee0355@optonline.net.

Member

Name Barbara Carey-Shaw
Physician No
Psychologist No
Represents IGH, Inc.
Term Expires 12/31/2017
eMail bcareyshaw@ighl.org

Member

Name Norma Downey
Physician No
Psychologist No
Represents Community/Advocate
Term Expires 12/31/2017
eMail NORMADOWNEY@mac.com

Member

Name Greg Pigott, MD
Physician Yes
Psychologist No
Represents Suffolk County Physician
Term Expires 12/31/2017
eMail Gregson.Pigott@suffolkcountyny.gov

Member

Name Barbara Townsend
Physician No
Psychologist No
Represents Retired CEO of Family Residences and Essential
Term Expires 12/31/2017
eMail bltownsend@optonline.net

Member

Name Lou Ann Rinde
Physician No
Psychologist No
Represents Recipient Rights Advocate
Term Expires 12/31/2017
eMail rinde.louann@gmail.com

Member

Name Bob Detor
Physician No
Psychologist No
Represents community member
Term Expires 12/31/2017
eMail bdetor@optonline.net

Member

Name Roy Probeyahn
Physician No
Psychologist No
Represents Family member, advocate
Term Expires 12/31/2017
eMail roy56p@verizon.net

Member

Name Kathleen Riddle

Member

Name Christine Epifania

Physician No
Psychologist No
Represents CEO, Outreach Project
Term Expires 12/31/2017
eMail KathyRiddle@OPINY.ORG

Physician No
Psychologist No
Represents Director, Alternatives Counseling, criminal
Term Expires 12/31/2017
eMail cepif@aol.com (personal email home)

Member
Name Elba Garcia-Marmo
Physician No
Psychologist No
Represents Director, EAC Suffolk Tasc
Term Expires 12/31/2017
eMail Elba@EACinc.org

Alcoholism and Substance Abuse Subcommittee Roster
Suffolk Co. Dept of Health Services (70370)
Certified: Karen Dolecal (6/1/17)

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.

Mental Health Subcommittee Roster
Suffolk Co. Dept of Health Services (70370)
Certified: Karen Dolecal (6/1/17)

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.

Developmental Disabilities Subcommittee Roster
Suffolk Co. Dept of Health Services (70370)
Certified: Karen Dolecal (6/1/17)

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.

2017 Mental Hygiene Local Planning Assurance
Suffolk Co. Dept of Health Services (70370)
Certified: Karen Dolecal (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.