



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

Saratoga County Community Svcs Board
July 18, 2018

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2017 Mental Hygiene Executive Summary
Saratoga County Community Svcs Board
Certified: Michael Prezioso (5/25/18)

The Community Services Board (CSB) has actively discussed the changing healthcare landscape, and the challenges and opportunities unique to the behavioral healthcare topography of Saratoga County. A variety of human services stakeholders also held formal, monthly meetings on these issues. Stakeholders represented both public (i.e., mental health, addictions, probation, social services, public health, and law enforcement) and private (i.e., hospital systems, performing provider systems, prevention, domestic violence, charitable) agencies, and contributed significantly to the breadth and depth of County needs analysis and program development.

The current plan is predicated on the goal of meeting identified needs by capitalizing on available resources, securing additional resources, and working energetically to communicate, collaborate, coordinate, and integrate service delivery across County providers.

Mental Hygiene Goals and Objectives Form
 Saratoga County Community Svcs Board (70840)
 Certified: Michael Prezioso (6/1/18)

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:

Continued reductions in the availability of State-operated inpatient beds have significantly affected the community system of mental health care. For example, Saratoga County has had only four residents accepted for admission to the State operated inpatient hospital in Albany during the past four years. Reports from the two local facilities with inpatient capacity regularly report to the LGU that effort is no longer made to refer treatment refractory inpatients to the State facility in Albany. As a result, individuals with more significant impairment are being referred for local treatment and residential services.

This has many implications.

First, there is need for residential options that incorporate intensive services that go beyond those typically offered in congregate settings. The stock of Supported Housing beds should be increased, and intensive services should include, but not be limited to, DAILY contact to promote problem-solving and coping skill development, socialization, recreational support, and oversight of medication administration as needed. While the provision of such services will come with a cost, that cost compares favorably to the cost of inpatient care. The benefits associated with maintaining safe and productive community living need no elaboration.

Second, there is need for treatment that offers service to those with substantial impairment and associated cognitive deficits. Such a program must be structured, with low-moderate demand characteristics, and emphasize person-centered goal planning and psychiatric rehabilitation. Such a program would differ from the PROS model in that its design would address the needs of persons whose impairments preclude their ability to take full advantage of PROS-type class offerings.

Of further (anecdotal) note, requests from school systems to provide education have increased. While requests for topics such as etiology of behavioral/emotional dyscontrol and behavioral health crisis management continued, requests for education re: depression, anxiety, and anxiety management markedly increased. In addition several school districts requested linkage with providers capable of on-site service delivery, and this was facilitated.

- 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:

OASAS data reflect increased utilization of treatment resources between 2015-October 2017:
 -admissions to OASAS-certified chemical dependence treatment programs increased
 -use of detox, medically managed withdrawal and outpatient treatment services (NYS OASAS Medicaid Recipient Summary Profile Detail, 2014, 2015, 2016) increased

Some "flattening of the [opiate] curve" is evident, in that overdoses remained constant from 2016-2017. Opiate-related outpatient emergency department visits and hospitalizations likewise remained constant. While it is too soon to say that the tide of opiate use in Saratoga County has turned, increased treatment utilization in conjunction with fewer overdoses warrants may be a welcome development. It is also suspected that with the injection of STR resources, more persons will be effectively engaged in 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:

While the domains of need remained essentially the same for this population, the need for access to available services increased (OPWDD County Planning Profiles 2013-2015). Anecdotally, community stakeholders report a high need to cross-train staff, to ensure those who are dually-diagnosed receive high-quality care in general, and crisis care in particular.

Effects of the anticipated transition from MCS to CCO service-delivery have not been quantified at this time.

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 type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f) Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input 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 checked="" 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 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

Monthly discussion by the Saratoga County Community Services Board, and a stakeholder group consisting of public and private providers, families, and peers, continues to articulate the need for therapeutic residential alternatives commensurate with the needs of the disability populations. The consensus is that the stock of safe and affordable residential alternatives is limited and therefore a barrier to meaningful engagement in treatment and the life of the community. Once secured, such residential settings will require access to wrap around services designed to address the social correlates of health.

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

GOAL: To expand the stock of residential alternatives designed to provide therapeutic environments to those with mental health, addictions and/or developmental disabilities

Objective Statement

Objective 1: Meet no less than monthly with residential services providers to identify resources necessary to secure additional beds (e.g., supported).

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

Change Over Past 12 Months (Optional)

One of the most significant changes during the past 12 months has been the introduction of a second residential service provider in Saratoga. Previously, the County was served by just one such provider.

The second provider was awarded funds for operation of six Supported Housing beds, and other resources were repurposed to supplement their transition services team to promote additional State PC discharges to Saratoga County.

2b. Transportation - Background Information

Saratoga County has a robust system of public transportation, but it is limited in the scope of its coverage to a few urban centers. Many areas of the County-some of which are located within the borders of the Adirondack State Park-have no access to public transportation at all. This restricts access to care.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Though public transportation is beyond the purview of the LGU, the LGU has supported grassroots efforts to engage local public officials and private transportation providers in development of alternatives. These efforts are ongoing.

Change Over Past 12 Months (Optional)

Access to treatment is impacted by the availability of transportation from more remote locations to those where services are available. This has been an ongoing area of concern, and though not strictly within the purview of the LGU there are opportunities to develop alternatives. In the case of Saratoga county, the LGU identified priority geographies and coordinated with STR-COTI resources to enhance the ability of residents in more rural areas of the County to receive both outreach and telemedicine services.

2c. Crisis Services - Background Information

The community continues to report need for SUD crisis services, and intervention services those with comorbid developmental disabilities and mental illness in acute psychiatric distress.

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

The LGU will collaborate with the Capital Region Directors of Community Services to bring a 24/7/365 regional, telephonic engagement and referral service to residents of the Capital Region. Albany is the lead County and already secured resources to implement this service. The adopted model is referred to as "Hub and Spoke": the "Hub" is accessed by persons in need, and will in turn connect the individual with resources in that person's locality.

Objective Statement

Objective 1: Provide list of County-specific on-call resources for after-hours access

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

Objective 2: Conduct informational sessions on the nature of the service and access

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

Objective 3: Participate as indicated in operational discussions

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

Change Over Past 12 Months (Optional)

The Saratoga LGU participated in planning sessions with regional counterparts to plan the scope and implementation of this project. Provider contact information has been shared and will continue as additional resources come on line.

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

Regular communication with local service providers and colleagues across the State revealed significant concern regarding the behavioral healthcare workforce pipeline. This appears to be the result of attrition in certain clinical disciplines as well as general improvements in the economy at large. While it is encouraging that support in the form of COLAs will be made available to help maintain the current workforce, the trend does appear to be in the direction of shortages of trained and skilled staff.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Growth in private health sector salaries and benefits has outpaced that in the public sector. Anecdotally, one academically-affiliated hospital in the western part of the State offers new nursing graduates competitive salaries, four weeks' vacation, tuition reimbursement, and even housing assistance for those committing to a five-year tenure. Municipiplaities would be very hard-pressed to match that type of package.

Change Over Past 12 Months (Optional)

If anything, anecdotal reports and the experience of the clinic operated by the Saratoga LGU suggest workforce recruitment and retention issues have become even more problematic. By way of example, the County-operated clinic in Saratoga County has been unable to fill a CMHN item that has been vacant for nearly 18 months, despite very active recruitment efforts.

2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

Anecdotal reports received from family members, peers and advocacy groups (i.e., Saratoga County Citizen's Committee for Mental Health) regularly describe an underserved population characterized by severe, persistent, treatment refractory mental illness and functional impairments. This cohort requires broad support services to address clinical needs as well as the social correlates of health, and will require regular contact for monitoring and skill-building. This need area has if anything become more significant in light of increasing discharges from State PCs, which in turn are experiencing increased bed closures.

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

To develop care management and transitional support services that will serve as the foundation upon which increasingly challenged persons discharged from State and local hospitals may rely.

Objective Statement

Objective 1: Identify candidates in the State hospital discharge pipeline who may benefit from transition team services

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

Objective 2: Coordinate transition process among stakeholders, including but not limited to person, significant others, inpatient and outpatient clinical providers and residential service providers

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

Objective 3: Develop mechanisms to ensure timely and effective communication among stakeholders

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

Objective 4: Provide education regarding scope of transitional services available

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

Change Over Past 12 Months (Optional)

The introduction of an additional residential services provider has reaped downstream benefits, in that a transitions team was already nested within the provider's organization. An integrated system that communicates, collaborates and coordinates services has begun to emerge from this partnership.

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

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

The Saratoga County LGU is actively engaged in behavioral healthcare stakeholder education and program development, especially in the areas of crisis stabilization and development of mental health/addictions infrastructure.

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

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

To remain actively engaged with local stakeholders and the three PPS' covering Saratoga County, in service of strengthening behavioral health infrastructure and promoting integrated service delivery.

Objective Statement

Objective 1: Attend, participate and facilitate in local and regional stakeholder meetings to promote infrastructure development and service delivery (ongoing)

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

Change Over Past 12 Months (Optional)

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

The Saratoga County LGU sits on the Board of the Capital Region Regional Planning Consortium.

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

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

To remain an active participant in the Capital Region Regional Planning Consortium, essential to communicating regional needs and priorities to State and regional MCO counterparts, in service of facilitating a smooth transition to Managed Medicaid from FFS Medicaid.

Objective Statement

Objective 1: Attend, participate and facilitate RPC activities to promote infrastructure development and service delivery during the transition to Managed Medicaid (ongoing)

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

Change Over Past 12 Months (Optional)

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

The LGU co-facilitates the County Suicide Prevention Coalition, consistent with the state and local DOH prevention agendas. In addition, the

LGU works regularly with the Director of Public Health to promote MH/addictions education and training.

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

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

Collaborate, coordinate and integrate behavioral healthcare with public health initiatives, including those addressing suicide, in particular.

Objective Statement

Objective 1: Participate in Community Health Council and other meetings as warranted to promote integration of behavioral health and prevention agendas (ongoing)

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
 Saratoga County Community Svcs Board (70840)
 Certified: Michael Prezioso (3/14/18)

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.

	Recruitment	Retention	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
Psychiatrist	5	4	limited workforce; salary increases to remain competitive affect County share for contracted prescribers
Physician (non-psychiatrist)	n/a	n/a	
Psychologist (PhD/PsyD)	3	1	
Nurse Practitioner	2	2	
RN/LPN (non-NP)	3	2	salaries not competitive with private market
Physician Assistant	n/a	n/a	
LMSW	2	1	
LCSW	2	1	
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	2	2	
Peer specialist	n/a	n/a	n/a
Family peer advocate	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
 n/a

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

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. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
 Saratoga County Community Svcs Board (70840)
 Certified: Michael Prezioso (5/25/18)

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.

Chairperson		Member	
Name	Edmond Amyot	Name	Joseph W. Carr
Physician	Yes	Physician	No
Psychologist	No	Psychologist	No
Represents	Developmental Disabilities	Represents	Saratoga County Youth Bureau
Term Expires	12/31/2018	Term Expires	12/31/2017
eMail	eamyot@nycap.rr.com	eMail	wcarr@saratogacountyny.gov
Member		Member	
Name	Erin Christopher-Sisk	Name	James Colamaria
Physician	No	Physician	No
Psychologist	Yes	Psychologist	No
Represents	ECS Psychological Services	Represents	Four Winds Hospital
Term Expires	12/31/2019	Term Expires	12/31/2019
eMail	dr.christopher-sisk@ecspsychological.com	eMail	jcolamar@nycap.rr.com
Member		Member	
Name	Amy C. Hughes	Name	Katie Lewis
Physician	No	Physician	No
Psychologist	No	Psychologist	Yes
Represents	Families	Represents	Mental Health (Adult)
Term Expires	12/31/2017	Term Expires	12/31/2019
eMail	ahughes@saratogacountyny.gov	eMail	katiecooperlewis@gmail.com
Member		Member	
Name	Maureen Lewsey	Name	Lillian McCarthy
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Families	Represents	Families
Term Expires	12/31/2019	Term Expires	12/31/2018
eMail	kemmetmaureen@yahoo.com	eMail	l.mccarthy@saratogaecoc.org
Member		Member	
Name	Maria Morris-Groves	Name	Rudolph J. Stutzmann
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Substance Abuse	Represents	Mental Health (Adult)
Term Expires	12/31/2017	Term Expires	12/31/2018
eMail	mlmgroves@gmail.com	eMail	rstutzmann@earthlink.net
Member		Member	
Name	Ranjit Bhagwat, Ph.D.	Name	Paul Morcone
Physician	No	Physician	No
Psychologist	Yes	Psychologist	No
Represents	Mental Health	Represents	Schools
Term Expires	12/31/2020	Term Expires	12/31/2021
eMail	R.Bhagwat.PHD@gmail.com	eMail	jp5set@aol.com

Member

Name	Daniel P. Morley
Physician	No
Psychologist	No
Represents	Law enforcement
Term Expires	12/31/2021
eMail	dmorley@saratogacountyny.gov

Alcoholism and Substance Abuse Subcommittee Roster
 Saratoga County Community Svcs Board (70840)
 Certified: Michael Prezioso (5/25/18)

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.

Member
Name James Colamaria
Represents Four Winds Hospital
eMail
Is CSB Member Yes

Member
Name Lillian McCarthy
Represents Families
eMail
Is CSB Member Yes

Member
Name Maria Morris-Groves
Represents Families
eMail
Is CSB Member Yes

Member
Name Daniel P. Morley
Represents Law Enforcement
eMail dmorley@saratogacountyny.gov
Is CSB Member Yes

Mental Health Subcommittee Roster
 Saratoga County Community Svcs Board (70840)
 Certified: Michael Prezioso (5/25/18)

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.

Member
Name Amy C. Hughes
Represents NAMI
eMail ahughes@saratogacountyny.gov
Is CSB Member Yes

Member
Name Katie Lewis, Ph.D.
Represents Community
eMail katiecooperlewis@gmail.com
Is CSB Member Yes

Member
Name Maureen Lewsey
Represents Families
eMail kemmetmaureen@yahoo.com
Is CSB Member Yes

Member
Name Rudolph J. Stutzmann
Represents Saratoga Hospital MHU
eMail rstutzmann@earthlink.net
Is CSB Member Yes

Member
Name Ranjit Bhagwat, Ph.D.
Represents Mental Health
eMail R.Bhagwat.PhD@gmail.com
Is CSB Member Yes

Developmental Disabilities Subcommittee Roster
 Saratoga County Community Svcs Board (70840)
 Certified: Michael Prezioso (5/25/18)

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 Ed Amyot, MD
Represents Families
eMail eamyot@nycap.rr.com
Is CSB Member Yes

Member

Name Joseph W. Carr
Represents Saratoga County Youth Bureau
eMail wcarr@saratogacountyny.gov
Is CSB Member Yes

Member

Name Erin Christopher-Sisk, Ph.D.
Represents Private Practitioner
eMail dr.christopher-sisk@ecspychological.com
Is CSB Member No

Member

Name Paul Morcone
Represents Schools
eMail Jp5set@aol.com
Is CSB Member Yes

2019 Mental Hygiene Local Planning Assurance
Saratoga County Community Svcs Board (70840)
Certified: Michael Prezioso (6/1/18)

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.