

2018
Local Services Plan
For Mental Hygiene Services

Saratoga County Community Svcs Board
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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2017 Mental Hygiene Executive Summary
Saratoga County Community Svcs Board
Certified: Michael Prezioso (6/7/17)

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. In addition a variety of stakeholders 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.

Saratoga is one of many counties that has identified addictions (and skyrocketing rates of opiate abuse), housing, transportation, and care management as areas of need. A disproportionately high rate of suicide is also a concern. Developing resources to meet these needs in the context of behavioral healthcare financing transformation is a challenge; there is much uncertainty regarding "what it all means", because the infrastructure required to deliver care and be paid for it has not yet been firmly established.

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 (6/7/17)

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:

Mental health service needs have in general remained consistent with those identified in past years, with a significant exception. Saratoga County's rate of suicide is disproportionately high among certain age cohorts, in contrast with the "Capital Region" (CR) and the "Rest of the State except New York City (ROS)" (Vital Statistics of New York State- FLHSA Vital Statistics Portal http://www.health.ny.gov/statistics/vital_statistics, 2012-2014):

- for 15-24 year olds, it is 14.5 per 100,000 v. 8.1 (CR) and 7.8 (ROS);
- for 45-54 year olds, it is 22.4 per 100,00 v. 18.7 (CR) and 5.3 (ROS);
- for 55-64 year olds, it is 13.7 per 100,00 v. 11.5 (CR) and 13.8 (ROS);
- for those 75 years and older, it is 14.1 per 100,000 v. 12.4 (CR) and 9.6 (ROS).

This data is particularly noteworthy in light of a recent study conducted by the Robert Wood Johnson Foundation, which identified Saratoga County as the "healthiest" in New York State by virtue of its many protective factors.

Of further (anecdotal) note, requests from school systems to provide education via in-service and "Parent University" models have increased. Frequently requested topics included etiology of behavioral and emotional dyscontrol and behavioral health crisis management, similar to years' past. Unlike past years, requests for education re: depression, anxiety, and anxiety management were prominent.

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:

Saratoga County experienced startling increases in opiate-related addiction, overdose and death:

- 30% (689) of residents admitted to OASAS-licensed programs (2010) were treated for heroin or other opiate addiction (10/31/2016 data extract, OASAS Client Data System);
- the unduplicated number of residents treated in OASAS-certified chemical dependence programs for heroin and other opiate addiction during the first three quarters of 2016 (888) essentially equaled the number treated during all of 2015 (897) (January 2017 data extract, OASAS Client Data System);
- Naloxone administrations by EMS increased 44%, by law enforcement by 70% and by Community Opioid Overdose Prevention Programs by 300% between 2015 and 2016 (February 2017 data extract, OASAS Client Data System). County EMS and COOP administrations more than doubled and quadrupled respective increases observed in the Rest of the State except NYC;
- data provided by the Saratoga County Coroner (2016 Report) revealed a 33% increase in overdose-related deaths

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):

- the demand for Individualized Residential Alternatives, both supervised and supportive, rose 14% and 38%, respectively;
- demand for respite services (freestanding) rose by 44%;
- demand for Community Habilitation services increased 72%; and
- an increase of 39% was noted in demand for clinic services;
- HCBS service demand rose 6% (personal communication, OPWDD Region 3 Deputy Director, May 2017);
- unduplicated recipients of developmental disabilities services rose approximately 10% between 2010 and 2014 (Salient/No PHI Medicaid Data System).

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

2a. Housing - Background Information

Monthly discussion by the Saratoga County Community Services Board and an active workgroup of public and private human service providers, families, and peers articulated 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.

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: By June 30 LGU will discuss need for additional mental health and addictions residential alternatives with County's sole provider of residential alternatives, and identify one mechanism to secure additional beds

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

Change Over Past 12 Months (Optional)

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 was a participant in an ad hoc subcommittee comprised of local service providers and an elected County official. The committee engaged Capital District Transportation Authority Board members and successfully advocated for the re-routing of a bus to limit the walking distance from an identified stop to an addictions treatment program.

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

Anecdotal and empirical data clearly illustrate the need for crisis intervention services for persons suffering from addiction. January 2017 data (NYS DOH AIDS Institute) reflect the following increases in Naloxone administrations: by EMS, 44% between 2015 and 2016; by law enforcement, 70% during the same period; and reported by Community Opioid Overdose Prevention programs, a striking 300% between 2015 and 2016.

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 plan, develop and implement a "LEAD"-type program in Saratoga County.

Objective Statement

Objective 1: Initiate discussion with the Office of the Saratoga County Sheriff regarding development and implementation of a LEAD-type program, by June 30 2017

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

Objective 2: With representatives of the Office of th Saratoga County Sheriff, collaborate with other localities currently operating a LEAD-type program to educate County stakeholders, by July 30 2017

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

Objective 3: Secure approval of Saratoga County officials to develop and implement a LEAD-type program, by September 30 2017

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

Objective 4: Initiate development and implementation planning processes by October 31 2017

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

Objective 5: Complete LEAD-type program development and implementation planning by December 31 2017

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

Change Over Past 12 Months (Optional)

Efforts to develop a prevention and intervention continuum of care are ongoing, including but not limited to multi-pronged efforts by the Saratoga County Department of Mental Health and Addiction Services, Saratoga Hospital Community Health Center, St. Peter's Addictions Recovery Center, and the Prevention Council of Saratoga County.

The Department of Mental Health and Addiction Services placed an LMSW/CASAC in the County Correctional Facility in 2015. This enhanced capacity to assess and treat during one's period of incarceration and facilitated admission to treatment services upon release. Integral to this service was the introduction, in the Fall of 2016, of a Vivitrol program for persons close to release.

During the Spring of 2017 the LGU supported the opening of an Addictions Medicine program at the Saratoga Hospital Community Health Center. In addition to MAT services, psychiatry, social work and addictions counseling services will be delivered in collaboration with St. Peter's Addictions Recovery Center. Application for OASAS licensure is anticipated and preliminary discussion with the LGU on this subject have begun.

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 increased minimum wages. It is encouraging to note that additional financial support will be made available to maintain the current workforce, though 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):

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

As noted elsewhere, addiction in general (and opioid addiction in particular) has increased dramatically. Prevention efforts undertaken by the Prevention Council of Saratoga County, in collaboration with a variety of stakeholders, include (but are not limited to):

Prevention Council support for or delivery of several programs in partnership with local law enforcement, under Partnership for Success and Drug Free Communities grants (2016-2017). These include:

- financial support for two Deputies to attend a Drug Recognition Expert conference in Denver, CO;
- facilitated a DCJS Narcan training for South Glens Falls and Galway law enforcement, and for SUNY Adirondack security staff;
- facilitated DCJS training for Warren/Washington Counties Probation and Parole officers;
- provided a prescription medication Drop Box at the Saratoga County Sheriff's office
- distributed Detera Drug Disposal kits to South Glens falls law enforcement and the Saratoga County Sheriff's office (the Sheriff retains 500 additional kits for use County-wide);
- created paid advertisements (i.e., radio, print, flyers, outreach) for DEA Drug Take-back Days (County-wide total to date: 855 pounds);
- secured Vwer-Mack PMCS LED roadside display for drugged driving checkpoints and messaging, for use by Saratoga County Sheriff's office and South Glens Falls police;
- plan to provide Advanced Roadside Impaired Driver Education in collaboration with the Governor's Highway Traffic Safety Committee (May 16-17, 2017);
- plan to provide Standard Field Sobriety Refersher Training in collaboration with Saratoga County Sheriff's office and the office of the Saratoga County District Attorney;
- plan to provide financial resources to support attendance for three Saratoga County Sheriff Deputies at the Heroin Summit in Atlanta, GA

Additionally, a Saratoga County Suicide Prevention Coalition was established with funding from the Suicide Prevention Center-NY (SPC-NY), and technical support from SPC-NY and the American Foundation for Suicide Prevention. The Coalition is operating along two tracks: one which focuses on education and training of clinical staff and the general public, and one that focuses on development of a Postvention response team.

In service of its Mission Coalition members secured for the community several training opportunities, including ASIST, Talk Saves Lives and SafeTalk. The Coalition also partnered with a local school district and will participated in a community forum on the subject of suicide and suicide prevention at the end of May 2017.

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 increase addictions and suicide-related prevention activities in Saratoga County

Objective Statement

Objective 1: Increase the number of addictions prevention events by 10% over last year, as evidenced in data collected by the Prevention Council of Saratoga County

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

Objective 2: Increase the number of suicide prevention events by 5% over last year, as evidenced in data collected by the Saratoga County Suicide Prevention Coalition

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

Family, peers and advocates note while that high levels of structure and accountability may be required to successfully operate SUD residential services, difficulty adhering to structure and accountability standards are hallmarks of addiction. Achieving a therapeutic balance among these variables is considered important to delivering effective care.

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

Promote communication and collaboration between SUD residential providers and family, peer and other advocates to inform residential program policy and practice

Objective Statement

Objective 1: By June 30 facilitate meeting between SUD residential provider and interested family, peers and advocates to promote understanding of issue

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

Change Over Past 12 Months (Optional)

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 mental illness and functional impairments sufficient to render participation in programs such as PROS too difficult. To achieve truly person-centered, strength-based care, recognition of differences in abilities must be recognized and low-moderate demand, semi-structured programs should be implemented.

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 identify the scope of the underserved population and develop program services designed to meet its needs

Objective Statement

Objective 1: Distribute survey designed to identify the scope of the underserved population by October 31

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

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

OPWDD County Planning Profiles 2013-2015 reflect a 39% increase in demand for access to clinic services, and of 6% in demand for HCBS services (personal communication, OPWDD Region 3 Deputy Director, May 2017).

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

Collaborate with Region 3 OPWDD staff to coordinate access to clinical services, including access to crisis services

Objective Statement

Objective 1: By June 30 conduct an in depth needs assessment of clinical services needs with Region 3 Deputy Director

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

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

Per OPWDD County Planning Profiles, demand for respite services (freestanding) rose by 44% between 2013 and 2015.

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 OPWDD respite services

Objective Statement

Objective 1: By June 30 conduct an in depth needs assessment of respite service needs with Region 3 Deputy Director

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

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

Per OPWDD County Planning Profiles, the demand for Individualized Residential Alternatives, both supervised and supportive, rose 14% and 38%, respectively (2013-2015).

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 OPWDD residential services

Objective Statement

Objective 1: By June 30 conduct an in depth needs assessment of residential service needs with Region 3 Deputy Director

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 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

Saratoga County recently convened a 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 (5/8/17)

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. Referrals for AOT are made to the Saratoga County Department of Mental Health and Addiction Services. Investigating referrals to ensure statutory criteria have been met falls within the purview of the Department Deputy.

Referrals found to be eligible for Assisted Outpatient Treatment are forwarded to the office of the County Attorney for further discussion and collaborative planning. The requisite examinations are scheduled and conducted, and typically are attended by MHLS. Once necessary documentation has been completed it is forwarded to the County Court for placing on the docket within the required time frames.

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.

Once Assisted Outpatient treatment is Ordered, there is regular contact between the Department Deputy and the AOT Care Management agency, which is located conveniently across the street from the Department of Mental health and Addiction Services. This is the primary mechanism for ensuring Ordered services are secured, and for evaluating clinical progress.

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

In Saratoga County AOT referrals are made to Transitional Services Association, iNC.

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
 Saratoga County Community Svcs Board (70840)
 Certified: Michael Prezioso (5/8/17)

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	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@saratogaec.org
Member		Member	
Name	Maria Morris-Groves	Name	Matthew H. Sickles
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Substance Abuse	Represents	Children
Term Expires	12/31/2017	Term Expires	12/31/2019
eMail	mlmgroves@gmail.com	eMail	matt_sickles@yahoo.com
Member			
Name	Rudolph J. Stutzmann		
Physician	No		
Psychologist	No		
Represents	Mental Health (Adult)		
Term Expires	12/31/2018		
eMail	rstutzmann@earthlink.net		

Alcoholism and Substance Abuse Subcommittee Roster
 Saratoga County Community Svcs Board (70840)
 Certified: Michael Prezioso (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.

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 Matthew Sickles
Represents Children
eMail
Is CSB Member Yes

Mental Health Subcommittee Roster
 Saratoga County Community Svcs Board (70840)
 Certified: Michael Prezioso (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.

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

Developmental Disabilities Subcommittee Roster
 Saratoga County Community Svcs Board (70840)
 Certified: Michael Prezioso (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 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@ecspsychological.com
Is CSB Member No

2017 Mental Hygiene Local Planning Assurance
Saratoga County Community Svcs Board (70840)
Certified: Michael Prezioso (5/8/17)

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.