

2016  
Local Services Plan  
For Mental Hygiene Services

Jefferson County Comm. Services Board  
July 14, 2015



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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Jefferson County Comm. Services Board</b>	<b>70380</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Needs Assessment Report	Required	<b>Certified</b>
Warm Line and Mobile Crisis Capacity Survey	Required	<b>Certified</b>
Priority Outcomes Form	Required	<b>Certified</b>
Multiple Disabilities Considerations Form	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
ASA Subcommittee Membership Roster	Required	<b>Certified</b>
Mental Health Subcommittee Membership Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Membership Roster	Required	<b>Certified</b>
2016 Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**2016 Needs Assessment Report**  
 Jefferson County Comm. Services Board ( 70380 )  
 Certified: Roger Ambrose (6/26/15)

Consult the LSP Guidelines for additional guidance on completing this exercise.

**PART A: Local Needs Assessment**

**1. Assessment of Mental Hygiene and Associated Issues** - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. Provide documentation, where available.

Jefferson County is comprised of a large geographic area bordering Canada to the north and Central New York counties to the south. The county includes Fort Drum within it's borders, one of the largest Army installations in the country. Consequently, many of the some 45 - 60 military related personnel or family dependents seek services for mental hygiene related conditions in the civilian community. Reimbursements for these services covered under the military insurance plan of Tricare, are lower than Medicaid rates and do not cover the costs associated with the services delivered. The area also has a historically high unemployment rate that contributes to high Chemical dependency and associated mental health issues.

**2. Analysis of Service Needs and Gaps** - In this section, describe and quantify the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe and quantify the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Use this section to identify specific underserved populations or populations that require specialized services. Provide documentation, where available.

Jefferson County has prevention services provided by PIVOT (Formerly ASAC) for chemical dependency, prevention and support services by the Northern regional Center for Independent Living (NRCIL) and the Mental Health Association. Treatment services are available in all areas by a number of local providers. The largest continuing gap identified is for emergency/ transitional housing to prevent unnecessary hospitalizations or incarcerations.

**3. Assessment of Local Issues Impacting Youth and Adults** - For each issue listed in this section, indicate the extent to which it is an area of need at the local (county) level for each disability population listed on the right. For each issue that you identify as either a "High" or "Moderate" need, answer the follow-up questions to provide additional detail.

Issue Category	<u>Youth (Under 21 years)</u>			<u>Adults (Over 21 years)</u>		
	CD	MH	DD	CD	MH	DD
a) Access to Prevention Services	Low Need	Low Need	Low Need	Low Need	Low Need	Low Need
b) Access to Crisis Services	High Need	High Need	Low Need	High Need	High Need	Low Need
c) Access to Treatment Services	Low Need	Moderate Need	Low Need	Low Need	Moderate Need	Low Need
d) Access to Supported Housing	Low Need	Low Need	Low Need	Low Need	Low Need	Low Need
e) Access to Transportation	Moderate Need	Moderate Need	Moderate Need	Moderate Need	Moderate Need	Moderate Need
f) Access to Home/Community-based Services	Low Need	Low Need	Low Need	Low Need	Low Need	Low Need
g) Access to Other Support Services	Low Need	Low Need	Low Need	Low Need	Low Need	Low Need
h) Workforce Recruitment and Retention	Moderate Need	Moderate Need	Low Need	Moderate Need	Moderate Need	Low Need
i) Coordination/Integration with Other Systems	Low Need	Low Need	Low Need	Low Need	Low Need	Low Need
j) Other (specify):	0	0	0	0	0	0
k) Other (specify):	0	0	0	0	0	0

**Follow-up Questions to "Access to Crisis Services" (Question 3b)**

**4b1.** Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Alternative to hospitalization or incarceration has been identified as a consistent need. A transitional/respite care center would be a great option for law enforcement/ EMT's who recognize the need to remove the individual from there current environment, but not necessarily take them to jail or the ER.

**4b2.** Identify strategies that could potentially be pursued to address this local issue.

We are reviewing models that provide for this alternative and considering what funding options might be available.

**Follow-up Questions to "Access to Treatment Services" (Question 3c)**

**4c1.** Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

We are continually reviewing our capacity needs and trying to develop a triage system that will give us an accurate picture of community wide needs. Often, agencies are not working together which creates the illusion that we lack capacity when in fact spots are available.

**4c2.** Identify strategies that could potentially be pursued to address this local issue.

We are working on a community - wide triage system that will provide for more timely access to our MH clinics.

**Follow-up Questions to "Access to Transportation" (Question 3e)**

**4e1.** Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Because of the size and nature of Jefferson County, individuals seeking services often have to travel an hour to a provider. When weather is bad, this becomes an even more critical issue.

**4e2.** Identify strategies that could potentially be pursued to address this local issue.

We hope to establish provider satellites in Primary Care clinics across the county to minimize the transportation necessary.

**Follow-up Questions to "Workforce Recruitment and Retention" (Question 3h)**

**4h1.** Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Attracting Psychiatrist, Social Workers and other Licensed providers to the community has always been a challenge. The area is not near a major metropolitan area and the climate can be very difficult much of the year.

**4h2.** Identify strategies that could potentially be pursued to address this local issue.

In Social Work, the community has developed partnerships with multiple schools and our local community college to give students leaving high schools in the area or adults seeking a new career the opportunity to achieve a BSW and an MSW all within the Jefferson County community. Recruitment efforts are on - going in other treatment areas.

5. Please indicate how useful each of the following data resources is for your planning, needs assessment, and system management work.

<b>Data Resource</b>	<b>Very Useful</b>	<b>Somewhat Useful</b>	<b>Not Very Useful</b>	<b>Never Used</b>
a) CLMHD Data Dashboard	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) OASAS Client Data Inquiry Reports	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) OMH County Mental Health Profiles	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) OMH PSYCKES Medicaid Portal	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) BHO Performance Metrics Portal (on OMH Website)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) New York Employment Services System (NYESS)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) DSRIP Dashboard (on DOH Website)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Health Data NY (DOH Health Data Portal)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Open NY (New York's Open Data Portal)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. In addition to the data resources listed in #5 above, identify other data resources that you found helpful in your planning and needs assessment work and why they were helpful.

Jefferson County also relies on a study conducted annually by the Center for Community Studies at Jefferson Community College. We also have our providers collect data.

**PART B: Regional Needs Assessment**

The 2016 Local Services Plan Guidelines describe planning regions of the Public Health and Health Planning Council (PHHPC) that the Population Health Improvement Program (PHIP) and Regional Planning Consortiums (RPC's) will operate in. Unless otherwise indicated, responses to these questions should be made based on the PHHPC planning regions.

**7. Collaborative Planning Activities** - Counties are strongly encouraged to work with other counties in their region to identify the major issues that have a regional impact. In this section, describe the planning and needs assessment activities that your agency participated in during the past year with other counties within your PHHPC region. Identify the other counties that were involved in the collaborative planning activities.

Jefferson County, with the help of the Fort Drum Regional Health Planning Organization has consistently worked with St Lawrence and Lewis counties to identify and work towards solutions.

**8. Assessment of Regional Issues Impacting Youth and Adults** - For each issue listed in this section, indicate the extent to which it is an area of need at the regional level for each disability population listed on the right. For each issue that you identify as either a "High" or "Moderate" need, answer the follow-up questions to provide additional detail.

<b>Issue Category</b>	<b>Youth</b>			<b>Adults</b>		
	<b>CD</b>	<b>MH</b>	<b>DD</b>	<b>CD</b>	<b>MH</b>	<b>DD</b>
a) Access to Prevention Services	<b>Low Need</b>	<b>Low Need</b>	<b>Low Need</b>	<b>Low Need</b>	<b>Low Need</b>	<b>Low Need</b>
b) Access to Crisis Services	<b>Low Need</b>	<b>Moderate Need</b>	<b>Low Need</b>	<b>Low Need</b>	<b>Moderate Need</b>	<b>Low Need</b>
c) Access to Treatment Services	<b>Low Need</b>	<b>Moderate Need</b>	<b>Low Need</b>	<b>Low Need</b>	<b>Moderate Need</b>	<b>Low Need</b>

d) Access to Supported Housing	Low Need					
e) Access to Transportation	Moderate Need					
f) Access to Home/Community-based Services	Low Need					
g) Access to Other Support Services	Low Need					
h) Workforce Recruitment and Retention	Low Need	Moderate Need	Low Need	Low Need	Moderate Need	Low Need
i) Coordination/Integration with Other Systems	Low Need					
j) Other (specify):	0	0	0	0	0	0
k) Other (specify):	0	0	0	0	0	0

**Follow-up Questions to "Access to Crisis Services" (Question 8b)**

**9b1.** Briefly describe the issue and why addressing it at the regional level is needed.

Alternative to hospitalization or incarceration has been identified as a consistent need. A transitional/respite care center would be a great option for law enforcement/ EMT's who recognize the need to remove the individual from there current environment, but not necessarily take them to jail or the ER.

**9b2.** Identify strategies that could potentially be pursued to address this regional issue.

We are reviewing models that provide for this alternative and considering what funding options might be available.

**Follow-up Questions to "Access to Treatment Services" (Question 8c)**

**9c1.** Briefly describe the issue and why addressing it at the regional level is needed.

We are continually reviewing our capacity needs and trying to develop a triage system that will give us an accurate picture of community wide needs. Often, agencies are not working together which creates the illusion that we lack capacity when in fact spots are available.

**9c2.** Identify strategies that could potentially be pursued to address this regional issue.

We are working on a community - wide triage system that will provide for more timely access to our MH clinics.

**Follow-up Questions to "Access to Transportation" (Question 8e)**

**9e1.** Briefly describe the issue and why addressing it at the regional level is needed.

Because of the size and nature of Jefferson County, individuals seeking services often have to travel an hour to a provider. When weather is bad, this becomes an even more critical issue.

**9e2.** Identify strategies that could potentially be pursued to address this regional issue.

We hope to establish provider satellites in Primary Care clinics across the county to minimize the transportation necessary.

**Follow-up Questions to "Workforce Recruitment and Retention" (Question 8h)**

**9h1.** Briefly describe the issue and why addressing it at the regional level is needed.

Attracting Psychiatrist, Social Workers and other Licensed providers to the community has always been a challenge. The area is not near a major metropolitan area and the climate can be very difficult much of the year.

**9h2.** Identify strategies that could potentially be pursued to address this regional issue.

In Social Work, the community has developed partnerships with multiple schools and our local community college to give students leaving high schools in the area or adults seeking a new career the opportunity to achieve a BSW and an MSW all within the Jefferson County community. Recruitment efforts are on - going in other treatment areas.

**10.** In addition to collaborating with other counties in your PHHPC region, has your agency collaborated with counties outside your PHHPC region on any planning and needs assessment activities in the past year?

- a. Yes
- b. No

If "Yes", identify the counties that you collaborated with and briefly describe the collaborative activity.

Jefferson County has worked with a number of counties to overhaul our forensics presence and collaborate with the systems that make up or Justice System. We have contracted for a "Sequential Intercept Map" and will use the results to provide more collaborative programming within our local Law Enforcement settings.

**Warm Line and Mobile Crisis Capacity Survey**  
Jefferson County Comm. Services Board (70380)  
Certified: Roger Ambrose (6/26/15)

Consult the LSP Guidelines for additional guidance on completing this form.

The questions below were developed out of OMH regional planning discussions in which areas of need were identified across the State. Existing data do not provide a clear picture of current capacity for the two program areas referenced below. Therefore LGUs are being asked to provide some basic information. All questions related to this survey should be directed to Jeremy Darman at [Jeremy.Darman@omh.ny.gov](mailto:Jeremy.Darman@omh.ny.gov) or at (518) 474-4403.

1. Does your county have access to a local or regional mental health [warm line](#) ?

- a) Yes
- b) No

2. What is the phone number for the mental health warm line?

(315)788 - 0970

3. What are the days and hours of operation of the mental health warm line?

9AM - 4PM

4. Is the warm line operated/staffed by peers (current and/or former recipients of mental health services)

- a) Yes
- b) No
- b) Don't Know

5. Additional Comments?

6. Does your county have access to a mobile crisis intervention program or mobile crisis team?

- a) Yes
- b) No

7. What is the phone number for the mobile crisis intervention program/team?

(315) 782-2327

8. What is the name of the operator/provider of the mobile crisis intervention program/team??

Community Clinic of Jefferson County

9. What are the days and hours of operation of the mobile crisis intervention program/team??

Available 24/7

10. Additional Comments?

**Mental Hygiene Priority Outcomes Form**  
Jefferson County Comm. Services Board (70380)  
Plan Year: 2016  
Certified: Roger Ambrose (6/29/15)

Consult the LSP Guidelines for additional guidance on completing this form.

## 2016 Priority Outcomes

### Priority Outcome 1:

Develop an Emergency Response Plan for the community, to be available when serious Mental Hygiene related incidents occur.

**Priority Rank:** *Unranked*

Applicable State Agency:

**OMH Priority Focus:** Service Coordination/Integration.

#### Strategy 1.1

Form a local committee to develop a community plan. The committee should include members of the Community Services Board, local providers, school representatives and others. 2014 Update: Through participation in the Local Emergency Planning Committee (LEPC) the concept of a database of Jefferson County residents that would benefit from additional support or assistance in the event of an emergency or catastrophic event that may necessitate evacuation or emergency electrical power to run critical medical equipment. The inclusion of residents with severe mental illness will be an important part of the comprehensive list. The project is an ongoing collaboration of multiple county and local agencies. The Jefferson County Suicide Prevention Coalition is comprised of representatives of various behavioral health agencies, local law enforcement, medical personnel, and community members with the main goal of reducing the number and impact of suicides in our community. The Coalition elected two Co-Coordinators during the past year and established a steering committee to streamline some of the decision making. Several community members have become trainers for suicide related programs and will provide training to our community at free or reduced cost. Along with providing various trainings to the general community, clinical staff and school faculty and staff, the coalition has provided on site technical assistance in post event (postvention) response and planning for our various school districts. Each training or event is publicized through local media to increase awareness in the community.

**Metric:** Committee will be formed by January 31 of 2013 and meet monthly to work on a response plan to be completed by June 1, 2013.

**State Agency:**

OMH

### Priority Outcome 2:

Improve coordination of discharges from inpatient facilities to local providers.

**Priority Rank:** 3

Applicable State Agency:

**OMH Priority Focus:** Service Coordination/Integration.

#### Strategy 2.1

Protocols will be established to provide for advance communication prior to a discharge. Meetings have been held with staff from the NYS St. Lawrence Psychiatric Center, local providers and Samaritan Medical Center. Protocols continue to be revised and worked through to insure accurate and comprehensive communication.

**Metric:** Communication and discharge planning will be documented and tracked by Community Services.

**State Agency:**

OMH

### Priority Outcome 3:

Enhance recruitment and retention efforts for all disability efforts for staffing in all disability areas

**Priority Rank:** *Unranked*

Applicable State Agencies:

**OASAS Priority Focus:** Workforce Development. **Sub-focus Area(s):** Train Workforce (General/Other Topic Areas)

**OMH Priority Focus:** Workforce Development.

**OPWDD Priority Focus:** Infrastructure.

#### Strategy 3.1

Continued efforts by the Fort Drum Regional Health Planning Organization as well as area providers, have resulted in additional Mental Hygiene Professionals practicing in the area. Jefferson Community College is now the host to two degree programs (BSW & MSW) that have been intended to increase the number of practitioners in the area. 2015 Update: As of June 1, 2015, three Cohorts with nearly 45 students total have completed the BSW degree program through Keuka College. 7 members of the first Cohort received MSW degrees now offered in Jefferson County through a partnership with Nazareth/Brockport Colleges and Jefferson Community College. The second group of MSW's will graduate in the Spring of 2016. Three more Cohorts are currently enrolled in the BSW program.

**Metric:** New Cohorts continue to start the Keuka BSW Program. The First MSW graduates are expected in the Spring of 2015 from the Nazareth/Brockport Collaborative.

**State Agencies:**

OASAS

OMH

OPWDD

### Priority Outcome 4:

Provide services in collaboration with Medical Community

**Priority Rank: 4**

Applicable State Agencies:

**OASAS Priority Focus:** Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with MH, DD, and/or Primary Health Services

**OMH Priority Focus:** Service Coordination/Integration.

**OPWDD Priority Focus:** Relationship Development and Community Supports . **Sub-focus Area(s):** Primary Care

**Strategy 4.1**

Work with medical community to provide care coordination with Mental Hygiene services.

**Metric:** Attend regular meeting with medical clinic providers group

**State Agencies:**

OASAS

OMH

OPWDD

**Strategy 4.2**

Develop a Care - Coordination certificate program in collaboration with the Fort Drum Regional Health Planning organization and Jefferson Community College, The program will be offered to individual likely to qualify for these positions. Instructors will include individuals within the community familiar with this type of a collaborative process and with the services available in the community. Training will consist of 12 Three hour modules and begin in the fall of 2015.

**State Agencies:**

OASAS

OMH

OPWDD

**Priority Outcome 5:**

Address lack of capacity for Outpatient Mental Health services

**Priority Rank: 2**

Applicable State Agencies:

**OASAS Priority Focus:** Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with MH, DD, and/or Primary Health Services , Integrate Care with MH, DD, and/or Primary Health Services

**OMH Priority Focus:** Increase Access to Services.

**Strategy 5.1**

Develop additional provider options and creating satellite operations to increase capacity.

**Metric:** Reduce wait times to one month by the end of 2015.

**State Agency:**

OMH

**Priority Outcome 6:**

Improve housing options for both transitioning and permanent opportunities for all disability areas.

**Priority Rank: 5**

Applicable State Agency:

**OMH Priority Focus:** Transitional Housing.

**Strategy 6.1**

Work with the housing authorities, the landlords and others to collaborate on finding and maintaining needed housing for the disabled. 2014 Update: Additional Supported Housing beds have been approved in Jefferson County administered by Transitional Living Services.

**Metric:** Community Services staff will attend housing meetings in the community

**State Agencies:**

OASAS

OMH

OPWDD

**Strategy 6.2**

Seek grant funds to support housing efforts and improvements.

**Metric:** Community Services staff will submit appropriate grant applications or support the efforts of others seeking funds for this purpose.

**State Agencies:**

OASAS

OMH

OPWDD

**Priority Outcome 7:**

Improve and enhance, where possible, peer support services.

**Priority Rank:** *Unranked*

Applicable State Agencies:

**OASAS Priority Focus:** Service Improvement/Enhancement . **Sub-focus Area(s):** Implement/Expand Best/Promising Practices

**OMH Priority Focus:** Service Improvement/Enhancement.

**OPWDD Priority Focus:** Relationship Development and Community Supports .

**Strategy 7.1**

Arrange for training and education for both staff and peers in programs utilizing peers support systems. Assist agencies in the development of peer programming and explore resources to aid in those efforts.

**State Agencies:**

OASAS

OMH

**Strategy 7.2**

Work with the Northern Regional Center for Independent Living to add peer services to the Jefferson County Public Safety Building.

**State Agencies:**

OASAS

OMH

OPWDD

**Priority Outcome 8:**

Improve available crisis response services

**Priority Rank:** *Unranked*

Applicable State Agencies:

**OASAS Priority Focus:** Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with MH, DD, and/or Primary Health Services

**OMH Priority Focus:** Service Improvement/Enhancement.

**OPWDD Priority Focus:** Relationship Development and Community Supports . **Sub-focus Area(s):** Crisis Response Services

**Strategy 8.1**

Implement a model that includes timely follow - up when crisis services are accessed. Include collaboration with hospital ER's, schools and agencies. Provide for individual sessions at no immediate cost to engage the individual in services to prevent further crisis.

**Metric:** track number of calls, resolution, referrals and later crisis access.

**State Agencies:**

OASAS

OMH

OPWDD

**Priority Outcome 9:**

Develop a Short Term Residence for Adolescents

**Priority Rank:** 1

Applicable State Agency:

**OMH Priority Focus:** Service Capacity Expansion/Add New Service.

**Strategy 9.1**

Work with area providers to develop a model to then submit to the Office of Mental Health for consideration by June 1, 2014. This will be a collaborative effort and require consideration of a program that currently does not exist. 2014 Update: An application has been submitted to the NYS Department of Health for funds to develop a short term Respite program as an alternative to hospitalizations or other out - of - home longer term placements. (see attachment).

**Metric:** The Model will be completed and submitted for consideration by June 1, 2014

**State Agency:**

OMH

**Priority Outcome 10:**

Develop Direct Service Providers Training Program

**Priority Rank:** *Unranked*

Applicable State Agencies:

**OASAS Priority Focus:** Service Improvement/Enhancement . **Sub-focus Area(s):** Train Workforce

**OMH Priority Focus:** Workforce Development.

**OPWDD Priority Focus:** Putting People First . **Sub-focus Area(s):** Direct Service Employees Training and Support

### Strategy 10.1

Develop a curriculum that could be provided as a series of trainings for Direct Care Staff among area residential settings.

**Metric:** The curriculum and schedule will be completed by December 15 to be offered starting in January 2015.

**State Agencies:**

OASAS  
OMH  
OPWDD

### Priority Outcome 11:

Work with Legal System to avoid incarcerations related to Mental Hygiene issues

**Priority Rank:** *Unranked*

Applicable State Agencies:

**OASAS Priority Focus:** Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with Other Service Systems

**OMH Priority Focus:** Service Coordination/Integration.

**OPWDD Priority Focus:** Relationship Development and Community Supports . **Sub-focus Area(s):** legal system

### Strategy 11.1

Utilize Education Coordinator and MSW intern to develop the curriculum and set up the implementation time line.

**State Agencies:**

OASAS  
OMH  
OPWDD

### Strategy 11.2

Complete a "Sequential Intercept Mapping" exercise conducted by an objective resource that will aid us in the development of a community - wide plan for the diversion of mental hygiene clients away from incarceration, cross training of law enforcement and behavioral health to better communicate and understand each others system, and coordinate jail discharges to provide immediate care and medication upon release.

**Metric:** Metrics will be developed as a tracking mechanism as we complete the mapping exercise.

**State Agencies:**

OASAS  
OMH  
OPWDD

**2016 Multiple Disabilities Considerations Form**  
Jefferson County Comm. Services Board (70380)  
Certified: Roger Ambrose (6/26/15)

Consult the LSP Guidelines for additional guidance on completing this form.

**LGU:** Jefferson County Comm. Services Board (70380)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

- Yes  
 No

If yes, briefly describe the mechanism used to identify such persons:

A Multi - Disabled Team, consisting of Community Agency Directors from various disability areas, along with the Director of Community Services as Chair, are available to review cases that include multiple disabilities or complex issues. Generally, the identification of such cases occurs within the context of contracted agencies.

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

- Yes  
 No

If yes, briefly describe the mechanism used in the planning process:

When a case is presented, a meeting is held to review the circumstances and develop a plan for meeting the disability needs. Coordination of service needs is handled through the LGU office in collaboration with state and local resources as appropriate.

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

- Yes  
 No

If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

Informal meetings are held when provider differences emerge, if those differences are not already discussed in regularly held meetings among local service providers. Resolution of these matters is coordinated by the Community Services office.

**2016 Community Service Board Roster**  
 Jefferson County Comm. Services Board (70380)  
 Certified: Roger Ambrose (6/26/15)

Consult the LSP Guidelines for additional guidance on completing this form.

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.

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Christina O'Neil	<b>Name</b>	Erika Flint
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Samaritan Medical Center	<b>Represents</b>	Urban Mission
<b>Term Expires</b>	12/31/2015	<b>Term Expires</b>	12/31/2017
<b>eMail</b>	coneil@shsny.com	<b>eMail</b>	eflint@watertownurbanmission.org

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Elizabeth Stevens	<b>Name</b>	Karen Richmond
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Credo	<b>Represents</b>	Children's Home of Jefferson County
<b>Term Expires</b>	12/31/2017	<b>Term Expires</b>	12/31/2016
<b>eMail</b>	lizs@credocommunitycenter.com	<b>eMail</b>	krichmond@nnychildrenshome.com

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Jennifer Draper	<b>Name</b>	Jeremiah Maxon
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Jefferson Rehabilitation Center	<b>Represents</b>	County Legislature
<b>Term Expires</b>	12/31/2016	<b>Term Expires</b>	12/31/2015
<b>eMail</b>	jmdraper@jeffrehabcenter.org	<b>eMail</b>	jmaxon@co.jefferson.ny.us

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Aileen Martin	<b>Name</b>	Cristopher Paige
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	NRCIL	<b>Represents</b>	PIVOT - Prevention
<b>Term Expires</b>	12/30/2017	<b>Term Expires</b>	12/30/2017
<b>eMail</b>	aileenm@nrcil.net	<b>eMail</b>	cpaige@pivot2health.com

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Maureen Cean	<b>Name</b>	Joey Marie Horton
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Transitional Living Services	<b>Represents</b>	Family Health Center
<b>Term Expires</b>	12/30/2015	<b>Term Expires</b>	12/30/2018
<b>eMail</b>	mcean@tlsnny.com	<b>eMail</b>	jhorton@nocofamilyhealth.org

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Rebecca Small- Kellogg	<b>Name</b>	Jennifer Lachenauer
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Family of Consumer	<b>Represents</b>	Credo
<b>Term Expires</b>	12/30/2017	<b>Term Expires</b>	12/31/2016
<b>eMail</b>	bsmall-kellogg@sunyjefferson.edu	<b>eMail</b>	jenniferl@credocommunitycenter.com

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Jill Rupp	<b>Name</b>	Martin Morrison
<b>Physician</b>	No	<b>Physician</b>	No

**Psychologist** No  
**Represents** Community Member  
**Term Expires** 12/31/2017  
**eMail** jrupp@sunyjefferson.edu

**Psychologist** No  
**Represents** County Government  
**Term Expires** 12/31/2017  
**eMail** martinm@co.jefferson.ny.us

**2016 ASA Subcommittee Membership Form**  
Jefferson County Comm. Services Board (70380)  
Certified: Roger Ambrose (6/29/15)

Consult the LSP Guidelines for additional guidance on completing this form.

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** Erika Flint  
**Represents** Urban Mission  
**eMail** eflint@watertownurbanmission.org  
**Is CSB Member** Yes

**Member**

**Name** Christopher Paige  
**Represents** PIVOT  
**eMail** cpaige@pivot2health.com  
**Is CSB Member** Yes

**Member**

**Name** Maureen Cean  
**Represents** Transitional Living Services  
**eMail** mcean@tlnsny.com  
**Is CSB Member** Yes

**Member**

**Name** Joey Marie Horton  
**Represents** Family Health Ctr.  
**eMail** jhorton@nocofamilyhealth.org  
**Is CSB Member** Yes

**2016 Mental Health Subcommittee Membership Form**  
 Jefferson County Comm. Services Board (70380)  
 Certified: Roger Ambrose (6/29/15)

Consult the LSP Guidelines for additional guidance on completing this form.

Note: The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

**Chairperson**

**Name** Jennifer Lachenauer  
**Represents** Credo  
**eMail** jenniferl@credocommunitycenter.com  
**Is CSB Member** Yes

**Member**

**Name** Sandy Petrillose  
**Represents** JRC  
**eMail** sjpetrillose@jeffrehabcenter.org  
**Is CSB Member** No

**Member**

**Name** Martin Morrison  
**Represents** County Government  
**eMail** martinm@co.jefferson.ny.us  
**Is CSB Member** Yes

**Member**

**Name** Lynn Pietroski  
**Represents** Greater Watertown Chamber of Commerce  
**eMail** lynnpietroski@gmail.com  
**Is CSB Member** No

**Member**

**Name** Christina O'Neil  
**Represents** Samaritan Medical Center  
**eMail** coneil@shsny.com  
**Is CSB Member** Yes

**Member**

**Name** Aileen Martin  
**Represents** Northern Regional Center for Independent Living  
**eMail** aileenm@nrcil.net  
**Is CSB Member** Yes

**Member**

**Name** Karen Richmond  
**Represents** Children's Home of Jefferson County  
**eMail** krichmond@nnychildrenshome.com  
**Is CSB Member** Yes

**2016 Developmental Disabilities Subcommittee Membership Form**  
 Jefferson County Comm. Services Board (70380)  
 Certified: Roger Ambrose (6/29/15)

Consult the LSP Guidelines for additional guidance on completing this form.

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** Jennifer Draper  
**Represents** Jefferson Rehabilitation Center  
**eMail** jmdraper@jeffrehabcenter.org  
**Is CSB Member** Yes

**Member**

**Name** Rebecca Small- Kellogg  
**Represents** Family of Consumer  
**eMail** bsmall-kellogg@sunyjefferson.edu  
**Is CSB Member** Yes

**Member**

**Name** Jill Rupp  
**Represents** Community Member  
**eMail** jrupp4@twcny.rr.com  
**Is CSB Member** Yes

**Member**

**Name** Jeremiah Maxon  
**Represents** County Government  
**eMail** jmaxon@co.jefferson.ny.us  
**Is CSB Member** Yes

**Member**

**Name** Elizabeth Stevens  
**Represents** Family Member  
**eMail** lizatrbc@msn.com  
**Is CSB Member** Yes

**2016 Mental Hygiene Local Planning Assurance**  
Jefferson County Comm. Services Board (70380)  
Certified: Roger Ambrose (6/29/15)

Consult the LSP Guidelines for additional guidance on completing this form.

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 2016 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 2016 Local Services planning process.