

2017
Local Services Plan
For Mental Hygiene Services

Schuyler County Mental Health Clinic
August 17, 2016



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
Schuyler County Mental Health Clinic
Certified: Shawn Rosno (6/30/16)

2017 Needs Assessment Report
 Schuyler County Mental Health Clinic (70160)
 Certified: Shawn Rosno (6/30/16)

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. You have the option to attach documentation, as appropriate.

Schuyler County Mental Health is a small clinic located in a rural Upstate New York county that provides a variety of services to the local community. The services provided include psychiatric services, mental health services and services specific to children and youth. To a lesser extent services are provided by this clinic to individuals recently discharged from the criminal justice system or currently incarcerated. The community as a whole provides very few, and only part time, options for the most basic of mental health treatment.

2. Analysis of Service Needs and Gaps - In this section, describe and quantify (where possible) 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 the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

The continued largest need that Schuyler County Mental Health has is that of increased Psychiatrist hours. Access to psychiatry affects treatment that in turn has had an impact on the suicide rates in Schuyler County. Through planning and community involvement the suicide rates have decreased, but suicide is still a need that will be addressed. The community partnerships continue to improve, yet engagement and trainings will be helpful to the general public in understanding the changes in the mental health system, and identifying other service gaps.

3. Assessment of Local Needs - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
Substance Use Disorder Services:						
a) Prevention Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
d) Opioid Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
f) Residential Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g) Housing.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
h) Transportation.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
i) Other Recovery Support Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
j) Workforce Recruitment and Retention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
k) Coordination/Integration with Other Systems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
l) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services:						
m) Prevention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
n) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
o) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
p) Clinic Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
r) Care Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
s) HARP HCBS Services (Adult)				<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
t) HCBS Waiver Services (Children)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			
u) Other Recovery and Support Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
v) Housing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
w) Transportation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
y) Coordination/Integration with Other Systems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

z) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental Disability Services:						
aa) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
bb) Clinical Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
cc) Children Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			
dd) Adult Services				<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
ee) Student/Transition Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ff) Respite Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
gg) Family Supports	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ii) Autism Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
jj) Person Centered Planning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
kk) Residential Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ll) Front Door	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
mm) Transportation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
nn) Service Coordination	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
oo) Employment	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
pp) Workforce Recruitment and Retention.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
qq) Coordination/Integration with Other Systems.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
rr) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

4. How have the overall needs of the **mental health** population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

4b. If you would like to elaborate on why you believe the overall needs of the mental health population have improved over the past year, briefly describe here

5. How have the overall needs of the **substance use disorder** population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

5a. If you would like to elaborate on why you believe the overall needs of the substance use disorder population have stayed about the same over the past year, briefly describe here

6. How have the overall needs of the **developmentally disabled** population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

6a. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have stayed about the same over the past year, briefly describe here

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

7. In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?

- a. Yes

b. No

7a. Briefly describe those planning activities with your Local Health Department.

Schuyler Community Services has been involved in a needs survey with the Public Health Department.

8. In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?

a. Yes

b. No

8a. Briefly describe those planning activities with other local government agencies and non-government organizations.

Community Services has been involved in emergency planning, transportation planning and housing planning with several local agencies.

9. In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?

a. Yes

b. No

9a. List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

Schuyler Community services meets monthly with the area LGU's and Field Office's of OMH, OASAS and OPWDD to plan and work on improving services together.

9b. Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

a. Yes

b. No

9c. Did the counties in your region reach a consensus on what the regional needs are?

a. Yes

b. No

9d. Briefly describe the consensus needs identified by the counties in your region

2017 Multiple Disabilities Considerations Form
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (6/20/16)

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

LGU: Schuyler County Mental Health Clinic (70160)

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:

The Director of Community Services (DCS) works with with all community entities now engaged with Systems of Care in Schuyler County to identify persons with multiple disabilities. The current goal of Systems of Care work is to identify people with needs as early as possible to help them obtain helpful services in a timely fashion in order to support the goal of recovery. Children and adults in need of a wide array of services are invited to participate in the Single Point of Access (SPOA) process in order to meet that goal.

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:

The DCS oversees the SPOA process as well as the Systems of Care (SOC) initiatives to ensure that one comprehensive team (the integrated SPOA and SOC team with separate meeting times for adults and children) is available to help the person(s) with needs create a plan that is meaningful, timely and helpful as indicated by the person with needs. In addition, the DCS reports on the improvements/needs in resource delivery and effectiveness to the Community Services Board as well as the Human Services legislative committee in order to elicit support for systemic change.

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:

The DCS takes responsibility for pursuing service plans that meet all the needs of community members. We use a community meeting approach and bring all the parties together to develop an integrated plan, involving the individual, family and significant others. On the local level, this has proved successful in that high needs community members have been able to have their needs met while remaining stable for lengthy periods of time in their home environments. At the state level, it works less effectively as there remain challenges in accessing OPWDD services.

Mental Hygiene Priority Outcomes Form
Schuyler County Mental Health Clinic (70160)
Plan Year: 2017
Certified: Shawn Rosno (6/29/16)

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

2017 Priority Outcomes - Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.

Priority Outcome 1:

To increase psychiatric hours for the community.

Progress Report: (optional) **new*

Psychiatric hours for 2016 have increased slightly with two very part time doctors, one providing services to adults, the other providing services to children.

Priority Rank: 1

Applicable State Agency: OMH

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new* Yes

Strategy 1.1

The DCS, Community Service Board and the County Administrator will work together to recruit a doctor or nurse practitioner at a reasonable rate of pay to increase the psychiatric hours offered at the clinic.

Applicable State Agency: OMH

Priority Outcome 2:

Reduce and prevent suicide among community members.

Progress Report: (optional) **new*

Schuyler County's suicide coalition, SAFE (Suicide Awareness For Everyone) has recently had a leadership change which resulted in increased community members for the committee as a whole. This committee has also increased its interaction and education with the community.

Priority Rank: 2

Applicable State Agencies: OASAS

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new*

Strategy 2.1

Increase community partnerships to increase the work of the Schuyler County Suicide Prevention Coalition.

Applicable State Agency: OASAS

Strategy 2.2

The Suicide Awareness For Everyone (SAFE) coalition will host two events to bring awareness and education to the community.

Applicable State Agency: OASAS

Priority Outcome 3:

Increase System Collaboration between professionals

Progress Report: (optional) **new*

Priority Rank: 3

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new*

Strategy 3.1

Meet with each local primary care physician to establish a relationship and discuss collaborative efforts.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 4:

To create integrated, sustainable, and self-funded housing for identified priority groups,

Progress Report: (optional) **new*

Priority Rank: 4

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new*

Strategy 4.1

The three local state agencies will work cooperatively to plan for and create low cost and safe housing that will expand level of care options for least restrictive living. The focus will be to provide individuals and families with appropriate levels of support as indicated by their needs and the use of assessment tools. The Office of Mental Health and the Behavioral Health Organizations now stipulating that all discharge plans from psychiatric inpatient hospitalizations require provision of safe housing. The issue of housing is being addressed at the NYS level with \$91M recently being allocated by the Governor to support increased housing which needs to be carefully explored by the CSB. Currently all housing groups that had previously been working relatively independently of each other, have now joined together to provide a cohesive continuum of care for the entire housing spectrum. Subcommittees will be formed by summer 2015 to address short and long term housing development and including rental units.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 5:

Educate the community about the wide reaching system changes.

Progress Report: (optional) **new*

Priority Rank: *Unranked*

Applicable State Agency: OASAS

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new*

Strategy 5.1

1.Utilize the Medicaid Redesign Council as the entity that best understands the changes as they take place. This council will educate nonmembers as to the new definitions and expectations as the services change.

Applicable State Agency: OASAS

Priority Outcome 6:

Increase employment opportunities for OMH, OASAS and OPWDD recipients.

Progress Report: (optional) **new*

Priority Rank: 5

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new*

Strategy 6.1

The Arc of Schuyler County will reinstate a work program.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 6.2

Pursue the Peer Specialist opportunities proposed by New York State OMH that is targeted through the local social club.

Applicable State Agencies: OASAS OMH OPWDD

2017 Community Service Board Roster
 Schuyler County Mental Health Clinic (70160)
 Certified: Shawn Rosno (6/29/16)

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.

Chairperson		Member	
Name	Matt Hayden	Name	Stacey Parrish
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Community	Represents	Community
Term Expires	6/21/2018	Term Expires	6/21/2017
eMail		eMail	
Member		Member	
Name	April O'Laughlin	Name	Edward Lovell
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Community	Represents	Community
Term Expires	6/21/2016	Term Expires	6/21/2016
eMail		eMail	
Member		Member	
Name	Marcia Kasprzyk	Name	Vacant
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Community	Represents	Family Member
Term Expires	6/21/2017	Term Expires	6/21/2017
eMail		eMail	
Member		Member	
Name	Cheryl Pruett	Name	Glenn Larison
Physician	No	Physician	No
Psychologist	Yes	Psychologist	No
Represents	Vice Chair	Represents	Family Member
Term Expires	6/21/2017	Term Expires	6/21/2017
eMail		eMail	
Member		Member	
Name	JoAnn Fratarcangelo	Name	Judith Philips
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Community, DSS	Represents	Community
Term Expires	6/21/2018	Term Expires	6/21/2018
eMail		eMail	
Member		Member	
Name	Tamre Waite	Name	Steven Rogers
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Community, OFA	Represents	Consumer
Term Expires	6/21/2018	Term Expires	6/21/2018
eMail		eMail	
Member		Member	
Name	Vacant	Name	Barb Halpin
Physician	Yes	Physician	No

Psychologist No
Represents Psychiatrist
Term Expires 6/21/2019
eMail

Psychologist No
Represents Legislative Appt
Term Expires 6/21/2019
eMail

Member
Name Ron Alexander
Physician No
Psychologist No
Represents Community
Term Expires 6/21/2019
eMail

OMH Transformation Plan Survey
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (6/29/16)

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

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" \$59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, \$15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

- a) Yes
- b) No
- c) Don't know

If "Yes":

Please briefly describe any impacts the reinvestment resources have had since implementation, particularly as it relates to impacts in State or community inpatient utilization. If known, identify which types of services/programs have made such impacts.

The strongest impact Schuyler County has had from the Transformation Plan Reinvestment Resources is the increased housing and supports that have been implemented. These housing resources are intended to help a person who lived in a state service transition back into the community and in Schuyler County this resource has been extremely helpful. The other aspects of the Transformation Plan have been slow to be implemented, and are not counted on when a consumer has specific needs.

2. Please provide any other comments regarding Transformation Plan investments and planning.

There are several areas that the Transformation Plan could help with in meeting the state goals but the resources have been slow to be implemented. This has been a work in progress and a collaborative effort between the State providers and local providers, and the County Directors regularly give suggestions on how to meet the goals of the plan. Professional level staff from state services seem to be the largest barrier to increasing the supports the communities need and the Transformation Plan was seemingly to provide.

2017 Mental Hygiene Local Planning Assurance
Schuyler County Mental Health Clinic (70160)
Certified: Shawn Rosno (6/30/16)

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 2017 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 2017 Local Services planning process.