

2018  
Local Services Plan  
For Mental Hygiene Services

Essex County Community Services  
October 31, 2017



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

## Table of Contents

<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Essex County Community Services</b>	<b>70060</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
Office of Mental Health Agency Planning Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
Mental Health Subcommittee Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Roster	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**Mental Hygiene Goals and Objectives Form**  
 Essex County Community Services (70060)  
 Certified: Stephen Valley (5/22/17)

**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:

There has been no significant change in the level of unmet mental health service needs over the past year. The biggest factor affecting the delivery of services to this population has been the pressure on our small rural provider agencies as they prepare for and implement NYS initiatives related to systems transformation. These include: transition to kids health homes and HCBS services, HARP rollout and HCBS services for adults, participation in DSRIP projects and preparation for Medicaid Managed Care and value based payments.

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:

Like most counties across NYS, we continue to see significant increases in abuse of and addiction to heroin/opiates. This is illustrated in NYS DOH data that shows that Essex County rate for deaths due to opioid overdose are almost double the NYS rate, as well as a steady increases in the number of individuals admitted to treatment programs for opioid dependence.

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:

There has been no significant change in the level of unmet mental health service needs over the past year. The biggest factor affecting the delivery of services to this population has been the pressure on our small rural provider agencies as they prepare for and implement NYS initiatives related to systems transformation. These include: possible rollout of the NYSTART program, and implementation of conflict-free case management and heightened scrutiny requirements.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## 2a. Housing - Background Information

There are no halfway houses in Essex County for individuals recovering from addictions who are in need of a structured residential environment. The only housing resources available in Essex County for people with mental illnesses are rent stipends via MHA or HUD. Consumers in need of more structured, supervised and supportive services have to leave the county. A population of 16 -21 year olds needing residential services has been identified through SPOA. They are not eligible for foster care, not ready for independent living, unable to live with family, and at risk of homelessness and involvement with the criminal justice system.

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 availability of supportive/therapeutic housing for County residents with serious mental illness or diseases of addiction.

### Objective Statement

Objective 1: Maintain sustainable funding to continue MHA's Intensive Supported Housing Pilot Project.

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

Objective 2: Monitor initiatives from OMH, OASAS, HUD and DSRIP and identify opportunities for development of sustainable housing programs for county residents.

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

Objective 3: Pursue OASAS Residential Redesign opportunities to increase availability of local residential treatment options and short-term crisis/respite services for individuals with substance use disorders.

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

### Change Over Past 12 Months (Optional)

## 2c. Crisis Services - Background Information

Currently, the county's behavioral health services providers lack the capacity to respond in a timely manner to the needs of all the potential clients requesting those services, resulting in extended waiting lists. There are no behavioral health staff members at local emergency departments in Essex County. After-hours crisis services provided by mental health agencies are almost exclusively limited to phone contact. Many individuals in crisis are subjected to involuntary transportation by law enforcement personnel to a hospital ER in a neighboring county for assessment and admission to an inpatient mental health unit. Many of these ER/MHU admissions could be avoided if there was access to an appropriate crisis stabilization service;

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Provide readily accessible behavioral health crisis services.

### Objective Statement

Objective 1: Continue planning for and implementation of Behavioral Health Community Crisis Stabilization Services to include mobile crisis teams, ER diversion protocols and observation/stabilization units.

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

Objective 2: Increase availability of respite services for children and families.

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

Objective 3: Participate in the implementation process for regional detox programs and advocate for development of a plan to ensure that Essex County residents have access.

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

### Change Over Past 12 Months (Optional)

## 2f. Prevention - Background Information

There is an increasing tide of approval for marijuana use, first as medical, and second as recreational. The general tenor of media coverage seems to be trending toward positive aspects of marijuana use and typically does not accurately communicate the growing scientific evidence of potential for harm, as well as the certainty that addiction to marijuana can and does happen to some who use regularly.

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 the understanding among clients/consumers of the risks of regular marijuana use.

**Objective Statement**

Objective 1: CSB providers will incorporate accurate information regarding current scientific research about marijuana effects and potential for addiction/harm into messaging with their clients/consumers, as appropriate in their settings.

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

Objective 2: Provide training/dialogue sessions with provider staff about the research basis of the harmful effects of regular marijuana use and its addictive potential.

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

**Change Over Past 12 Months (Optional)**

**2l. Heroin and Opioid Programs and Services - Background Information**

The U.S. is in the midst of an epidemic of heroin/other opiates abuse and Essex Co. is no exception. Between 2009 and 2013, there was an increase of 300+% in the number of Essex County residents who had OASAS program admissions related to opioid abuse. There is a significant increase in the number of children entering the foster care system related to opioid use by caregivers.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Provide readily accessible treatment and recovery support services for individuals who are abusing opiates or other substances.

**Objective Statement**

Objective 1: Monitor initiatives from OASAS to identify opportunities for development of community Recovery Centers for County residents.

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

Objective 2: Determine the availability of Medically Assisted Treatment (MAT) in all regions of the county.

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

Objective 3: Participate in the Essex County Heroin/Opiate Coalition to monitor efforts to reduce the impact of heroin/opiate use among county residents.

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

**Change Over Past 12 Months (Optional)**

**2ac. Other Need (Specify in Background Information) - Background Information**

The suicide rate in Essex County is above the average for NYS and nationwide. Suicide is widely acknowledged to be one of the leading causes of death among teens and young adults. Data also indicate that individuals diagnosed with mental health and substance use disorders are at higher risk for attempting and completing suicides. There is a need for a community-based approach to prevent suicides.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Decrease the suicide rate for children and adults in Essex County.

**Objective Statement**

Objective 1: Collaborate with the NYS Suicide Prevention Initiative to provide training and technical support for local school districts to effectively address youth suicide, discuss and plan prevention strategies to keep at-risk students safe.

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

Objective 2: Collaborate with the NYSSPI to provide Gatekeeper and Community Training/ Education to raise suicide awareness, knowledge and skills for stakeholders, service providers and community members, including veterans, throughout Essex County.

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d) NYS Department of Health Prevention Agenda

**3a. Medicaid Redesign - Background Information**

The Affordable Care Act and NYS Medicaid Redesign will continue to have a significant impact on the delivery of local services over the next several years. Health Home Care Coordination, Managed Medicaid and DSRIP all emphasize increased collaboration and integration of behavioral health services within the broader health care system, forensic services and other sectors of the social service system.

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

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

Enhance integration of care within the Essex County service system.

**Objective Statement**

Objective 1: Integrate mental health, substance abuse, and developmental disability services with primary care services to promote coordination of care for consumers of one or more of these services.

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

Objective 2: Promote expanded use of brief mental health and wellness screenings in primary care settings, other healthcare settings, and schools.

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

Objective 3: Expand awareness and use of appropriate, brief substance abuse screenings and interventions in healthcare, social service, forensic and school settings.

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

Objective 4: Increase the number of substance abuse & mental health clinicians who have been trained in integrated treatment for co-occurring disorders.

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**

Data indicate that individuals with mental health and substance use disorders are twice as likely to be tobacco dependent than the general population. This is a key factor leading to poorer health outcomes and reduced life expectancy for this population in Essex County.

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

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

Reduce the incidence of tobacco use and dependence among behavioral health consumers in Essex County.

**Objective Statement**

Objective 1: CSB agencies will continue partnering with the North Country Health Heart Network to implement policies that ensure all tobacco-using consumers have the opportunity to receive evidence-based tobacco cessation treatment.

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**  
Essex County Community Services (70060)  
Certified: Stephen Valley (4/7/17)

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](mailto: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. The AOT Coordinator receives referrals/requests from community providers and citizens. The AOT Coordinator conducts an investigation to determine if the individual meets the legal criteria for AOT. The findings are reviewed with the Director of Community Services. If the individual is deemed to be appropriate, the AOT Coordinator arranges a meeting with the individual to discuss options. Enhanced service plan agreements are encouraged if appropriate, as a means to engage individuals in voluntary treatment. Otherwise, the individual is scheduled for a physician's examination to establish that the individual meets the criteria or not. Mental Hygiene Legal services is included in the process from that point forward. If the physician determines that the individual would benefit from AOT, the DCS and the AOT Coordinator work with the County Attorney and the petition is filed.

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.

We are a rural county with a population under 40,000. We usually have 4-5 AOTs at any given time. Individuals on AOT receive all Mental Health treatment services at the County-operated clinic, under the supervision of the DCS. All AOT individuals are expected to meet quarterly with the AOT Coordinator to review participation in services. The AOT Coordinator monitors progress with service providers in the plan.

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

Mental Health Association (MHA) in Essex County  
Essex County Mental Health Care Management (County operated)

Questions regarding this survey item should be directed to Rebecca Briney at [Rebecca.Briney@omh.ny.gov](mailto: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](mailto:oasasplanning@oasas.ny.gov)

**Community Service Board Roster**  
 Essex County Community Services (70060)  
 Certified: Stephen Valley (4/7/17)

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.

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Geoff Neu	<b>Name</b>	George King
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Community Member	<b>Represents</b>	Provider Agency
<b>Term Expires</b>	12/31/2020	<b>Term Expires</b>	12/31/2018
<b>eMail</b>	geobasics@hotmail.com	<b>eMail</b>	kinggeo@westelcom.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	George Anderson	<b>Name</b>	Mary Bell
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Community Member	<b>Represents</b>	Community Member
<b>Term Expires</b>	12/31/2018	<b>Term Expires</b>	12/31/2019
<b>eMail</b>	ganderson004@nycap.rr.com	<b>eMail</b>	bellme996@gmail.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Charles Harrington	<b>Name</b>	Lynne Macco
<b>Physician</b>	No	<b>Physician</b>	Yes
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Board of Supervisors	<b>Represents</b>	Physician
<b>Term Expires</b>	12/31/2019	<b>Term Expires</b>	12/31/2020
<b>eMail</b>	cwharrington@cptelco.net	<b>eMail</b>	lemacco@gmail.com
<b>Member</b>		<b>Member</b>	
<b>Name</b>	John Tibbits	<b>Name</b>	JoAnn Morris
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	State Police	<b>Represents</b>	Public Health
<b>Term Expires</b>	12/31/2016	<b>Term Expires</b>	12/31/2017
<b>eMail</b>	John.Tibbits@troopers.ny.gov	<b>eMail</b>	jmorris@co.essex.ny.us
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Clay Reaser	<b>Name</b>	Edie Poland
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Community Member	<b>Represents</b>	Minister
<b>Term Expires</b>	12/31/2017	<b>Term Expires</b>	12/31/2017
<b>eMail</b>	claytonreaser@mac.com	<b>eMail</b>	ediepoland@aol.com



**Alcoholism and Substance Abuse Subcommittee Roster**

Essex County Community Services (70060)

Certified: Stephen Valley (4/7/17)

Approved: Stephen Valley (4/7/17)

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** Geoff Neu  
**Represents** community member  
**eMail** geobasics@hotmail.com  
**Is CSB Member** Yes

**Member**

**Name** Tracy Sherman  
**Represents** Probation  
**eMail** tturek@co.essex.ny.us  
**Is CSB Member** No

**Member**

**Name** Brooke Clark  
**Represents** Heroin-Opiate Taskforce  
**eMail** bclark@co.essex.ny.us  
**Is CSB Member** No

**Member**

**Name** Lynn Macco  
**Represents** physician  
**eMail** lemacco@gmail.com  
**Is CSB Member** Yes

**Member**

**Name** John Tibbits  
**Represents** NYSP  
**eMail** John.Tibbits@troopers.ny.gov  
**Is CSB Member** Yes

**Member**

**Name** Doug Terbeek  
**Represents** Prevention provider  
**eMail** doug@preventionteam.org  
**Is CSB Member** No

**Member**

**Name** Taylor Gibbons  
**Represents** advocacy provider  
**eMail** tgibbons@alliancefph.org  
**Is CSB Member** No

**Member**

**Name** Robin Gay  
**Represents** Outpatient treatment  
**eMail** robingay@stjoestreatment.org  
**Is CSB Member** No

**Mental Health Subcommittee Roster**  
 Essex County Community Services (70060)  
 Certified: Stephen Valley (4/7/17)

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.

**Chairperson**

**Name** George King  
**Represents** retired military  
**eMail** kinggeo@westelcom.com  
**Is CSB Member** Yes

**Member**

**Name** Clay Reaser  
**Represents** retired educator  
**eMail** claytonreaser@mac.com  
**Is CSB Member** Yes

**Member**

**Name** Valerie Ainsworth  
**Represents** provider representative  
**eMail** valerie@mhainessex.org  
**Is CSB Member** No

**Member**

**Name** Annie McKinley  
**Represents** provider representative  
**eMail** amckinley@co.essex.ny.us  
**Is CSB Member** No

**Member**

**Name** Juli Beatty  
**Represents** probation director  
**eMail** jbeatty@co.essex.ny.us  
**Is CSB Member** No

**Member**

**Name** JoAnne Caswell  
**Represents** provider representative  
**eMail** jcaswell@familiesfirstessex.org  
**Is CSB Member** No

**Member**

**Name** JoAnn Morris  
**Represents** public health nurse  
**eMail** jmorris@co.essex.ny.us  
**Is CSB Member** Yes

**Member**

**Name** John Haverlick  
**Represents** Licensed Social Worker  
**eMail** jjhaverlick@gmail.com  
**Is CSB Member** Yes

**Developmental Disabilities Subcommittee Roster**  
 Essex County Community Services (70060)  
 Certified: Stephen Valley (4/7/17)

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** Edie Poland  
**Represents** minister  
**eMail** ediepoland@aol.com  
**Is CSB Member** Yes

**Member**

**Name** Mary Bell  
**Represents** community member  
**eMail** bellme996@gmail.com  
**Is CSB Member** Yes

**Member**

**Name** Geoff Neu  
**Represents** community member  
**eMail** geobasics@hotmail.com  
**Is CSB Member** Yes

**Member**

**Name** Marty Nephew  
**Represents** provider representative  
**eMail** mnephew@mountainlakeservices.org  
**Is CSB Member** No

**Member**

**Name** Barb Reed  
**Represents** community member  
**eMail** reedburke@gmail.com  
**Is CSB Member** No

**Member**

**Name** Nina Matteau  
**Represents** family member of consumer  
**eMail** nmfm50@yahoo.com  
**Is CSB Member** No

**2017 Mental Hygiene Local Planning Assurance**  
Essex County Community Services (70060)  
Certified: Stephen Valley (4/7/17)

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.