



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Suffolk Co. Dept of Health Services
July 18, 2018

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Suffolk Co. Dept of Health Services	70370	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified
 Suffolk Co. Dept of Health Services	 70370/70370	 (Provider)
 Div of Comm MH Srvc Alc & SA OTP	 70370/70370/201	 (Treatment Program)
 Div of Community Mental Hygiene OTP	 70370/70370/6731	 (Treatment Program)
 Suffolk Co. Dept of Health Service OTP	 70370/70370/3097	 (Treatment Program)
 Suffolk Co. Dept of Health Srvc OTP 1	 70370/70370/202	 (Treatment Program)

Mental Hygiene Goals and Objectives Form
 Suffolk Co. Dept of Health Services (70370)
 Certified: Karen Dolecal (5/30/18)

1. Overall Needs Assessment by Population (Required)

Please explain why or how the overall needs have changed and the results from those changes.

- a) Indicate how the level of unmet **mental health service needs**, in general, has changed over the past year: Improved Stayed the Same Worsened

Please Explain:
 Certain aspects of the system have improved in response to several new initiatives; unmet mental health service needs remain.

- 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:
 Certain aspects of the system have improved in response to several new initiatives; unmet substance abuse needs remain..

- 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:
 OPWDD is undergoing a system transformation that is focused on creating programs that prioritize person-centeredness, community integration and sustainability. Achieving such transformational goals will require coordination between local and state planning efforts.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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
- y) Developmental Disability Person Centered Planning
- z) Developmental Disability Residential Services
- aa) Developmental Disability Front Door
- ab) Developmental Disability Service Coordination
- ac) Other Need (Specify in Background Information)

2a. Housing - Background Information

Housing options for all three disability populations are limited. Data sources include - SPOA, SPA, DSS, Systems of Care meetings, surveys, Mental Health, Substance Use Disorders, and IDD Subcommittees.

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

Support providers to expand housing options for all disability groups and placement service options for hard to place individuals with multi system and/or cross system needs by providing data and soliciting information and resources. Collaborate with the state offices regarding population needs and priorities.

Objective Statement

Objective 1: Monitor the number and utilization of available beds to address the needs of clients who are in need of housing services on a monthly basis.

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

Objective 2: Provide opportunities for collaboration and information sharing through community meetings.

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

Change Over Past 12 Months (Optional)

Mental Health:

Single Point of Access (SPOA), in concert with Continuum of Care (COC), revised process/protocols:
 Improved accuracy of waitlist to be more accurately reflective of current needs via exclusion of expired applications and persons currently housed.
 Improved access to applicants by simplifying application process making it electronically accessible.
 Two agencies are in startup for serving mentally ill individuals experiencing homelessness with focus on transition from homelessness to housed.
 Three Mobile Residential Support Teams successfully operationalized. These teams work with mentally ill individuals residing in supported housing to sustain current level of housing.

Children’s SPOA - Suffolk County children’s Suffolk Community residences (CRs) are at 96% capacity. CRs have been transitioning to (3, 8-bed) are co-ed and to serve youth age 12- 18. Obstacles to placement of waitlisted youth in the include house gender composition/vacancies for males.
 In March 2018, Teaching Family Homes (TFH), a 20-bed (ages 5-18) bi-county resource, was closed for admission for new referrals by OMH. This posed additional obstacles to placement of referred youth, including loss of placement opportunities for younger youth, reduction in capacity, and less system flexibility to respond to referral trends.

Adult SPOA - has developed an improved system in coordination w/ Hudson River Health Home to streamline transfers of cases to and from CC / ACT levels of Care Coordination, and transfers between different agencies at same level of CC.

SPA HOUSING: Access to the application has been improved as the application is available online, can be printed, handwritten and sent to the SPA office, OR it can now be completed online and printed, to be sent to the SPA office. The County deems applicants as eligible or ineligible (based on OMH SPMI criteria).

Federation EAST ACT Team began taking referrals in late February 2018. This expanded the total number of ACT Teams to 8 for Suffolk County.

SUD:

Suffolk County Legislative Sober Home Oversight Board established site visit standards for the Transitional Recovery Homes, that were previously operating under the DSS targeted project. In addition, entry and exit surveys were developed to track outcomes. Both houses have been at near or full capacity throughout the year.

SUD subcommittee continues to place focus on housing needs; with a panel of housing providers present at March 2018 subcommittee meeting. Continued participation has been encouraged. Those present learned about availability, access, criteria.

OPWDD:

In 2017, OPWDD rolled out its 3-year housing strategy. The first deliverable in this plan was to issue a statewide RFS for certified housing. Through this RFS, the Long Island Regional Office awarded 77 residential opportunities (14 separate homes) to 8 different agencies. While the total number of opportunities for Suffolk has not yet been determined, the bulk of awardees are bi-county operators.

Housing issues persist as options are limited and waitlists continue. Of concern are out of state school placements returning to home county and individuals who are moving from home living due to aging parents.

2b. Transportation - Background Information

The reduction in the services provided by the local public transportation system combined with the lack of efficiency in the current Medicaid transportation system has made it difficult for many consumers to access care or make their appointments in a timely manner.

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

Improve access to affordable and reliable transportation opportunities for all disability groups.

Objective Statement

Objective 1: Support workgroups in their advocacy regarding access to public transportation including SCAT.

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

Objective 2: Improve efficacy of Medicaid transportation.

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

Objective 3: Realign Office of Mental Health transportation funds to meet current need.

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

Change Over Past 12 Months (Optional)

Mental Health/SUD

Collaborative transportation workgroup made up of members from MH and SUD subcommittee members was established. Outcomes thus far:

- Initiated transportation need review.
- Meeting with DSS & DOH regarding Logisticare supervised transportation concerns (cab and public transportation)
- Outreach to IDD and other resources for collaborative participation.

OPWDD

Suffolk County Accessible Transportation System (SCAT) received a 2 year grant which removed the ¾ mile distance requirement for pick-up, thus affording door to door services. SCAT will be applying for grant to extend restriction removal of additional 2 years. IDD subcommittee suggested outreach to SILO and Suffolk County Disability Advisory Board for collaboration on transportation issues.

2c. Crisis Services - Background Information

There are limited community based options available to individuals experiencing crisis; resulting in a disproportionate number of individuals incarcerated and hospitalized.

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

Operationalize and refine community based crisis services to support individuals in all disability groups.

Objective Statement

Objective 1: Collaborate with agencies for successful integration into the system of care, expansion, and self-sustainability.

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

Objective 2: Inform, educate, and facilitate disaster preparedness efforts on county and agency levels.

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

Change Over Past 12 Months (Optional)

OMH:

Mental Health services have improved over the past year due to several new initiatives:

Expanded walk in services as well as the implementation of telepsychiatry at mental health clinics through DSRIP.

Expansion of care management services.

Development and refinement of Crisis Respite/Hospital Diversion Program. This program works in collaboration with Single Point of Access (SPA), housing and social service providers, Suffolk County Police Department, case managers, and family members to provide services for individual who are at risk of psychiatric hospitalization.

Increased peer support training and services.

Integrated licensure of mental health and substance abuse clinics.

Co-location of mental health with primary care services.

Expansion of services to veterans.

SUD

Suffolk County 24/7 Substance Abuse Hotline, currently contracted with LICADD, which provides hotline access to information, support and resources for individuals and families struggling with SUD was awarded to LICADD through RFP for continued service.

Suffolk County rolled out Stay Alive LI, a Free Smartphone Application for Android & iOS, which provides information on Over Dose

Prevention, Emergency Assistance for Reversal, and Educational Resources.

Suffolk County enacted a legislative requirement indicating NARCAN, and trained administrators, be available in applicable Suffolk County contracted sites

Catholic Charities / Talbot House expanding service model, transitioning from 819 to 820 regulations. MAT and medical supports available OASAS Open Access Center RFP awarded to FCA with Sub contract with FSL to serve Suffolk; Staff will be on hand 24 hours 7 days per week to help people, family members, law enforcement with access to SUD treatment services.
Restructured Appointment Management System for Suffolk County OTP's which resolved call back list. Wait times reduced to appointments within 3-5 days of call.

OPWDD

START program has been outreaching/educating providers on services and referral process. Start has collaboration with all entities that may have serve individuals with dual diagnoses (IDD/MH)

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

All discipline areas have identified challenges in recruiting and maintaining qualified staff. Barriers include inability to provide competitive pay, expectation of educational/credential levels, and limited opportunities for advancement professionally and financially.

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

Reinforce agency efforts to provide incentives for individuals to pursue skill sets and required credentialing to be qualified to work in the behavioral health field, as well as, expansion of telepsychiatry services.

Objective Statement

Objective 1: Explore ways to offer credentialing that is more affordable through collaborations with partner agencies.

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

Objective 2: Identify ways to close the gap in wage disparities between behavioral health and the general workforce through supporting partner advocacy efforts.

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

Objective 3: Support and encourage providers in the use of telepsychiatry through information dissemination.

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

Change Over Past 12 Months (Optional)

Mental Health

Telepsychiatry and co-location of mental health and substance services have been implemented by a number of service providers. Expansion of Peer Training Program and preparation of provider network to develop peer workforce for both SUD and MH Peers.

SUD

Preparation of provider network to develop peer workforce.
Expanded Peer Training opportunities.
OASAS guidance on PEER services / billing
State supported salary increases to eligible providers.
Required Clinical Supervisor Training offered to providers.

OPWDD

The "Be Fair to Direct Care", a grass roots initiative to increase wages for direct care workers was passed.

2f. Prevention - Background Information

Prevention providers have limited resources to purchase evidenced based curriculum. The costs of curriculum are increasing based on increased demand. Since providers must choose curriculum from OASAS approved lists based on community and school district needs and schedules, they are restricted to relatively few vendors that recognize opportunities to increase profits. This statement is equally relevant to OMH based substance use prevention programs.

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

Improve access to a variety of evidenced based curriculum.

Objective Statement

Objective 1: Explore resources through State, Local, and participating districts.

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

Objective 2: Explore alternatives to evidenced based requirements through expansion of approved curriculum and or increase in environmental strategies toward EBP.

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

Objective 3: Expand access to suicide prevention resources and training.

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

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

Access to inpatient treatment services for individuals with behavioral health disorders is limited.

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

Due to limited access to inpatient psychiatric treatment services, expand the prevention and diversion services in the community.

Objective Statement

Objective 1: Work closely with OASAS and the outpatient provider community to expand the use of ambulatory withdrawal protocols and Medication Assisted Treatment.

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

Objective 2: Support the utilization of crisis, diversion, prevention and respite services whenever possible.

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

We are in the midst of a heroin and opioid epidemic.

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

Improve overall competency and capacity of the substance use disorder continuum of care in the area of opiate/opioid disorder.

Objective Statement

Objective 1: Expand opioid overdose prevention training in the community.

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

Objective 2: Increase number of providers with expertise in onsite medication assisted treatment options.

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

Objective 3: Operationalize peer and family navigator services.

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

Change Over Past 12 Months (Optional)

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

Individuals with co-occurring mental health and substance abuse disorders need to have improved access to integrated treatment.

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

Improve overall competency for integrated treatment for co-occurring disorders system wide for individuals with substance use and mental health disorders through targeted training, technical assistance and through inclusion of COD services in policy and procedures consistent with this initiative.

Objective Statement

Objective 1: Provide technical assistance and trainings by a Dual Recovery Coordinator.

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

Objective 2: Develop a pathway for educational and technical assistance services in coordination with the OPWDD system.

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

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

State agencies have designated the RPC to provide regional planning around behavioral health services in the transition to Medicaid Managed Care.

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

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

Identify and prioritize the issues and barriers in the implementation of Health and Recovery Plan (HARP) and behavioral health in a managed care environment on Long Island.

Objective Statement

Objective 1: Provide support to the RPC coordinator and co-chairs in their mission to improve quality of services in a managed care environment.

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

Objective 2: Encourage participation in RPC meetings and subcommittees/workgroups.

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
 Suffolk Co. Dept of Health Services (70370)
 Certified: Karen Dolecal (5/30/18)

1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the iss
Psychiatrist	5	3	see below
Physician (non-psychiatrist)	3	3	see below
Psychologist (PhD/PsyD)	5	5	see below
Nurse Practitioner	4	3	see below
RN/LPN (non-NP)	2	2	see below
Physician Assistant	1	1	see below
LMSW	2	2	see below
LCSW	3	2	see below
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	2	2	see below
Peer specialist			
Family peer advocate			

2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining

Recruitment is difficult because of salary competitiveness, housing costs and cost of living high on Long Island.
 Retention is difficult because salary is too low and documentation requirements too high. Many leave to go into private practice especially child psychiatrists.
 Finding qualified individuals who speak Spanish is difficult. Many of these people are sought after in schools, courts, hospitals where they can earn higher salaries.
 East end has a small workforce and requires ‘importing’ workers from ‘up Island’, these results in frequent turnover.

In other areas (residential programs, group homes providers indicated that there is tremendous difficulty recruiting counselors for residential programs because although the requirement is a high school diploma, they seek counselors with at least some collage courses and experience. Finding social workers and nurses to work in residential programs is difficult due to salary and on-call requirements. Minimum wage will have an impact on housing providers.
 Recruiting qualified/ certified Peers as there is a shortage of qualified individuals. Many of these positions require someone to drive, which complicates matters.

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

We surveyed five (5) mental health providers.

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman jeremy.darman@omh.ny.gov. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Community Service Board Roster
 Suffolk Co. Dept of Health Services (70370)
 Certified: Karen Dolecal (5/30/18)
 Approved: Karen Dolecal (5/31/18)

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Co-chairperson

Name Robert Detor
Physician No
Psychologist No
Represents Public Representative
Term Expires 12/31/2020
eMail bdetor@optonline.net

Co-chairperson

Name Roy Probeyahn
Physician No
Psychologist No
Represents Family advocate
Term Expires 12/31/2020
eMail roy56p@verizon.net

Member

Name John Haley
Physician No
Psychologist No
Represents Seafeld Center, Inc.
Term Expires 12/31/2019
eMail JHBULLY@aol.com

Member

Name Kathleen Brown
Physician No
Psychologist No
Represents FREE - Human rights
Term Expires 12/31/2019
eMail Kbrown01@familyres.org

Member

Name Greg Pigott, MD
Physician Yes
Psychologist No
Represents Suffolk County Physician
Term Expires 12/31/2020
eMail Gregson.Pigott@suffolkcountyny.gov

Member

Name Christine Casiano
Physician No
Psychologist No
Represents Outreach Project
Term Expires 6/30/2022
eMail christinecasiano@opiny.org

Member

Name Elba Garcia-Marmo
Physician No
Psychologist No
Represents EAC Suffolk Tasc
Term Expires 12/31/2021
eMail Elba.GarciaMarmo@eac-network.org

Member

Name Robin Mayr
Physician No
Psychologist No
Represents Advocate
Term Expires 6/30/2022
eMail rgmayr@gmail.com

Member

Name Anne Marie Montijo
Physician No
Psychologist No
Represents Association for Mental Health & Wellness
Term Expires 6/30/2022
eMail amontijo@mhaw.org

Member

Name Debra Begley
Physician No
Psychologist No
Represents Family Advocate
Term Expires 6/30/2022
eMail Debra.Begley@suffolkcountyny.gov

Member

Name Francine M. Mellow
Physician No
Psychologist No
Represents Family Service League - Children

Member

Name Raymond J. Sitler
Physician No
Psychologist No
Represents Family Advocate

Term Expires 6/30/2022
eMail fmellow@fsl-li.org

Member
Name Robert C. Marmo, Ph.D.
Physician Yes
Psychologist No
Represents Suffolk County Probation
Term Expires 6/30/2022
eMail robert.marmo@suffolkcountyny.gov

Term Expires 6/30/2022
eMail raydisabilities@outlook.com

Member
Name Turmalina L. Longo, Psy.D.
Physician No
Psychologist Yes
Represents Suffolk County Division of Community Mental Hygiene
Term Expires 6/30/2022
eMail Turmalina.Longo@suffolkcountyny.gov

Member
Name Mike Bellotti
Physician No
Psychologist No
Represents Concern Housing
Term Expires 12/31/2022
eMail Mbellotti@concernhousing.org

Alcoholism and Substance Abuse Subcommittee Roster

Suffolk Co. Dept of Health Services (70370)

Certified: Karen Dolecal (5/30/18)

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

Mental Health Subcommittee Roster
Suffolk Co. Dept of Health Services (70370)
Certified: Karen Dolecal (5/30/18)

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

Developmental Disabilities Subcommittee Roster
Suffolk Co. Dept of Health Services (70370)
Certified: Karen Dolecal (5/30/18)

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

2019 Mental Hygiene Local Planning Assurance
Suffolk Co. Dept of Health Services (70370)
Certified: Karen Dolecal (5/30/18)

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2019 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2019 Local Services planning process.