



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

# 2020 Local Services Plan For Mental Hygiene Services

Montgomery Co Community Services Board  
September 6, 2019

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Executive Summary	Optional	<b>Not Completed</b>
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 <b>Montgomery Co Community Board PE</b>	 <b>70110/70110/53087</b>	 <b>(Recovery)</b>

**Mental Hygiene Goals and Objectives Form**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (5/28/19)

**1. Overall Needs Assessment by Population (Required)**

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

Please describe any unmet **mental health** service needs that have **improved**:

In 2018, we had great success in filling all of our slots allotted to us via the joint ACT with Fulton County. This was an excellent addition to the services we have in Montgomery County and has assisted in reaching the most difficult MH patients.

Care management via Helath Homes and the loss of traditional ICM/SCM services has been terribly executed. Patients are not able to get the level of care they need to keep them from the hospital due to caseload sizes and the additional responsibilities of unqualified care managers who may not have any experience in the MH/SUD systems. This is further complicated now that the Children's Health Homes has been inacted. Patients and families continue to struggle with understanding the services and as providers there is a lot of confusion as to how a care manager can help families.

Please describe any unmet **mental health** service needs that have **stayed the same**:

Our County needs to have a mobile Adult Crisis Team. We have been working with OMH to develop a structure that will allow for billing to help offset costs however this process is taking time and we continue to hear from our community and providers that this is a need.

Please describe any unmet **mental health** service needs that have **worsened**:

The heroin epidemic is on the rise. We continue to have a high number of overdoses in our County.

b) Indicate how the level of unmet **substance use disorder (SUD) needs**, overall, has changed over the past year:  Improved  Stayed the Same  Worsened

Please describe any unmet **SUD** service needs that have **improved**:

We have expanded the Alcohol and Drug Rehab Program via St. Mary's Healthcare and we have moved into a new building. The Local Court system was awarded an Opiate Court however the LGU was not included in this process and a provider outside of the County was once again awarded the funding for this program.

Please describe any unmet **SUD** service needs that have **stayed the same**:

Crisis housing for SUD patients is a need.

Please describe any unmet **SUD** service needs that have **worsened**:

The lack of communication from OASAS has become worse. The LGU is often left out of important decisions impacting our county, Opiate Court and the STR grants are 2 prime examples of how OASAS made a decision and did not include the DCS.

c) Indicate how the level of unmet needs of the **developmentally disabled** population, overall, has changed in the past year:  Improved  Stayed the Same  Worsened

Please describe any unmet **developmentally disability** service needs that have **improved**:

The loss of MSC's due to Health Homes has made the struggle to find providers more difficult.

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

The lack of staffing to work in houses.

Please describe any unmet **developmentally disability** service needs that have **worsened**:

The lack of staff to work in these programs.

The second section of the form includes: goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input 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 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 Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(After a need issue category is selected, related follow-up questions will display below the table)

**2a. Housing - Background Information**

The housing needs are an issue because the model is abstinence based and not harm reduction. There are strict restrictions as well in order to enter a CR for SUD. I would like to see a Crisis Stabilization Center or transitional SUD housing with a more SRO or peer based housing model.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):  
As with most programs, funding is an issue. However, our providers are working on becoming harm reduction focused and allowing patients to develop a personalized recovery plan.

Change Over Past 12 Months (Optional)

**2b. Transportation - Background Information**

Due to being in a rural area, transportation is an issue. Lack of bus system, limited taxi services and geographic location of services hinders services. Our Economic Development Team is looking at a CDTA bus system and the cost to the County for this system.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):  
With case management /changing this is a difficult goal to reach. However, a few new businesses have developed Taxi and Van services to help get residents to appointments.

Change Over Past 12 Months (Optional)

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

The lack of QHP's is an issue. Students coming from colleges and universities are too far in debt to want to work in low paying areas. Rural NY is not able to compete with Albany, NYC, Rochester or even State salaries. There are no incentives for students to move into rural areas. The loan repayment programs are not easy to access and students that apply are not guaranteed a repayment. It is a lot of work for a chance to get your loan paid off.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

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

### **2x. Developmental Disability Front Door - Background Information**

The process for evaluation and getting someone in services is a huge obstacle. Once a client is in the OPWDD system, the services are not consistent due to the ever changing structures of the system.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

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

**New York State Prevention Agenda Survey**  
Montgomery Co Community Services Board (70110)  
Certified: Sara Boerenko (5/28/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

**Background**

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

**Questions**

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

Decreasing the suicide rates. We are working with our local hospitals and FQHC's to train on suicide prevention and we have developed a number of campaigns and educational materials for our schools and Veterans.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

**Focus Area 1: Promote Well-Being**

**Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan**

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

**Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages**

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

**Focus Area 2: Mental and Substance Use Disorders Prevention**

**Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults**

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

2.1 e) Other

**Goal 2.2 Prevent opioid overdose deaths**

- 2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- 2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- 2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- 2.2 d) Build support systems to care for opioid users or those at risk of an overdose
- 2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
- 2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy
- 2.2 g) Other

**Goal 2.3 Prevent and address adverse childhood experiences (ACEs)**

- 2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting
- 2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration
- 2.3 c) Implement evidence-based home visiting programs
- 2.3 d) Other

**Goal 2.4 Reduce the prevalence of major depressive disorders**

- 2.4 a) Strengthen resources for families and caregivers
- 2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC\_CBT)
- 2.4 d) Other

**Goal 2.5 Prevent suicides**

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care – Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

**Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population**

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

We developed a No You&apos;re Not campaign that we have been using in schools, VFW&apos;s, American Legions, etc. to allow people who may contemplate suicide know that "They are not alone." We have designed and developed and distributed coasters to places where people gather to consume alcohol and with the message, "NO YOU&apos;RE NOT," along with the 1-800 hotline number and local number for people to call that are in need. We also have implemented 3 to 5 Youth Mental Health First Aid trainings in our County each school year. Our goal is 20 participants per training.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

- No
- Yes, please explain:

We are paired with our LHD on the opiate overdose grant via DOH.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

- No
- Yes, please explain:

We track the number of people trained and collect data on overdoses. We have looked at ODMAP but there is no buy in from EMS and Law

Enforcement as of yet.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

- No
- Yes, please explain:

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

- No
- Yes, please explain:

We collect data from the ER on children's crisis visits and overdoses for all overdoses not just heroin.

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

- No
- Yes, please explain:

We are looking at smoking, obesity and SPMI

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

- No
- Yes, please explain:

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

- |   |  |
|---|--|
| <input type="checkbox"/> Un/Underemployment and Job Insecurity                  | <input type="checkbox"/> Poor Education                            |
| <input checked="" type="checkbox"/> Food Insecurity                             | <input type="checkbox"/> Poverty/Income Inequality                 |
| <input checked="" type="checkbox"/> Adverse Features of the Built Environment   | <input checked="" type="checkbox"/> Adverse Early Life Experiences |
| <input checked="" type="checkbox"/> Housing Instability or Poor Housing Quality | <input checked="" type="checkbox"/> Poor Access to Transportation  |
| <input type="checkbox"/> Discrimination/Social Exclusion                        | <input type="checkbox"/> Other                                     |

Please describe your efforts in addressing the selections above:

We are looking at a COC, additional housing with our City, a food drop for fresh fruits and vegetables.

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

- a)  No  Yes
- b) If yes, please list

Title of training(s):

How many hours:

Target audience for training:

Estimate number trained in one year:

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

- No
- Yes, please provide examples:

We are working with OFA and the AARP grant to develop an age friendly park to promote a number of health initiatives for seniors. Handicap



accessible walk ways, water fountains, sun shade, etc.

**Office of Mental Health Agency Planning (VBP) Survey**  
Montgomery Co Community Services Board (70110)  
Certified: Sara Boerenko (5/28/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or [Melissa.Staats@omh.ny.gov](mailto:Melissa.Staats@omh.ny.gov)

**Background**

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

**DSRIP serves as a bridge to value-based payment in New York State.**

DOH website

**DSRIP Performing Provider Systems (PPS)**

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

**DSRIP Project Lists**

New York State Delivery System Reform Incentive Payment Program Project Toolkit  
DSRIP Performing Provider Systems (PPS Statewide)

**Value Based Payment (VBP) - Reduce Costs/Improve Quality**

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

**NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program**

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

**Questions**

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

a)  Yes  No

b) Please provide more information:

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

a)  Yes  No

b) Please explain:

3. Are there any behavioral health providers in your county in VBP arrangements?

a)  Yes  No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a)  Yes  No

b) Please explain:

5. Is the LGU aware of the development of In-Lieu of proposals?

a)  Yes  No

b) Please explain:

6. Can your LGU support the BHCC planning process?

a)  Yes  No

b) Please explain:

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a)  Yes  No

b) Please explain:

**Community Service Board Roster**  
 Montgomery Co Community Services Board (70110)  
 Certified: Sara Boerenko (5/28/19)

**Note:**

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>Name:</b> Jeff Smith	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Sheriff's Department	<b>Term Expires:</b> 12/2021	<b>Email Address:</b>
<b>Name:</b> Lucille Sitterly	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Probation	<b>Term Expires:</b> 12/2021	<b>Email Address:</b>
<b>Name:</b> Robin Devito	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community Member	<b>Term Expires:</b> 12/2021	<b>Email Address:</b>
<b>Name:</b> Brenda Rava	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Youth Bureau	<b>Term Expires:</b> 12/2021	<b>Email Address:</b>
<b>Name:</b> Shawn Bowerman	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Montgomery County	<b>Term Expires:</b> 12/2021	<b>Email Address:</b>
<b>Name:</b> Kayla Eagan	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Provider	<b>Term Expires:</b> 12/2021	<b>Email Address:</b>
<b>Name:</b> Sara Boerenko	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> LGU	<b>Term Expires:</b> 12/2021	<b>Email Address:</b>
<b>Name:</b> Jeff Kazcor	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community and Government	<b>Term Expires:</b> 12/2021	<b>Email Address:</b>

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

**Alcoholism and Substance Abuse Subcommittee Roster**  
Montgomery Co Community Services Board (70110)  
Certified: Sara Boerenko (5/28/19)

**Note:**

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.

<b>Name:</b> Shawn Flynn	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Agency	<b>Email Address:</b>
<b>Name:</b> Rachel Trunkenmiller	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Agency	<b>Email Address:</b>
<b>Name:</b> Jeff Smith	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b>
<b>Name:</b> Lucille Sitterly	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> County	<b>Email Address:</b>

**Mental Health Subcommittee Roster**  
Montgomery Co Community Services Board (70110)  
Certified: Sara Boerenko (5/28/19)

**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.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

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.

Name: Jeff Kazcor	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address:
Name: Lucille Sitterly	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: County	Email Address:
Name: Robin Devito	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community	Email Address:
Name: Sara Boerenko	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: LGU	Email Address:
Name: Jeff Smith	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: County	Email Address:

Indicate the number of mental health subcommittee members who are or were consumers of mental health services:

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

**Developmental Disabilities Subcommittee Roster**  
Montgomery Co Community Services Board (70110)  
Certified: Sara Boerenko (5/28/19)

**Note:**

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.

<b>Name:</b> Sara Boerenko	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> LGU	<b>Email Address:</b>
<b>Name:</b> Erin Abele	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Agency	<b>Email Address:</b>
<b>Name:</b> Mike McMahon	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> County	<b>Email Address:</b>
<b>Name:</b> Robin Devito	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Community	<b>Email Address:</b>
<b>Name:</b> Janine Dykeman	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Provider	<b>Email Address:</b>

**2020 Mental Hygiene Local Planning Assurance**  
Montgomery Co Community Services Board (70110)  
Certified: Sara Boerenko (5/28/19)

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 2020 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 2020 Local Services planning process.