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## WHO WE ARE

The Conference is the statewide association representing the Directors of Community Services (DCSs)/Commissioners of Mental Health for each of the 57 counties and the City of New York, also referred to as the Local Governmental Unit (LGU).

DCSs are county officials and have specific responsibilities and authority under the Local Services provisions of Article 41 of the Mental Hygiene Law for planning, development, implementation, and oversight of services to adults and children in their counties affected by mental illness, substance use disorder, and intellectual/developmental disabilities.

## DIRECTORS OF COMMUNITY SERVICES: CONNECTING THE DOTS IN THE COMMUNITY

People with serious mental illness, substance use disorder and/or intellectual/developmental disability have multiple needs – behavioral, medical, and social – which need to be coordinated across other systems in the county.

This cross-system coordination between and among multiple services is a primary role of the DCS/LGU. As such, DCSs/LGUs are embedded in the community and have linkages that extend across all local systems, including:

- Mental health, Substance Use Disorder and Intellectual/Developmental Disability Service Providers
- Local Social Service (DSS) and Health Departments
- Housing and Shelter Services
- Criminal Justice & Law Enforcement (jail/probation, prison/parole, police, Sheriff, family and criminal courts)
- Hospitals (Emergency Departments and CPEPs) and Primary Care Providers
- Children’s Services (children’s residential services, foster care, juvenile justice, and school districts)
- State-operated Psychiatric Centers (PCs) and Addiction Treatment Centers (ATCs)

The DCS/LGU uses these linkages to manage the local mental hygiene system including:

- **Work in partnership with the Office of Mental Health (OMH), the Office of Addiction Services And Supports (OASAS) and the Office for People with Developmental Disabilities (OPWDD).** While the three state disability agencies are separate at the state level, they intersect at the local level.
- **Administer Adult & Children’s SPOA (Single Point of Access).** A program to prioritize and coordinate multiple services for individuals with behavioral health needs. Every county has an Adult and a Children’s SPOA Coordinator.
- **Manage and prioritize referrals to ACT (Assertive Community Treatment).** A program with limited slots which provides intensive and comprehensive services to individuals with serious mental illness, and is delivered by a mobile, multidisciplinary treatment team. The county manages the front door, the waiting list and the back door for ACT slots to ensure individuals with the highest need for services are prioritized.
- **Administer Assisted Outpatient Treatment (AOT) program** which is court-ordered outpatient mental health treatment (also known as “Kendra’s Law”). Every county has an AOT Coordinator and DCSs oversee the court process and the ongoing treatment plans.
- **Work closely with County Sheriff and Local Law Enforcement** on ways to divert individuals from jail and into treatment when appropriate, and with Jail Administration to provide behavioral health clinical services in the jail and for discharge planning upon reentry.
- **Directly Provide Clinical Services** or contract with community-based providers to facilitate access to clinic treatment. Currently, 34 counties operate outpatient mental health clinics and 18 counties operate substance use disorder clinics. In rural areas, the county clinic is often the only mental health or SUD clinic provider in the county and serves as the Safety Net provider.

