

## COMMUNITY SERVICES BOARD

May 21<sup>st</sup>, 2026

**Pending Approval**

Via Hybrid

Members Present: Fran Bialy  
Tina Lounsbury  
Porshea Moore  
Christine Schweitzer -via Zoom  
William Standing, III  
Shawn Nalepa  
Bob Williams

Members Excused: Keith Nichols, MD

Members Absent: Carolyn Galatzan  
Pat Gillule

Guests: Casey O'Reilly, OPWDD

Mental Hygiene Present: Sarah Begeal, Director of Community Services  
Susan Graves, Secretary to the Director of Community Services  
  
Meeting called to order at 9:46am

---

Category: Meeting Minutes

Topic: Review of minutes from April 2026 – Approved as written

---

Topic: Director Report – Sarah Begeal

Discussion: Updates:

- Policy Review
  - Assisted Outpatient Treatment Program
  - Jail Mental Health Services
    - Reviewed, Motion to approve – Tina Lounsbury; 2<sup>nd</sup> – Shawn Nalepa
    - Policies approved unanimously & signed by Fran Bialy
- Presentation “Local Service Plans 2027 – Role of the LGU, CSB & DCS” (attached)
  - Discussion ensued focusing on membership
  - History of membership reviewed
    - 1965 CSB was created with 7 members
    - 1973 CSB increased membership to 9 members
    - 1978 CSB a resolution was put forth to increase to 15 members but was never acted on.
    - Shortly afterward CSB acted making it “active by intent” therefore changed to 15 members

- 2006 CSB noted struggling to achieve a quorum at 15 and reduced membership number back to 9
- 2010 CSB decided to revert to 15 members. No reason was noted other than they had reached their capacity at 9
- Christine shared the thought process for having 15 then was to have flexibility in representation
- Upon reviewing rosters from 2006 Sarah noted the CSB has never reached the full membership of 15 and in 2008, membership dipped as low as 7 with the highest membership achieved at 13.
- The Mental Health law states there may be 9 OR 15 members
- Board raised questions regarding membership numbers, and current by-laws
- Discussion on how to get to the required membership numbers
- More clarification requested
- Requirement of 3 board members on each of the 3 subcommittees discussed
- Local Service Plan
  - Due to the State in June

Status: Informational – Complete

Topic: Chair Report – Fran Bialy

- Discussion: Updates:
- Agenda Changes
    - Request made to have the LSP (Local Service Plan) on monthly agendas
    - Quarterly Local Service Plan reminders for the Subcommittees
  - Change in how attendance is documented going forward
  - Section 5 (By-Laws) will be reviewed during June’s meeting
  - Resolution for April’s approval of Shawn Nalepa’s additional term to be presented to Legislature in June.
  - Additional membership discussion to continue in June

Status: Informational – Complete

Topic: New Business

- Discussion: Coroner Report – Bob Williams
- This month the county had three possible overdoses
  - Last month’s death, Toxicology reported use of both Fentanyl & Cocaine
- Certified Recovery Peery Advocate – Porshea Moore
- Porshea is seeing a lot of overdose reversals
  - She handed out a total of 6 boxes (72 doses) of Narcan last month
- A New Hope Center – Fran Bialy
- Reminder about the Ruby Jubilee in June

Status: Informational – Complete

Adjournment: The meeting adjourned at 10:58am. The next meeting is scheduled for Thursday, May 21<sup>st</sup>, 2026, at 9:30am.

DRAFT





# LOCAL SERVICES PLANS 2027 Role of the LGU, CSB, & DCS

---

NEW YORK STATE CONFERENCE OF LOCAL MENTAL HYGIENE  
DIRECTORS

APRIL 2026



# Agenda

---

- Brief History of Community Mental Health
- Article 41:
  - The Local Government Unit (LGU)
  - The Community Services Board (CSB)
  - Director of Community Services (DCS)
- Shaping the Local Services Plan (LSP)



# Brief History

---



**1926: The Department of Mental Hygiene established** (Chapter 584) A

**1954: Community Mental Health Boards established** (Chapter 10)

- Legislature provided for partial State funding of local mental health services

**1955 – 1970's: Deinstitutionalization**

- Introduction of psychotropic medication

# Department of Mental Hygiene

---



**1977:** Department of Mental Hygiene divided into three autonomous agencies(Chapter 978)

- Office of Mental Health
- Office of Mental Retardation and Developmental Disabilities
- Office of Alcoholism and Substance Abuse



# “O” Agency Coordination

---



## **Inter-Office Coordinating Council (IOCC):**

Coordinates the care of the multiply disabled and department research efforts and assists in administering local assistance programs.

## **Council for Mental Hygiene Planning**

Formulates statewide goals and objectives for the care and treatment of the mentally disabled.

Advisory councils established by each office or division review any matters relating to their specific programs



# Brief History: Federal Actions



---

**1980: Mental Health Systems Act** (P.L. 96-398) links federal, state and local governments

- Grant funding to support severe mental illness/emotionally disturbed

- Consumer input and involvement in service and treatment

**1981: Federal government retreats** from the Mental Health System

- Social welfare programs dismantled or reduced

- federal mental health and substance abuse programs dismantled

- federal support cut by 25%/Shrunk SSI and SSDI rolls

- federal monies to the states to devise its own treatment policies

**1990's: Americans with Disabilities Act and Olmstead Decision**

---

# Results of Federal Actions

---



Mentally ill people, who constituted roughly eleven percent of recipients, made up some thirty percent of those dropped from the SSI and SSDI rolls.

The vast cuts in SSI and SSDI expenditures, which produced savings far greater than that anticipated by the Reagan administration, ultimately produced a public uproar that compelled the Reagan administration to reverse course.

New York State and other states were guided by the realization that the current fiscal and legal climate militated against any dramatic expansion of inpatient care and remained convinced that inappropriate institutionalization remained a problem.



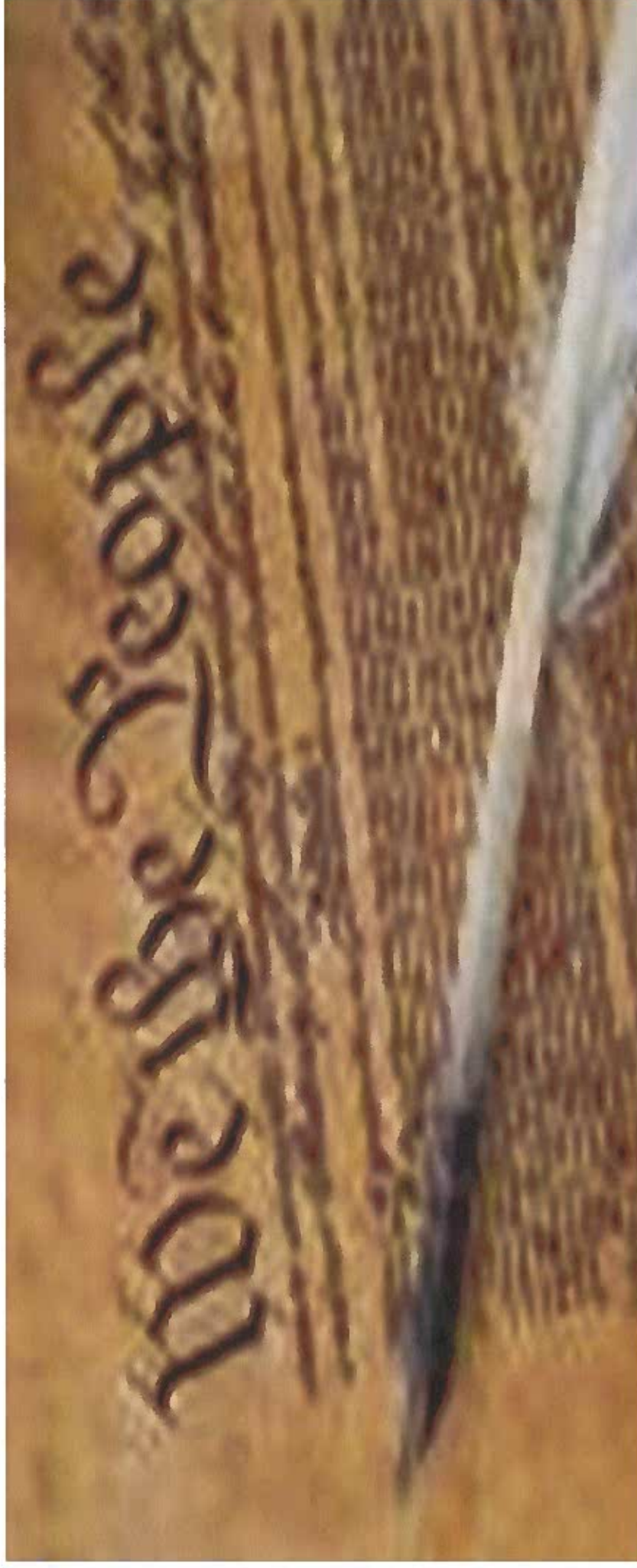
# Local Problems Emerge

---



- Resources do not transfer from institutions to communities
- Lack of continuity of care
- Inability to meet the needs of seriously mentally ill
- Increase in homelessness





Article 41: Constitution of the Local Government Unit

# Purpose of Article 41

---



Create a process that governs a joint effort between state and local units with regard to the planning for and the financing of mental hygiene services in New York

**develop the community** preventive, rehabilitative, and treatment **services** offering continuity of care

**improve and to expand existing community programs** for the mentally ill, the mentally retarded and the developmentally disabled, and those suffering from the diseases of alcoholism and substance abuse

**plan for the integration** of community and state services and facilities for the mentally disabled

**cooperate with other local governments** and with the state in the provision of joint services and sharing of manpower resources

# Definitions



local government" - the 57 counties and the city of New York.

"charter government" means a local government which has its charter under article IX of the constitution and the municipal home rule law; and includes the city of New York.

"local services" **includes services** for the mentally ill, the mentally retarded, the developmentally disabled whose conditions, including but not limited to cerebral palsy and epilepsy, are associated with mental disabilities, and those suffering from alcoholism, alcohol abuse, substance abuse or substance dependence, **which are provided by a local government or by a voluntary agency pursuant to a contract with a local governmental unit or the office of mental health.**

# More Definitions

---



“**Local Governmental Unit**” means the unit of local government given authority in accordance with this chapter by local government to provide local services

“**Board**” means a **community services board (CSB)** for services to the mentally ill, mentally retarded and developmentally disabled, those suffering from alcoholism, alcohol abuse, substance abuse, or substance dependence.

“**Director**” means the **director of community services (DCS)**, who is the **chief executive officer** of a local governmental unit, by whatever title known.

“**Local Services Plan**” means the plan of local services which is submitted by a local governmental unit and approved by the commissioner pursuant to MHL §41.18



## Local Government Unit (LGU)

---



Each local governmental unit shall **direct and administer a local comprehensive planning process** for its geographic area, consistent with established statewide goals and objectives



# LGU Duties & Powers (§41.13)

---



- **Review services and local facilities** for the mentally disabled of the area
- **Develop the program of local services** for the area which it serves, establish long range goals and develop intermediate range plans and forecasts
- **Direct and administer the development of a local comprehensive services plan (LSP)**



## LGU Duties

Assure the **Goals** of the LSP are met:

- All population groups are adequately covered
- Sufficient services are available for all the mentally disabled within its purview
- That there is coordination and cooperation among local providers of services
- That the local program is integrated and coordinated with the provision of community support services
- That the local program is also integrated and coordinated with the programs of the department
- That there is continuity of care among all providers of services

## LGU Powers

---

- **Submit** annually to the department for its approval and subsequent state aid, a report of long-range goals and specific intermediate range
- **Have the power, with the approval of local government**, to enter into contracts for the provision of services and the construction of facilities
- **Establish procedures** for execution of the local services plan
- **Make policy for and exercise general supervisory authority over or administer** local services and facilities provided or supervised by it whether directly or through agreements

## LGU Powers (cont'd)

---

- **Require** the development of a written treatment plan as provided in rules and regulations of the commissioner
- **Administer, supervise or operate** an AOT program
- **Identify and plan** for the provision of care coordination, emergency services, and other needed services for high need persons
- **Each LGU has full powers** necessary for administration and the execution of its duties to appoint and employ, with power of removal, full and part time officers, employees, and consultants, including employees of the department, in accordance with the standards, policies, and salary schedules provided by law or otherwise authorized



## LGU Powers (cont'd)

---

- Further programs for special education and training, including career incentive and manpower and development.
- Have the power to conduct or contract for research.
- Serve as a center for the promotion of community and public understanding of mental disabilities and of the services necessary for their care and treatment.
- Seek the cooperation and cooperate with other aging, public health and social services agencies, public and private, in advancing the program of local services.
- Have the powers necessary and proper for the effective performance of its functions and duties





# Community Service Board (§ 41.11)

---

**The Community Service Board is the Board of Directors of  
the LGU**



# Charter Governments



Albany	Monroe	Rensselaer
Broome	Nassau	Rockland
Chautauqua	Oneida	Schenectady
Chemung	Onondaga	Suffolk
Dutchess	Orange	Tompkins
Erie	Putnam	Ulster
Herkimer	New York City	Westchester



# Policy-Making Power

---



- **Charter** governments may vest policy-making functions **in either the Director or the Board**
- **Non-Chartered** Counties the **Community Service Board** has the policy-making function



# Opinion of Attorney General 2011-FI

---

- Recognizes practice which permits local governments which have adopted a **charter** form of government to have a Department of Mental Health with an advisory board.
- Every local governmental unit must have a CSB but in charter forms of government the local government has the option of making such a board advisory rather than executive.
- In chartered counties, the Director of Community Services may be appointed in the manner authorized by such governments.
- In local governments which have a **non-chartered** form of government, the CSB appoints the director.



## What does this mean to you?

---

[The Mental Hygiene Law], by designating the Community Services Board as the body in non-charter counties that makes policy with respect to the provision of mental hygiene services in the county, grants the exercise of this executive power to the Community Services Board, away from the local legislative body (e.g. mayor)



# CSB Membership

---



Counties with population < 100,000: choice of **nine or fifteen members** appointed by the local government

All other Counties: **fifteen** members appointed by the local government

*A county with a population < 100,000 may change the number of board members by local law and effectuate a reduction through attrition as vacancies occur and terms expire (AG opinion)*



# CSB Membership



- Whenever practicable:
  - at least **one member shall be a licensed physician**
  - **one member shall be a certified psychologist**
  - **otherwise at least two members shall be licensed physicians**
- Demonstrated interest in the field of services for the mentally disabled
- **Represent the community interest** in problems of the mentally disabled
- **representatives from community agencies**
  - mentally ill
  - developmentally disabled
  - alcoholism and substance abuse

# CSB Membership in NYC

---



CSB shall consist of **15 members** to be **appointed by the Mayor**

- at least two residents of each county within the city
- at least one shall be a licensed physician
- at least one shall be a certified psychologist
- other members shall represent the community interest in all of the problems of the mentally disabled and shall include representatives from:
  - community agencies for the mentally ill
  - community agencies developmentally disabled
  - community agencies alcoholism and substance abuse



## Public Officials

---

- Membership on the CSB shall not serve as a bar to other public office or employment
- **However no more than three employees of the state department of mental hygiene or of a department facility may be appointed as a member of a CSB or subcommittee**
- Membership on a community services board does not disqualify a person from also serving as a member of a county board of representatives (provided that such person should not take part in the board of representatives' decision as to whether to reappoint him or her to the CSB)
- **The chair of a community services board may simultaneously hold the office of member of the county board of representatives (1990 N.Y. Op. (Inf.) Att'y Gen. 67; November 7, 1990)**

## CSB Term

---

- Each member shall be appointed for a **four-year term**.
- All terms shall begin to run from the first day of the year of the appointment.
- Vacancies shall be filled for unexpired terms.
- No person may serve as a member of a board or a subcommittee for more than two terms consecutively **unless otherwise provided by local law.**

### **Removal:**

Local governments may remove a board or subcommittee member for cause, after written notice of charges and an opportunity for the member to be heard

## CSB Inquiries: Pub. Off. Law §103-a

---

### Can Members attending meetings remotely count for quorum?

- Minimum number of members are present to make quorum in the same physical location or locations where public can attend
- Adopt a local law permitting videoconferencing
- Authorize committee/subcommittees to make their own videoconferencing determinations
- Written procedures, posted on public website
- Attendance via videoconference due to disability impact on quorum
- All attendees may be seen, heard, and identified during the meeting
- Meeting notice, minutes, videoconference recording available to public

# Subcommittees

---

- Mental health (MH)
- Intellectual and developmental disabilities (I/DD),
- Alcoholism, except that, at the discretion of the local government, a subcommittee for alcoholism and substance abuse (SUD) may be substituted for a subcommittee for alcoholism.



# Subcommittee Membership

---

Subcommittee members are **appointed by the local government**

**I/DD and SUD committees:**

- no more than **9 members**
- at least **3 must be CSB members**

**MH committee:**

- no more than **11 members**
- at least **3 must be CSB members**
- **2 members** who are or were consumers of mental health services
- **2 members** who are parents or relatives of persons with mental illness.

# Subcommittee Inquiries

---



## Can Subcommittees be integrated?

- Governing documents: bylaws, local rules, County Charter
- Statutory membership requirements
- Subcommittee purposes/goals



# Subcommittee Role

---



- Advise the CSB and the DCS regarding policy in their area
- The subcommittee for mental health shall be authorized to annually evaluate the local services plan and to report on the consistency of such plans with the needs of persons with serious mental illness





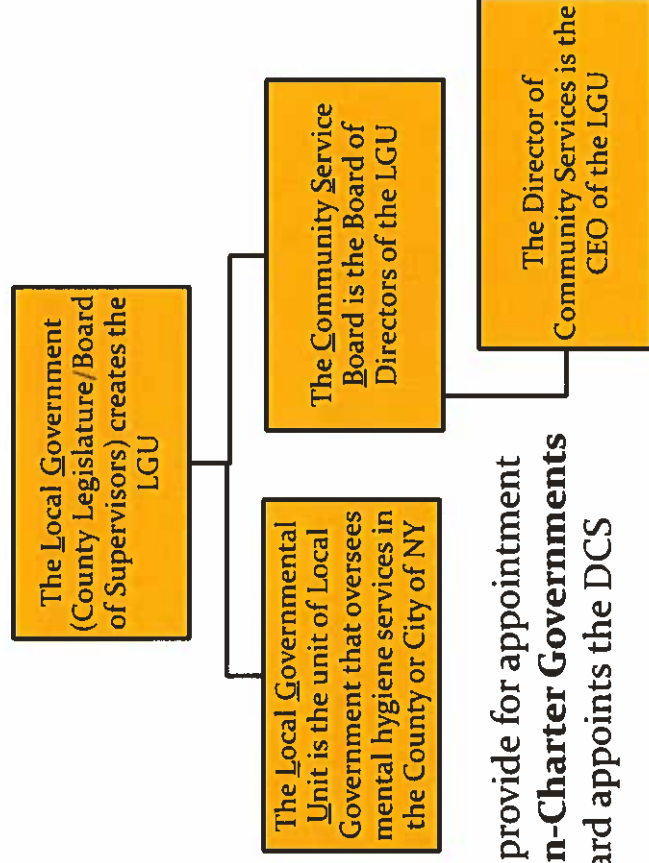


## DCS Appointment

---

- **Charter governments** may provide for appointment and removal of directors in a manner authorized by such governments
- **In Non-Charter Counties, the CSB shall appoint and remove the director**
- Salaries and allowable expenses shall be set by the appointing authority
- Charter governments may vest policy-making functions in the DCS or they may vest all or some of such functions in the CSB
- **In Non-Charter Counties, the policy-making functions shall vest in the CSB**

# Administration of Mental Hygiene Services Locally in NYS



**Charter Governments** can provide for appointment and removal of director. **Non-Charter Governments** the Community Services Board appoints the DCS (§41.09)



# Cooperation Between the Local Government and the LGU



# Local Services Plan (LSP)



## The plan for the rendition of local services...

### Requirements:

- include involvement of consumers, consumer groups, voluntary agencies and other providers of services
- be approved by the commissioner in order to be eligible for state aid
- contain a comprehensive proposal for annual and intermediate range plans and expenditures by the local governmental unit and by voluntary agencies pursuant to contract with such local governmental unit
- contain provisions to assure that there is planning and coordination with the delivery of community support services to mentally ill persons, in accordance with MHL 41.47
- be supported by specific budgets



# Statewide Comprehensive Service Plan

---

The three **Mental Hygiene Offices** are required to formulate a statewide comprehensive five-year plan for the provision of all state and local services for persons with mental illness, developmental disabilities, and/or those with substance use or compulsive gambling disorders (MHL §5.07(b))

**Based upon an analysis of local services plans developed by each local governmental unit**, in consultation with consumers, consumer groups, providers of services and departmental facilities that furnish behavioral health services in conformance with statewide priorities and goals established with recommendations of the behavioral health services advisory council and the advisory council on developmental disabilities



# LGU & CSB



**Overview of the mental hygiene system & how each component supports/impacts others**

**LGU has linkages across other community systems that no one else has**

- Hospitals
- MH/SUD clinics
- Primary Care & Pediatric Clinics
- Adult & Children's SPOA
- Law enforcement, jail clinical staff, court system
- State PCs and Addiction Treatment Centers
- Housing & Shelters
- Crisis response services
- Peer support
- Legal Services Staff Assoc.

# LGU Role in OMH Licensing

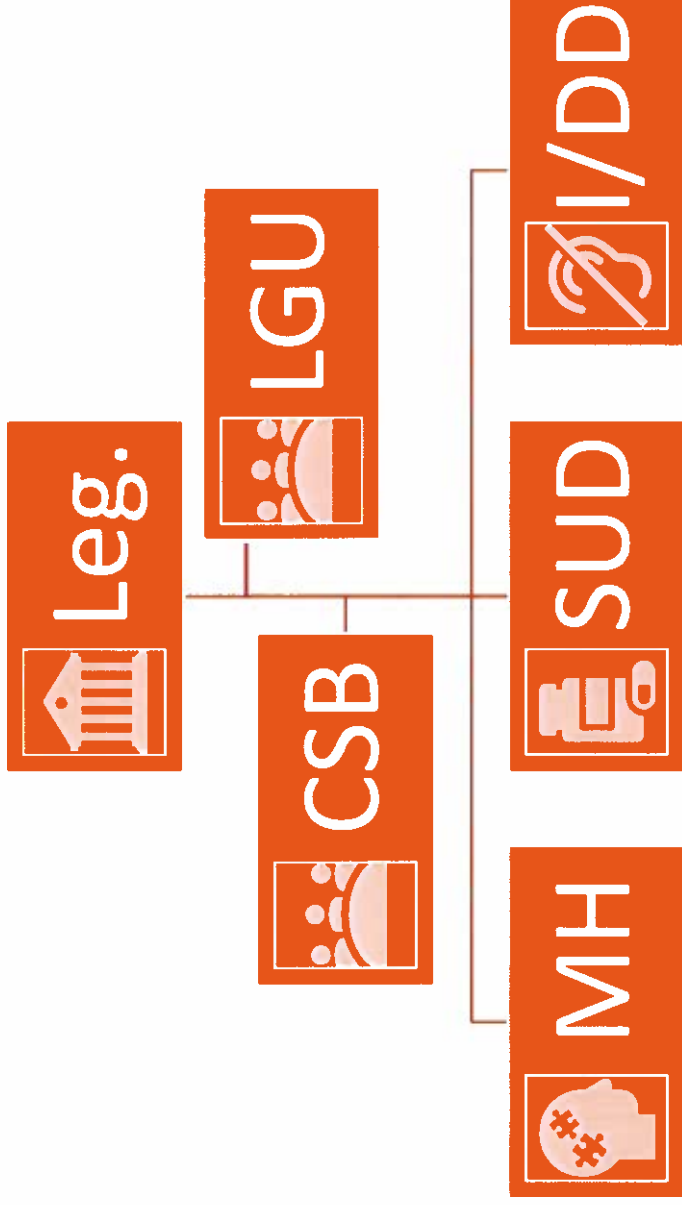
---



- **Full Review (PAR):**
  - **LGU support required**
  - Applicant required to consult with LGU prior to submission to OMH
  - LGU comments and conditions for approval incorporated into OMH and BHSAC review
- **EZ PAR**
  - **LGU letter of support** required in EZ PAR submission prior to review by OMH (except when LGU is the provider applicant)
  - LGU may also comment on application after submission during 10-day review period (in Mental Health Provider Data Exchange (MHPD))
- **Administrative Action (AA):**
  - **No formal LGU role**
  - LGU notified via MHPD and may comment, or field office may request comment by LGU



# LSP Planning: How Does It Work?



# More Than One Way to Get There



## CHARTER

### Subcommittees

- Forums to get public input
- Evaluate progress to goals
- Report to CSB

### CSB

- Eyes and ears regarding Local Services
- Recommends programs/services
- Explains what, why and how

### Legislature

- Makes decisions

## NON-CHARTER

### Subcommittees

- Evaluate progress to goals
- Report to CSB

### DCS

- Authors LSP for CSB review and approval
- Recommends programs/services
- Explains what, why and how

### Legislature

- Receives notice of decisions

