

**Westchester County
Department of Community Mental Health**

2024 ANNUAL REPORT



Kenneth W. Jenkins, County Executive
Michael Orth, Commissioner
Department of Community Mental Health

DCMH 2024 Report

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1. New Mission Statement

Westchester Department of Community Mental Health, with support and approval from the County Executive and Community Services Board (CSB), unveiled a new mission statement in 2024 that truly reflects the mission of DCMH:

The mission of Westchester County Department of Community Mental Health is to enrich and enhance the lives of children, adolescents, adults and families living with mental health concerns, substance misuse, intellectual and developmental disabilities, or the co-occurrence of any of these issues, to reach their full potential.

The mission is achieved by providing a system of care guided by values and ethical practices which prioritize access to strength-based, trauma informed, culturally, racially, and linguistically responsive services that are coordinated and individualized to meet their needs.

2. Core Programs and Functions

The Department is responsible for the public mental health, alcohol/substance use & developmental/intellectual disabilities systems in Westchester County. To meet this responsibility and in concurrence with the NYS Mental Hygiene Law, the Department:

- Formulate plans for the future needs of the residents.
- Manages county, state & federal aid allocated to community providers.
- Assures the quality & appropriate availability of services.
- Oversees the implementation of the county-wide plan & services provided.
- Point of Access for Intensive Service Delivery System.
- Provide “Safety-Net” Services

DCMH Staff Direct Services and Oversight:

Single Point of Access (SPOA)

The New York State Office of Mental Health (NYS OMH) required Single Point of Access (SPOA) program, is a county-level system that serves as a central hub for children, adolescents, and adults with serious mental illness to connect with appropriate services and supports, including housing, residential treatment, outpatient care, and care management. County SPOA teams receive and evaluate referrals, match individuals to services, prioritize access for those most in need, and monitor outcomes to ensure most appropriate and personalized care. The overall goal is a more coordinated and accessible mental health system. Individuals or their representatives can submit a referral or application to the SPOA in their county. The SPOA reviews the application to determine eligibility and the individual's specific needs. The SPOA assesses the urgency of the need and prioritizes individuals who require the most immediate or intensive services. The SPOA then connects the individual with the most appropriate services, which can include mental health treatment Residential treatment facilities (RTFs), Care management services Housing programs Coordination & Monitoring. SPOA helps to coordinate services and monitor the individual's progress to ensure they are receiving the support they need. While the core function is similar, specific processes, applications, and targeted services may differ between adult and children's programs.

- **Westchester’s Adult SPOA** received 3,543 referrals for intensive Assertive Act Teams (ACT), Case Management and Housing in 2024.
- **DCMH Adult Single Point of Access (SPOA) and DSS Adult Protective Services (APS) program** objective is for departments to collaborate on adults with complex issues including mental health and safety issues and create wraparound plans. For this quarter program made visits to 113 individuals and received 203 inquiries in 2024.
- **Westchester’s Children’s SPOA** received 234 referrals for Mobile Mental Health, Case Management and residential services in 2024.

Westchester Threat Assessment Team (WESTAC)

NYS Executive Order 18, directed communities to establish Threat Assessment Management Teams to assist law enforcement locate, identify and monitor individuals that make threats against groups, organizations and/or certain classifications of people. WESTAC is Westchester County’s Threat Assessment Management Team. The team consists of professionals from Law Enforcement, Fire/EMS, Mental Health and Schools. WESTAC referred 81 individuals to DCMH for consultation for Threat Assessment and mitigation to DCMH in 2024.

Mental Health Court: DCMH staff provided supervision to 12 people each month, with serious mental health concerns and co-occurring disorders, facing felony charges.

Misdemeanor Wellness Court: The Ninth Judicial District in collaboration with the Department of Community Mental Health, Westchester's District Attorney's Office and partner launched the jurisdictional hub Misdemeanor Wellness Court in 2025. Approximately 8 individuals are enrolled and supported by DCMH at any given time.

DCMH Assisted Outpatient Treatment Program (AOT) served 99 individuals and 29 individuals on Voluntary Enhanced Service Agreements in 2024

Safe Act Reporting: DCMH submitted 692 Safe Act reports in 2024. NY SAFE ACT reports individuals deemed to be a threat to themselves or others.

DCMH Forensic Care Coordination program provided intervention and supervision for over 72 individuals each month. The people served in this program have serious mental illness or co-occurring disorders and have been sentenced to participate in treatment through the courts or as a condition of a sentence of Probation.

DCMH Transitional Management served over 186 adults per month transitioning from the Westchester County Department of Corrections (DOC) to the community in 2024.

DCMH Police Mental Health Outreach Program served over 50 individuals each month in 2024. These services are being provided in White Plains, New Rochelle, and Yonkers communities.

DCMH Developmental Disabilities staff provided consultation, information, referral, and support to 2,430 individuals, families, and provider agencies in 2024.

The DCMH Developmental/Intellectual Student Transition list for the school year of 2023-2024 has been compiled with the assistance of school personnel from Westchester County School Districts, BOCES programs, and Special Act Schools. There are currently there 51 students on this list that who are in need of transitional planning services.

DCMH Treatment Alternatives for Safer Communities (TASC) conducted intakes for 1,925 individuals in 2024.

DCMH Certified Alcoholism and Substance Use Counselors (CASAC) conducted telephonic DSS employability assessments, coordination and monitored care provided by substance use disorder providers. In 2024 there were 725 assessments, and 3,110 case consultations were completed

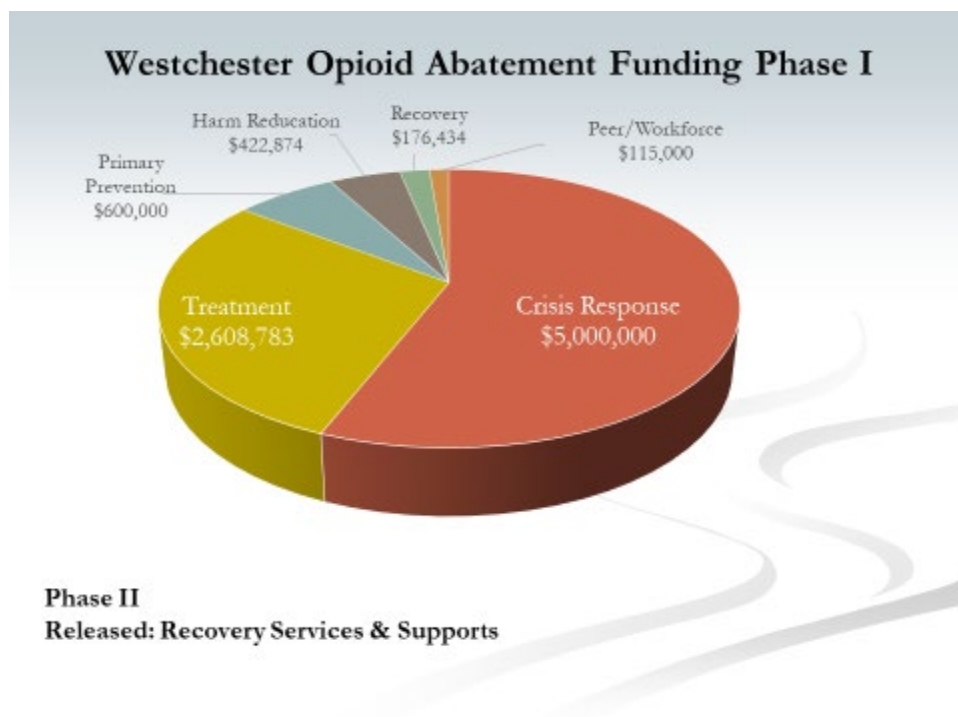
DCMH Fresh Start Court Diversion Program, in partnership with District Attorney's Office, had 442 individuals completing the course in 2024

3. Major Initiatives

Westchester's Opioid Response and Overdose Prevention Initiative (ORI)

In 2024, under the leadership of County Executive George Latimer, Westchester County distributed over \$4.8 million dollars to local organizations for treatment, prevention, recovery, harm reduction services and other critical resources in addressing the opioid and overdose crisis. A total of \$5.8 million dollars was awarded to the County through New York State Office of Addiction Services and Supports (NYS OASAS) Regional Opioid Abatement Funding to address overdose deaths in Westchester.

Westchester County Opioid Response and Overdose Prevention (ORI) County Committee, co-chaired by Dept of Community Mental Health and Health, meets regularly to share information, review data, and engage community stakeholders to provide recommendations on use of Opioid Settlement funding. DCMH is responsible for overall planning, contracting, reporting, monitoring and evaluating funded programs.



2024 Funded services include the following:

Lexington Center for Recovery, Inc. \$395,237 towards treatment services
249 individuals serviced in treatment.

Westchester Jewish Community Services \$234,988 towards treatment services
196 individuals served and 218 youth served by school-based mental health clinicians and mobile mental health.

Family Services of Westchester \$330,278 towards treatment services
457 individuals assessed for co-occurring disorders and 56 referred for treatment.

St. John's Riverside Hospital \$380,000 towards treatment services

Program started later in 2024, served 35 individuals for Low Threshold Buprenorphine initiation and screened hundreds of individuals in the Emergency Department.

Department of Corrections \$1,268,280 Medication-Assisted Treatment
Over 320 individuals Medication Assisted Treatment initiations or continuations.

Partnership to End Addiction \$600,000 towards Primary Prevention Services
Developed and solidify plans for implementing an innovative prevention curriculum on co-occurring disorders for high school students and their adult supports. Provided pilot training to over 500 individuals including students, parents, school faculty.

Family Services of Westchester \$176,434 towards Recovery Services
124 seniors screened for co-occurring disorder and provided with assistance. Outreach and education to senior centers.

Urban League of Westchester County \$249,458 towards Harm Reduction Services
4,585 individuals served including 382 referrals for services, 470 Narcan trainings and 6,199 individuals trained.

Cornerstone Family Healthcare \$173,416 towards Harm Reduction Services
1,281 individuals services including 40 Narcan trainings, 441 Narcan kits distributed, 359 individuals trained in Narcan,

Mental Health Empowerment Project \$115,000 towards Peer Certification/Workforce
Over 35 individuals participated in County Corrections Lives Forward Training program. 17 individuals completed Peer training.

Columbia U Center Practice Innov. \$36,900 towards training evidence-based practices
Hosted 4 Trainings now posted on website and are accessible to providers and staff, with ability to get related CEU when training completed. Facilitated a 12-month Learning Collaborative for Treatment providers on building co-occurring treatment effectiveness.

Dept of Probation & Corrections \$195,750 Narcotics Safety Equipment/Analyzers

District Attorney's Office \$31,234 Narcotics Safety Equipment/Analyzers

Project Alliance

In 2024, under the leadership of Westchester County Executive George Latimer, his leadership team, the Police Reform Committee, County Board of Legislators and County Departments, Project Alliance has made significant progress in our County's response to people experiencing a behavioral health crisis. The initiative has **five points** of intervention to create a comprehensive system of crisis intervention.

1. Project Alliance: 911 Diversion

Westchester has adopted an evidence based model of diverting crisis callers to qualified mental health professionals on the Saint Vincent's Hospital Crisis Network Team. 911 Diversion is cited in Crisis Intervention Team International's Best Practice Guide and the National Association of State Mental Health Program Directors Public Safety Answering Point Playbook as a best practice. The training uses a Risk Assessment Tool to identify qualifying callers that can be transferred to a trained crisis call taker. DCMH has expanded on the initial model to incorporate a Risk/Responsivity Tool to further guide call takers on most appropriate intervention. Training began in July of 2021 and since that time, staff from

the Westchester County Department of Community Mental Health, in collaboration with Crisis Response Consulting, has trained over 1,044 dispatchers, desk officers, and tour commanders. The team has embedded 911 Diversion Training at the Academy level for new police recruits so that all new officers are familiar with the screening tool and diversion process. Specific police departments requested department level trainings for their patrol and dispatchers on 911 Diversion and brief in-services for their officers. In addition to providing training at the Westchester County Police Academy and Emergency Service Academy, DCMH staff has trained the entire police department of: New Rochelle, Port Chester PD, Rye City, Rye Brook, and White Plains.

2. Project Alliance: Enhanced Behavioral Health Line/988

Prior to the implementation of Project Alliance, the St. Vincent's Crisis Prevention and Response Team provided both mobile and telephonic coverage from 8:00am – 10:00pm. In order for the County's 911 Diversion Initiative to work effectively, the system required trained crisis call takers to be available 24 hours per day, 7 days a week. DCMH provided funding to St. Vincent's Crisis Prevention and Response Team to ramp up to meet that challenge. At the same time, the National Suicide Prevention Lifeline 1 (800) 273-TALK was in transition to a 3 digit lifeline 988 and went live on July 16, 2022. Locally, Saint Vincent's Crisis Prevention and Response Team was awarded the contract for 988's National Crisis and Suicide Prevention Lifeline. As of November 15, 2023 Westchester County's 988 Lifeline is operating 24/7. Westchester 988 only responds to calls from 914 area code. Staff at the Enhanced Behavioral Health Line/988 received 17,478 calls in 2024.

3. Project Alliance: Enhanced Training for EMS Personnel

In 2024, DCMH collaborated with Westchester Jewish Community Services (WJCS) to offer Mental Health First Aid Training (MHFA) to uniformed service personnel including law enforcement, fire, EMS and military. DCMH and Department of Emergency Services have worked with WJCS to deliver to 4 MHFA courses with a total of 27 EMS personnel trained. This includes a training for Katonah Bedford Hills Volunteer Ambulance Company (KBHVAV) in July 2024, resulted in 35 EMS personnel trained.

4. Project Alliance: Crisis Intervention Team (CIT) Development

Crisis Intervention Team (CIT) Training and team development has been a long standing staple of the collaborative efforts of local law enforcement and the mental health system. The first CIT training was offered in Westchester County in 2007 and continues to be a cornerstone and foundation for the efforts of Project Alliance. In February 2024, 24 experienced officers were given 40 hours of CIR training at the Yonkers Emergency Service Unit (ESU) where Project Alliance and the use of this evidence-based diversion tool and Mobile Crisis Response Team (MCRT) were imbedded in the training modules. In March 2024, 12 experienced officers were trained at the Westchester County Police Academy. At the request of the City of Rye auxiliary officers were trained in CIT for a week. In September, 18 officers were trained in CIT at the Westchester County Police Academy. Officers from multiple jurisdictions throughout Westchester attended this training which also included EMS personnel. In addition to the Advanced Officer Training, Westchester has incorporated a 44 hour Fundamentals of Crisis Intervention for all new police recruits at the Westchester Academy. In February, 43 police recruits and in September 49 recruits were trained in Fundamentals of CIT. The training exceeds the minimum training requirement of 21 hours set forth by New York State.



5. Project Alliance: Mobile Crisis Response Teams (MCRT)

The implementation of Project Alliance brought forth the development of 8 Mobile Crisis Response Teams (MCRT) throughout Westchester. DCMH contracted with 5 behavioral health providers to create partnerships between the behavioral health agencies, local police departments and county government. Each team is co-located or closely located to a local police department with the expectation that they will provide a rapid mobile crisis response 24/7/365. The teams are deployed by dispatch or local police agencies. MCRT are located in the following catchment areas.

Mt Kisco Family Services of Westchester MCRT

Located at County Police Mt. Kisco Precinct.

Serving: Westchester County PD, NYS PD, Bedford Hills, New Castle, North Castle, Somers, Pound Ridge, North Salem, Lewisboro

Port Chester Family Services of Westchester MCRT

Located at the Port Chester PD

Serving: Port Chester, Rye, Rye Brook, Harrison, Village of Mamaroneck, Town of Mamaroneck, Larchmont, SUNY Purchase

New Rochelle The Guidance Center of Westchester MCRT

* 2025 replaced by PEOPLE USA

Located at New Rochelle PD

Serving: New Rochelle, Eastchester, Scarsdale

Peekskill Westchester Jewish Community Services MCRT

Located at Peekskill Library/PD Satellite

Serving: Peekskill, Croton on Hudson, Buchanan, Westchester County PD, Yorktown, NYS PD Cortlandt

Greenburgh Greater Mental Health of NY MCRT

* 2025 replaced by WJCS

Located at Greenburgh Town Hall

Serving: Greenburgh, White Plains, Elmsford, Tarrytown, Ardsley, Irvington, Dobbs Ferry, Hastings-on-Hudson

Ossining Family Services of Westchester MCRT

Located at Ossining PD

Serving: Ossining, Mount Pleasant, Pleasantville, Sleepy Hollow, Briarcliff Manor

Mount Vernon The Guidance Center of Westchester MCRT

* 2025 replaced by PEOPLE USA

Located at The Guidance Center Clinic

Serving: Mount Vernon, Pelham, Bronxville, Tuckahoe

Yonkers PEOPLE USA MCRT

Located at St Vincent's School Street Satellite

Serving: Yonkers

In 2024, MCRT provided 3,351 mobile responses and 8,613 follow-up responses.

WC DCMH Clinic Sites

2024, DCMH submitted application for NYS OMH Article 31 licensed outpatient clinic. DCMH, in partnership with Public Works, worked on construction on a clinic site at 112 East Post Road—1st Floor White Plains and other details in establishing an Article 31 clinic including customizing electronic health

record, billing, staffing, workflow, and program manual including Quality Assurance/Improvement Plan and identified screening and assessment tools. Anticipated opening date of Fall, 2025.

Westchester County Employee Assistance Program (WC EAP) Expansion

Late 2024, WCEAP moved into the new EAP suite. It is conducive to privacy and autonomy for employees and their family members. The space fosters an atmosphere of collaboration for the WCEAP staff to generate new ideas on how to continue to best serve and support the County's workforce. The space provides private, compassionate mental health services to thousands of County employees, municipal workers, and emergency service professionals. WCEAP had a busy 2024 serving County employees and their family members as well as the 34 Municipalities contracted with the program. WCEAP provides management consultations and a training and support including Supervisory 101, Bereavement support, mediation services, wellness workshops and custom tailored group interventions to help boost department morale, effective and appropriate communication between staff as well as team building. In 2023, WCEAP created a partnership with Optum Emotional Wellbeing Solutions. A "dedicated" phone number for Westchester County employees and their family members and will continue to promote the program via, intranet, at NEO and through distribution of marketing materials. Many clients prefer to reach EAP via telephone. Staff assist them with a variety of issues such as emotional, financial, legal, work-related stress, managerial consultation, eldercare and childcare telephonically. See graphs below that highlight WCEAP utilization data. EAP assist clients with short-term counseling and referral services to a myriad of resources. Staff also provide managerial support and intervention services to help ameliorate departmental stress or tension. WCEAP continues to provide and create wellness programming to meet the diverse needs of employees of both the County and municipalities. Some trainings provided this quarter included, Supervisory training, Effective Communication, New Employee Orientation, Sensitivity training and Health & Wellness. These programs are in place to positively influence employee wellbeing and productivity.

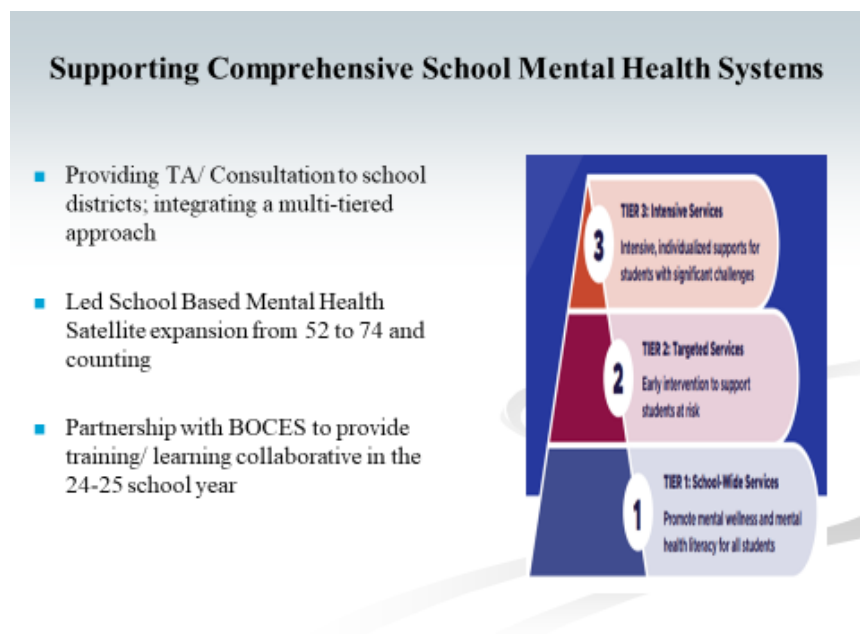


DCMH Westchester County School-Based Mental Health Initiatives

Westchester County has over 30 years of experience building a strong Children's System of Care. Central to this success is the ongoing collaboration between the Department of Community Mental Health (DCMH), the county's 46 school districts, and local BOCES partners, which has significantly expanded access to mental health and wellness supports in schools. In recent years, this partnership has helped districts implement and sustain multi-tiered systems of support (MTSS) and expand school-based mental health satellite clinics. DCMH's approach includes targeted training, technical assistance for district leadership, and strengthened coordination between the Children's Single Point of Access (SPOA) and Committees on Special Education (CSE). Key highlights include:

- **Training & Consultation:** Over 8 hours of annual training in children’s mental health systems navigation are delivered in partnership with PNW and SW BOCES, reaching over 300 school personnel in 2024. All trainings are free and open to all districts. DCMH also provides specialized consultation for school district staff and Committees on Special Education.
- **District Engagement:** DCMH has supported 23 school districts through training, tailored consultation on planning, budgeting, and implementing comprehensive school mental health supports including school-based mental health clinics, facilitating matches between districts and provider agencies.
- **Clinic Expansion:** Through targeted training, consultation, and facilitation of a matching process between districts and provider agencies; school-based mental health satellite clinics have increased from 52 (2023-2024) to 76 (2025-2026) across nearly 20 districts.
- **Statewide Recognition:** In November 2024, DCMH and PNW BOCES presented this initiative at the NYS Behavioral Health Coalition’s annual workforce development conference as a best-practice model for collaborative school-based mental health infrastructure.

These efforts continue to strengthen the County’s commitment to improving access to mental health services for students, supporting both academic success and overall well-being.



Westchester County Behavioral Health Workforce Pipeline Initiative

Late 2024, DCMH, in partnership with Nonprofit Westchester, Westchester County Association, selected Universities and Behavioral health organizations officially launched the Westchester Behavioral Health Workforce Pipeline collaborative. The overarching goal is to collectively address the challenges of the behavioral health workforce shortage and retention. The Behavioral Health Workforce Shortage and Pipeline Potential Initiative purpose is to promote field of behavioral health by engaging students early in their studies and provide meaningful connections to the workforce through various strategic efforts between universities, behavioral health agencies and

Westchester County Suicide Prevention and Awareness Coalition

The Westchester County Suicide Prevention Coalition is comprised of representatives of government agencies, not-for-profit organizations, schools and other community members who work to reduce suicide risk and deaths by suicide in Westchester County. The Coalition is Co-Chaired by DCMH and NAMI Westchester. Risk of suicide touches all parts of our community across generations, socio-cultural, ethnic and faith groups, across the range of health status and life experience. To reach into Westchester's communities effectively, Coalition membership includes the perspectives of individuals who have lived experience of losing loved ones to suicide, those who have personally experienced suicidal thoughts and behaviors; those who provide an array of support services to the community and others interested in preventing suicide. The vision of the coalition is to significantly reduce the number of suicides, suicide attempts, and to help alleviate the traumatic after-effects of a death by suicide. The mission of the Coalition is to increase awareness, decrease stigma, and implement and support efforts throughout Westchester County aimed at suicide prevention. To achieve our mission, we provide suicide-specific education, prevention, and mitigation initiatives tailored to the needs of Westchester's communities. The Coalition collects and analyzes countywide-data to inform our initiatives. The Coalition Committee's address the specific needs of groups within the county, including college and university campuses, our veteran and military communities, and faith communities. The Data & Action Committee analyzes available information to inform best use of resources. The Coalition organizes and sponsors relevant professional training and community education, based on continual assessment of need. The Coalition has become an effective mechanism to share information and improve coordination among the many initiatives organized by community partners within the county, thus leveraging each others' strengths and using resources wisely. Through ongoing community and educational events, partnerships with colleagues and neighborhood groups and website, the Coalition provides information about the risk of suicide, and most importantly, connection to effective resources. The Coalition's website is <https://www.westchestercountysuicideprevention.org/>



Westchester County Co-Occurring System of Care Committee (COSOCC)

The Westchester County Co-Occurring System of Care Committee (COSOCC) was formed to lead a countywide effort to coordinate co-occurring (mental health and substance misuse) strategies. COSOCC includes a diverse group of stakeholders including county departments, behavioral health providers, school districts, advocacy organizations, peers, and other human service organizations. The COSOCC model is based on the following eight clinical consensus best practice principles (Minkoff and Cline, 2004, 2005) that promote an integrated recovery philosophy that makes sense from the perspective of both the mental health system and the substance disorder treatment system.

1. Co-occurring issues and conditions are an expectation, not an exception.
2. The foundation of a recovery partnership is an empathic, hopeful, integrated, strength-based relationship.
3. All people with co-occurring conditions are not the same, so different parts of the system have responsibility to provide co-occurring capable services for different populations.
4. When co-occurring issues and conditions co-exist, each issue or condition is considered to be primary.
5. Recovery involves moving through stages of change and phases of recovery for each co-occurring condition or issue.
6. Progress occurs through adequately supported, adequately rewarded skill-based learning for each co-occurring condition or issue.
7. Recovery plans, interventions, and outcomes must be individualized.
8. A Comprehensive, Continuous, Integrated System of Care Model is designed so that all policies, procedures, practices, programs, and clinicians become welcoming, recovery- or resiliency-oriented, and co-occurring capable.

On Wednesday October 23, 2024, the DCMH, in partnership with COSOC, hosted the Pathways Forward: Westchester County Co-Occurring System of Care: Innovating Prevention, Treatment, Recovery and System Transformation Forum. The Forum was an opportunity to bring together over 425 service providers, agency CEOs, hospitals, schools, CBOs, State & Local Elected Officials, leaders from Mid-Hudson Counties to learn about Westchester County's leadership in the realm of co-occurring systems of care – a model that is being replicated across the United States. Many local elected officials spoke and Dr. Chinzano Cunningham, Commissioner of the NYS Office of Addiction Services and Supports (OASAS) and Dr. Ann Marie Sullivan, Commissioner of the NYS Office of Mental Health (OMH) both addressed the crowd.

Register today

Pathways Forward:
Westchester County Co-Occurring
System of Care – Innovating
Prevention, Treatment, Recovery
and System Transformation

**DCMH 2024
Fall Forum**
Wednesday,
October 23rd
8:30AM-3PM
Westchester County Center
White Plains, New York

**Josh Rubin, VP Client
Solutions at Health
Management Services**
will open the day
with an inspiring
"Call To Action."

Josh is a health policy expert with
over a decade of experience advising
on strategic healthcare
transformation, with a focus on
behavioral health and value-based
care, and a background in advocacy,
service provision, and public policy
leadership.

Join us to gain fresh insights, practical tools, and collaborative strategies whether you're new to the
work, ready to learn more, or deeply involved in driving change. There is something for all
stakeholders focused on the impact of co-occurring mental health & substance use disorders.

* Continental breakfast and lunch
will be provided

LEARNING TRACKS INCLUDE:

- Advancing Prevention Strategies, early intervention, risk mitigation, and harm reduction.
- Integrated Treatment Models, implementing innovative approaches.
- System Transformation, enhancing service delivery across sectors and communities.
- Engaging Youth and Families with practical tools for building co-occurring competency.

PLUS SPECIAL AREAS OF FOCUS:

- C-Suite Roundtable
- State and Federal Legislation, and strategies for effective utilization of grants and awards
- Workforce Development, including peer supports

EVENT SPONSORED BY

Westchester County
George Clinton County Executive
Michael Kelly, Commissioner
Department of Community Mental Health

4. Local Government Plan: Top Priorities to New York State OMH, OASAS, and OPWDD

Local Government Units (LGU) are required to submit, and update, a comprehensive 4-year plan to NYS OMH, OASAS and OPWDD. This county-wide planning process includes review of data, input from stakeholders and mapping services and identifying gaps. 2024 included review and updates of 4-year plan created in 2022. The next 4-year comprehensive plan will be conducted in 2026.

2024 Westchester County priority areas in all 3 systems are as follows:.

Goal #1: To improve access, increase capacity, & use of effective treatment approach for outpatient Mental Hygiene Services.

Goal #2: Address Housing & Residential opportunities for residents with behavioral health, developmental/intellectual disabilities needs.

Goal #3: Address workforce challenges including recruitment & retention.

Goal #4: Expand crisis services for individuals experiencing behavioral health crisis, & their families.

5. Community Services Board

The Community Services Board (CSB) is responsible to formulate and recommend to the Commissioner of Community Mental Health basic policy with respect to the administration and operation of the department; to collaborate with the Commissioner in formulating and maintaining procedures in accordance with the accepted mental health practices and Mental Hygiene Law; to develop and recommend long range plans with primary consideration to the welfare of the individual (recipient of services); to recommend such action as may be necessary or desirable with respect to the relationship between the department and nongovernmental agencies for the treatment of mental illness, intellectual/developmental disabilities, and addiction.

2024 CSB Membership:

- Ashley Brody, Chair
- Dr. Barbara Bernstein
- Elaine Bryant
- Marie Considine
- Dr. Elaine Haagan
- Dr. Bangaruraju Kolanuvada
- Stephanie Marquesano
- Barbara Masur
- Rev/Dr. Erwin Trollinger
- Kerry Whelan Megley
- Leg Jewel Williams-Johnson

**For additional information on DCMH 2024 Annual Report please contact
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