

2018
Local Services Plan
For Mental Hygiene Services

Chautauqua Co. Dept of Mental Health
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Chautauqua Co. Dept of Mental Health	70360	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
Office of Mental Health Agency Planning Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified
 Chautauqua Co. Dept of Mental Health	 70360/70360	 (Provider)
 Chautauqua Co Dept of MH OP	 70360/70360/50702	 (Treatment Program)
 Chautauqua Co Dept of MH OP1	 70360/70360/50703	 (Treatment Program)

Mental Hygiene Goals and Objectives Form
 Chautauqua Co. Dept of Mental Health (70360)
 Certified: Patricia Brinkman (7/31/17)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

The behavioral health system in Chautauqua County has made significant strides in addressing unmet needs over the the last year. Clinic capacity has increased within County operated programs and at the FQHC. New evidenced based treatment interventions have been introduced across the board. The move to the Open Access Model has made services more accessible at the time when individuals and families are ready. The placement of Family Partners within clinic programs has enhanced family engagement. The roll out of the MYStrength app to all County residents has placed education material on emotional health and well-being within a few clicks on their Iphone. It also makes available many self help tips and exercises that can decrease feelings of anxiety, depression, poor self esteem etc. An addition module will be added later in the Fall of 2017. The number of individuals with complex needs engaged in care coordination through health homes has increased dramatically over the past ICM/SCM model. Evaluation of services conducted using the Realist Evaluation Strategy brought to the community by Tapestry System of Care and funded by SAMHSA, has demonstrated the effectiveness of clinic services via school related outcomes. A new Research Center, a partnership between Tapestry and SUNY Fredonia, will expand this approach across the breadth of community services and across provider groups to identify those services that are making an impact and those that are not.

While the level of unmet need has remained the same over the last year, there have been changes in where that need is most critically found. Systemic changes will also impact that unmet need in the coming year. We continue to see increasing numbers of young children, ages 5 and below, present for services. Capacity to meet that need is challenging given the limited number of clinicians with the training and confidence to effectively assess and treat this population. With the raise the age legislation, the number of transition age youth needing access to the system is expected to increase. Housing needs for this population are expected to increase as are the need for vocational services. Models that support youth in their transion such as Transition to Independence (TIIP) will need to increase access.

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

Please Explain:

The unmet need for substance abuse services has improved in Chautauqua County. While we continue to be in the throes of the opioid epidemic, capacity to meet the need has increased over time.

Outpatient Services- County operated clinics have increased services by 35% in the North County and by --% in the South County. The FQHC has also expanded staff and increased capacity. UPMC-WCA and the County clinics have adopted the open access model so that clients can receive treatment on a walk-in basis making the system more responsive to meeting the needs of the individual at the time that individual is ready to engage. Clinics have expanded access to MAT by increasing available Suboxone slots and expanding access to Vivitrol.

Family support groups have been formed in both ends of the County beyond those offered by traditional self -help groups. The evidenced based practice of Community Reinforcement and Family Treatment (CRAFT) has been established in clinics. It helps family members to stay emotionally healthy while helping them to employ strategies of interaction with their loved one struggling with addiction that successfully motivate their loved one to seek treatment.

Detox- UPMC-WCA has stepped forward to provide these services to those needing assistance through withdrawal from opiates. We are working with other hospitals to assist in this area of need as well.

Jail Services- We are providing assessment, treatment, and releasing planning to inmates of the County jail. Inmates when released are provided information on the dangers of using on and specifically the dangers of using at previous levels. They are provided education on Narcan and given a kit along with an appointment for outpatient services. Inmates are also assessed to determine whether they would qualify for enrollment in Health Home Services. A referral is made when appropriate.

Prevention- The County-wide initiative ICE-8 is a whole person wellness curriculum that has been implemented in all school districts K-12. This is paired with health educators, OASAS funded Council on Alcohol and Substance Abuse (CASAC) programming and other training initiatives. The program will be evaluated over time to determine if it impacts key indicators such as drug experimentation and abuse, drop-out rates, instances of bullying, discipline etc.

Narcan- The County Health Department has an aggressive Narcan education and training program in all parts of the County.

The County has held a Forum each year to raise awareness of addiction and in particular, opioid addiction. This educational event has drawn hundreds of community members each year from all walks of life. Additional events were held in population centers of the County.

In spite of all these efforts, deaths from overdose may still increase this year. The fact that supplies are more frequently laced with Fentanyl derivatives making even a small dose potentially lethal is bears much of the responsibility for this tragic loss of life.

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

Please Explain:

The unmet need in the developmental disability population has continued to grow. The implementation of pre-k programs have led to more children being identified as having developmental issues earlier. Unfortunately, they are referred to a system in which services of every kind seem to be lacking. Even though children under 9 have provisional eligibility, many families get through the Front Door only to find there are few services available to them. Children 10 and older have a more difficult navigating the Front Door system. Many families give up in the process and turn to the Mental Health System to meet their child's need. Conflict Free Case Management and the resultant plan to revamp the Medicaid Service Coordination (MSC) is causing severe anxiety among providers, agency staff and the families. The financial viability of agencies is threatened, staff are leaving agencies looking for more security and families are confused, frustrated and anxious. The dismantling of the sheltered workshop system will cause some clients who are unable to work in a competitive employment environment to lose the daily structure, socialization and pride of accomplishment they known or could know if given the opportunity. There is a large need for housing. The changes in the OPWDD system relative to housing is creating.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input 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 checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

Housing-There is insufficient licensed housing for all population groups. OMH beds are fully utilized by those meeting the priorities attached to them including State PC discharge, AOT, Acute care discharge. There are individuals with serious mental illness that the system is doing everything possible to keep in the community and who are disadvantaged by the system's success who desperately would benefit from housing. There are also those who would be able to be retained in the community if additional dollars were available to provide community based supports to them. There is currently no OASAS funded housing in Chautauqua County. Safe, affordable housing with care management and other supports is important to the recovery process. Individuals coming out of the County jail needs transitional housing as well. Going back to the same environment is associated with relapse. There is a shortage of housing for individuals with developmental challenges. Moving community people into residences is becoming more difficult with the new housing assignment model. Those people designated by the OPWDD as priorities are given placements relatively quickly. Those already waiting for housing who are not deemed an emergency are stepped over to accommodate the priority placements. With the move to downsize existing facilities, agencies are struggling to find alternative fiscally viable placements for individuals with complex needs, particularly those that have complex medical needs. The cost to place individuals with those challenges and provide the level of necessary supports is cost prohibitive.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Objective Statement

Change Over Past 12 Months (Optional)

Goal: Expand the continuum of safe affordable housing to meet the needs of individuals who are struggling with mental illness, addiction and/or developmental challenges.

Objective 1: Develop transitional and permanent housing for those involved with the Forensic population.

Objective 2: Work with OASAS to develop housing for those struggling with addiction.

Objective 3: Work with OPWDD and the Resource Center to better facilitate the flow of people into housing as well as look strategically to determine if there are other models that could address the housing needs of this population more affordably and effectively.

2b. Transportation - Background Information

Transportation continues to be a problem in Chautauqua County. With bus services limited to daytime hours, mostly city routes and with limited and expensive taxi options, getting to and from services is a challenge for many. For those on Medicaid, transportation has become more challenging since that service was centralized by NYS. In spite of numerous meetings and advocacy by stakeholders, incredible problems continue. Dispatch has no idea of where Chautauqua County is located. Consequently, rides for medical appointments show up late for pick-up then do not have sufficient time to get to Buffalo or Erie in time. Residents are being turned away from appointments because they are so late. They are often left to wait for hours for the return ride home. Then they must try the system again and hope for a better experience. We have had vehicles dispatched from Rochester to take a client across town. The horror stories associated with this system go on and on.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Objective Statement

Change Over Past 12 Months (Optional)

Goal: Chautauqua County will continue to explore all options to reduce the need for transportation from the less accessible parts of the County.

Objective 1: Chautauqua County will continue to work through our local DSS, County Executive etc. to advocate for changes to the current system of Medicaid transportation and at a minimum to reduce as much as possible the burden this reworked system has placed on our Medicaid beneficiaries.
Objective 2: To the extent possible within existing regulations, CCDMH will work with the system to bring services to the people in need thereby eliminating as much as possible the barrier of transportation. Examples could include a Mobile van to bring Medication Assisted Treatment and other substance abuse services to the client. Opening more satellites in places such as schools will also be explored.

2c. Crisis Services - Background Information

Chautauqua County has a strong crisis response system that works well for those who have a crisis resulting from a mental health issue. The Crisis Line triages calls and will call out the Mobile Crisis Team as appropriate. The addition of the Mobile Transition Team funded from bed closures at BPC has done a great job in serving those that have been recently discharged from BPC or acute care hospitals. The Eagles Nest Respite House funded from those same dollars has provided a much needed option to the ED. Our system is less effective for those struggling with addiction. While the crisis line and Mobile Crisis Team will serve this population, addiction crisis intervention requires additional knowledge of the disease and the available resources to treat it. It also requires options other than the ED to be available.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Objective Statement

Change Over Past 12 Months (Optional)

Goal: To provide a better crisis response for those struggling with an addiction.
Objective 1. Chautauqua County will explore models of crisis intervention that are most effective with those struggling with addiction.
Objective 2. Chautauqua County will seek funding to implement the most appropriate model.
Objective 3. Chautauqua County will implement the model as soon as the funds are available.

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

Workforce Recruitment and Retention is a serious problem in Chautauqua County for all professional positions in Healthcare. The County is designated by the Federal government as a Health Professional Shortage Area. The most pressing need is for both adult and child psychiatry. The average age of psychiatrists is 60+. Because of the national shortage any candidates who may be interested in a position are requesting salaries and bonuses that far exceed the ability of clinics to pay. Often one provider gets a psychiatrist by luring that individual from another local provider. It has been a long time since a new psychiatrist has moved into the County. To keep programs open, providers have turned to extenders, primarily Nurse Practitioners and Physician Assistants. Because they are in short supply, they too are reaching compensation levels that challenge the provider's ability to hire. For the first time in the last two decades there is now a shortage of Social Workers especially LCSWs. Again, salary demands are rising for them as well. It has been nearly impossible to find Nurses and the competition for those you may find exceed most provider's salary schedules. These shortages are going to force providers to close programs and it will have the worst impact in rural areas. Providers who operate residential programs in the OMH and OPWDD system are struggling to find and retain direct care staff. These providers are struggling to offer minimum wage and lack the ability to provide the benefits that attract compassionate, competent, reliable workers.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Objective Statement

Change Over Past 12 Months (Optional)

Goal: To successfully recruit and retain professional and direct care staff to ensure programs can continue to meet the needs of the community.
Objective 1- Explore the opportunities to recruit in collaboration with other providers both locally and regionally.
Objective 2- Advocate with OASAS, OMH and OPWDD to enhance reimbursement or to provide specific allocations to assist with these costs.
Objective 3. Advocate with OASAS, OMH and OPWDD for regulatory waivers or changes to allow Nurse Practitioners to conduct 730 and AOT evaluations due to the lack of psychiatrists in rural communities.

2h. Recovery and Support Services - Background Information

Chautauqua County has a strong peer/recovery program in the south part of the County. These services are not available in the northern part of the County due to the lack of funding.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Objective Statement

Change Over Past 12 Months (Optional)

Goal: To develop a strong peer/recovery program in the northern part of the County.

2k. SUD Residential Treatment Services - Background Information

Chautauqua County is looking forward to have its first residential treatment program for individuals struggling with addictions. Estimated to be operational first quarter of 2018.

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)

2l. Heroin and Opioid Programs and Services - Background Information

Chautauqua County has a strong outpatient continuum of care for those struggling with addiction. While all outpatient clinics are providing Medication Assisted Treatment, there is not an OASAS licensed Opioid Treatment Program in the County at this time. However, UPMC Chautauqua-WCA, is preparing to submit its application within a month. This application has the support of the County Executive, the Community Services Board and the LGU. The OASAS Field Office and the LGU have already conducted the required Local Consult.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Objective Statement

Change Over Past 12 Months (Optional)

Goal: To have the UPMC OTP operational as quickly as possible.

2q. Developmental Disability Clinical Services - Background Information

This applies to all the topics from 2q-2ac. It is difficult for the LGU to fully discuss the needs of those with developmental challenges because neither the utilization data nor the funding flows this office. The LGU is informed in its work in this area by the PWDD Subcommittee, Child and Adult SPOAs and stakeholder input.

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)

2r. Developmental Disability Children Services - Background Information

Research tells us that the earlier problems are identified, the better the outcome. This stands true only if the appropriate interventions are utilized. So many children with developmental challenges, even when their family has successfully navigated the Front Door, receive no services or only a few of those for which he/she may qualify. SPOA is frequently told that the child may qualify but that the wait for that service is so long it wasn't worth putting it on the service plan. Consequently, children who may be identified early have poorer outcomes than would have occurred had the system met their needs. Many times parents call the OMH licensed clinics desperate for help because they were unable to access services for which their child was qualified.

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)

2z. Developmental Disability Residential Services - Background Information

The critical need for residential services for those with developmental challenges was discussed earlier in the plan

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

Change Over Past 12 Months (Optional)

2aa. Developmental Disability Front Door - Background Information

The Front Door doesn't open easily for many families. Transportation is often a barrier to families getting to site even if it is located within the community. Families report no preparation for the meeting and so many feel overwhelmed by the process, don't know what to expect nor the questions to ask and they feel ill-prepared to take next steps. They don't know what the menu of available services is so they are unable to request those services that might be needed most by their child. If OPWDD is truly looking to engage families in a person centered way, make the Front Door the client's front door. Meet the client in their home where they feel comfortable and are more likely to engage. The AOT, SPOA and HEALTH Home programs all approach engagement in this way.

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

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

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

3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information

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

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

Goal: To integrate care in collaboration with Millennium PPS during DSRIP Year 3.

Objective 1. Explore the integration of behavioral health into primary care and pediatric practices in Chautauqua County.

Objective 2. Integrate primary care into the county operated behavioral clinics as soon as the infrastructure is completed.

Objective Statement

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Chautauqua Co. Dept of Mental Health (70360)
Certified: Patricia Brinkman (7/31/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

1. For Criminal Procedure Law 730 Chargeback Budgeting: Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted

Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

2. For Local Administration of the Assisted Outpatient Treatment Program:

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment. The AOT Coordinator is charged with the day to day responsibility for operation of the AOT program. She works with families, hospitals and other referral sources to initiate the process. If from the information gleaned from these sources, it appears the individual is likely to meet the criteria, she begins the process by contacting the consumer and making an appointment to meet with him or her. She asks the individual to sign to have their pertinent records released. She requests records from treatment providers, law enforcement etc. She speaks with current and prior treatment facilities. She makes a determination as to whether the individual meets the criteria. She then meets with the Assistant County Attorney who handles these petitions. A petition is developed. A court date is requested. The psychiatrist working with the AOT program conducts the required evaluation. Required notices are sent to the parties. The AOT court hearing is held and a determination is made by the Judge.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

The services to be provided under AOT are explicitly identified in the petition and subsequent order. Once a court order is executed, the AOT Coordinator will refer the individual to the provider of that service in Chautauqua County. Typically, most of the consumers on AOT are referred to ACT. Reports of progress are sent to the AOT Coordinator on a schedule. She checks in with the consumer and the program periodically to assure compliance.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

Chautauqua County Department of Mental Hygiene uses ACT and Health Homes Plus. HARP services as available.

Questions regarding this survey item should be directed to Rebecca Briney at Rebecca.Briney@omh.ny.gov or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System, please contact the OASAS Planning Unit at 518-457-5989 or by email at oasasplanning@oasas.ny.gov

Community Service Board Roster
 Chautauqua Co. Dept of Mental Health (70360)
 Certified: Patricia Brinkman (7/31/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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.

Chairperson		Member	
Name	Anthony Raffa	Name	Marie Carrubba
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Term Expires	12/31/2018	Term Expires	12/31/2018
eMail	tony@jamestownrubberstamp.com	eMail	marie@ilc-jamestown-ny.org
Member		Member	
Name	Dr. Joseph S. DiCarlo	Name	Kathleen Hentz
Physician	No	Physician	No
Psychologist	Yes	Psychologist	No
Represents	Secretary	Represents	Exec. Comm
Term Expires	12/31/2019	Term Expires	12/31/2019
eMail	jdicarlo@windstream.net	eMail	kate.hentz@gmail.com
Member		Member	
Name	Ellen J. Maternowski	Name	Dolores A. Mitcham
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Executive Committee	Represents	Executive Committee
Term Expires	12/31/2019	Term Expires	12/31/2018
eMail		eMail	
Member		Member	
Name	Lt James Quattrone	Name	Sylvia Trusso
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Term Expires	12/31/2019	Term Expires	12/31/2019
eMail		eMail	
Member		Member	
Name	Betsy T. Wright	Name	Ronald Sellers
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Term Expires	12/31/2018	Term Expires	12/31/2019
eMail		eMail	rlesellers@aol.com

Alcoholism and Substance Abuse Subcommittee Roster
 Chautauqua Co. Dept of Mental Health (70360)
 Certified: Patricia Brinkman (7/31/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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.

Chairperson

Name Anthony Raffa
eMail
Is CSB Member Yes

Member

Name Dolores A. Mitcham
eMail
Is CSB Member Yes

Member

Name Dolores A. Mitcham
eMail
Is CSB Member Yes

Member

Name Lt James Quattrone
eMail QUATTRONE@sheriff.us
Is CSB Member Yes

Member

Name Joseph S. DiCarlo
eMail
Is CSB Member Yes

Member

Name Sylvia Trusso
eMail
Is CSB Member Yes

Member

Name Kathleen Hentz
eMail kate.hentz@gmail.com
Is CSB Member Yes

Member

Name Betsy T. Wright
eMail Betsy.Wright@wcahospital.org
Is CSB Member No

Member

Name Ellen J. Maternowski
eMail
Is CSB Member No

Member

Name Ronald Sellers
eMail rlesellers@aol.com
Is CSB Member No

Mental Health Subcommittee Roster
 Chautauqua Co. Dept of Mental Health (70360)
 Certified: Patricia Brinkman (7/31/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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

Chairperson

Name Dolores Mitcham
eMail
Is CSB Member Yes

Member

Name Kate Hentz
eMail kate.hentz@gmail.com
Is CSB Member Yes

Member

Name James Quattrone
eMail QUATTRONE@sheriff.us
Is CSB Member Yes

Member

Name Rhonda Whitford
Represents Community
eMail rondawhitford@yahoo.com
Is CSB Member No

Member

Name Joseph Woodward
eMail
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Chautauqua Co. Dept of Mental Health (70360)
 Certified: Patricia Brinkman (8/1/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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.

Chairperson

Name Marie Carrubba
eMail marie@ilc-jamestown-ny.org
Is CSB Member Yes

Member

Name Joseph DiCarlo
eMail jvdicarlo@windstream.net
Is CSB Member Yes

Member

Name Gail Saunders
eMail Gail.Saunders@aspirewny.org
Is CSB Member No

Member

Name Janne Bevan
eMail Joanne.Bevan@resourcecenter.org
Is CSB Member No

Member

Name Mollie Staley
Represents Community
eMail moleeta@hotmail.com
Is CSB Member No

Member

Name Susan Styborski
Represents OPWDD
eMail SUSAN.STYBORSKI@opwdd.ny.gov
Is CSB Member No

2017 Mental Hygiene Local Planning Assurance
Chautauqua Co. Dept of Mental Health (70360)
Certified: Patricia Brinkman (7/31/17)

Consult the LSP Guidelines for additional guidance on completing this exercise.

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 2018 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 2018 Local Services planning process.