



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Chautauqua Co. Dept of Mental Health
July 18, 2018

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	Not Completed
Office of Mental Health Agency Planning Survey	Required	Not Completed
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	Not Completed
Mental Hygiene Local Planning Assurance	Required	Not Completed
 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 OPI	 70360/70360/50703	 (Treatment Program)

Community Service Board Roster
 Chautauqua Co. Dept of Mental Health (70360)
 Certified: Patricia Brinkman (5/16/18)

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

Name Anthony Raffa
Physician No
Psychologist No
Term Expires 12/31/2018
eMail tony@jamestownrubberstamp.com

Member

Name Marie Carrubba
Physician No
Psychologist No
Term Expires 12/31/2018
eMail marie@ilc-jamestown-ny.org

Member

Name Dr. Joseph S. DiCarlo
Physician No
Psychologist Yes
Represents Secretary
Term Expires 12/31/2019
eMail jvdicarlo@windstream.net

Member

Name Kathleen Hentz
Physician No
Psychologist No
Represents Exec. Comm
Term Expires 12/31/2019
eMail kate.hentz@gmail.com

Member

Name Ellen J. Maternowski
Physician No
Psychologist No
Represents Executive Committee
Term Expires 12/31/2019
eMail

Member

Name Dolores A. Mitcham
Physician No
Psychologist No
Represents Executive Committee
Term Expires 12/31/2018
eMail

Member

Name Lt James Quattrone
Physician No
Psychologist No
Term Expires 12/31/2019
eMail

Member

Name Sylvia Trusso
Physician No
Psychologist No
Term Expires 12/31/2019
eMail

Member

Name Betsy T. Wright
Physician No
Psychologist No
Term Expires 12/31/2018
eMail

Member

Name Ronald Sellers
Physician No
Psychologist No
Term Expires 12/31/2019
eMail rlesellers@aol.com

Alcoholism and Substance Abuse Subcommittee Roster

Chautauqua Co. Dept of Mental Health (70360)

Certified: Patricia Brinkman (5/16/18)

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 Yes

Member

Name Ellen J. Maternowski
eMail
Is CSB Member No

Member

Name Ronald Sellers
eMail rlesellers@aol.com
Is CSB Member Yes

Mental Health Subcommittee Roster
 Chautauqua Co. Dept of Mental Health (70360)
 Certified: Patricia Brinkman (5/16/18)

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		Member	
Name	Dolores Mitcham	Name	Kate Hentz
eMail		eMail	kate.hentz@gmail.com
Is CSB Member	Yes	Is CSB Member	Yes
Member		Member	
Name	James Quattrone	Name	Rhonda Whitford
eMail	QUATTRONE@sheriff.us	Represents	Community
Is CSB Member	Yes	eMail	rondawhitford@yahoo.com
		Is CSB Member	No
Member			
Name	Joseph Woodward		
eMail			
Is CSB Member	No		