

2018  
Local Services Plan  
For Mental Hygiene Services

Ontario Co. Community Services Bd.  
October 31, 2017



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Ontario Co. Community Services Bd.</b>	<b>70340</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
Office of Mental Health Agency Planning Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
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**Mental Hygiene Goals and Objectives Form**  
 Ontario Co. Community Services Bd. (70340)  
 Certified: Diane Johnston (6/5/17)

**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:

Over the past year, there have been numerous initiatives which have had significant (positive) impact on the community.

1. Increase in child psychiatric time
2. Increase in health homes
3. Improved utilization of child and adolescent respite
4. Addition of "community support center"
5. Mental Health Association
6. FQHCs all increasing or adding psychiatric nurse practitioner time
7. Increased staff composition of MIT / Mobile Integration Team
8. CPEP has expanded staffing and hours of coverage for Mobile Crisis.
9. Development of suicide prevention coalition

However, at the same time there continues to be an unmet need of psychiatric time for both children and adults. Wait lists for medication appointments can be lengthy. Additionally, it is very difficult to locate acute beds for children/ adolescents, often leaving this population in EDs for unreasonable lengths of time.

The acuity of individuals presenting for services is significant for increased risk of violence to harm self or others. With growing caseload, managing heightened acuity is difficult.

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:

1. FLACRA addition of swing beds to best address the individual needs of those seeking treatment
2. Increased housing supports and options
3. Continued growth of the Substance Abuse Coalition activities / education
4. Monroe and Wayne counties are exploring "immediate access" for assessment and treatment. Individuals from Ontario County could utilize these services once they are up and running. (in development now with Monroe county planning)
5. Exploration of the need for more suboxone providers is paramount. There remains a shortage of providers, thus waiting lists for services.
6. Exploration of the need for a methadone provider is just beginning.
7. Development of a youth clubhouse in Geneva
8. Ontario (and Yates) county have been chosen to receive additional Federal funds to address the heroin/opioid epidemic
9. Hiring / training additional peer supports

Again, these are all tremendous additions to the services in our county. However, we continue to have a shortage of prescribers, leading to individuals unable to receive necessary medication treatments. We do not have a methadone provider in the County; although the OASAS reported number of individuals receiving such treatment out of county is small (6 individuals), it is unknown how many would seek such treatment if it was available locally.

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:

Services are "shifting" in the DD system, thus it's difficult to fully assess. There are many unknowns in the system regarding funding, reimbursement of services, consolidation and coordination with other agencies. Ontario ARC will continue to update Ontario County CSB.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input 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**

There continues to be a housing shortage for individuals in all three areas of need (OMH, OASAS, DD). Each area will continue to focus on advocacy and development of affordable, safe housing.

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

Development of additional housing opportunities

**Objective Statement**

Objective 1: Additional housing units

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2b. Transportation - Background Information**

Transportation has slowly improved over the years in Ontario County, with public transportation. This service is still not readily available for all individuals either due to scheduling, the individuals needs or limitation, finances. Ontario ARC continues to provide transportation to some of the individuals in specific programs via ARC. ARC is exploring alternatives with the local RGTA / bus system.

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)**

**2c. Crisis Services - Background Information**

Crisis services remain limited in Ontario county. The local CPEP has expanded their mobile crisis outreach, however this still leaves gaps for some hours of the week as well as availability if they are busy. We have both adult (Prospect Street and SOCR) and child and child (Elmira Psychiatric Center) crisis respite for those suffering from mental illness, but those are not fully utilized by our county residents. FLACRA has expanded / enhanced crisis center to include medically monitored as well as medically supervised. START in conjunction with Ontario ARC provides limited crisis respite services. START has a 24 hour crisis hot line available for individuals in this system. Overall work with DSRIP and our local PPS are working / planning on improvements to the crisis stabilization system.

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

Increase crisis stabilization opportunities for consumers.

**Objective Statement**

Objective 1: maximize use of Mobile Outreach

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Develop a coordinated system of crisis response.

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

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

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):

Workforce remains an issue in all areas (OMH, OASAS, OPWDD). I do not have a plan / goal to address this concern. The overall change in the "system" is shifting professionals, competing for professionals to conduct the work and there are not enough to go around.

**Change Over Past 12 Months (Optional)**

**2e. Employment/ Job Opportunities (clients) - Background Information**

There are several opportunities to explore job opportunities with clients.

Department of Social Services / Workforce development

Access VR

FLACRA / small Voc programming

Ontario ARC

**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

Add employment opportunities for consumers.

**Objective Statement**

Objective 1: Hold agency forum to review status of all work-force / vocational providers

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2:

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2f. Prevention - Background Information**

The development and expansion of the Substance Abuse Coalition activities is tied closely to Prevention. The Coalition focuses on education of the community, which has reached all school districts, most communities and the community college.

In collaboration with Public Health, Mental Health and the Partnership for Ontario county we are in the development of a Suicide Prevention Coalition.

Council on Alcoholism provides substance abuse prevention services in 8 of our 9 school districts as well as numerous county wide prevention and education opportunities.

FLACRA has recently hired several peer staff to assist with engagement of consumers.

**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

Decrease the number of deaths by opioid overdose.

Decrease the number of deaths by suicide.

**Objective Statement**

Objective 1: Development of a Suicide prevention coalition

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

Objective 2: Support continued Prevention Services in th community

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2g. Inpatient Treatment Services - Background Information**

There continues to be a shortage in inpatient beds. In the OASAS field, the additional "swing" beds at the ACC have been helpful, but the limited beds across the State is problematic. In the OMH field, the goal is to continue to limit both (State operated) adult and child inpatient beds. This has a direct impact on the number of individuals presenting at CPEP and then unable to locate (child) beds across the State. The OPWDD closures have lead to primarily only inpatient beds for those with Forensic / legal charges.

**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):

Although advocacy should continue within the areas, there is no specific goal pertaining to inpatient beds. The decreasing of beds (OMH and OPWDD) is very clear objective of the State of NY. The State reports enhancements to the outpatient programming, but not only is this slow in coming, but also does not fit the needs for all.

**Change Over Past 12 Months (Optional)**

**2h. Recovery and Support Services - Background Information**

We are lacking in this area; most recently the Mental Health Association began a presence in our county. Continued monitoring of this usage and assessment of the need will continue. We no longer have a day treatment program, which is a loss for many of our consumers. I will continue advocate with the local provider to develop a PROS program.

**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)**

**2i. Reducing Stigma - Background Information**

Both the Substance Abuse Coaliton and the Suicide Prevention Coalition are / will via their community education efforts, address stigma. The OPWDD system (local ARC) strives for integration of their consumers in the work environment with ongoing employer education.

**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)**

**2j. SUD Outpatient Services - Background Information**

A shortage of prescribers to provide Suboxone is significant and impacts the quality of care individuals can receive.

**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)**

**2k. SUD Residential Treatment Services - Background Information**

**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**

With approximately a 3x increase in Opioid related deaths in 2016 (26 vs 8 in 2015) the topic of herion and opioid use is significant. The present SUD providers in the county acknowledge the limited number of Suboxone providers, thus contributing to a "wait list" issue. The local jail works with a pharmaceutical company to provide Vivitrol to inmates with coordination to outpatient care upon their release. Methadone is not yet available within the county, but this topic continues to be explored.

**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

Decrease deaths due to Opioid use.

**Objective Statement**

Objective 1: Coordination with the providers chosen for the STR grant for Ontario and Yates Counties

Applicable State Agency: (check all that apply):  OASAS  OMH  OPWDD

**Change Over Past 12 Months (Optional)**

**2m. Coordination/Integrtion with Other Systems for SUD clients - Background Information**

**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)**

**2n. Mental Health Clinic - Background Information**

OCMHC has begun "open access" for initial screenings. This has fully eliminated a wait list. However, with this there remains waiting period to be seen by a prescriber for medication needs. OCMHC has increased child psychiatry time which has decreased the wait period, yet there remains a wait. An increase in prescribers for both children an adults remains necessary. Clifton Springs Hospital and Clinic provides clinic services. Elmira Psychiatric Center has a small outpatient clinic in Geneva and serve a small population of those suffering from chronic mental illness.

**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)**

**2o. Other Mental Health Outpatient Services (non-clinic) - Background Information**

Family support centers

Community support centers  
Mental health association  
Numerous private practitioners who serve both the adult and child population.

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)

### 2y. Developmental Disability Person Centered Planning - Background Information

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)

### 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

I continue involvement in DSRIP / FLPPS with membership on the Behavioral health / crisis stabilization committee.

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

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

Indicated above.

Objective Statement

Change Over Past 12 Months (Optional)

### 3d. NYS Department of Health Prevention Agenda - Background Information

The work with the Substance abuse Prevention Coalition ties into the Public Health Agenda

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

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

Addressed above.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

**Office of Mental Health Agency Planning Survey**  
Ontario Co. Community Services Bd. (70340)  
Certified: Diane Johnston (6/5/17)

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](mailto: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. AOT coordinator (An Ontario county MH employee) monitors all referrals / requests for AOT, conducts investigation, coordinates with the county attorney and holds a monthly meeting with DCS to discuss all referrals and individuals already on an AOT order. The coordinator receives monthly updates from the service / treatment providers in order to have accurate information regarding the response to AOT.

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 coordinator reviews status monthly. If and when there are concerns (treatment plan services not being offered, no progress, etc), the coordinator will often hold either phone or inperson provider meetings. Typically these meetings will include the consumer to address all concerns, questions.

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

Elmira Psychiatric Center Care management or Lakeview Health Services HH plus.

Questions regarding this survey item should be directed to Rebecca Briney at [Rebecca.Briney@omh.ny.gov](mailto: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](mailto:oasasplanning@oasas.ny.gov)



**Community Service Board Roster**  
 Ontario Co. Community Services Bd. (70340)  
 Certified: Korinna Roach (4/6/17)

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**

**Name** Richard McCaughey  
**Physician** No  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2020  
**eMail**

**Member**

**Name** Susan McGowan  
**Physician** No  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** Joseph Perillo  
**Physician** Yes  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** John Sharza  
**Physician** Yes  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2017  
**eMail**

**Member**

**Name** Christian Smith  
**Physician** No  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2017  
**eMail**

**Member**

**Name** Janet Starr  
**Physician** No  
**Psychologist** No  
**Represents** Family Member  
**Term Expires** 12/31/2020  
**eMail**

**Member**

**Name** Eileen Tiberio  
**Physician** No  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2017  
**eMail**

**Member**

**Name** Tina Hubbard  
**Physician** No  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2019  
**eMail**

**Member**

**Name** Mary Beer  
**Physician** No  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** Jennifer Carlson  
**Physician** No  
**Psychologist** No  
**Represents** Family Member  
**Term Expires** 12/31/2017  
**eMail**

**Member**

**Name** Mary Gleason  
**Physician** No  
**Psychologist** No  
**Represents** Family Member  
**Term Expires** 12/31/2018  
**eMail**

**Member**

**Name** Mary Green  
**Physician** No  
**Psychologist** No  
**Represents** Public Representative  
**Term Expires** 12/31/2019  
**eMail**

**Member**

**Name** Scott Laycock  
**Physician** No

**Psychologist  
Represents  
Term Expires  
eMail**

No  
Public Representative  
12/31/2018

**Alcoholism and Substance Abuse Subcommittee Roster**  
 Ontario Co. Community Services Bd. (70340)  
 Certified: Korinna Roach (4/6/17)

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** Christian Smith  
**Represents** Public Representative  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Joseph Perillo  
**Represents** Public Representative  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Janet Starr  
**Represents** Family Member  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Eileen Tiberio  
**Represents** Public Representative  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Mary Green  
**Represents** Public Representative  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Bettina Davison  
**Represents** Family Member  
**eMail**  
**Is CSB Member** No

**Mental Health Subcommittee Roster**  
 Ontario Co. Community Services Bd. (70340)  
 Certified: Korinna Roach (4/6/17)

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.

**Co-chairperson**

**Name** Jennifer Carlson  
**Represents** Family Member  
**eMail**  
**Is CSB Member** Yes

**Co-chairperson**

**Name** Susan McGowan  
**Represents** Public Representative  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Eileen Tiberio  
**Represents** Public Representative  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Mary Beer  
**Represents** Public Representative  
**eMail**  
**Is CSB Member** Yes

**Member**

**Name** Bettina Davison  
**Represents** Family Member  
**eMail**  
**Is CSB Member** No

**Member**

**Name** Roger Gardner  
**Represents** Public Representative  
**eMail**  
**Is CSB Member** No

**Member**

**Name** Scott Laycock  
**Represents** Public Representative  
**eMail**  
**Is CSB Member** Yes

**Developmental Disabilities Subcommittee Roster**  
 Ontario Co. Community Services Bd. (70340)  
 Certified: Korinna Roach (4/6/17)

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.

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Susan McGowan	<b>Name</b>	Melanie Nwaobia
<b>Represents</b>	Public Representative	<b>Represents</b>	Public Representative
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	No
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Joseph Perillo	<b>Name</b>	Janet Starr
<b>Represents</b>	Public Representative	<b>Represents</b>	Family Member
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	Yes
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Jennifer Carlson	<b>Name</b>	Brenda Estey
<b>Represents</b>	Family Member	<b>Represents</b>	Public Representative
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	No
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Mary Gleason	<b>Name</b>	Bettina Davison
<b>Represents</b>	Family Member	<b>Represents</b>	Family Member
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	No

**2017 Mental Hygiene Local Planning Assurance**  
Ontario Co. Community Services Bd. (70340)  
Certified: Diane Johnston (6/5/17)

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.