



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

Yates County Dept of Community Service  
July 18, 2018

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Yates County Dept of Community Service</b>	<b>70390</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>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
Mental Health Subcommittee Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Roster	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**Mental Hygiene Goals and Objectives Form**  
 Yates County Dept of Community Service (70390)  
 Certified: George Roets (6/2/18)

**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 unmet need has increased this year overall due to a number of factors including: community efforts to education about mental health and substance abuse, efforts to enlist community members to identify those in need of services and link them with services, increased referrals (especially from children and youth), staffing turnover at the clinic level, lack of perscribers, housing options, lack of afterhours program and support, the switch from case management to Health Home Care Management (delays in care management enrollments) and limitations in crisis services which rely too heavily on the Hospital Emergency Department. The implementation of managed Care has also led to increased referrals. The more recent Harp program has not had a major impact as of yet.

services and staffing and that should increase availability and reduce reliance on the Hospital Emergency Department. Out patient mental health clinics struggle with high referral numbers and delays in assessments and evaluations. Assesments for medication treatment are also delayed due to lack of staff. The Psychocial club and drop in center remain available for limited hours but are handicapped due to lack of space and staffing turnover. Residential resources out of county remain the bulk of the mental health bed options. this limits in county options. Voluntary beds are available but limited in quality and availability. Crisis residential options are almost entirely out of County.

- 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 level of unmet need has not improved despite the expansion of outpatient treatment options, the availability of medical treatment options at the jail and in the community, additionof care management and peer services as well as new housing options. detoxification and inpatient treatment remain available in Clifton Springs and elsewhere in the state but are limited by availability and distance. Efforts to provide treatment on demand have not been successful locally but further efforts are under development. The local substance Abuse Coalition has been active working on community options and interventions including prevention efforts. Managed Care has led to increased referrals also. Crisis services are lacking.

Prevention has occurred in the schools but also in the general community. These efforts continue to be extensive and include use of social media, public media and the internet. Evidence based programs have have reached more children and youth then ever before.

- 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 needs remain the same during the transformation process underway. residential need remain critical although addition residential options are in process. The new focus on employment over workshop efforts remains a work in progress. Creative efforts in establishing inhouse options as well as community options are in place with more under development. Clinical and rehabilitation services have been consolidated into a clinic(article 28) struggling with the decentralized services approach. Crisis and emergency services remain dependent on the Mental Health System and Hospital Emergency Department while the regional response system is expanded and developed.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input 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 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 checked="" 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 checked="" 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 type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

There were a number of reports, data sets and surveys that powered these efforts including: Regional Planning Reports (Common Ground), OASAS reports, OMH Reports, FLPPS Reegional scan, Child Survey, CLMHD survey data, data reports, local agency reports, innovative Voacational Project reports, Residential reporting from the state, local residential providers and housing agencies, statr reports, medicaid data, etc.

**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

To promote and advocate for crisis outreach, assessment and intervention on demand 24/7 in Yates County.

**Objective Statement**

Objective 1: Engage local Government, local agencies, local programs, FLPPS and FLRPC regarding the need for on demand crisis services for the three pop.groups.

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

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

The availability of mobile crisis services has been improved as has the link with Comprehensive psychiatric emergency program services. local emergency services plan is under development and coordinated with 4 other rural counties.

**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):

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

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

**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

To provide opportunity, training and suppor for employment.

**Objective Statement**

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

YMHFA, MHFA, MHFA Public Safety training was provided

**2f. Prevention - Background Information**

Stigma was identified as a specific cause of delay in treatment for SUD and Mental Illness populations of all ages. The source s included Surveys of school aged children, SUD providers, MH providers and take aways from community meetings. 350 + individuals were provided YMHFA, MHFA, MHFA Public Safety, MHFA Higher education, in order to educate, identify, support and encourage those with behavioral health issues to seek treatment, better understand illness and treatment and explore self help options. Survey of those trained indicated that they were able to identify those in need, had the confidence to educate and connect with those in need and were able to link one or more individuals with treatment.

**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

To offer YMHFA, MHFA, MHFA Public Safety and MHFA Higher education to Yates County residents.

**Objective Statement**

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

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

**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

To increase access to recovery and support services for the mentally ill and substance abuse population.

**Objective Statement**

Objective 1: Work with Lakeview health to increase availability of drop in center and psychosocial club.

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

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

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

**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

Reduce stigma for mental illness and substance abuse.

**Objective Statement**

Objective 1: Community education efforts with facts and information.

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

Objective 2: Provide community based trainings- MHFA & YMHFA.

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

Objective 3: Provide support for community members to become trainers

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

**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

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

To promote and support the development of SUD residential services.

**Objective Statement**

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

**2l. Heroin and Opioid Programs and 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)**

**2m. Coordination/Integration 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**

Adult and C & Y clinic capacity available, including school based. No reported waiting list, capacity at S & S.. Clinic plus services in community including off site services are needed. Flacra capacity with not waiting list .

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

Insure adequate access to outpatient care for the mentally ill, substance abuse population of all ages

**Objective Statement**

Objective 1: Monitor access and waiting times for mh outpatient care.

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

Objective 2: Monitor access and wait times for substance abuse care

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

Objective 3: insure adequate local outpatient care for all ages for mental health and substance abuse.

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

Objective 4: to utilize the expanded off site service potential.

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

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

waiting list have been zeroed out.

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

Out reach, for drop outs and for transition to traditional outpatient services or from inpatient. is not readily 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

To meet the stabilization needs of those transitioning from care or to care from inpatient or outpatient clinic services.

**Objective Statement**

Objective 1: To Follow up on self discharges, discharges from inpatient or outpatient care, with support, engagement and linkage to needed services.

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

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

More of an issue on the MH side as the addition of peers on the OASAS site has met the immediate need.

**2p. Mental Health Care Coordination - Background Information**

Insure adequate access to care management services for adults and children.

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

In sure adequate access to care management services for adults and children.

**Objective Statement**

Objective 1: Link C & Y Care management with C & Y SPOA team.

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

Objective 2: Link adult care management with adult SPOA team.

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

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

issues exist with lack of connection between C-SPOA and C & Y care managers.

**2u. Developmental Disability Respite 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)**

see residential goal.

**2z. Developmental Disability Residential Services - Background Information**

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

to provide Continuous monitoring of housing need for the DD population.

**Objective Statement**

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

**2ab. Developmental Disability Service Coordination - Background Information**

Systems transition to HH CM is underway

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

To monitor the changeover process to HH CM and insure no individuals lose care coordination and all have a smooth transition.

**Objective Statement**

Objective 1: To review reports from the state, ARC and consumers regarding the transition.

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

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

Underway after planning cycle.

**3. Goals Based On State Initiatives**

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**3a. Medicaid Redesign - 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)**

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

We have had continued active involvement with the FL process, Changes have occurred with impact on the triple aim. There have been improvements in the behavioral health care system.

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

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

To support the FL process including involvement with the behavioral health planning, workforce planning and clinical quality oversight.

**Objective Statement**

Objective 1: To represent the FL DCS group on the clinical quality committee.

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

Objective 2: Provide leadership to workforce planning and behavioral health planning.

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

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

Workforce issues reflect a national, state wide and local problem requiring solutions at all levels. Gaps and deficiencies in the behavioral health system have seen some improvement and coordination and cooperation has increase.

**3c. Regional Planning Consortiums (RPCs) - Background Information**

The RPC's have been instituted, and have evolved into an effective change agent and systems problem solver. The state local coordination and cooperation focused on systems efficiency, effectiveness and positive outcomes has been excellent. The RPC now move to improve on their success as an agent of systems improvement and a reflection of broad community involved advocacy.

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

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

To support the FLRPC activities and promote the ongoing efforts with staff time and effort.

**Objective Statement**

Objective 1: Serve as the co-chair through 2019

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

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

To support and provide human resources in support of the FLRPC.

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

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

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

To reduce stigma related to behavioral health disorders.

**Objective Statement**

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

To work in collaboration with the Local PH Department on the prevention agenda.

**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**  
 Yates County Dept of Community Service (70390)  
 Certified: George Roets (5/25/18)

**1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.**

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issue in a rural community, lack of upscale housing, salary/compensation
Psychiatrist	5	5	
Physician (non-psychiatrist)			
Psychologist (PhD/PsyD)			
Nurse Practitioner	4	4	supply, rural
RN/LPN (non-NP)			
Physician Assistant			
LMSW	4	4	salary, benefits,
LCSW			
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)			
Peer specialist	4	4	lack of positions
Family peer advocate			

**2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining**

**3. Please indicate how many, if any, programs in your county provided input specific to this questions set.**

One article 31 clinic, two local private practices.

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman [jeremy.darman@omh.ny.gov](mailto:jeremy.darman@omh.ny.gov). For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

**Community Service Board Roster**  
 Yates County Dept of Community Service (70390)  
 Certified: George Roets (5/25/18)

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.

**Member**  
**Name** John H. Cooley MD  
**Physician** Yes  
**Psychologist** No  
**Represents** community member  
**Term Expires** 12/31/2019  
**eMail** jhcooley@aol.com

**Member**  
**Name** Lauren R. Snyder  
**Physician** No  
**Psychologist** No  
**Represents** family/consumer  
**Term Expires** 12/31/2020  
**eMail** laurensnyder@gmail.com

**Member**  
**Name** Sara Christensen  
**Physician** No  
**Psychologist** No  
**Represents** health care/public health  
**Term Expires** 12/31/2020  
**eMail** schristensen@yatescounty.org

**Member**  
**Name** Antonia Gridley  
**Physician** No  
**Psychologist** No  
**Represents** Law enforcement  
**Term Expires** 12/31/2020  
**eMail** agridley@yatescounty.org

**Member**  
**Name** Becky Bennett-Tears  
**Physician** No  
**Psychologist** No  
**Represents** aging population  
**Term Expires** 12/31/2017  
**eMail** Bennett-TearsB@proactioninc.org

**Member**  
**Name** Eric Detar  
**Physician** No  
**Psychologist** No  
**Represents** higher education/chaplain  
**Term Expires** 12/31/2020  
**eMail** edetar@keuka.edu

**Member**  
**Name** Ellen Hey  
**Physician** No  
**Psychologist** No  
**Represents** FQHC FNP  
**Term Expires** 12/31/2021  
**eMail** ellenh@flchealth.org

**Alcoholism and Substance Abuse Subcommittee Roster**  
 Yates County Dept of Community Service (70390)  
 Certified: George Roets (5/25/18)

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.

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Gerri Kolbe	<b>Name</b>	Edie Mann
<b>Represents</b>	consumer/family	<b>Represents</b>	community advocacy
<b>eMail</b>	gkolbe@flpn.org	<b>eMail</b>	backacres1947@gmail.com
<b>Is CSB Member</b>	No	<b>Is CSB Member</b>	No
<b>Member</b>		<b>Member</b>	
<b>Name</b>	John H. Cooley	<b>Name</b>	Jacqueline M Shrader
<b>Represents</b>	medicine	<b>Represents</b>	community advocacy
<b>eMail</b>	jhcooley@aol.com	<b>eMail</b>	shraderja@aol.com
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	No
<b>Member</b>		<b>Member</b>	
<b>Name</b>	martin Teller	<b>Name</b>	Timothy Van Damme
<b>Represents</b>	substance abuse treatment	<b>Represents</b>	substance abuse prevention
<b>eMail</b>	Martin.Teller@flacra.org	<b>eMail</b>	tvandamme@twcmetrobiz.com
<b>Is CSB Member</b>	No	<b>Is CSB Member</b>	No
<b>Member</b>		<b>Member</b>	
<b>Name</b>	Cindy Christie	<b>Name</b>	Sara Christensen
<b>Represents</b>	CSD rep	<b>Represents</b>	PH
<b>eMail</b>	cchristie@keuka.edu	<b>eMail</b>	schristensen@yatescounty.org
<b>Is CSB Member</b>	No	<b>Is CSB Member</b>	Yes

**Mental Health Subcommittee Roster**  
 Yates County Dept of Community Service (70390)  
 Certified: George Roets (5/25/18)

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.

**Member**  
**Name** Cathy Lovejoy  
**Represents** community residential  
**eMail** clovejoy@lakeviewmhs.org  
**Is CSB Member** No

**Member**  
**Name** Sherri Borglum  
**Represents** community treatment  
**eMail** sherriborglum@gmail.com  
**Is CSB Member** No

**Member**  
**Name** Becky bennett-Tears  
**Represents** aging services  
**eMail** bennett-TearsB@proaction  
**Is CSB Member** Yes

**Member**  
**Name** Lisa Youngs  
**Represents** mental health care  
**eMail** lisa.youngs@flhealth.org  
**Is CSB Member** No

**Member**  
**Name** John Jenkins  
**Represents** children's support services  
**eMail** jjenkins@dor.org  
**Is CSB Member** No

**Member**  
**Name** melanie Sullivan  
**Represents** community residential support  
**eMail** melaniesullivan@keukahousingcouncil.org  
**Is CSB Member** No

**Member**  
**Name** Ellen Hey  
**Represents** FQHC FNP  
**eMail** ellenh@flhealth.org  
**Is CSB Member** Yes

**Developmental Disabilities Subcommittee Roster**  
 Yates County Dept of Community Service (70390)  
 Certified: George Roets (5/25/18)

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.

**Member**  
**Name** Deb Fabris Coon  
**Represents** ARC Yates  
**eMail** dfabriscoon@arcofyates.org  
**Is CSB Member** No

**Member**  
**Name** James E. Wilson  
**Represents** community  
**eMail** jimw805@gmail.com  
**Is CSB Member** No

**Member**  
**Name** Virginia (Ginny) Penepent  
**Represents** family  
**eMail** ginpene@gmail.com  
**Is CSB Member** No

**Member**  
**Name** Connie L. Baughman  
**Represents** family advocate  
**eMail** conniebaughman45@yahoo.com  
**Is CSB Member** No

**Member**  
**Name** Carol G. Schreiner  
**Represents** children's services  
**eMail** cshreiner@rochester.rr.com  
**Is CSB Member** No

**Member**  
**Name** Stacy Barden  
**Represents** education  
**eMail** sbarden@pycsd.org  
**Is CSB Member** No

**Member**  
**Name** Sara K Hansen  
**Represents** service provider  
**eMail**  
**Is CSB Member** Yes

**Member**  
**Name** lauren Snyder  
**Represents** family  
**eMail** laurensnyder@gmail.com  
**Is CSB Member** Yes

**2019 Mental Hygiene Local Planning Assurance**  
Yates County Dept of Community Service (70390)  
Certified: George Roets (6/2/18)

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 2019 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 2019 Local Services planning process.