

2018
Local Services Plan
For Mental Hygiene Services

Tioga County Community Services Board
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Mental Hygiene Goals and Objectives Form
 Tioga County Community Services Board (70510)
 Certified: Lori Monk (6/8/17)

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:

Tioga County outpatient clinic serves the entire community. Our new Open - Access has resulted in no waiting list, and timely treatment. Tioga would benefit from a full time psychiatrist. There are waiting periods to see a prescriber in the County. Access to higher levels of care for children have significantly worsened. CR's have "months" for waiting lists, RTF's approval process is a barrier to timely care, and lack of inpatient beds leads to "days" spent by children in the ER, even if they have been approved they may be sent home. Waiver staff have had their caseloads increased to 9, with discussion of that becoming 11. Waiver staff feel that the quality of care is and will decrease if this continues.

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:

As in most counties, Tioga has experienced a significant increase in issues related to opioid epidemic. Tioga has no wrap around services for this population. There is no supportive housing, residential treatment facility, hospital, or inpatient. Most individuals needing higher levels of care are sent out of county. Probationers are being violated and sent to jail to detox. The staff in the jail estimate that 96% of inmates have some substance related issues. The clinic is now able to provide MAT, due to regulation/provider changes. It is our hope to secure additional medical prescriber ability within the year.

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:

There continues to be a lack of available providers for in home services; respite, community hab workers, which help maintain stability. Workshops are closed down, and few employment opportunities are available. There is a lack of appropriate housing options for the disabled. There is a lack of residential options for those unable to be maintained at home. There is a need to improve current housing that has been described as "sub standard", out of flood zones, within the village. Lack of food for this population is of great concern. Agencies have reported that they schedule various food bank trips throughout the month for this population, and that the banks have rules that restrict the frequency one can utilize. Transportation continues to be an issue.

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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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
- ab) Developmental Disability Service Coordination
- ac) Other Need (Specify in Background Information)

2a. Housing - Background Information

There is a lack of housing in Tioga County. Information gathered from community members and various agencies describe current housing as "sub-standard". There is currently no family housing available for all populations.

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

Tioga County will develop and increase adequate housing for all populations

Objective Statement

Objective 1: Pursue development of supportive housing with interested agencies and that align with state initiatives

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

Objective 2: Pursue development of Supportive Housing with interested agencies and that align with state initiatives

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

Objective 3: Pursue development of respite housing by working with state and/or voluntary agencies.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

There is lack of transportation in Tioga County, barrier for consumers in reaching desired goals/outcomes.

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):
Funding

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

Tioga County does not have any adult respite beds. Additionally, the county does not have 24/7 ambulatory detox/addiction services. There is a lack of crisis services for the developmentally disabled. The NY Start program has been delayed in our region.

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

Expansion of crisis services to all populations served.

Objective Statement

Objective 1: Apply for grants as available to support expansion of crisis services.

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

Objective 2: Will participate in regional effort to increase adult respite beds

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

Objective 3: Cooperate and propose that a 24/7 Crisis Center be developed in Tioga County.

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

Objective 4: Support regional efforts in developing crisis services

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

Change Over Past 12 Months (Optional)

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

Transition of workshops/Achieve no longer considered integrated employment, limited community options 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

The community will develop/support employment opportunities for all

Objective Statement

Objective 1: Bring community providers together to identify barriers to integrated employment

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

Objective 2: Provide Cultural Sensitivity training to community

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

Objective 3: Identify increased opportunity and incentives for employers

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Tioga County supported the Substance Abuse Coalition in applying for SAMHSA Drug Free Communities Grant. Tioga Downs Casino was awarded full gaming licensure and we are projecting an increase in gambling addiction related issues.

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

Prevention efforts in Tioga County that increase awareness and reduce substance use, suicide, and gambling.

Objective Statement

Objective 1: Trinity CASA will apply for all federal, state, and local/private funding that will enhance prevention efforts in the county.

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

Objective 2: Coordinate all SAP efforts through the Tioga County Substance Abuse Coalition

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

Objective 3: Promote and support efforts of Tioga County Suicide Prevention Coalition

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

Objective 4: Pursue and support objectives of the DOH as appropriate to population served

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

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

There are no SUD recovery supports in Tioga County

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

Provide a continuum of community supports for SUD population

Objective Statement

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

Promote stigma reduction in Tioga County

Objective Statement

Objective 1: Support community efforts to reduce stigma

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

Objective 2: The LGU in conjunction with CSB and sub-committees will develop stigma reduction message for the County

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

Objective 3: Submit article to the Tioga County Pennysaver once per month that educates and increases awareness related to all populations.

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Tioga County had limited access to Medication Treatment providers, and no wrap around services for SUD population.

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

Tioga County will provide MAT to the residents of Tioga County

Objective Statement

Objective 1: Increase clinic prescribers

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

Tioga County lacks any wrap around services for SUD population. LGU in partnership with Trinity applied for the Rapid expansion grant, but was not awarded. Most clients are sent out of County for services and stabilization.

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

Develop Residential/Stabalization Services In Tioga County

Objective Statement

Objective 1: Pursue funding in partnership with interested private organizations to develop Residential/Stabalization Services

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

Change Over Past 12 Months (Optional)

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

Tioga County lacks housing, stabilization, or supportive services for SUD population.

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

Tioga County and collabrative partners will assure access to a continuum of care for individuals in need.

Objective Statement

Objective 1: develop increased peer support

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

Objective 2: pursue OASAS licensed housing within the county

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

Objective 3: Tioga County Alcohol and Drug Services will provide MAT

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

Change Over Past 12 Months (Optional)

Tioga County now offers Open Access/Walk in services.

2m. Coordination/Integration with Other Systems for SUD 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

Tioga County will coordinate community/agency efforts to maximize resources.

Objective Statement

Objective 1: Participate in Deliver System Reform and Incentive Payment process to improve outcomes and obtain increased funding for community supports

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

Objective 2: participate in regional and statewide initiatives

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

Objective 3: Explore option of integrated licensure

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

Objective 4: Examine need and process to offer satellite clinics in primary care

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

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - 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

Tioga County will increase services available to children

Objective Statement

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - 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

Objective Statement

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

There are a lack of professionals who specialize in treating multiple disabilities.

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

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

Collaborate with OPWDD and providers to support system transformation.

Objective Statement

Objective 1: Improve crisis services for persons with developmental disabilities

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

Objective 2: Educate community about changes in the way services are accessed

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

Objective 3: The OPWDD sub-committee members will visit all school districts in Tioga County and educate them on available services, and the importance of identification so that planning can occur before graduation.

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

Change Over Past 12 Months (Optional)

2s. Developmental Disability Adult 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):
There is a shortage of repite, housing/residential, and programming services for the adult and aging population.

Change Over Past 12 Months (Optional)

2t. Developmental Disability Student/Transition 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

Tioga County School districts will identify, and collaborate with community agencies so that a successful transition can occur

Objective Statement

Change Over Past 12 Months (Optional)

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):
There is a lack of respite services for this population, please see other related goals.

Change Over Past 12 Months (Optional)

2v. Developmental Disability Family Supports - Background Information

There is a lack of support/resources for families in Tioga County, there is constant dialouge in OPW sub-committee.

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

Broome Developmental discharge created large need for community placements that are not available, especially to meet complex needs.

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)

2ab. Developmental Disability Service Coordination - 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 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

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

Tioga County's goals/objectives are targeted to improve health outcomes

Objective Statement

Change Over Past 12 Months (Optional)

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

Tioga County to align with our Delivery System Reform Incentive Payment Program (DSRIP). Local plan reflects goals of this initiative.

Objective Statement

Change Over Past 12 Months (Optional)

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

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

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

Expand services to align with regional needs and address barriers. Local Planning reflects goals of the initiative.

Objective Statement

Change Over Past 12 Months (Optional)

3d. NYS Department of Health Prevention Agenda - 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):
Local Planning reflects MH/SUD Population Health goals.

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
Tioga County Community Services Board (70510)
Certified: Lori Monk (4/3/17)

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.

Our County Attorney assists the DCS, and contacts OMH Legal.

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 County has limited number of AOT's and both have been involved with the ACT Team, and receive required services.

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

SPOA is run by the county, no AOT's have been placed with Care Management Programs/ all have been placed with ACT

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
Tioga County Community Services Board (70510)
Certified: Lori Monk (5/23/17)

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.

Co-chairperson

Name Kathy Roush
Physician No
Psychologist No
Represents Community Member
Term Expires 3/31/2019
eMail kroush@stny.rr.com

Co-chairperson

Name Denise Brown
Physician No
Psychologist No
Represents Community Agency
Term Expires 3/31/2018
eMail dbrown@rehab.org

Member

Name William Standinger III
Physician No
Psychologist No
Represents Legislature
Term Expires 3/31/2019
eMail standingerw@co.tioga.ny.us

Member

Name Christine Schweitzer
Physician No
Psychologist No
Represents Consumers
Term Expires 3/31/2018
eMail rschweitze@stny.rr.com

Member

Name Tracey Briggs
Physician No
Psychologist No
Represents MH
Term Expires 3/31/2019
eMail Tbriggs@pathwaysforyou.org

Member

Name Barbara Newcomb
Physician No
Psychologist No
Represents Community Agency
Term Expires 3/31/2019
eMail bbnewcomb@hotmail.com

Member

Name Keith Nichols MD
Physician Yes
Psychologist No
Represents Community Physician
Term Expires 3/31/2020
eMail knicholsmd@yahoo.com

Alcoholism and Substance Abuse Subcommittee Roster
Tioga County Community Services Board (70510)
Certified: Lori Monk (5/15/17)

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 Christina Olevano
Represents Prevention
eMail coleano@casa-trinity.org
Is CSB Member No

Member

Name Kathy Roush
Represents Community
eMail kroush@stny.rr.com
Is CSB Member Yes

Member

Name Brian Eldridge
Represents United Way
eMail bjeldridge1@yahoo.com
Is CSB Member No

Member

Name Maureen Hawley
Represents Youth Bureau
eMail HawleyM@co.tioga.ny.us
Is CSB Member No

Member

Name Kylie Gates
Represents Public Health
eMail gatesk@co.tioga.ny.us
Is CSB Member No

Member

Name Joy Bennett
Represents Probation
eMail bennettJ@co.tioga.ny.us
Is CSB Member No

Mental Health Subcommittee Roster
Tioga County Community Services Board (70510)
Certified: Lori Monk (5/15/17)

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 Tina Lounsbury
Represents DSS/Adult Care
eMail 49A577@dfa.state.ny.us
Is CSB Member No

Member

Name Heather Morgan
Represents Public Health
eMail MorganH@co.tioga.ny.us
Is CSB Member No

Member

Name Francis J. Baily
Represents Domestic Violence
eMail Francis-j-baily@stny.rr.com
Is CSB Member No

Member

Name Kathy Roush
Represents Community
eMail kroush@stny.rr.com
Is CSB Member Yes

Member

Name Denise Brown
Represents Community Agency
eMail dbrown@rehab.org
Is CSB Member Yes

Member

Name Donna Corbin
Represents Community Agency
eMail dcorbin@glovehouse.com
Is CSB Member No

Member

Name Wendy Arnold
Represents SPOA
eMail arnoldw@co.tioga.ny.us
Is CSB Member No

Member

Name Carolyn Galatzan
Represents Community
eMail rgalatzan@aol.com
Is CSB Member No

Member

Name Anne McManus-Grant
Represents Community
eMail annemcgrant@netscape.net
Is CSB Member No

Developmental Disabilities Subcommittee Roster
Tioga County Community Services Board (70510)
Certified: Lori Monk (5/15/17)

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 John Crosby
Represents Community
eMail johncrosby@stny.rr.com
Is CSB Member No

Member

Name Shriley Jackson
Represents Advocate
eMail sjackson1950@aol.com
Is CSB Member No

Member

Name Evelyn Bale
Represents Agency
eMail tbale@stny.rr.com
Is CSB Member No

Member

Name Tina Lounsbury
Represents DSS/Adult Services
eMail 49A577@dfa.state.ny.us
Is CSB Member No

Member

Name Monika Deskur
Represents Regional Office 2 Broome
eMail Monkia.deskur@opwdd.ny.gov
Is CSB Member No

Member

Name Elfrieda Heil
Represents community
eMail
Is CSB Member No

Member

Name Anne Seepersaud
Represents Community Agency
eMail AnneS@rackercenters.org
Is CSB Member No

Member

Name Christine Schweitzer
Represents Consumers
eMail rschweitze@stny.rr.com
Is CSB Member No

Member

Name John Hogan
Represents Broome DDSO
eMail John.Hogan@opwdd.ny.gov
Is CSB Member No

Member

Name Anne Marie Peterson
Represents OPW
eMail Annmarie.peterson@opwdd.ny.gov
Is CSB Member No

Member

Name William Standing III
Represents Legislature
eMail standingerw@co.tioga.ny.us
Is CSB Member Yes

Member

Name Vicki Thierfelder
Represents Catholic Charities/Employment
eMail ythierfelder@dor.org
Is CSB Member No

2017 Mental Hygiene Local Planning Assurance
Tioga County Community Services Board (70510)
Certified: Lori Monk (6/8/17)

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.