2020
Local Services Plan
For Mental Hygiene Services

Tioga County Community Services Board
September 6, 2019
## Table of Contents

<table>
<thead>
<tr>
<th>Planning Form</th>
<th>LGU/Provider/PRU</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tioga County Community Services Board</strong></td>
<td>70510 (LGU)</td>
<td></td>
</tr>
<tr>
<td>Executive Summary</td>
<td>Optional</td>
<td>Not Completed</td>
</tr>
<tr>
<td>Goals and Objectives Form</td>
<td>Required</td>
<td>Certified</td>
</tr>
<tr>
<td>New York State Prevention Agenda Survey</td>
<td>Required</td>
<td>Certified</td>
</tr>
<tr>
<td>Office of Mental Health Agency Planning (VBP) Survey</td>
<td>Required</td>
<td>Certified</td>
</tr>
<tr>
<td>Community Services Board Roster</td>
<td>Required</td>
<td>Certified</td>
</tr>
<tr>
<td>Alcoholism and Substance Abuse Subcommittee Roster</td>
<td>Required</td>
<td>Certified</td>
</tr>
<tr>
<td>Mental Health Subcommittee Roster</td>
<td>Required</td>
<td>Certified</td>
</tr>
<tr>
<td>Developmental Disabilities Subcommittee Roster</td>
<td>Required</td>
<td>Certified</td>
</tr>
<tr>
<td>Mental Hygiene Local Planning Assurance</td>
<td>Required</td>
<td>Certified</td>
</tr>
<tr>
<td><strong>Tioga County Community Services Board</strong></td>
<td>70510/70510 (Provider)</td>
<td></td>
</tr>
<tr>
<td>Health Coordination Survey</td>
<td>Required</td>
<td>Certified</td>
</tr>
<tr>
<td><strong>Tioga County Alcohol/Drug Services OP</strong></td>
<td>70510/70510/554 (Treatment Program)</td>
<td></td>
</tr>
<tr>
<td>Clinical Supervision Contact Information Survey</td>
<td>Required</td>
<td>Certified</td>
</tr>
<tr>
<td>Program EHR and LGBTQ Survey</td>
<td>Required</td>
<td>Certified</td>
</tr>
</tbody>
</table>
1. Overall Needs Assessment by Population (Required)

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

Please describe any unmet mental health service needs that have improved:

Tioga County outpatient clinic serves the entire community. Our Open Access has resulted in no waiting list, and timely treatment. Tioga now has a full time psychiatrist with no waiting list. Vacancies are an issue in HCBS and VOC/ED services however, additional agency is now accepting new referrals for employment/Access VR and Voc/Ed. Crisis Services improved overall. Increased utilization of resources for suicidal ideation.

Please describe any unmet mental health service needs that have stayed the same:

Transportation and Housing. Access to higher levels of care for children have remained unchanged if not worse (inpatient beds), with continuing long waits in Emergency Rooms for days. Children deemed appropriate for inpatient remain in the ER, crisis residences will not accept while waiting for bed. Children who are residing at crisis residence who cannot be managed at that level - often cannot access inpatient - due to lack of beds, often sent home, and the cycle repeats.

Please describe any unmet mental health service needs that have worsened:

Limited childrens services for under age five. New childrens HCBS services have declined due to confusion around change in overall system / extreme difficulty in approval for services with delayed implementation. Non-Medicaid families are without services due to the C-YES process and lack of providers in both HCBS and CFTSS for all populations. One Agency alone received over 300 referrals since January 2019.

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

Please describe any unmet SUD service needs that have improved:

Recieved SUD Jail funding. COTI Program. Two Suboxone prescribers in clinic. Continuing Care Regulatory Change. Same day admission / Open Access M-F. Recieved SAMSHA Drug Free Communities Grant.

Please describe any unmet SUD service needs that have stayed the same:

No wrap around services in Tioga County. There are no supportive housing, residential, stabilization/detox facilities within the County.

Please describe any unmet SUD service needs that have worsened:

Referrals to clinic have declined since COTI implemented. Other agencies are prescribing without regulatory restrictions. LDSS agencies IMA - have conflicting system that are creating barriers for persons who receive cash assistance - essentially they are determining LOC - also, delay in approval for any change in LOC. In neighboring county, LDSS directs persons from receiving suboxone in another county despite waiting lists.

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

Please describe any unmet developmentally disability service needs that have improved:

Self Directed Services. DD Care Coordination - Three Care Coordination Agencies servicing Tioga County.

Please describe any unmet developmentally disability service needs that have stayed the same:

There continues to be a lack of available providers for in home services; respite, community hab workers, which help maintain stability. 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. Transportation continues to be an issue.

Please describe any unmet developmentally disability service needs that have worsened:

Recruiting direct care staff and recruitment of Brokers. Access to medical care is an issue there are few local providers who will take on patients who are nonverbal or have multiple medical needs. One parent on a TWO YEAR waiting list for dental care in Tioga County.

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

2. Goals Based On Local Needs
Issue Category

<table>
<thead>
<tr>
<th>Issue Category</th>
<th>Applicable State Agenc(ies)</th>
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</thead>
<tbody>
<tr>
<td>a) Housing</td>
<td>OASAS OMH OPWDD</td>
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<td>b) Transportation</td>
<td></td>
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<tr>
<td>c) Crisis Services</td>
<td></td>
</tr>
<tr>
<td>d) Workforce Recruitment and Retention (service system)</td>
<td></td>
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<tr>
<td>e) Employment/ Job Opportunities (clients)</td>
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<td>f) Prevention</td>
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<td>g) Inpatient Treatment Services</td>
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<td>h) Recovery and Support Services</td>
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<td>i) Reducing Stigma</td>
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<td>j) SUD Outpatient Services</td>
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<td>k) SUD Residential Treatment Services</td>
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<td>l) Heroin and Opioid Programs and Services</td>
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<td>m) Coordination/Integration with Other Systems for SUD clients</td>
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<tr>
<td>n) Mental Health Clinic</td>
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<td>o) Other Mental Health Outpatient Services (non-clinic)</td>
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<tr>
<td>p) Mental Health Care Coordination</td>
<td></td>
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<tr>
<td>q) Developmental Disability Clinical Services</td>
<td></td>
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<tr>
<td>r) Developmental Disability Children Services</td>
<td></td>
</tr>
<tr>
<td>s) Developmental Disability Student/Transition Services</td>
<td></td>
</tr>
<tr>
<td>t) Developmental Disability Respite Services</td>
<td></td>
</tr>
<tr>
<td>u) Developmental Disability Family Supports</td>
<td></td>
</tr>
<tr>
<td>v) Developmental Disability Self-Directed Services</td>
<td></td>
</tr>
<tr>
<td>w) Autism Services</td>
<td></td>
</tr>
<tr>
<td>x) Developmental Disability Front Door</td>
<td></td>
</tr>
<tr>
<td>y) Developmental Disability Care Coordination</td>
<td></td>
</tr>
<tr>
<td>z) Other Need 1(Specify in Background Information)</td>
<td></td>
</tr>
<tr>
<td>aa) Other Need 2 (Specify in Background Information) (NEW)</td>
<td></td>
</tr>
<tr>
<td>ab) Problem Gambling (NEW)</td>
<td></td>
</tr>
<tr>
<td>ac) Adverse Childhood Experiences (ACEs) (NEW)</td>
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</tr>
</tbody>
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(After a need issue category is selected, related follow-up questions will display below the table)

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. There is a need for more Certified Housing - 18 people are on the waiting list for placement OPWDD - lack of suitable housing for uncertified. Having access to a full range of living options offers a person-centered approach and provides people with the opportunity to make a living choice for their own lives.

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: Increase quality of non-certified/certified housing

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
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. Consumers are in most cases asked to schedule their ride 3 days in advance. If an individual is in need of service, same day set up should be allowed - Medicaid Transportation.

2c. Crisis Services - Background Information

Tioga County does not have 24/7 ambulatory detox/addiction services. Trinity/LGU are hoping to receive grant to create Stabilization / Residential facility in Waverly. There is a lack of crisis services for the developmentally disabled. The NY Start program has been delayed in our region. OMH crisis services for children have not increased, and become increasingly complicated with the new system of care.

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: Increase Utilization of Mobile Integration Team
   Applicable State Agency: (check all that apply): [OASAS] [OMH] [OPWDD]

Objective 3: Support regional efforts in developing crisis services.
   Applicable State Agency: (check all that apply): [OASAS] [OMH] [OPWDD]

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

Direct Care recruitment difficult due to lack of living/fair wage. Recruitent and retention of professional staff increasingly difficult.

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

Recruitment of Quality Workforce Staff

Objective Statement

Objective 1: Advocate for NYS to pay workforce fair/living wage
   Applicable State Agency: (check all that apply): [OASAS] [OMH] [OPWDD]

Objective 2: Evaluate HRSA Loan forgiveness program
   Applicable State Agency: (check all that apply): [OASAS] [OMH] [OPWDD]

Objective 3: Participate with County Personnel office in incentives to promote Civil Service Employment
   Applicable State Agency: (check all that apply): [OASAS] [OMH] [OPWDD]

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

Populations served struggle to find meaningful employment. Many counties in New York also now have an adapted college program for people with intellectual disabilities. Participants learn academics using a life skills approach, and walk away with a certificate for a trade. There are over...
70 of these programs in NY, but none within a 90 minute radius of 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

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

Objective 4: Decrease vacancies in HCBS / Voc Ed providers

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 again this year. Tioga Downs Casino was awarded full gaming licensure last year and we are projecting an increase in gambling addiction related issues. PNA Data identifies prevalent rates of adolescent reported substance use, gambling and risk factors that indicate need for increased prevention education.

**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, early interventions, reduce substance use, suicide, and gambling. Funding for Suicide Coalition Coordinator is urgently needed.

**Objective Statement**

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

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: Will provide MH First Aid Education to 2 school districts/ serving children up to age 18, in Tioga County

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

Objective 5: Pursue funding options through Suicide Prevention Coordinator

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

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

Received SAMSHA - Drug Free Communities Grant. All SAP efforts are coordinated through coalition. Trinity recieved funding to provide prevention programming in grades K-3 in two Tioga County School Districts.

2g. Inpatient Treatment Services - Background Information

It is impossible for children to receive timely inpatient care. Children are often sent home without appropriate care or are maintained in ER for days.

**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)**

Issues remain the same.
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

Objective 1: Increase sober activities and recovery events that are family friendly
   Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 2: Pursue funding opportunities for OASAS Club House in Tioga County
   Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 3: Pursue OASAS Supportive Living Opportunities in Tioga County
   Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 4: Peer Support certification will be provided by OASAS and OMH programming in Tioga County
   Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

none

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 Mental Hygiene Facebook Page once per month that educates and increases awareness related to all populations.
   Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 4: Collect adult data / use to target adult community with social norm campaigns
   Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Objective 5: Pursue funding to provide stigma reducing messages / Billboards
   Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

Many community events have been held. CSB - publishes articles in the local Pennysaver monthly. Two Youth Mental Health First Aid Trainings have been provided to the community. Suicide coalition TCMH staff participate in many tabling events and fundraising events have occurred. TCMH Facebook has developed a means of creating awareness for SUD and MH issues and resources.

2j. SUD Outpatient Services - Background Information

Tioga County has 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 pursue all opportunities for funding wrap around services / SUD Population.

Objective Statement

Change Over Past 12 Months (Optional)
We have a Full Time Psychiatrist and Nurse Practitioner both able to provide MAT services.

2k. SUD Residential Treatment Services - Background Information

Tioga County lacks any wrap around services for SUD population. LGU in partnership with Trinity applied for second round of Rapid expansion grant. Most clients are sent out of County for services and stabilization. Residential waiting lists.

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/Stabilization Services In Tioga County

Objective Statement

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

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

Change Over Past 12 Months (Optional)

Syracuse Behavioral Health's facility in Broome has stabilization beds /usually at capacity. 24/7 Access center in Tompkins just began operating.

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 collaborative 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

Change Over Past 12 Months (Optional)

Tioga County now offers Open Access/Walk in services. Tioga County Alcohol and Drug Services now offers MAT. COTI also operates in our County.

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

Objective 1: Will explore options for treating children under age of 5
   Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 2: Increase specialized training in MH Clinic to treat children under age of 5
   Applicable State Agency: (check all that apply): ☐ OASAS ☑ OMH ☐ OPWDD

Objective 3: Will pursue 100% staff trained in Trauma Informed Awareness and Care
   Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☐ OPWDD

Change Over Past 12 Months (Optional)

MAPP training was provided to clinic staff in the last year.

2o. Other Mental Health Outpatient Services (non-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

To develop and enhance realationships between Providers

Objective Statement

Objective 1: Work with service coordinators in the transition to becoming care coordinators / more inclusive mental health
   Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Objective 2: Increase professionals that have dual specialty training
   Applicable State Agency: (check all that apply): ☑ OASAS ☑ OMH ☑ OPWDD

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Work with OPWDD and local agencies to provide mental health services

Change Over Past 12 Months (Optional)

2t. Developmental Disability Respite Services - Background Information

Provider reimbursment has created a systemic shortage

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 Respite Services

Objective Statement

Objective 1: Advocate for reimbursment change/providers
   Applicable State Agency: (check all that apply): ☐ OASAS ☐ OMH ☑ OPWDD

Change Over Past 12 Months (Optional)

2u. 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)
2y. Developmental Disability Care 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)

There are three new CCO's for Tioga County

2ac. Adverse Childhood Experiences (ACEs) (NEW) - 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

Will Increase awareness of Adverse Childhood Experiences (ACE's)

Objective Statement

Objective 1: Will provide training for entire Clinical Staff for Trauma Informed Care
Applicable State Agency: (check all that apply): ☑️ OASAS ☑️ OMH ☑️ OPWDD

Objective 2: Will provide community education on ACE's on social media
Applicable State Agency: (check all that apply): ☑️ OASAS ☑️ OMH ☑️ OPWDD

Change Over Past 12 Months (Optional)
The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to oasasplanning@oasas.ny.gov.

**Background**

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

**Questions**

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?
   - [ ] No
   - [ ] Yes, please explain:
     
     work closely with local SUD prevention / participate in ASA Subcommittee. Yes for overall health and well being.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

   **Focus Area 1: Promote Well-Being**

<table>
<thead>
<tr>
<th>Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 a) Build community wealth</td>
</tr>
<tr>
<td>1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a &quot;whole person&quot; approach in medical care</td>
</tr>
<tr>
<td>1.1 c) Create and sustain inclusive, healthy public spaces</td>
</tr>
<tr>
<td>1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.</td>
</tr>
<tr>
<td>1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.</td>
</tr>
<tr>
<td>1.1 f) Implement evidence-based home visiting programs</td>
</tr>
<tr>
<td>1.1 g) Other</td>
</tr>
</tbody>
</table>

   **Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages**

   | 1.2 a) Implement Mental Health First Aid |
   | 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence |
   | 1.2 c) Use thoughtful messaging on mental illness and substance use |
   | 1.2 d) Other |

   **Focus Area 2: Mental and Substance Use Disorders Prevention**

<table>
<thead>
<tr>
<th>Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access</td>
</tr>
<tr>
<td>2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services</td>
</tr>
<tr>
<td>2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI</td>
</tr>
<tr>
<td>2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration</td>
</tr>
<tr>
<td>Goal 2.2 Prevent opioid overdose deaths</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine</td>
</tr>
<tr>
<td>2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.</td>
</tr>
<tr>
<td>2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.</td>
</tr>
<tr>
<td>2.2 d) Build support systems to care for opioid users or those at risk of an overdose</td>
</tr>
<tr>
<td>2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days</td>
</tr>
<tr>
<td>2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy</td>
</tr>
<tr>
<td>2.2 g) Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2.3 Prevent and address adverse childhood experiences (ACEs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting</td>
</tr>
<tr>
<td>2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration</td>
</tr>
<tr>
<td>2.3 c) Implement evidence-based home visiting programs</td>
</tr>
<tr>
<td>2.3 d) Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2.4 Reduce the prevalence of major depressive disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4 a) Strengthen resources for families and caregivers</td>
</tr>
<tr>
<td>2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention</td>
</tr>
<tr>
<td>2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)</td>
</tr>
<tr>
<td>2.4 d) Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2.5 Prevent suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing</td>
</tr>
<tr>
<td>2.5 b) Strengthen access and delivery of suicide care â€“ Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)</td>
</tr>
<tr>
<td>2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use</td>
</tr>
<tr>
<td>2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program</td>
</tr>
<tr>
<td>2.5 f) Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.</td>
</tr>
<tr>
<td>2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction</td>
</tr>
<tr>
<td>2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers</td>
</tr>
<tr>
<td>2.6 d) Other</td>
</tr>
</tbody>
</table>

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?
- No
- Yes, please explain:

   Involved in last Community Based Health Assessment

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?
- No
- Yes, please explain:

   School Surveys done at 2 year intervals. CHA - results. PSYCKES Participation

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?
- No
- Yes, please explain:
6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

- [ ] No
- [ ] Yes, please explain: 
  HED measures

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

- [ ] No
- [ ] Yes, please explain:

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

- [ ] No
- [ ] Yes, please explain:

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

- [ ] Un/Underemployment and Job Insecurity
- [ ] Poor Education
- [ ] Food Insecurity
- [ ] Poverty/Income Inequality
- [ ] Adverse Features of the Built Environment
- [ ] Adverse Early Life Experiences
- [ ] Housing Instability or Poor Housing Quality
- [ ] Poor Access to Transportation
- [ ] Discrimination/Social Exclusion
- [ ] Other

Please describe your efforts in addressing the selections above:

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

a) [ ] No
   [ ] Yes

b) If yes, please list

   Title of training(s):

   How many hours:

   Target audience for training:

   Estimate number trained in one year:

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

- [ ] No
- [ ] Yes, please provide examples:
The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or Melissa.Staats@omh.ny.gov

Background
On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest $8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, $6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

DSRIP serves as a bridge to value-based payment in New York State.

DOH website

DSRIP Performing Provider Systems (PPS)
Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

DSRIP Project Lists
New York State Delivery System Reform Incentive Payment Program Project Toolkit
DSRIP Performing Provider Systems (PPS Statewide)

Value Based Payment (VBP) - Reduce Costs/Improve Quality
The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap
Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program
The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding. A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers
New York State Behavioral Health Value Based Payment Readiness Program Overview
New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

Questions

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.
   a) Yes ☐ No ☐
   b) Please provide more information:
   Community based Service - RSS - Yes

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?
   a) Yes ☐ No ☐
   b) Please explain:
   We have no projects.

3. Are there any behavioral health providers in your county in VBP arrangements?
   a) Yes ☐ No ☐
   b) Please explain (if "yes" include steps providers have taken to execute contracts):
   There are currently no VBP arrangements

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?
   a) Yes ☐ No ☐
   b) Please explain:

5. Is the LGU aware of the development of In-Lieu of proposals?
a) Yes  No
b) Please explain:

6. Can your LGU support the BHCC planning process?
   a) Yes  No
   b) Please explain:
   LGU is currently in INTEGRITY PARTNERS / BHCC

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?
   a) Yes  No
   b) Please explain:
   individually yes / collaborative - no
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Represents</th>
<th>Term Expires</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Bezirganian MD</td>
<td>Physician</td>
<td>Medical</td>
<td>05/2022</td>
<td><a href="mailto:bezirganianJ@co.tioga.ny.us">bezirganianJ@co.tioga.ny.us</a></td>
</tr>
<tr>
<td>Denise Brown</td>
<td>Physician, Psychologist</td>
<td>Community Agency</td>
<td>03/2022</td>
<td><a href="mailto:dbrown@rehab.org">dbrown@rehab.org</a></td>
</tr>
<tr>
<td>John Holton</td>
<td>Physician, Psychologist</td>
<td>Veterans</td>
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<td><a href="mailto:holtonj@co.tioga.ny.us">holtonj@co.tioga.ny.us</a></td>
</tr>
<tr>
<td>Robert Williams</td>
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</tr>
<tr>
<td>Francis Bialy</td>
<td>Physician, Psychologist</td>
<td>Domestic Violence</td>
<td>01/2023</td>
<td><a href="mailto:franb@anewhopecenter.org">franb@anewhopecenter.org</a></td>
</tr>
<tr>
<td>Patricia Gillule</td>
<td>Physician, Psychologist</td>
<td>OPWDD / Consumers</td>
<td>02/2023</td>
<td></td>
</tr>
<tr>
<td>William Standinger III</td>
<td>Physician, Psychologist</td>
<td>Legislature</td>
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</tr>
<tr>
<td>Christine Schweitzer</td>
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<td><a href="mailto:rschweitzer@stny.rr.com">rschweitzer@stny.rr.com</a></td>
</tr>
<tr>
<td>Carolyn Galatzan</td>
<td>Physician, Psychologist</td>
<td>MH</td>
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<td><a href="mailto:rgalatzan@aol.com">rgalatzan@aol.com</a></td>
</tr>
<tr>
<td>Rose Mumbulo</td>
<td>Physician, Psychologist</td>
<td>MH</td>
<td>05/2022</td>
<td><a href="mailto:rmumbulo@hotmail.com">rmumbulo@hotmail.com</a></td>
</tr>
</tbody>
</table>

Indicate the number of mental health CSB members who are or were consumers of mental health services: 0

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness: 0
<table>
<thead>
<tr>
<th>Name</th>
<th>CSB Member</th>
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<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Olevano</td>
<td>Yes</td>
<td>Prevention</td>
<td><a href="mailto:coleano@casa-trinity.org">coleano@casa-trinity.org</a></td>
</tr>
<tr>
<td>Kathy Roush</td>
<td>Yes</td>
<td>Community</td>
<td><a href="mailto:kroush@stny.rr.com">kroush@stny.rr.com</a></td>
</tr>
<tr>
<td>Kylie Holochak</td>
<td>Yes</td>
<td>Public Health</td>
<td><a href="mailto:gatesk@co.tioga.ny.us">gatesk@co.tioga.ny.us</a></td>
</tr>
<tr>
<td>Joy Bennett</td>
<td>Yes</td>
<td>Probation</td>
<td><a href="mailto:bennettJ@co.tioga.ny.us">bennettJ@co.tioga.ny.us</a></td>
</tr>
<tr>
<td>William Standinger III</td>
<td>Yes</td>
<td>Legislature</td>
<td><a href="mailto:standingerw@co.tioga.ny.us">standingerw@co.tioga.ny.us</a></td>
</tr>
<tr>
<td>John Holton, SR</td>
<td>Yes</td>
<td>Veterans</td>
<td><a href="mailto:HoltonJ@co.tioga.ny.us">HoltonJ@co.tioga.ny.us</a></td>
</tr>
</tbody>
</table>
### Mental Health Subcommittee Roster

Tioga County Community Services Board (70510)
Certified: Lori Monk (4/23/19)

<table>
<thead>
<tr>
<th>Name</th>
<th>CSB Member</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Rose Mumbulo</td>
<td>Yes</td>
<td>MH</td>
<td><a href="mailto:rmumbulo@hotmail.com">rmumbulo@hotmail.com</a></td>
</tr>
<tr>
<td>John Bezirganian MD</td>
<td>Yes</td>
<td>MD</td>
<td><a href="mailto:bezirganianl@co.tioga.ny.us">bezirganianl@co.tioga.ny.us</a></td>
</tr>
<tr>
<td>Carolyn Galatzan</td>
<td>Yes</td>
<td>Community</td>
<td><a href="mailto:rgalatzan@aol.com">rgalatzan@aol.com</a></td>
</tr>
<tr>
<td>Wendy Arnold</td>
<td>Yes</td>
<td>SPOA</td>
<td><a href="mailto:arnoldw@co.tioga.ny.us">arnoldw@co.tioga.ny.us</a></td>
</tr>
<tr>
<td>Donna Corbin</td>
<td>Yes</td>
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</tr>
<tr>
<td>Denise Brown</td>
<td>Yes</td>
<td>Community Agency</td>
<td><a href="mailto:dbrown@rehab.org">dbrown@rehab.org</a></td>
</tr>
<tr>
<td>Francis J. Baily</td>
<td>Yes</td>
<td>Domestic Violence</td>
<td><a href="mailto:francis-j-baily@stny.rr.com">francis-j-baily@stny.rr.com</a></td>
</tr>
<tr>
<td>Heather Vroman</td>
<td>Yes</td>
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<td><a href="mailto:MorganH@co.tioga.ny.us">MorganH@co.tioga.ny.us</a></td>
</tr>
<tr>
<td>Tina Lounsbury</td>
<td>Yes</td>
<td>DSS/Adult Care</td>
<td><a href="mailto:49A577@dfa.state.ny.us">49A577@dfa.state.ny.us</a></td>
</tr>
</tbody>
</table>

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.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

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.

Indicate the number of mental health subcommittee members who are or were consumers of mental health services: 0

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness: 0
## Developmental Disabilities Subcommittee Roster

Tioga County Community Services Board (70510)
Certified: Lori Monk (4/23/19)

**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>CSB Member</th>
<th>Represents</th>
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</tr>
</thead>
<tbody>
<tr>
<td>John Crosby</td>
<td>Yes</td>
<td>Community</td>
<td><a href="mailto:johncrosby@stny.rr.com">johncrosby@stny.rr.com</a></td>
</tr>
<tr>
<td>Evelyn Vavra</td>
<td>No</td>
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<tr>
<td>Evelyn Bale</td>
<td>Yes</td>
<td>Agency</td>
<td><a href="mailto:tbale@stny.rr.com">tbale@stny.rr.com</a></td>
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<tr>
<td>Tina Lounsbury</td>
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<tr>
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<tr>
<td>ElShirley Jackson</td>
<td>No</td>
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<td><a href="mailto:sjackson1950@aol.com">sjackson1950@aol.com</a></td>
</tr>
<tr>
<td>Christine Schweitzer</td>
<td>Yes</td>
<td>Consumers</td>
<td><a href="mailto:rschweitz@stny.rr.com">rschweitz@stny.rr.com</a></td>
</tr>
<tr>
<td>William Standinger III</td>
<td>Yes</td>
<td>Legislature</td>
<td><a href="mailto:standingerw@co.tioga.ny.us">standingerw@co.tioga.ny.us</a></td>
</tr>
<tr>
<td>Karl Jantz</td>
<td>Yes</td>
<td>ACHIEVE</td>
<td><a href="mailto:kjantz@achieveny.org">kjantz@achieveny.org</a></td>
</tr>
</tbody>
</table>
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 2020 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 2020 Local Services planning process.
Under New York State regulations, providers certified under the following parts are required to "have a qualified individual designated as the Health Coordinator who will ensure the provision of education, risk reduction, counseling and referral services to all patients regarding HIV and AIDS, tuberculosis, hepatitis, sexually transmitted diseases, and other communicable diseases":

- Chemical Dependence Residential Rehabilitation Services for Youth (Part 817)
- Chemical Dependence Inpatient Rehabilitation Services (Part 818)
- Chemical Dependence Residential Services (Part 819)
- Residential Services (Part 820)
- Non-Medically Supervised Chemical Dependence Outpatient Services (Part 821)
- Chemical Dependence Outpatient and Opioid Treatment Programs (Part 822)

Regulatory requirements regarding Health Coordinators and comprehensive treatment plans are defined for each chemical dependence treatment service category in the Official Compilation of the Codes, Rules and Regulations of the State of New York. For additional information, please refer to the applicable regulations located on the OASAS Website.

The Health Coordination Survey documents compliance with OASAS regulations and, for those programs that are funded by OASAS, additionally documents requirements of the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. Early HIV Intervention Services (EIS), which under the SAPT Block Grant must be provided on site of chemical dependence treatment, are defined as: pre- and post-counseling for HIV, the actual testing of individuals for the presence of HIV and testing to determine the extent of the deficiency in the immune system, and the provision of therapeutic measures to address an individual's HIV status. OASAS has determined that Health Coordinators and OTP comprehensive treatment planning provide EIS.

All questions on this form should be answered as they pertain to each program operated by this agency. The responses to this survey should be coordinated to ensure accuracy of responses across all programs within the agency. We are asking that the survey be completed by Monday, April 1, 2020. Any questions related to this survey should be directed to Matt Kawola by phone at 518-457-6129, or by e-mail at Matt.Kawola@oasas.ny.gov.

1. What is the overall average fringe benefit rate paid to employees by this agency? This number must be entered in number format as a percentage of salary, without the percent sign or symbols (example: 20.5).

   46.81 %

2. How are health coordination services provided to patients in each program operated by your agency? (check all that apply)

<table>
<thead>
<tr>
<th>PRU</th>
<th>Program</th>
<th>Paid Staff</th>
<th>In-kind Services</th>
<th>Contracted Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>554</td>
<td>Tioga County Alcohol/Drug Services OP</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

3. Please provide the following information for each PRU where those paid staff and in-kind services services are provided. If multiple individuals provide these services at a single program, provide the total hours worked and the hourly pay rate for each individual. For hourly pay rate, use number format without a dollar sign or symbols (example: 37.5).

<table>
<thead>
<tr>
<th>PRU</th>
<th>Program</th>
<th>Health Coordinator #1</th>
<th>Health Coordinator #2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Services Provided</td>
<td>Hours per Week Worked as a Health Coordinator</td>
<td>Hourly Rate (dollars)</td>
</tr>
<tr>
<td></td>
<td>On-site</td>
<td>Off-site</td>
<td>On-site</td>
</tr>
<tr>
<td>554</td>
<td>Tioga County Alcohol/Drug Services OP</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

4. Please provide the following information for each PRU where those contracted services are provided. If multiple contracted individuals provide these services at a single program, provide the total hours worked per week and the average hourly rate paid. For dollars paid, use number format without a dollar sign or symbols (example: 37.5).

<table>
<thead>
<tr>
<th>PRU</th>
<th>Program</th>
<th>Service Provided</th>
<th>Hours per Week Worked as a Health Coordinator</th>
<th>Hourly Rate (dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>On-site</td>
<td>Off-site</td>
<td>On-site</td>
<td>Off-site</td>
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<td>554</td>
<td>Tioga County Alcohol/Drug Services OP</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The OASAS Division of Practice Innovation and Care Management (PICM) maintains contact information on clinical supervisors in order to communicate on matters of interest and importance to the practice of clinical supervision. This form was developed to collect contact information on all clinical supervisors in OASAS-certified treatment programs. The information will be maintained in the County Planning System and will be required to be updated annually in the spring. This form can be updated at any time throughout the year by contacting the OASAS Planning Unit oasasplanning@oasas.ny.gov and requesting that the form be decertified so that the information can be revised.

To enter the contact information for a clinical supervisor, click on the “Add a Clinical Supervisor” link below. Click on the link again to enter contact information for additional clinical supervisors

<table>
<thead>
<tr>
<th>Name</th>
<th>Susan Hewitt</th>
<th>Name</th>
<th>Salisbury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials</td>
<td>CASAC</td>
<td>Credentials</td>
<td>LCSWR</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:Hewitts@co.tioga.ny.us">Hewitts@co.tioga.ny.us</a></td>
<td>Email Address</td>
<td><a href="mailto:salisbury@co.tioga.ny.us">salisbury@co.tioga.ny.us</a></td>
</tr>
<tr>
<td>Phone</td>
<td>607-687-4000</td>
<td>Phone</td>
<td>607-687-4000</td>
</tr>
</tbody>
</table>
The following survey is designed to provide OASAS with program-level information regarding two topics that are integral to ensuring that individuals with Substance Use Disorders (SUDs) receive the highest quality care. Part I asks about Electronic Health Record (EHR) usage and Part II collects information regarding the treatment of individuals identifying as lesbian, gay, bisexual, transgender or questioning (LGBTQ). Questions related to this survey should be directed to Carmelita Cruz at Carmelita.Cruz@oasas.ny.gov.

PART I- Electronic Health Record (EHR) Survey

An Electronic Health Record (EHR) is a computerized record of health information about individual patients. Such records may include a whole range of data in comprehensive or summary form, including demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, personal information like age and weight, and billing information. Its purpose is to be a complete record of patient encounters that allows the automation and streamlining of the workflow in health care settings and increases safety through evidence-based decision support, quality management, and outcomes reporting.

The purpose of Part I of this survey is to assess your agency's status on the adoption of an EHR, and which EHRs are most commonly used by OASAS-certified programs.

1. Does your program use an electronic health record?
   - [ ] No
   - [x] Yes, please provide the company and product names of your EHR below:

   Company Name (e.g., Allscripts, Netsmart, Core Solutions, etc.):
   - Accumedic

   Product Name (e.g., Paragon, CareRecord, Cx360, etc.):
   - no specific name

PART II- Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Policy and Technical Assistance Survey

Research suggests that Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. OASAS recognizes that culturally sensitive treatment often results in more effective treatment. In order to protect the rights of LGBTQ individuals receiving Substance Use Disorder (SUD) treatment OASAS issued Local Services Bulletin (LSB) 2017-04 "Affirming Care for Lesbian, Gay, Bisexual, Transgender and Questioning Clients in OASAS Programs."

The purpose of Part II of this survey is to gather background information regarding the LGBTQ populations served by OASAS-certified SUD treatment programs so that OASAS may develop technical assistance for providers in order to deliver the best possible care to LGBTQ individuals.

2. Is your program aware of Local Services Bulletin (LSB) 2017-04 "Affirming Care for Lesbian, Gay, Bisexual, Transgender and Questioning Clients in OASAS Programs"
   - [ ] No
   - [x] Yes

3. In your opinion and not relying on data reported to OASAS, please estimate the percentage of total clients treated over the course of a year that identify as lesbian, gay, bisexual, transgender or questioning
   - [ ] 10%

4. Does your program require technical assistance to comply with the requirements of the LSB?
   - [ ] No
   - [ ] Yes, I need assistance with the following (check all that apply)
     - [ ] a) Developing policies and procedures
     - [ ] b) Staff training on affirming LGBTQ care
     - [ ] c) Staff training on evidence-based practices, such as delivering trauma informed care
     - [ ] d) Other, please describe: