



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020
Local Services Plan
For Mental Hygiene Services

Tioga County Community Services Board
September 6, 2019

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Tioga County Community Services Board	70510	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
New York State Prevention Agenda Survey	Required	Certified
Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified
 Tioga County Community Services Board	 70510/70510	 (Provider)
Health Coordination Survey	Required	Certified
 Tioga County Alcohol/Drug Services OP	 70510/70510/554	 (Treatment Program)
Clinical Supervision Contact Information Survey	Required	Certified
Program EHR and LGBTQ Survey	Required	Certified

Mental Hygiene Goals and Objectives Form
Tioga County Community Services Board (70510)
Certified: Lori Monk (6/3/19)

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 recieved 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, stablization/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 restricts persons from recieving 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 villiage. 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	Applicable State Agency(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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(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

Change Over Past 12 Months (Optional)

We were able to increase our OMH respite beds by 1, in collaboration with Tompkins County / Unity - has been under utilized. There are currently no OASAS supportive living programs in our county.

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.

Change Over Past 12 Months (Optional)

no changes

2c. Crisis Services - Background Information

Tioga County does not have 24/7 ambulatory detox/addiction services . Trinity/LGU are hoping to recieve grant to create Stabalization / 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 Intergration 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

Change Over Past 12 Months (Optional)

Was able to increase adult OMH respite by 1 in collaboration with Tompkins / Unity. Trinity with the support of LGU and Waverly Mayor / Trustees applied for Stabalization / Residential - 25 Bed facility. COTI active in Tioga County.

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

Direct Care recruitment difficult due to lack of living/fair wage. Recruitment 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

Change Over Past 12 Months (Optional)

Large turnover in the County Run Clinic - Increased availability in opportunities in the Region and competitive salary.

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)

Recieved 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/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)

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 relationships 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 reimbursement 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 reimbursement 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 dialogue 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)

New York State Prevention Agenda Survey
Tioga County Community Services Board (70510)
Certified: Lori Monk (5/13/19)

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

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 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.
- 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.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

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

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 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
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

- 2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- 2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- 2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- 2.2 d) Build support systems to care for opioid users or those at risk of an overdose
- 2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
- 2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy
- 2.2 g) Other

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

- 2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting
- 2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration
- 2.3 c) Implement evidence-based home visiting programs
- 2.3 d) Other

Goal 2.4 Reduce the prevalence of major depressive disorders

- 2.4 a) Strengthen resources for families and caregivers
- 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
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)
- 2.4 d) Other

Goal 2.5 Prevent suicides

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care – Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 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
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population

- 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.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

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:

- | | |
|---|--|
| <input type="checkbox"/> Un/Underemployment and Job Insecurity | <input type="checkbox"/> Poor Education |
| <input type="checkbox"/> Food Insecurity | <input type="checkbox"/> Poverty/Income Inequality |
| <input type="checkbox"/> Adverse Features of the Built Environment | <input checked="" type="checkbox"/> Adverse Early Life Experiences |
| <input checked="" type="checkbox"/> Housing Instability or Poor Housing Quality | <input checked="" type="checkbox"/> Poor Access to Transportation |
| <input type="checkbox"/> Discrimination/Social Exclusion | <input type="checkbox"/> 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:

Office of Mental Health Agency Planning (VBP) Survey
Tioga County Community Services Board (70510)
Certified: Lori Monk (4/23/19)

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

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

Note:

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.

Name: John Bezirgianian MD	<input checked="" type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Medical	Term Expires: 05/2022	Email Address: bezigianianJ@co.tioga.ny.us
Name: Denise Brown	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Agency	Term Expires: 03/2022	Email Address: dbrown@rehab.org
Name: John Holton	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Veterans	Term Expires: 03/2022	Email Address: holtonj@co.tioga.ny.us
Name: Robert Williams	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Coroner / EMS / Criminal Justice	Term Expires: 03/2022	Email Address: williams.robert.p@att.net
Name: Francis Bialy	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Domestic Violence	Term Expires: 01/2023	Email Address: franb@anewhopecenter.org
Name: Patricia Gillule	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: OPWDD / Consumers	Term Expires: 02/2023	Email Address:
Name: William Standing III	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Legislature	Term Expires: 03/2023	Email Address: standingew@co.tioga.ny.us
Name: Christine Schweitzer	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumers	Term Expires: 03/2022	Email Address: rschweitze@stny.rr.com
Name: Carolyn Galatzan	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: MH	Term Expires: 12/2021	Email Address: rgalatzan@aol.com
Name: Rose Mumbulo	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: MH	Term Expires: 05/2022	Email Address: rmumbulo@hotmail.com

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

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

Alcoholism and Substance Abuse Subcommittee Roster
Tioga County Community Services Board (70510)
Certified: Lori Monk (4/23/19)

Note:

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.

Name: Christina Olevano	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Prevention	Email Address: coleano@casa-trinity.org
Name: Kathy Roush	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: kroush@stny.rr.com
Name: Kylie Holochak	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Health	Email Address: gatesk@co.tioga.ny.us
Name: Joy Bennett	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Probation	Email Address: bennettJ@co.tioga.ny.us
Name: William Standing III	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Legislature	Email Address: standingerw@co.tioga.ny.us
Name: John Holton, SR	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Veterans	Email Address: HoltonJ@co.tioga.ny.us

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

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.

Name: Rose Mumbulo	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: MH	Email Address: rmumbulo@hotmail.com
Name: John Bezirgianian MD	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: MD	Email Address: bezigarianianJ@co.tioga.ny.us
Name: Carolyn Galatzan	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: rgalatzan@aol.com
Name: Wendy Arnold	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: SPOA	Email Address: arnoldw@co.tioga.ny.us
Name: Donna Corbin	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Agency	Email Address: dcorbin@glovehouse.com
Name: Denise Brown	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Agency	Email Address: dbrown@rehab.org
Name: Francis J. Baily	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Domestic Violence	Email Address: Francis-j-baily@stny.rr.com
Name: Heather Vroman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Public Health	Email Address: MorganH@co.tioga.ny.us
Name: Tina Lounsbury	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: DSS/Adult Care	Email Address: 49A577@dfa.state.ny.us

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

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

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

Note:

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.

Name: John Crosby	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community	Email Address: johncrosby@stny.rr.com
Name: Evelyn Vavra	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Advocate / Pharm	Email Address: vavfam@earthlink.net
Name: Evelyn Bale	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Agency	Email Address: tbale@stny.rr.com
Name: Tina Lounsbury	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: DSS/Adult Services	Email Address: 49A577@dfa.state.ny.us
Name: Vanessa Smith	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Regional Office 2 Broome	Email Address: Vanessa.j.smith@opwdd.ny.gov
Name: ElShirley Jackson	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family	Email Address: sjackson1950@aol.com
Name: Christine Schweitzer	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumers	Email Address: rschweitze@stny.rr.com
Name: William Standing III	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Legislature	Email Address: standingw@co.tioga.ny.us
Name: Karl Jantz	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: ACHIEVE	Email Address: kjantz@achieveny.org

2020 Mental Hygiene Local Planning Assurance
Tioga County Community Services Board (70510)
Certified: Lori Monk (6/3/19)

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.

Health Coordination Survey
Tioga County Community Services Board (70510)
Certified: Lori Monk (3/27/19)

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-test 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)

PRU	Program	Paid Staff	In-kind Services	Contracted Services
554	Tioga County Alcohol/Drug Services OP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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).

PRU	Program	Health Coordinator #1			Hourly Rate (dollars)	Health Coordinator #2			
		Services Provided		Hours per Week Worked as a Health Coordinator		Services Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)
		On-site	Off-site			On-site	Off-site		
554	Tioga County Alcohol/Drug Services OP	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>			

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).

PRU	Program	Service Provided		Hours per Week Worked as a Health Coordinator	Hourly Rate (dollars)
		On-site	Off-site		
554	Tioga County Alcohol/Drug Services OP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	\$ 74.85

NYS OASAS Clinical Supervision Contact Information Form

(554)

Certified: Lori Monk (3/27/19)

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

Name Susan Hewitt
Credentials CASAC
Email Address Hewitts@co.tioga.ny.us
Phone 607-687-4000

Name Salisbury
Credentials LCSWR
Email Address salisburys@co.tioga.ny.us
Phone 607-687-4000

Electronic Health Record (EHR) and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Program Survey

Tioga County Alcohol/Drug Services OP (554)

Certified: Lori Monk (3/27/19)

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
- 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 LGTBQ 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
- 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: