



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

Tompkins County Mental Health Services
September 6, 2019

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Executive Summary	Optional	Certified
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Mental Hygiene Local Planning Assurance	Required	Certified

2020 Mental Hygiene Executive Summary
Tompkins County Mental Health Services
Certified: Sharon MacDougall (6/10/19)

Tompkins County Mental Health Services (TCMHS) is dedicated to identifying and filling the gaps in our local substance use, mental health, and developmental disability services. The system transformation occurring throughout the state and country brings our focus on prevention, treatment, and recovery services. TCMHS is focused on outcomes for our community members facing mental illness, substance use disorders, and developmental disabilities. In recognizing the need to address the transformational challenges within our department and community, TCMHS has identified four priorities to focus resources and encourage opportunity for collaboration, outlined in this plan. These areas align with our state partners planning efforts as well as managed care transformation plans. The goals will enable TCMHS to respond to the needs identified by our behavioral health community and agencies. Many of the goals cut across prioritized state identified goals within the behavioral health system such as housing, workforce, and community services. This plan will guide TCMHS toward changes affecting our community health system in coordination with our state and regional partners.

Mental Hygiene Goals and Objectives Form
Tompkins County Mental Health Services (70130)
Certified: Sharon MacDougall (6/10/19)

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**:

Tompkins Mental Health service needs remain unmet, directly relating to the unique issues at our local level. These are discussed further with our goals and priorities outlined throughout this plan. Main Mental Health unmet needs:

- Housing - access to safe and affordable housing of all levels to cover the care continuum to address unmet needs in Tompkins.
- Workforce recruitment & retention and employment high need for - licensed professionals, direct and residential care staff, fair/living wage, peer workforce development, and overall workforce support for high stress environment.
- Treatment & service opportunities - expand ACT, expand youth treatment & supports, OASAS medication assisted treatment & crisis, and improve access.
- Transportation - expand reliable, accessible, and affordable transportation within Tompkins' unique rural and urban environment.

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

Housing supply fails to meet the demand.
Housing quality remains poor given high demand.

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

Housing costs exceed reimbursement support to providers offering restorative and crisis levels of services
Workforce recruitment and retention for clinicians and residential staff is critical. Clinical professionals availability is limited. Reimbursement is limited and not at a living or fair wage given Tompkins outlier status with cost of living.
Streamlined access to treatment and services is worsening given excessive documentation requirement for intake and admission.
Access to and availability of transportation service needs from our rural community to services centralized in Ithaca, NY is increasing.
Peer workforce struggles to complete certification process with inconsistency between OMH & OASAS certification process.

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**:

Successful start of expanding medication assisted treatment.
Successful start of new open access program.
Improved collaboration between providers and services.

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

Outpatient clinic program services have stayed the same - with hope for expanding prevention and MAT via OTP further.
Pending SUD residential treatment services expansion based on capital project from 2017.

Please describe any unmet **SUD** service needs that have **worsened**:

Housing need for OASAS Supportive housing services and apartment treatment program for successful step down in treatment from residential and inpatient treatment.
Critical level of need for crisis/inpatient treatment services specific to chemical dependence withdrawal and stabilization services and/or chemical dependence inpatient rehabilitation services (aka: detox).
Expanding outpatient treatment via OTP for additional medication assisted treatment.
Access to and availability of transportation service needs from our rural community to services centralized in Ithaca, NY is increasing.
Workforce availability and retention for licensed professionals and residential staff at all levels of the care continuum.

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**:

Improving collaboration with state partners and local field office.

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

Access to services has shifted and maintained.

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

Workforce recruitment and retention for clinicians and residential staff is critical. Clinical professionals availability is limited. Reimbursement is limited and not at a living or fair wage given Tompkins outlier status with cost of living.
Housing and crisis service/rehabilitation services expansion needed to meet unmet need.
Threat to highly needed beds via high risk housing at DDSO due to workforce recruitment and retention issues at OPWDD.
Streamlining access process for families to access crisis & rehabilitation services and treatment supports.

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 Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(After a need issue category is selected, related follow-up questions will display below the table)

2a. Housing - Background Information

Housing is in high demand and a critical need for Tompkins OMH, OASAS, & OPWDD populations. Tompkins recognizes that housing is a key social determinant of health that is essential in promoting recovery and best possible outcomes for our vulnerable populations. The Homeless and Housing Task Force, facilitated by the Human Services Coalition, presents topics that educate and update members on emergency shelter, supplemental food programs, affordable housing, transportation, and other emerging basic needs of homeless individuals or persons at risk of homelessness. The Homeless & Housing Task Force is also the educational arm of the Continuum of Care (CoC). The Ithaca Housing assessment has helped to further assess the high need of housing within Tompkins. Tompkins has a prioritized need for housing services and supports of all levels. Tompkins has over a decade of planning, assessment, and activities attempting to address this high need for our population including our OMH, OASAS, & OPWDD consumers. Data sources supporting this priority:

- <https://hsctc.org/wp-content/uploads/2018/07/Homeless-Resource-Chart.pdf>
- https://hsctc.org/wp-content/uploads/2017/07/Ithaca-Tompkins-10-Year-Plan-10_11.pdf
- https://issuu.com/cityofithacaplanninganddevelopment/docs/2015_planithaca_individual_pages_is
- <http://www.cityofithaca.org/557/Action-Plans>
- http://tompkinscountyny.gov/files/planning/housing_choices/documents/HNA_2016/Survey%20of%20Special%20Needs%20Providers.pdf
- http://www.tompkinscountyny.gov/files/planning/housing_choices/documents/NOFA_CHDF_2017OpenRound.pdf
- <http://tompkinscountyny.gov/planning/housing-needs>
- <http://hsctc.org/uploads/documents/HSC%20Resources/2015%20Summary%20Homeless%20Shelter%20Figures.pdf>
- <http://hsctc.org/uploads/documents/AR2016.pdf>
- <http://www.housingtompkins.com/>
- http://www.tompkinscountyny.gov/files/planning/housing_choices/documents/OverviewofSubsidizedHousingOrganizations.pdf

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 supply of OMH, OASAS, & OPWDD housing services to meet the increasing demand by developing new housing options licensed or supported by OMH, OASAS, and OPWDD as well as other unique transitional and crisis housing options in Tompkins.

Objective Statement

Objective 1: Expand levels of care in crisis, transitional, and supported housing community bed opportunities

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

Objective 2: Develop new projects for mixed use housing options

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

Objective 3: Address housing as a key social determinant of health

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

Objective 4:

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

Objective 5:

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

Change Over Past 12 Months (Optional)

Tompkins population continues to increase with an average of 2-3% growth each year. Since 2008 Tompkins continues to see an increase in our population yearly. Tompkins unique location includes being a main NYS regional catchment for multiple state OMH, OASAS, & OPWDD hospital and treatment center discharges - as well as NYS Prison releases. Reinvestment of state psychiatric and institutional bed closures savings to Tompkins would help to address housing for these vulnerable populations. This need is supported by research and outcomes in social determinants of health and through the medicaid transformation planning.

<http://population.us/county/ny/tompkins-county/>

https://www.newyorkupstate.com/news/2017/03/new_york_population_numbers_census_shows_which_counties_are_growing_shrinking.html

2b. Transportation - Background Information

Access to safe, affordable, and reliable transportation is in high demand for our OMH, OASAS, & OPWDD populations. Tompkin's rural populations have the highest needs for transportation to treatment and services centralized in the city of Ithaca. Travel to employment, health and human service agencies, shopping, and family and social supports is limited. This disconnects them from the social determinants of health resources and activities they need to lead active and productive lives. Tompkins county has multiple meetings and coalitions working to address transportation needs of our population including TCAT, Way-To-Go, and rural networks. The unique and urban and rural environment make this difficult for our OMH, OASAS, & OPWDD population.

<https://www.tccordinatedplan.org/the-plan.html>

[http://onlinepubs.trb.org/onlinepubs/nchrp/docs/NCHRP20-65\(68\)_FR.pdf](http://onlinepubs.trb.org/onlinepubs/nchrp/docs/NCHRP20-65(68)_FR.pdf)

www.tompkinscountyny.gov/files/planning/ComprehensivePlan/FINAL-March%2012-low%20res.pdf

<https://www.tcabus.com/about/boards-committees/>

<https://www.tccordinatedplan.org/transportationcamp-2018.html>

<https://www.aarp.org/content/dam/aarp/livable-communities/documents-2016/Age%20Friendly%20Ithaca%20and%20Tompkins%20County%20Action%20Plan.pdf>

http://www.tompkinscountyny.gov/files/cofa/Medical%20Transportation%20Resources%20%203-20-2014%20dem_1.pdf

<http://www.tompkinscountyny.gov/files/itct/upwp/upwp1718/UPWP17-18-FINAL-030717.pdf>

<http://www.tompkinscountyny.gov/files/itct/uop/UOP2015-051915-final.pdf>

<http://www.tompkinscountyny.gov/itct/tip>

<http://www.tompkinscountyny.gov/files/itct/rts/RTS%20FINAL%20REPORT.pdf>

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 via collaboration with existing transportation coalitions and services to improve Tompkins County access to transportation to community social supports, services, and treatment for our OMH, OASAS, & OPWDD populations.

Objective Statement

Objective 1: Improve access to transportation for rural and high need populations to treatment and services

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

Objective 2: Collaborate with county and regional committees and networks to meet this demand

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

Change Over Past 12 Months (Optional)

Transportation availability and accessibility has reduced in the last year. Accessing medicaid transportation is problematic - an appointment can require multiple phone calls with over an hour of time waiting on the phone for clients and clinicians.

2c. Crisis Services - Background Information

Crisis services needs are emphasized in our housing and treatment expansion needs in Tompkins. An expanded array of crisis services in our community requires improved resources and reimbursement to ensure that emerging needs are identified and appropriate supports are available. Options to address crisis needs of Tompkins OMH, OASAS, & OPWDD expanded to include a 24 hour, 7 day per week available county wide behavioral health mobile crisis team. Third consecutive year of critical need (and increasing) for OASAS chemical dependence withdrawal and stabilization services and/or chemical dependence inpatient rehabilitation services. Sustainability for crisis respite or OMH HCBS crisis services is not supported by early attempts and cost of staffing.

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 related services to address gaps in our community support and treatment options for our OMH, OPWDD, & OASAS service population.

Objective Statement

Objective 1: Expand and crisis respite options.

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

Objective 2: Initiate OASAS chemical dependence withdrawal and stabilization / medically supervised withdrawal service/treatment.

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

Objective 3: Expand services available via the Crisis services with sustainability

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

Objective 4: Comprehensively assess current criminal justice diversion and re-entry services and supports.

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

Change Over Past 12 Months (Optional)

Options to address crisis needs of Tompkins OMH, OASAS, & OPWDD expanded to include a 24 hour, 7 day per week available county wide behavioral health mobile crisis team. Tompkins submitted a Crisis Plan to OMH in 2018. Sustainability for these needs is always being assessed in the new managed care environments.

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

Tompkins County has a high demand for licensed clinicians and direct care staff for our OMH, OASAS, & OPWDD agencies, at a competitive wage. Tompkins high cost of living furthers this need, causing difficulty in recruitment and retention of a qualified workforce.

<http://www.tcworkerscenter.org/2017/08/tompkins-county-living-wage-biannual-update-announced-today-15-11hour/>

http://tcad.org/content/uploads/2018/04/TCAD18_forweb.pdf

<http://livingwage.mit.edu/counties/36109>

<http://tompkinscountyny.gov/wfny>

<http://tompkinscountyny.gov/files/workforceny/LaborExecSum08.pdf>

<https://www.alternatives.org/social-responsibility/impacting-our-community/living-wage-study.html>

http://tompkinscountyny.gov/files/workforceny/Tompkins%20PY14-15%20Local%20Plan_2.pdf

<http://tcad.org/economic-data/#workforce>

<https://www.tompkinschamber.org/ojt>

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 Tompkins and information sharing about community workforce opportunities, trainings, and development.

Objective Statement

Objective 1: Promote and encourage professional training in evidence-based practices, person-centered care, and dual diagnosis.

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

Objective 2: Identify and target training gaps

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

Objective 3: Recruitment planning in collaboration with local universities & colleges.

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

Objective 4: Partnership for living and fair wages for residential and direct care workforce

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

Objective 5: Increase local recruitment/retention of qualified candidates through collaborative employee development planning.

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

Change Over Past 12 Months (Optional)

Tompkins continues to show increased need for trained workforce at a competitive wage (living and fair wage).

http://tcad.org/content/uploads/2013/12/TCAD_AR_2017_web.pdf

<https://www.alternatives.org/social-responsibility/impacting-our-community/living-wage-study.html>

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

Inconsistency between OMH & OASAS Peer certification process affecting development of this needed resource.

Peer certification streamline process will improve development, recruitment and reimbursement in the managed care environment.

Positive collaboration with OMH & OASAS for support in development of peer resources at the local level via field office support.

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)

2f. Prevention - Background Information

Tompkins is working to increase coordination with the public health department regarding addressing eh prevention agenda via the Community Health Assessment and Community Health Improvement Plan. Need for more education, prevention, and public awareness of signs and symptoms of mental illness and substance use disorders. Development and expansion of key adult and youth OMH, OASAS, & OPWDD treatment and services, especially for our highest risk and rural population. Development and expansion of adult SUD treatment services: detox, crisis, peers, harm reduction and youth prevention. Increase support and opportunities for local prevention efforts regarding the increase in substance abuse. Development and expansion of adult and youth MH services: ACT, peers,

crisis, suicide prevention, forencis, youth and HCBS.
<http://www.clmhd.org/img/uploads/Southern%20Tier%20RPC%20Region%20HCBS%20Contact%20List1.pdf>
<http://hsctc.org/uploads/documents/AR2016.pdf>
<http://www.collaborativesolutionsnetwork.org/pdf/spoa-resource-guide.pdf>
<http://www.tompkinscountyny.gov/files/health/pnc/cha/CHIP-Tomp-2016-2018.pdf>
<http://www.tompkinscountyny.gov/files/health/pnc/cha/CHA-Tomp-2013-2017.pdf>

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 and expand outpatient adult and youth OMH, OASAS, & OPWDD treatment and prevention services, especially for our highest risk and rural populations to reduce unnecessary hospitalizations and incarcerations.

Objective Statement

Objective 1: Expand SUD treatment for medication assisted treatment and dual recovery
Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Expand MH service delivery with ACT, peers, crisis, suicide prevention, forensic, youth, and HCBS
Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 3: Service provider collaboration engagment towards National and NYS healthcare transformation efforts for integrated care
Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

Struggle to address needs and objectives given workforce recruitment and retention needs.

2h. Recovery and Support Services - Background Information

Integration and collaboration of the state and local systems of care is key to the service needs in Tompkins. Community education efforts emphasizing that MH, SUD, & DD are health needs. Increase use of data informed decision making across the system of care to address cost, value, and quality. Tompkins will coordinate with wellness, recovery, and rehabilitation. Plans to expand recovery and support services through public health, anti-stigma campaigns, schools, rural networks, and social media.

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

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

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Tompkins is supportive efforts to expand medication assisted treatment via Jail proگرامing, University of Buffalo MD training, Care Compass Network (PPS) planning, and OASAS Clinic expansion requests.

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

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

Tompkins supports the efforts of Cayuga Addition Recovery Services (CARS) and Alcohol and Drug Council to expand residential and treatment SUD treatment services.

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

Providing safe and stable supportive and rehabilitation housing for those living with alcohol and drug dependence in addition to having wrap around and other supports and services available, is essential in promoting their chances for the best possible outcomes.

Objective Statement

Objective 1: Promote affordable, safe and integrated treatment options within Tompkins County.
Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Objective 2: Sober housing for those coming out of Rehab or are presently in treatment and are in sobriety, proper housing is critical for their continued recovery.
Applicable State Agency: (check all that apply): OASAS OMH OPWDD

Change Over Past 12 Months (Optional)

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

Tompkins county is concerned about population health in the current opioid crisis and finding reduction in overdose. A full spectrum of supports and services are being explored to address this issue such as diversion and medication assisted treatment. Positive outcomes are reflective of increased training and availability of Naltrexone.

<http://www.tompkinscountyny.gov/files/health/pnc/cha/CHA-Tomp-2013-2017.pdf>

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):
This need is already included in crisis, housing, SUD residential, and other areas of this plan.

Change Over Past 12 Months (Optional)

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

The schools in our community are increasingly the place where the needs of our children are first identified. Schools are searching for expertise and understanding that will build their capacity to serve all children more successfully. The complexity of children's needs only seems to be increasing and there is increased awareness of the value of and need to partner with community services. The specific needs of Transition Aged Youth would benefit from more focused support. Inclusive recreational opportunities for children with developmental, behavioral and mental health needs are limited in our community. Even when a child identifies an opportunity they have an interest in being part of, the supports that will maximize their success may not be available. We know that when these experiences go well, self-esteem is enhanced, more relationships are developed and children can become more motivated to learn new skills. Educate providers, schools and families about "the system" and changes in the system when they occur. Improve connection with 211 services to keep information current. Involve CSE chairs and guidance counselors.

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):
The OMH youth transition to managed care continues to disrupt services and planning efforts at the local level. Youth providers and our schools would benefit from clear direction and guidance on the future transition of these services. Governmental insecurity related to the managed care roll out and future value based payment models makes local planning difficult.

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

Health Home care management was supported through OMH involvement and expansion of health home plus in 2018. High needs remain for this population and expansion of criteria of inclusion to this extra level of service and support to cover non-medicaid and forensic re-entry care management. Care management is the critical source of synthesizing integrated treatment while addressing social determinants of health. Workforce retention and recruitment through living and fair wage is critical to achieve statewide goals for HARP clients linkage to HCBS. HCBS statewide goals are dependent on Health Home care managers and urgent need to streamline the documentation for outreach, admission, HARP, and all other documentation. Over-reaching documentation and data gathering expectations of Health Home care management far exceeds waiver agreement with federal government and are directing interfering with the success of this program.

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

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

Change Over Past 12 Months (Optional)

2t. Developmental Disability Respite Services - Background Information

Developmental Disability assessment and service access improvement for our OPWDD population would help with linkages. Changes and transformation in the OPWDD system continue to leave unmet needs for our local consumers and families. Respite services availability may be over an hour drive away for Tompkins OPWDD consumers. Increased local availability and access would help meet this need.

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)

2u. Developmental Disability Family Supports - Background Information

Multiple changes over the last few years and instability in the OPWDD system have left families confused about services and access.

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)

2v. Developmental Disability Self-Directed Services - Background Information

Multiple changes in the OPWDD system and leadership have caused confusion in system services and availability.

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):
OPWDD system leadership and development.

Change Over Past 12 Months (Optional)

2y. Developmental Disability Care Coordination - Background Information

Rapid development and transformation of DD services requires further local assessment to meet the need of Tompkins DD population.

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

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

Change Over Past 12 Months (Optional)

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

Care Compass Network (PPS) is working toward ACEs taskforce at local and regional level to address assessment and prevention utilizing resiliency building.

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):
Currently in the development with regional initiative via the PPS.

Change Over Past 12 Months (Optional)

New York State Prevention Agenda Survey
Tompkins County Mental Health Services (70130)
Certified: Sharon MacDougall (6/10/19)

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:

Close collaboration with county and regional CHIP & CHA planning. Focus on social determinants of health. Strong focus on promotion & prevention of mental and substance use disorders.

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:

Various stages of implementation and intervention depending on goal - from planning to implemented and outcome monitoring stages.

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:

Close and integrated planning with local health department, hospital, providers, and regional partnerships.

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:

Results based accountability (RBA) being initiated locally. Utilizing HEDIS & QARR for measures.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

No

Yes, please explain:

Inconsistency in regulation, guidance, billing and licensures for OASAS, OMH, OPWDD & DOH programs and services. Streamlining and alignment at the state level would dramatically improve local level implementation.

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:

Tompkins utilizes a dual recovery coordinator and integrated planning for implementing practices such as Motivational interviewing, SBIRT, and crisis services. Protocol development is pending and dependent upon managed care and value based payment contracting expectations.

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:

Tompkins has been piloting integration of the mental health and health department leadership under one Commissioner with increasing collaboration between the departments. Active participation by Director of Community Services with the CHIP & CHA planning and implementation.

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 checked="" type="checkbox"/> Other |

Please describe your efforts in addressing the selections above:
Workforce development, retention, and recruitment.

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): Trauma-informed care.

How many hours:

Target audience for training:

Estimate number trained in one year: 2

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:

Tompkins County Office of the aging expansion of services and supports.

Office of Mental Health Agency Planning (VBP) Survey
Tompkins County Mental Health Services (70130)
Certified: Sharon MacDougall (6/10/19)

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:

Care Compass Network has been a close partner to Tompkins County providers supporting efforts with evidence based and best practices with: crisis intervention, data informed decisions, hospital and jail diversion, mental health first aid, law enforcement support, and clinical training initiatives.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

a) Yes No

b) Please explain:

2019 conversations initiated related to post DSRIP sustainability through integrating projects such as cohorts. High need for implementation of crisis planning for sustainability.

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):

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:

Active in the local BHCC process.

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:

Access... ability to actively utilize this data and systems for transformation efforts is limited by: 1) lack of IT inter-operability, 2) workforce learning curve and training to digest and use this data for meaningful initiatives, and 3) time resource pulling clinicians and staff away from client facing treatment to document and use this data and systems.

Community Service Board Roster
 Tompkins County Mental Health Services (70130)
 Certified: Sharon MacDougall (6/10/19)

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: Khaki Wunderlich	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2021	Email Address: KBW@TC3.edu
Name: Mary Morog	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2019	Email Address: mcmorog@morogpsych.org
Name: Ellice Switzer	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2021	Email Address: es656@cornell.edu
Name: vacant	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires:	Email Address:
Name: vacant	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires:	Email Address:
Name: Sheila McEnergy	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2019	Email Address: smcenergy@icsd.k12.ny.us
Name: Janette Lynch	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2019	Email Address: jan@fliconline.org
Name: Paula Winner	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2018	Email Address: pj54winner@gmail.com
Name: Carol Booth	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2019	Email Address: cabteachworld@hotmail.com
Name: Mary Hutchens	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents:	Term Expires: 12/2021	Email Address: maryhess@rackercenters.org
Name: Larry Roberts	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Consumer	Term Expires: 12/2019	Email Address: larry@fliconline.org

Name: Stu Bergman Physician **Represents:** **Term Expires:** 12/2021 **Email Address:** stubergman@gmail.com
 Psychologist

Name: Auguste Duplan Physician **Represents:** **Term Expires:** 12/2021 **Email Address:** aduplan@cayugamed.org
 Psychologist

Name: Kevin McKenna Physician **Represents:** Law Enforcement **Term Expires:** 12/2021 **Email Address:** mckenna114@hotmail.com
 Psychologist

Name: Harmony Ayers-Friedlander Physician **Represents:** **Term Expires:** 12/2018 **Email Address:** hayers@twcny.rr.com
 Psychologist

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
 Tompkins County Mental Health Services (70130)
 Certified: Sharon MacDougall (6/10/19)

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: Stu Bergman	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address: stubergman@aol.com
Name: Kevin McKenna	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Law Enforcement	Email Address: makenna14@hotmail.com
Name: Ronald Schoneman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address: howjog@aol.com
Name: Tom Lipa	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address: LipaT@tc3.edu
Name: Kathleen Marco-Blair	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address: kam377@cornell.edu
Name: Tom Parsons	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: First Responder/Fire Department	Email Address: ctp^@mac.com
Name: G.P. Zurneda	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address: gpzurenda@gmail.com
Name: Daniel Sudilovsky	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Physician	Email Address: dsudilovsky@cayugamed.org
Name: Elizabeth Ryan	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Physician	Email Address: eryan@reachmed.org

Mental Health Subcommittee Roster
Tompkins County Mental Health Services (70130)
Certified: Sharon MacDougall (6/10/19)

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: Tracy Decker	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address: tdecker@lakeviewmhs.org
Name: Edward Bergman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents:	Email Address: ebergman12345@gmail.com
Name: Jean Poland	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: family	Email Address: jp126@cornell.edu
Name: Paul Blumenthal	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: consumer	Email Address: pb333333333@yahoo.com
Name: Leslie Connors	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: family	Email Address: lconnors@tompkins-co.org
Name: Mary Hutchens	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address: maryhcss@rackercenters.org
Name: Larry Roberts	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: consumer	Email Address: larryroberts@fliconline.org

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
Tompkins County Mental Health Services (70130)
Certified: Sharon MacDougall (6/10/19)

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: Cris Donovan **CSB Member:** Yes No **Represents:** **Email Address:** cris@rackercenters.org

Name: Sheila McEnery **CSB Member:** Yes No **Represents:** **Email Address:** smcenery@icsd.k.12.ny.us

Name: Jan Lynch **CSB Member:** Yes No **Represents:** **Email Address:** janlynch83@gmail.com

Name: Jeffrey Boles **CSB Member:** Yes No **Represents:** consumer **Email Address:** jeff@fliconline.org

Name: Ellice Switzer **CSB Member:** Yes No **Represents:** **Email Address:** es656@cornell.edu

Name: Joanie Groome **CSB Member:** Yes No **Represents:** **Email Address:** joang@cityofithaca.org

Name: Nancy Saltzman **CSB Member:** Yes No **Represents:** family **Email Address:** nsanse@gmail.com

Name: Stacey Caskey **CSB Member:** Yes No **Represents:** **Email Address:** SRCASKEY8@yahoo.com

2020 Mental Hygiene Local Planning Assurance
Tompkins County Mental Health Services (70130)
Certified: Sharon MacDougall (6/10/19)

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.