



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Tioga County Community Services Board
July 18, 2018

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Tioga County Community Services Board	70510	(LGU)
Executive Summary	Optional	Not Completed
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Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
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 Tioga County Community Services Board	 70510/70510	 (Provider)
 Tioga County Dept of MH OP	 70510/70510/554	 (Treatment Program)

Mental Hygiene Goals and Objectives Form
 Tioga County Community Services Board (70510)
 Certified: Lori Monk (5/31/18)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

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. Waiting time to see a prescriber has decreased. County. Access to higher levels of care for children have significantly worsened. CR's have "months" for waiting lists, RTF's approval process is a barrier to timely care, and lack of inpatient beds leads to "days" spent by children in the ER, even if they have been approved they may be sent home GBHC & EPC has as many as 8 children on waitlists to go inpatient (WORSENERD). The Crisis / Resite Residences have denied acceptance of the same children approved for psychiatric admission, for reason: Unable to manage at their level. Lack of professionals to assess children under the age of 5. Vacancies are an issue in HCBS and VOC/ED services.

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

Please Explain:

As in most counties, Tioga has experienced a significant increase in issues related to opioid epidemic. Tioga has no wrap around services for this population. There is no supportive housing, residential treatment facility. Most individuals needing higher levels of care are sent out of county. Many inmates are detoxing in jail. The staff in the jail estimate that 96% of inmates have some substance related issues. The clinic is now able to provide MAT, due to regulation/provider changes. We have secured an additional medical prescriber. The COTI program has been invaluable, decrease in detox / jails, evaluations, and quick referrals to treatment. Without the COTI program service would worsen.

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

Please Explain:

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

q) Developmental Disability Clinical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Adult Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Respite Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
x) Autism Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. Current OMH Supportive Housing Beds - dedicated to discharged state hospital population are rarely utilized - could be utilized as respite.

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

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

Tioga County will develop and increase adequate housing for all populations

Objective Statement

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

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

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

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

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

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

Objective 4: Increase Quality - Non - Certified Housing

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.

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. There is a lack of crisis services for the developmentally disabled. The NY Start program has been delayed in our region.

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

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

Expansion of crisis services to all populations served.

Objective Statement

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

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

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

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

Objective 3: 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

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

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

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: Decrease vacancies in HCBS / Voc Ed providers

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

Change Over Past 12 Months (Optional)

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

Populations served struggle to find meaningful employment

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

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

The community will develop/support employment opportunities for all

Objective Statement

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

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

Objective 2: Provide Cultural Sensitivity training to community

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

Objective 3: Identify increased opportunity and incentives for employers

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

Change Over Past 12 Months (Optional)

A public event was held in May that engaged employers, populations served, and employers to increase awareness.

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.

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: Obtain consultation from Center for Practice Innovation (CPI) to explore implementation of ON TRACKNY

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

Change Over Past 12 Months (Optional)

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)

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 increase by ten

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

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

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

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

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)

2k. SUD Residential Treatment Services - Background Information

Tioga County lacks any wrap around services for SUD population. LGU in partnership with Trinity applied for the Rapid expansion grant, but was not awarded. Most clients are sent out of County for services and stabilization. Residential waiting lists - due to 820's changing.

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 recently opened facility in Broome with additional stabilization beds / already full. 24/7 Access center in Tompkins not operating yet.

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

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

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

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

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

Objective Statement

Objective 1: develop increased peer support

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

Objective 2: pursue OASAS licensed housing within the county

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

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

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

Change Over Past 12 Months (Optional)

Tioga County now offers Open Access/Walk in services. 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

Change Over Past 12 Months (Optional)

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)

2q. Developmental Disability Clinical Services - Background Information

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

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

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

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

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

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

Collaborate with OPWDD and providers to support system transformation.

Objective Statement

Objective 1: Improve crisis services for persons with developmental disabilities

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

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

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

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

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

Objective 4: Collaborate with Tioga County Health Department / Early Intervention Program

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

Objective 5: Improve collaboration with community agencies

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

Change Over Past 12 Months (Optional)

2s. Developmental Disability Adult Services - Background Information

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

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

Increase Education / Trainings and Outreach Efforts to assist and encourage community options.

Objective Statement

Change Over Past 12 Months (Optional)

2t. Developmental Disability Student/Transition Services - Background Information

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

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

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

Objective Statement

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

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)

2v. 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)

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

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

Change Over Past 12 Months (Optional)

2x. Autism Services - Background Information

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

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

Support Provider Agencies to Train and Treat Autism / Behavioral Specialists

Objective Statement

Change Over Past 12 Months (Optional)

2ab. Developmental Disability Service Coordination - Background Information

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

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

Change Over Past 12 Months (Optional)

3. Goals Based On State Initiatives

State Initiative	Applicable State Agency(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3a. Medicaid Redesign - Background Information

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

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

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

Objective Statement

Change Over Past 12 Months (Optional)

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

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

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

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

Objective Statement

Objective 1: Pursue funding available through DSRIP for trainings to improve outcomes

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

Change Over Past 12 Months (Optional)

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

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

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

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

Objective Statement

Change Over Past 12 Months (Optional)

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

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Local Planning reflects MH/SUD Population Health goals.

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Office of Mental Health Agency Planning Survey
Tioga County Community Services Board (70510)
Certified: Lori Monk (4/24/18)

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

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issue
Psychiatrist	5		Shortage / Expense
Physician (non-psychiatrist)	n/a		
Psychologist (PhD/PsyD)	n/a		
Nurse Practitioner	4		In demand / salary competition
RN/LPN (non-NP)	1		
Physician Assistant	n/a		
LMSW	1		
LCSW	1		
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	1		
Peer specialist	n/a		
Family peer advocate	n/a		

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

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.
Tioga County Mental Hygiene is the only OMH provider in the county.

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

Community Service Board Roster
Tioga County Community Services Board (70510)
Certified: Lori Monk (5/17/18)

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Co-chairperson

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

Co-chairperson

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

Member

Name John Holton
Physician No
Psychologist No
Represents Veterans
Term Expires
eMail holtonj@co.tioga.ny.us

Member

Name John Bezirgianian
Physician Yes
Psychologist No
Term Expires
eMail jbezirgianian@co.tioga.ny.us

Member

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

Member

Name Christine Schweitzer
Physician No
Psychologist No
Represents Consumers
Term Expires 3/31/2022
eMail rschweitze@stny.rr.com

Member

Name Carolyn Galatzan
Physician No
Psychologist No
Represents MH
Term Expires 12/31/2021
eMail rgalatzan@aol.com

Member

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

Alcoholism and Substance Abuse Subcommittee Roster
Tioga County Community Services Board (70510)
Certified: Lori Monk (4/24/18)

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson

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

Member

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

Member

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

Member

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

Member

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

Member

Name William Standinger III
Represents Legislature
eMail standingerw@co.tioga.ny.us
Is CSB Member No

Member

Name John Holton, SR
Represents Veterans
eMail HoltonJ@co.tioga.ny.us
Is CSB Member No

Mental Health Subcommittee Roster
Tioga County Community Services Board (70510)
Certified: Lori Monk (4/24/18)

Note: The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson		Member	
Name	Tina Lounsbury	Name	Heather Vroman
Represents	DSS/Adult Care	Represents	Public Health
eMail	49A577@dfa.state.ny.us	eMail	MorganH@co.tioga.ny.us
Is CSB Member	No	Is CSB Member	No
Member		Member	
Name	Francis J. Baily	Name	Kathy Roush
Represents	Domestic Violence	Represents	Community
eMail	Francis-j-baily@stny.rr.com	eMail	kroush@stny.rr.com
Is CSB Member	No	Is CSB Member	Yes
Member		Member	
Name	Denise Brown	Name	Donna Corbin
Represents	Community Agency	Represents	Community Agency
eMail	dbrown@rehab.org	eMail	dcorbin@glovehouse.com
Is CSB Member	Yes	Is CSB Member	No
Member		Member	
Name	Wendy Arnold	Name	Carolyn Galatzan
Represents	SPOA	Represents	Community
eMail	arnoldw@co.tioga.ny.us	eMail	rgalatzan@aol.com
Is CSB Member	No	Is CSB Member	No
Member			
Name	Anne McManus-Grant		
Represents	Community		
eMail	annemcgrant@netscape.net		
Is CSB Member	No		

Developmental Disabilities Subcommittee Roster
Tioga County Community Services Board (70510)
Certified: Lori Monk (4/24/18)

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson

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

Member

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

Member

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

Member

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

Member

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

Member

Name Elfrieda Heil
Represents community
eMail
Is CSB Member No

Member

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

Member

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

Member

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

Member

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

Member

Name Karl Jantz
Represents ACHIEVE
eMail kjantz@achieveny.org
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Tioga County Community Services Board (70510)
Certified: Lori Monk (5/31/18)

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2019 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2019 Local Services planning process.