

2017  
Local Services Plan  
For Mental Hygiene Services

Tioga County Community Services Board  
August 17, 2016



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Tioga County Community Services Board</b>	<b>70510</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Needs Assessment Report	Required	<b>Certified</b>
Multiple Disabilities Considerations Form	Required	<b>Certified</b>
Priority Outcomes Form	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
OMH Transformation Plan Survey	Required	<b>Certified</b>
LGU Emergency Manager Contact Information	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>
 <b>Tioga County Community Services Board</b>	 <b>70510/70510</b>	 <b>(Provider)</b>
 <b>Tioga County Dept of MH OP</b>	 <b>70510/70510/554</b>	 <b>(Treatment Program)</b>

**2017 Needs Assessment Report**  
 Tioga County Community Services Board (70510)  
 Certified: Lori Monk (5/31/16)

Consult the LSP Guidelines for additional guidance on completing this exercise.

**PART A: Local Needs Assessment**

**1. Assessment of Mental Hygiene and Associated Issues** - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. You have the option to attach documentation, as appropriate.

Tioga County no longer has a public bus system. This is a barrier for the community to access services in a rural county. Lack of SA supportive housing.

**2. Analysis of Service Needs and Gaps** - In this section, describe and quantify (where possible) the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

Please see survey.

**3. Assessment of Local Needs** - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
<b>Substance Use Disorder Services:</b>						
a) Prevention Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Opioid Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f) Residential Treatment Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Housing.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Transportation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Other Recovery Support Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Workforce Recruitment and Retention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
k) Coordination/Integration with Other Systems	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Other (specify): none	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Mental Health Services:</b>						
m) Prevention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
n) Crisis Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
o) Inpatient Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
p) Clinic Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
r) Care Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
s) HARP HCBS Services (Adult)				<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
t) HCBS Waiver Services (Children)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
u) Other Recovery and Support Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
v) Housing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
w) Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
y) Coordination/Integration with Other Systems	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
z) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Developmental Disability Services:</b>						
aa) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

bb) Clinical Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
cc) Children Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
dd) <a href="#">Adult Services</a>				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
ff) Respite Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
gg) Family Supports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ii) Autism Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
jj) Person Centered Planning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
kk) Residential Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ll) Front Door	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
mm) <a href="#">Transportation</a>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
nn) Service Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
oo) Employment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
pp) <a href="#">Workforce Recruitment and Retention.</a>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
qq) <a href="#">Coordination/Integration with Other Systems.</a>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
rr) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Follow-up Questions to "Prevention Services" (Question 3a)**

**3a1.** Briefly describe the issue and why it is a high need for the populations selected.  
 There is a need for Community Awareness, Community Coalition Building. Schools are in need of short term training programs, EBP are session specific and do not allow for process/discussion.

**Follow-up Questions to "Crisis Services" (Question 3b)**

**3b1.** Briefly describe the issue and why it is a high need for the populations selected.  
 Tioga County does have a 24 hour Crisis call system. There is not a crisis center in our County and often the crisis center in the neighboring county is at maximum capacity. With growing opiate use within our county, there is a high need for a crisis center.

**Follow-up Questions to "Inpatient Treatment Services" (Question 3c)**

**3c1.** Briefly describe the issue and why it is a high need for the populations selected.  
 It is often difficult if not impossible obtain bed in a timely manner.

**Follow-up Questions to "Opioid Treatment Services" (Question 3d)**

**3d1.** Briefly describe the issue and why it is a high need for the populations selected.  
 We do not offer OT program specific. There are limited number of suboxone prescribers within Tioga County.

**Follow-up Questions to "Residential Treatment Services" (Question 3f)**

**3f1.** Briefly describe the issue and why it is a high need for the populations selected.  
 There are no residential treatment services in Tioga County. We operate a Drug Court within our County, and most participants are sent out of county to residential services.

**Follow-up Questions to "Housing" (Question 3g)**

**3g1.** Briefly describe the issue and why it is a high need for the populations selected.  
 Due to flood, housing options have decreased as well as inflated pricing due to drilling activity in Pennsylvania.

**Follow-up Questions to "Transportation" (Question 3h)**

**3h1.** Briefly describe the issue and why it is a high need for the populations selected.  
 The County lost state funding for public transportation system.

**Follow-up Questions to "Recovery Support Services" (Question 3i)**

**3i1.** Briefly describe the issue and why it is a high need for the populations selected.

There is no Supportive Housing in Tioga County, no Crisis center, at a time when heroin use is on the rise, these services could be invaluable.

**Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3k)**

**3k1.** Briefly describe the issue and why it is a high need for the populations selected.  
It is crucial that DSRIP Leads Coordinate with counties, regarding unique needs, and prevent the creation parallel services.

**Follow-up Questions to "Transportation" (Question 3w)**

**3w1.** Briefly describe the issue and why it is a high need for the populations selected.  
Tioga County no longer has a public transportation system.

**Follow-up Questions to "Crisis Services" (Question 3aa)**

**3aa1.** Briefly describe the issue and why it is a high need for the populations selected.  
The dually diagnosed population is often responded to within a traditional paradigm, that often leads to non-admissions when inpatient stabilization is needed.

**Follow-up Questions to "Student/Transition Services" (Question 3ee)**

**3ee1.** Briefly describe the issue and why it is a high need for the populations selected.  
The planning in local schools has been poor. Sometimes children are identified too late, and are supports not in place.

**Follow-up Questions to "Family Supports" (Question 3gg)**

**3gg1.** Briefly describe the issue and why it is a high need for the populations selected.  
With increasing identification of population, funding has been static, resulting in long waiting lists and the inability to increase services.

**Follow-up Questions to "Transportation" (Question 3mm)**

**3mm1.** Briefly describe the issue and why it is a high need for the populations selected.  
Tioga County Transportation eliminated in Tioga County. Agencies struggle to provide transportation for programming.

**Follow-up Questions to "Employment" (Question 3oo)**

**3oo1.** Briefly describe the issue and why it is a high need for the populations selected.  
There is limited opportunity. There is a need for education, training, funding, and retention.

**Follow-up Questions to "Workforce Recruitment and Retention" (Question 3pp)**

**3pp1.** Briefly describe the issue and why it is a high need for the populations selected.  
compensation/training

**Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3qq)**

**3qq1.** Briefly describe the issue and why it is a high need for the populations selected.  
I am uncertain as to what plan is to integrate this populations needs with other system changes.

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

**4.** How have the overall needs of the mental health population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

**4d.** If you would like to elaborate on why you believe the overall needs of the mental health population have been a mix of improvement and worsening over the past year, briefly describe here

Inpatient Access/Waiting lists. Also, years of reducing funding has lead to reduction in staff.

**5.** How have the overall needs of the substance use disorder population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.

- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

**5c.** If you would like to elaborate on why you believe the overall needs of the substance use disorder population have worsened over the past year, briefly describe here

Shortage of OTP within the county. Limited number of Suboxone treatment providers, chronic relapse. Lack of a Crisis Center and Supportive housing.

**6.** How have the overall needs of the **developmentally disabled** population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

**6c.** If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have worsened over the past year, briefly describe here

Closures. Poor planning for placement in communities.

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

**7.** In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?

- a. Yes
- b. No

**7a.** Briefly describe those planning activities with your Local Health Department.

There has not been formal planning...however, we do have a HD employee on MH/SA Subcommittees.

**8.** In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?

- a. Yes
- b. No

**8a.** Briefly describe those planning activities with other local government agencies and non-government organizations.

Worked on 5 year strategic plan with local government. Working with several non-government agencies on Heroin epidemic. Meet with partnering county to discuss needs.

**9.** In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?

- a. Yes
- b. No

**2017 Multiple Disabilities Considerations Form**  
Tioga County Community Services Board (70510)  
Certified: Lori Monk (4/14/16)

Consult the LSP Guidelines for additional guidance on completing this form.

**LGU:** Tioga County Community Services Board (70510)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

**1.** Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

- Yes
- No

If yes, briefly describe the mechanism used to identify such persons:

The Tioga County coordinator for both Adult SPOA and Children's SPOA receives referrals for many individuals who need special consideration due to multiple disabilities. The coordinator brings together service providers from all systems to develop a community wide plan for these individuals. It continues to be problematic, at times, to piece together an adequate person centered plan for individuals who need services from more than one agency. The SPOA coordinator reports directly to the LGU.

**2.** Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

- Yes
- No

If yes, briefly describe the mechanism used in the planning process:

The Director of Community Services, in conjunction with the Community Services Board and its sub-committees, look to plan coordinated services for individuals who have multiple disabilities.

**3.** Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

- Yes
- No

If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

The SPOA coordinator, in conjunction, with the Director of Community Services, work diligently to include all providers in the development of a plan. When disputes occur between agencies, the DCS has worked to assist all sides to find a satisfactory resolution.

**Mental Hygiene Priority Outcomes Form**  
Tioga County Community Services Board (70510)  
Plan Year: 2017  
Certified: Lori Monk (5/31/16)

Consult the LSP Guidelines for additional guidance on completing this form.

**2017 Priority Outcomes** - Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.

**Priority Outcome 1:**

Tioga County and collaborative partners will assure access to a full continuum of care for individuals in need of Mental Hygiene Services.

**Progress Report: (optional) \*new**

This is an ongoing priority. Community Based services were expanded. Tioga County made decision not to privatize county run services. The Agency has become increasingly visible in the Community via press, advertising.

**Priority Rank: 1**

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** \*new

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan

**Is this priority also a Regional Priority?** \*new Not Sure

**Strategy 1.1**

The LGU, in conjunction with the CSB and its sub-committees will work to ensure that the community understands the importance of maintaining a comprehensive continuum of care for vulnerable populations.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 1.2**

Mental Hygiene providers will continue to explore ways of developing increased peer support within the community for individuals served by all three agencies, to enhance the existing continuum of care. Obtain funding to assist in training qualified Peer Advocates and Family Navigators.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 1.3**

Will partner with Tioga County Health Department to share common goal increasing visibility of services available in the County.

**Applicable State Agencies:** OASAS OMH OPWDD

**Strategy 1.4**

Pursue any objectives that relate to Mental Health or Substance Abuse as outlined in the current Community Health Improvement Plan (CHIP)

**Applicable State Agencies:** OASAS OMH

**Priority Outcome 2:**

Optimize/Maximize opportunities for rehabilitation and Recovery in Tioga County

**Progress Report: (optional) \*new**

**Priority Rank: 2**

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** \*new

- The Prevention Agenda 2013-2018
- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- Combat Heroin and Prescription Drug Abuse



**Is this priority also a Regional Priority?** *\*new* Not Sure

**Strategy 2.1**

Coordinate efforts with law enforcement, schools, and community to address heroin epidemic in Tioga County.  
**Applicable State Agency:** OASAS

**Strategy 2.2**

Pursue OASAS Licensed supportive housing in Tioga County  
**Applicable State Agency:** OASAS

**Strategy 2.3**

Pursue Medically Monitored Detox Facility in Tioga County  
**Applicable State Agency:** OASAS

**Strategy 2.4**

Increase Respite Services for OPWDD population  
**Applicable State Agency:** OPWDD

**Strategy 2.5**

Create an Open Access program in the OASAS outpatient treatment facility  
**Applicable State Agency:** OASAS

**Strategy 2.6**

Tioga County Drug and Alcohol Services' ability to provide Medically Assisted Treatment (MAT) will be explored.  
**Applicable State Agency:** OASAS

**Strategy 2.7**

Will apply for any funding that will enhance supports needed in Tioga County.  
**Applicable State Agencies:** OASAS OMH OPWDD

**Priority Outcome 3:**

Increase awareness of the problems with synthetic and Opioid drug use

**Progress Report: (optional)** *\*new*

**Priority Rank:** 3

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Combat Heroin and Prescription Drug Abuse
- Talk2Prevent

**Is this priority also a Regional Priority?** *\*new* Not Sure

**Strategy 3.1**

Coordinate all community efforts of addiction and prevention in the County through the existing Tioga County Substance Abuse Prevention Coalition.  
**Applicable State Agency:** OASAS

**Strategy 3.2**

Director of Community Services will participate in all coalition development and events  
**Applicable State Agency:** OASAS

### Strategy 3.3

Tioga County Mental Hygiene to inform all Primary Care Providers in the County that we will train/distribute NARCAN to any referral.  
**Applicable State Agency:** OASAS

#### Priority Outcome 4:

To oversee the development and implementation of goals and objectives of the Suicide Prevention Coalition

#### Progress Report: (optional) *\*new*

The Coalition has developed and implemented goals, and has plans to obtain funding through community events. Strategy 2-1 Completed.

#### Priority Rank: 4

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *\*new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- OMH Transformation Plan
- OPWDD People First Transformation

**Is this priority also a Regional Priority?** *\*new* Not Sure

### Strategy 4.1

Continue to work with State OMH to assist with training community school districts, various agencies, and clergy in suicide screening and follow-up plans for children, adolescents, and adults.

**Applicable State Agency:** OMH

### Strategy 4.2

Continue to educate the community regarding the risks, warning signs and interventions to ensure goal of suicide prevention.

**Applicable State Agencies:** OASAS OMH

#### Priority Outcome 5:

Educate Community about changes in Mental Health, Substance Abuse, and Developmental Disabilities, System of Care Changes.

#### Progress Report: (optional) *\*new*

#### Priority Rank: 5

**Applicable State Agencies:** OASAS OMH OPWDD

**Aligned State Initiative:** *\*new*

**Is this priority also a Regional Priority?** *\*new* Not Sure

### Strategy 5.1

Inform Consumers, Legislators, Community Services Board, and Sub-Committees of all changes being implemented that impact services.

**Applicable State Agencies:** OASAS OMH OPWDD

#### Priority Outcome 6:

Collaborate with OPWDD and providers to support system transformation.

#### Progress Report: (optional) *\*new*

Additional Housing was developed.

#### Priority Rank: *Unranked*

**Applicable State Agencies:** OPWDD

**Aligned State Initiative:** *\*new*

- OPWDD People First Transformation

**Is this priority also a Regional Priority?** *\*new* Not Sure

### Strategy 6.1

Work with Broome DDSO and/or voluntary agencies who are interested in developing housing opportunities for both the Autism Spectrum Disorder home as well as the home(s) for the medically frail individuals.

**Applicable State Agency:** OPWDD

### Strategy 6.2

The community will continue to support individuals within the OPWDD system to develop the ability to live independently with supports.

**Applicable State Agency:** OPWDD

### Strategy 6.3

The PWDD sub-committee has identified housing for the aging Developmental Disability population as a growing problem. There is recognition that housing opportunities for individuals living in the community with aging/debilitated parents/caregivers are limited. Many of these individuals would be unable to live independently if/when parents/caregivers pass away.

**Applicable State Agency:** OPWDD

### Strategy 6.4

Improve crisis services for persons with Developmental Disabilities.

**Applicable State Agency:** OPWDD

### Strategy 6.5

OPWDD Subcommittee members to visit school districts in Tioga County and educate on available services and importance of identification so that planning can occur before graduating.

**Applicable State Agency:** OPWDD

### Priority Outcome 7:

The community will develop and support additional employment opportunities for individuals with mental illness or developmental disabilities.

**Progress Report: (optional)** *\*new*

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OMH OPWDD

**Aligned State Initiative:** *\*new*

None of the Above

**Is this priority also a Regional Priority?** *\*new* Not Sure

### Strategy 7.1

Bring community providers together to identify barriers to integrated employment.

**Applicable State Agencies:** OMH OPWDD

### Strategy 7.2

Expand existing employment opportunities

**Applicable State Agency:** OPWDD

### Strategy 7.3

Provide Cultural Sensitivity training to community.

**Applicable State Agency:** OPWDD

### Strategy 7.4

Identify increased opportunity and incentives for employers, such as education, training, and funding.

**Applicable State Agencies:** OMH OPWDD

### Strategy 7.5

Continue to assess negative impact that lack of transportation has had on consumers and agencies.

**Applicable State Agencies:** OMH OPWDD

**Priority Outcome 8:**

Explore the ability to provide physical health services in County Clinic

**Progress Report: (optional) \*new**

Care coordination successfully implemented in Tioga County for Adults.

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** \*new

- The State Health Innovation Plan (SHIP)/State Innovation Models (SIM)
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)

**Is this priority also a Regional Priority?** \*new Not Sure

**Strategy 8.1**

Successful implementation of Care Coordination in Tioga County has been achieved for Adults. Monitor implementation for children. Continue to monitor and assess those who are not eligible for Care Coordination.

**Applicable State Agencies:** OASAS OMH

**Strategy 8.2**

Full implementation of technology that supports exchange of health information.

**Applicable State Agencies:** OASAS OMH

**Strategy 8.3**

Participate in Delivery System Reform and Incentive Payment (DSRIP) planning process to improve outcomes and obtain increased funding for community supports.

**Applicable State Agencies:** OASAS OMH

**Strategy 8.4**

Explore option to obtain integrated licensure.

**Applicable State Agencies:** OASAS OMH

**Strategy 8.5**

Examine need and process of mental health and substance abuse satellite clinics in primary care sites.

**Applicable State Agencies:** OASAS OMH

**Priority Outcome 9:**

TCASSA will continue to provide gambling prevention

**Progress Report: (optional) \*new**

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS

**Aligned State Initiative:** \*new

- None of the Above

**Is this priority also a Regional Priority?** \*new Not Sure

**Strategy 9.1**

The Community Services Board will support the efforts of TCCASA to seek funding for this program.

**Applicable State Agency:** OASAS

**Strategy 9.2**

Continue to monitor need for gambling addiction treatment

**Applicable State Agency:** OASAS

**Priority Outcome 10:**

Continued participation in ongoing County Disaster Planning and Emergency Preparedness

**Progress Report: (optional) *\*new***

Have been involved in all County Disaster Planning

**Priority Rank:** *Unranked*

**Applicable State Agencies:** OASAS OMH

**Aligned State Initiative:** *\*new*

None of the Above

**Is this priority also a Regional Priority?** *\*new* Not Sure

**Strategy 10.1**

The LGU will participate and assist in planning related to disaster planning/preparedness. To oversee goals/objectives of Tioga County Disaster Plan as relates to Mental Hygiene. Disaster plan will be reviewed annually or if any revisions.

**Applicable State Agencies:** OASAS OMH

**2017 Community Service Board Roster**  
 Tioga County Community Services Board (70510)  
 Certified: Lori Monk (4/11/16)

Consult the LSP Guidelines for additional guidance on completing this form.

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** Vicki Comstock  
**Physician** No  
**Psychologist** No  
**Represents** consumer  
**Term Expires** 3/31/2018  
**eMail** lacunaluna@netzero.net

**Co-chairperson**

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

**Member**

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

**Member**

**Name** Keith Nichols MD  
**Physician** Yes  
**Psychologist** No  
**Represents** Community Physician  
**Term Expires** 3/31/2017  
**eMail** knicholsmd@yahoo.com

**Member**

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

**Co-chairperson**

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

**Member**

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

**Member**

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

**Member**

**Name** Brian Eldridge  
**Physician** No  
**Psychologist** No  
**Represents** non profit  
**Term Expires** 7/31/2019  
**eMail** tiogaunitedway@stny.rr.com

**OMH Transformation Plan Survey**  
Tioga County Community Services Board (70510)  
Certified: Lori Monk (4/11/16)

Consult the LSP Guidelines for additional guidance on completing this exercise.

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" \$59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, \$15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

- a) Yes
- b) No
- c) Don't know

**If "Yes":**

Please briefly describe any impacts the reinvestment resources have had since implementation, particularly as it relates to impacts in State or community inpatient utilization. If known, identify which types of services/programs have made such impacts.

80,000 dollars was allocated to Tioga County. This money was invested in the development of a "Warm Line" and a Drop in Center.

2. Please provide any other comments regarding Transformation Plan investments and planning.  
There is a need for further investment at local level (County).

**2017 Mental Hygiene Local Planning Assurance**  
Tioga County Community Services Board (70510)  
Certified: Lori Monk (5/31/16)

Consult the LSP Guidelines for additional guidance on completing this form.

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 2017 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 2017 Local Services planning process.