

2017
Local Services Plan
For Mental Hygiene Services

Cayuga County Comm. MH/MR/Alscm Servs
July 19, 2016



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Planning Form	LGU/Provider/PRU	Status
Cayuga County Comm. MH/MR/Alscm Servs	70350	(LGU)
Executive Summary	Optional	Not Completed
Needs Assessment Report	Required	Certified
Multiple Disabilities Considerations Form	Required	Certified
Priority Outcomes Form	Required	Certified
Community Services Board Roster	Required	Certified
OMH Transformation Plan Survey	Required	Certified
LGU Emergency Manager Contact Information	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

2017 Needs Assessment Report
 Cayuga County Comm. MH/MR/Alscm Servs (70350)
 Certified: Karen Killips (5/26/16)

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.

1. Mental Health: Out-patient capacity is sufficient to meet the need and we have adequate child and adult psychiatry. Same day access and crisis services, with a robust ER diversion program are available. System issues with continuity of care from in-patient and ER visits continues to be an area of focus. MH system response/integration with emergency response and law enforcement has yielded good outcomes for individuals in crisis. After hours mobile crisis has been a tremendous benefit to individuals in crisis. Adoption of the CCSRS across has systems has improved response to suicide ideation/threats. There has been expansion in outpatient services into two more schools and MH system is aligning itself with DSRIP projects. Integration and braided funding and service delivery across child welfare/MH children's services has evolved nicely. Capacity building for the unbundling of waiver services for adults and children is on track. Planning for Children's Health Home also ongoing. Substance Abuse Services: Outpatient clinics are able to add capacity through existing operating certificates however, OASAS clinic intake/admission regulations impede access. County has very few individuals enrolled in MAT. Vivitrol will begin being administered in the jail for sentenced inmates interested in receiving the treatment. County-wide prevention efforts have improved with a Drug Free Communities Task Force that recently submitted a SAMHSA DFC Grant. Cayuga County experiences an increased overdose and death rate from drug overdoses and works closely with the ER to monitor and develop strategies to impact this area. We are looking into the opportunities afforded us with the new OASAS housing regulations. People with Disabilities: While the agencies serving the community are good partners and willing to work creatively to plan and serve eligible individuals, the state takeover of housing and other services has impacted our ability to be nimble and flexible in emergent situation. The DC rundown has not been handled well by state PWDD.

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.

2. Mental Health: Peer training and development here and helping them start up a peer run agency is in its early phases. There are incredible opportunities for peers in person centered planning an service delivery. Trauma informed care training needs to be pushed down to on the ground providers in meaningful ways. Housing First needs to be an adopted regulatory change for all housing programs. Discharging people for non-compliance issues effectively making them homeless is not only counterintuitive to recovery research but is unethical as well. Transitional care and case management from inpatient and ER stays is an area needing attention. There has been a state aid reallocation to accomplish this but the project is not yet implemented. Jail services will undergo an expansion that includes masters levels clinicians conduction assessment and providing treatment as well as transition coordinator to manage continuity of care. Substance Abuse Services Peer recruiting and training here also is in its beginning stages. We have had a high number of individuals seek in-patient care out of state as there is a provider that has streamlined admissions and provides transportation. OASAS Bed-Finder is being used but has had limited impact on this. Working with the CNY Directors Planning Group, comprised of 6 CNY county DCS's, we are planning and developing plans for a regional crisis center that can provide immediate, integrated services to individuals seeking substance abuse treatment. Prevention efforts need to expand and incorporate a public health model of prevention, early identification and evidence based treatments. Housing First philosophy and practice needs to saturate OASAS programming. People with Developmental Disabilities Lack of appropriate clinic services in residential services and/or with individuals living with family results in an unusually high number of ER and inpatient stays with discharge planning compromised by slow response from state agency personnel in the area of permanent housing. Providers and families continue to have great difficulty obtaining eligibility for adults coming to the attention of the criminal justice or other systems. The gradual erosion of local control of these services negatively impacts our ability to creatively program for folks. Underserved populations requiring specialized services • Individuals with an autism diagnosis • Individuals with co-occurring disorders • Homeless individuals

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
Substance Use Disorder Services:						
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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g) Housing.	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>				
j) Workforce Recruitment and Retention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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):	<input type="radio"/>	<input type="radio"/>				
Mental Health Services:						
m) Prevention	<input type="radio"/>	<input type="radio"/>				
n) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

o) Inpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
p) Clinic Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) HCBS Waiver Services (Children)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
u) Other Recovery and Support Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
v) Housing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
y) 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"/>
z) Other (specify):	<input type="radio"/>					
Developmental Disability Services:						
aa) Crisis Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
bb) Clinical Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
cc) Children Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
dd) Adult Services				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ii) Autism Services	<input checked="" type="radio"/>	<input 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"/>					
ll) Front Door	<input type="radio"/>					
mm) Transportation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>					
pp) Workforce Recruitment and Retention.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
qq) Coordination/Integration with Other Systems.	<input type="radio"/>					
rr) Other (specify):	<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.
We are seeing a high number of individuals who are actively using alcohol and other substances, particularly opiates. Surveys indicate that adolescents do not recognize the risks involved.

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

3b1. Briefly describe the issue and why it is a high need for the populations selected.
We are seeing a rapid increase in the number of individuals who are overdosing. Drug/Alcohol related presentations at the emergency department increased by 220% from 2013 to 2015. We are planning the development of a regional crisis center in partnership with OASAS.

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.
There has been a large increase in opiate abuse in our community. A significant number of deaths have been reported. MAT is fairly limited here.

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

3g1. Briefly describe the issue and why it is a high need for the populations selected.
There is only one housing opportunity for those with substance abuse/alcohol issues. We would benefit from additional housing to serve woman with children, separate housing for men and women, and housing offering different levels of care. Additionally, Housing First philosophy has to be embedded in regulation.

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 is geographically very long with the only city located centrally. Public transportation is very limited outside the city limits. Those at the far ends of the County have no public transportation and frequently do not have the means for reliable transportation.

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.

The majority of those we serve in the mental hygiene system are diagnosed with co-occurring disorders. We plan to maximize integration opportunities either through DSRIP or co-location and look forward to regulatory relief in this area.

Follow-up Questions to "HARP HCBS Services (Adult)" (Question 3s)

3s1. Briefly describe the issue and why it is a high need for the populations selected.

Building capacity to meet the need is a concern from provider standpoint. Also, the dilution of Care Management into a strictly assessment function may be difficult for consumers used to a different response.

Follow-up Questions to "Other Recovery and Support Services" (Question 3u)

3u1. Briefly describe the issue and why it is a high need for the populations selected.

Our peer support services need some development and some of that work is happening now. Moving the system from talking person centered planning and service delivery to delivering those services that way needs more attention.

Follow-up Questions to "Housing" (Question 3v)

3v1. Briefly describe the issue and why it is a high need for the populations selected.

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

3w1. Briefly describe the issue and why it is a high need for the populations selected.

The County is geographically very long with the only city located centrally. Public transportation is very limited outside the city limits. Those at the far ends of the County have no public transportation and frequently do not have the means for reliable transportation

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

3y1. Briefly describe the issue and why it is a high need for the populations selected.

This is hard, ongoing work that we suspect, will always be challenging.

Follow-up Questions to "Autism Services" (Question 3ii)

3ii1. Briefly describe the issue and why it is a high need for the populations selected.

Providers are trying to develop an assessment and treatment capacity that would give families a local opportunity as opposed to the long wait lists for out of county specialty clinics. Funding is the main barrier but we are working through that.

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.

4b. If you would like to elaborate on why you believe the overall needs of the mental health population have improved over the past year, briefly describe here

We have worked hard to increase capacity, same day and crisis services. We have added substantial child and adult psychiatry and invested in training. System improvements have diverted crises to clinics and mobile outreach has engaged individuals. People can get same day services.

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

Increasing numbers of people are presenting at the hospital's emergency department with serious drug/alcohol involvement. Opioid addicts have flooded an already stressed system and insurance barriers are problematic for accessing treatment. There is no emergency response in the OASAS system.

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

State takeover of eligibility and housing from counties may have saved money but many DD folks living in emergency housing or stranded on inpatient units with DCS's having limited or no resources to deploy.

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.

The Health Dept and the LGU work together on population health strategies and Drug Free Communities planning and activities.

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.

The LGU has partnered with a number of agencies to develop two SAMHSA grant applications. One would support the work of the county-wide Drug Free Coalition and the other would advance our efforts to establish a System of Care. Many agencies, both public and private, were involved in both of these efforts and continue to work together to improve services for our communities.

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

- a. Yes
- b. No

9a. List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

Regional state aid investment related to hospital closure beds. Collaborative Problem Solving Training Health Home implementation Regional OASAS Crisis Center Regional Crisis Respite development

9b. Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

- a. Yes
- b. No

9c. Did the counties in your region reach a consensus on what the regional needs are?

- a. Yes
- b. No

9d. Briefly describe the consensus needs identified by the counties in your region

Training in trauma informed care Children's crisis services Mobile Crisis capability Regional OASAS crisis center

2017 Multiple Disabilities Considerations Form
Cayuga County Comm. MH/MR/Alscm Servs (70350)
Certified: Karen Killips (5/26/16)

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

LGU: Cayuga County Comm. MH/MR/Alscm Servs (70350)

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 Dual Diagnosis Taskforce meets on a regular basis to address these types of issues. We also have two Single Point of Accessibility Committees that meet on a regularly scheduled basis. Those two committees have been integrated with providers from other disabilities. One addresses the needs of children and the other focuses on adults. We continue to work toward single door access for individuals with multiple disabilities using a System of Care model.

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:

Each subcommittee of the Community Services Board reviews service needs on a monthly basis. That provides the basis for the planning process. Agencies, family members, service recipients, and community representatives attend and participate at each meeting. This provides input from a cross-section of the community and provides a cohesive partnership between providers.

Agency directors meetings are used to explore speciality services through partnership and collaborations. Recent areas of discussion include autism and shared clients in Article 31 and 28's using both services and coordination of care.

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:

When there is an issue that cannot easily be resolved, the Director of Community Services will convene a meeting of all involved parties. A plan is then developed to resolve the issue.

Mental Hygiene Priority Outcomes Form
Cayuga County Comm. MH/MR/Alscm Servs (70350)
Plan Year: 2017
Certified: Karen Killips (5/27/16)

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:

Promote and support the development of an integrated, recovery based service delivery system. This includes Part 820 options to provide structured substance abuse disorder recovery services in a residential setting.

Progress Report: (optional) **new*

We continue to make progress integrating care across all providers. The Columbia Suicide Severity Rating Scale is being used cross-systems. Peers in Cayuga County continue to make collaborate and develop and have made significant progress in establishing a 501.3c organization to provide mental health related services. We have made significant progress developing a System of Care involving numerous service providers and the Department of Social Services. This will allow children and youth at medium and high risk for mental health issues to access coordinated services. Unity House is offering a Parents' Support Group for families who receive developmental disabilities services from that agency. This group meets quarterly to discuss such things as employment, Home and Community Based Services, staffing competencies, etc. The ARC now has staff with CQL (Council on Quality Leadership) certification.

Priority Rank: 3

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
- Talk2Prevent

Is this priority also a Regional Priority? **new* Yes

Strategy 1.1

Continue to solicit consumer/peer participation in the planning process as well as in service delivery particularly in the area of service delivery development to support the triple aim. We have made progress in this area with additional peer participation in the Local Governmental Unit (LGU) functions as well on within agencies. We need to encourage more family involvement in LGU efforts. We will focus on recruiting stakeholders in the coming year. We continue to support the establishment of a peer run agency and will work to develop outreach strategies to encourage peer involvement in the service community. With the advent of potential Medicaid funding for peer services, we anticipate growth in this area. Continue efforts to establish a regularly scheduled program for individuals with co-occurring diagnoses in Cayuga County Unity House managers are working to provide a self-advocacy group that will be open to individuals served by other programs as well as Unity House participants. Quarterly Parent meetings are open to families of those receiving developmental disabilities services from Unity House.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.2

Promote evidence based practices that deliver effective services cross-system. Integrate the Columbia Suicide Severity Rating Scale (CSSRS) across all providers and domains. Many providers have been trained in the use of the CSSRS and more trainings are planned. The result has been improved dialogue with consumers and more clarity with other stakeholders when addressing issues and severity of risk. We will promote additional evidence based strategies in the coming year. These will include the SBIRT (Screening, Brief Intervention, Referral to Treatment) for early substance abuse screening and referral, Mental Health First Aid training and collaborative problem solving. In addition, we are building a better system by adding staff training on smoking cessation and trauma informed care. The ARC has CQL certified staff. They continue to involve peers in agency functions and planning.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.3

Continue to provide training and technical assistance to develop community competencies in person centeredness planning. Providers serving people with developmental disabilities will focus on workforce transformation by emphasizing personal outcome measures training. Agencies are now providing client centered treatment planning. We will continue efforts to promote training throughout the community workforce to develop a common understanding of self-advocacy and person centeredness. Unity House is helping individuals develop self advocacy skills.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.4

Evaluate current services and identify program or system changes as well as identify training opportunities to increase competencies in recovery oriented practices. This is ongoing. Office for People With Developmental Disabilities (OPWDD) funded agencies will be held to standards under CQL (Council on Quality and Leadership) Personal Outcome Measures. Providers are actively involved in this process. Satisfaction surveys are required for all programs funded by the Office for People With Developmental Disabilities (OPWDD). The survey information will be requested for review by the Local Governmental Unit.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.5

Operationalize System of Care principles and create “single door” entry to services for children and adults by braiding funding streams and including youth and family voices into planning. Meetings have been on-going with multiple providers participating. As the program matures, it simplifies access to services for families and their children who are at medium and high risk for mental health concerns. Providers, schools, and Department of Social Services staff are working cooperatively on this. An application for federal funding has been prepared to advance these efforts.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.6

Continue and expand integration of behavioral health and physical health services by co-locating services in clinic and primary care practices. Promote speedy access to OASAS clinics. We will explore the feasibility of co-locating mental health within a substance abuse clinic setting.

Applicable State Agencies: OASAS OMH

Strategy 1.7

Explore an Opioid Treatment Program as an addition to out-patient services to provide a more supervised and intensive therapeutic milieu.

Applicable State Agency: OASAS

Strategy 1.8

Explore the funding and creation of a regional crisis center for individuals suffering from addiction to provide ambulatory detox, crisis services, stabilization, short term treatment, and referral. The center would be located in Onondaga County and be fully integrated by including behavioral and physical health care services, respite, and peer services. This project is supported by the Central New York Mental Hygiene Directors.

Applicable State Agencies: OASAS OMH

Priority Outcome 2:

Build and/or increase community competencies, by using elements of a public health model, in the areas of education, training, early identification, prevention and treatment to deal with emerging behavioral/developmental/health issues

Progress Report: (optional) **new*

2016 Strategy 1.1 was accomplished. City, State, and County law enforcement personnel were trained in strategies for working with individuals experiencing psychiatric and/or substance abuse crises or with those who have developmental disabilities. Officers now have skills to successfully deescalate situations and make effective referrals. The intent is to have two trained officers assigned to each shift. As planned in the 2016 Strategy 1.2, school alcohol/substance abuse surveys were conducted. The results were incorporated into a Drug Free Communities grant proposal submitted to the Federal Substance Abuse Mental Health Administration (SAMHSA). Strategy 1.3 (2016) Trainings were held in several school districts. Guidelines for a suicide risk response were developed and shared. A suicide prevention website was developed geared to adolescents but also with portions relevant for the general population. Numerous agencies and the local hospital are utilizing the Columbia Suicide Severity Rating Scale (CSSRS). Multiple agencies have worked together to develop a county-wide System of Care of services for children and youth. A grant application has been developed to further develop and expand this project. The Autism Committee has developed a brochure listing agencies and the services they provide for those with an autism diagnosis.

Priority Rank: 1

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
- Talk2Prevent

Is this priority also a Regional Priority? **new* Yes

Strategy 2.1

In partnership with the Cayuga County Health Department and alcoholism and substance abuse service providers, continue to deliver education and prevention programming in the area of opiate addiction. A partnership between health, law enforcement, hospital, providers and the Subcommittee has done good work in this area.

Applicable State Agencies: OASAS OMH

Strategy 2.2

Continue to support the work done in the Youth Suicide Prevention Steering Committee, institutionalizing Emergency Department diversion and tracking as well as use of the Columbia Suicide Severity Rating Scale (CRSSRS). Memorandums of Understanding (MOU) outlining sector responsibilities and expectations have been formalized.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 2.3

Continue to deploy Mental Health First Aid Training increasing the number of trained individuals across all sectors. This work will continue in 2017.

Applicable State Agency: OMH

Strategy 2.4

Expand services in schools and pediatricians' offices and administer child early identification/screening tools. Cayuga Counseling Services was awarded an Early Childhood Identification grant. The SDQ (Strength and Difficulties Questionnaire) is being utilized for 3-16 year olds to measure emotional wellness.

Applicable State Agency: OMH

Strategy 2.5

Maintain a Drug Free Communities Coalition to support a county-wide drug abuse prevention effort. Meetings are held monthly and CHAD (Confidential Help for Alcohol and Drugs, Inc) will assist with coordination of the project. Agencies worked together to prepare and submit an application for SAMHSA (Substance Abuse Mental Health Administration) funding to expand the work in this area.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 2.6

Support the work of the Autism Committee including the provision of training in early identification and treatment. Shared psychiatry between the Cayuga County Mental Health Center and Seneca/Cayuga ARC to increase treatment and evaluation capacity in autism services.

Applicable State Agency: OPWDD

Priority Outcome 3:

Improve access to safe and affordable housing for those with mental health, substance abuse and/or developmental disabilities diagnoses and the community at large.

Progress Report: (optional) **new*

2016 Strategy 2.1 has been removed from the plan. Strategy 2.2 focused on length of stay in residential settings. This process has been firmly established and is consistently utilized. Housing situations are constantly evaluated and changes made based on consumer need. This, too, has been removed from the plan as it has been accomplished.

Priority Rank: 2

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- 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
- OPWDD People First Transformation

Is this priority also a Regional Priority? **new* Yes

Strategy 3.1

Continue to increase and market formal and informal respite opportunities for vulnerable or at risk consumers. Unity House is working to develop crisis respite services through the Central New York Care Collaborative (CNYCC) Delivery System Reform Incentive Payments (DSRIP) Crisis Stabilization Project. Unity House is also applying for additional respite beds through the Home and Community Based Services (HCBS) waiver. Agencies serving those with developmental disabilities report a need to more respite opportunities. Needs include additional afternoon and evening respite, 1:1 respite, and enhanced respite for children. All of these programs have waiting lists.

Applicable State Agencies: OMH OPWDD

Strategy 3.2

Advocate for a "Housing First" model. Housing is a right and should not be predicated on treatment status. Unity House of Cayuga County Inc. is pursuing additional services based on the Part 820 OASAS regulations. We are exploring the possibility of establishing a program to provide a blend of both inpatient and outpatient opportunities. That agency has identified a location for mixed use housing (the former West Middle School in Auburn) and renovations to that site are in progress. Support the Unity House 2 Plus 4 project to convert the vacant middle school into housing units. Agencies serving individuals with developmental disabilities share information about available respite opportunities on a monthly basis. The Developmental Disabilities Subcommittee of the Community Services Board will collect monthly statistics about individuals on waiting lists for housing. Level of need as determined by NYS OPWDD (Office for Persons with Developmental Disabilities) will be included on that list. Both certified and non-certified housing accessible housing is always needed.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 3.3

We are working with the Salvation Army to expand their residential services into Cayuga County. This would provide an alternative for individuals with mental hygiene issues currently residing in adult care homes by expanding their living options to include supportive apartments. Unity House is working to expand services

under the new Home and Community Based Services (HCBS) waiver. The Developmental Disabilities Subcommittee will monitor the wait lists for those with housing needs identified as level 2 or level 3 need.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 4:

To work with voluntary agencies across all disability services to help position the treatment community to manage the program and fiscal shift required to navigate a fully managed care environment

Progress Report: (optional) **new*

Priority Rank: 4

Applicable State Agencies: OASAS OMH OPWDD

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)
- Adult Medicaid Behavioral Health Managed Care Implementation
- Child Medicaid Behavioral Health Managed Care Implementation
- OMH Transformation Plan
- OPWDD People First Transformation

Is this priority also a Regional Priority? **new* Yes

Strategy 4.1

Continue our participation with the 5 County Mental Hygiene Services Planning Group to plan for regional needs and supervise and monitor regional initiatives. The Director of Community Services is actively involved in this area.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 4.2

Continue to encourage providers to seek collaborative opportunities to reduce fixed costs, avoid duplication and maximize resources delivered to consumers. Seek out other collaborative opportunities to foster integration that lead to improved outcomes for consumers and families. We will continue to provide opportunities for collaboration in all areas through our monthly Community Services Board subcommittee meetings. Providers, peers, community members, and CSB representatives are take an active role in these meetings.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 4.3

Develop and implement a Regional Planning Consortium (RPC) using a governance model similar to DSRIP (Delivery System Reform Incentive Payment Program). The RPC will negotiate with managed care plans on behalf of providers and monitor and supervise services folded into managed care plans. Chairmen have been identified for this project.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 5:

Continue to support and develop a sustainable quality, comprehensive system of care that meets the complex needs of all consumers in a rapidly changing environment as we move toward managed care. As the system re-aligns, we will be taking advantage of new opportunities.

Progress Report: (optional) **new*

Priority Rank: 5

Applicable State Agencies: OASAS OMH OPWDD

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)
- 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* Yes

Strategy 5.1

Continually identify and use appropriate data sources to inform decisions and planning. Several data sources have become available to the Local Governmental Unit and have helped inform some decisions regarding state aid allocations and service delivery. We will continue to work to identify needs and improve the delivery system.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.2

Continue to develop, support and integrate peer services in Care Management and other rehabilitative services. This includes efforts to promote the hiring of peers.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.3

Develop and seed peer run services as a platform to access anticipated Office of Mental Health funding to expand peer services and integrate them into local service delivery. Unity House now operates the Drop-In Center and Peers' Place. Plans call for transitioning these two programs to a peer run organization.

Applicable State Agency: OMH

Strategy 5.4

Transform both SPOA (Single Point of Access) processes to involve more cross systems representation including advocates for parents, kids, and adults and to operate as "single door" entries to local systems of care.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.5

Continue to expand the identification of Health Home eligible individuals and work with Health Homes to increase capacity. Unity House will add Health Home Care Coordination to expand the identification of Health Home eligible individuals.

Applicable State Agency: OMH

Strategy 5.6

Continue to increase access to outpatient services across all providers. The Community Mental Health Center offers same day services and 100% of consumers requesting services are seen unless the consumer no shows/cancels or negotiated a later appointment. The ARC's Karl D. Warner Clinic has established satellite sites at the Community Mental Health Center and the Gavras Center. They will work to establish an additional location with Unity House.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.7

Continue to develop respite opportunities for individuals. Several providers contract with Liberty Resources for outreach through care coordination. Unity House and the Local Government Unit continue to work with the Office of Mental Health to create this opportunity through State Aid reallocation. Our intent is to build more capacity for respite including additional respite services through Cayuga Centers.

Applicable State Agency: OMH

Strategy 5.8

Develop and deliver geriatric services and to provide support to nursing homes, adult homes, senior citizen housing and seniors living at home. Continue development of mental health/substance abuse services for elderly residents living in the home or in adult homes by supporting Cayuga Counseling Services efforts to access continued Office of Mental Health funding. Cayuga Counseling Services has established a satellite office in a primary care setting serving a significant number of seniors.

Applicable State Agencies: OASAS OMH

Strategy 5.9

Improve inpatient admission and transition to ambulatory care through better coordination, warm handoffs and responsive service delivery. We are beginning to explore this in greater detail with hospital administration. While warm handoffs and coordination have improved, many factors play into readmissions so we are looking at the cross system intersecting points that lead to hospitalization and developing alternatives with our partners. Work in this area continues.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.10

Continue to encourage collaboration between service providers and the criminal justice and family court systems. In 2017, we will work to expand mental hygiene services in the County Jail. The goal is a comprehensive and robust delivery system to include psychiatry, social work, medication management, and care management services. We will also work with the Jail to offer Vivitrol injections for those inmates seeking assistance in addressing their substance abuse addictions prior to their release.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.11

Evaluate the current availability of transportation services. Continue to review city bus routes as the compare to the needs of individuals served in our programs. Lack of transportation can be a significant impediment to accessing appropriate care. It is also important that families and significant others have the resources to visit individuals in inpatient settings both as a support and as participants in the therapeutic process. In our rural communities, we need to be creative in addressing

this need including looking at similar counties for new ideas.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 5.12

Increase the availability of weekend and evening activities for consumers with developmental disabilities. Unity House is planning on increasing Community Habilitation hours and availability in 2017.

Applicable State Agency: OPWDD

Strategy 5.13

Leverage the emerging Provider Network working with DSRIP (Delivery System Reform Incentive Payment Program) to promote integration of care across all domains by using data to identify individuals using the most care and getting the worst health outcomes and provide targeted intervention to improve outcomes. Area providers will work to collaborate and integrate with others in the community. Auburn Community Hospital plans to develop services for individuals with alcohol/substance abuse issues and to collaborate with outpatient mental health providers. Outpatient mental health providers will integrate with primary care and substance abuse services. There are a number of individuals who have "burned their bridges" with service providers and, as a result, must seek care out of the area. As providers work together, we will be better able to serve them. Providers will train hospital emergency department staff on the best methods of working with developmentally disabled individuals. We will also advocate for hospital recognition of Mental Health Advanced Directives. This was included in the 2016 Plan under Priority Outcome 3. This process continues.

Applicable State Agencies: OASAS OMH OPWDD

2017 Community Service Board Roster
 Cayuga County Comm. MH/MR/Alscm Servs (70350)
 Certified: Karen Killips (5/10/16)

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.

Chairperson		Member	
Name	Michael Greene	Name	Dr. John Henderson
Physician	No	Physician	No
Psychologist	No	Psychologist	Yes
Represents	Community Member with Interest	Represents	Psychologist/CM with Interest
Term Expires	12/31/2019	Term Expires	12/31/2017
eMail	greenegate@gmail.com	eMail	JohnJP.Henderson@gmail.com

Member		Member	
Name	Dr. Thomas J. McKellop	Name	Aileen McNabb-Coleman
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Community Member with Interest	Represents	County Legislature
Term Expires	12/31/2016	Term Expires	12/31/2018
eMail	tmkello@yahoo.com	eMail	acoleman@cayugacounty.us

Member		Member	
Name	Margaret Phinney	Name	Laurie Piccolo
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Community Member with Interest	Represents	Cayuga Seneca Community Action Program
Term Expires	12/31/2019	Term Expires	12/31/2017
eMail	phinneymargaret@yahoo.com	eMail	lpiccolo@cscsa.com

Member		Member	
Name	David Sealy	Name	James Stowell
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Seneca Cayuga ARC	Represents	Sheriff
Term Expires	12/31/2017	Term Expires	12/31/2016
eMail	dsealy@sencayarc.org	eMail	jstowell@cayugacounty.us

Member		Member	
Name	Jaime Wilson	Name	Meg Yurco
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Hillside Treatment Facility	Represents	Community Member with Interest
Term Expires	12/31/2019	Term Expires	12/31/2017
eMail	jayw224@yahoo.com	eMail	megyurco@yahoo.com

Member		Member	
Name	Keith Batman	Name	Michael Didio
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	County Legislature	Represents	Community Member with Interest
Term Expires	12/31/2018	Term Expires	12/31/2019
eMail	kbatman@cayugacounty.us	eMail	mikedidio@gmail.com

Member		Member	
Name	Beth Dishaw	Name	Timothy Donovan
Physician	No	Physician	No

Psychologist No
Represents Community Member with Interest
Term Expires 12/31/2017
eMail bcdishaw@yahoo.com

Psychologist No
Represents Community Advocate
Term Expires 12/31/2016
eMail timmy5710@yahoo.com

OMH Transformation Plan Survey
Cayuga County Comm. MH/MR/Alscm Servs (70350)
Certified: Karen Killips (5/26/16)

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.

Additional funding was received for 3 Supported Housing beds. This has helped us better meet the needs of the community.

2. Please provide any other comments regarding Transformation Plan investments and planning.

From a regional perspective, OMH made funding available to manage the reduction of Hutching's Children In-Patient bed that resulted in the opening of a 5 bed crisis respite program. That program is consistently full. Additional investment dollars to increase that capacity would be useful

2017 Mental Hygiene Local Planning Assurance
Cayuga County Comm. MH/MR/Alscm Servs (70350)
Certified: Karen Killips (5/27/16)

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.