



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020 Local Services Plan For Mental Hygiene Services

Cortland Co. Dept of Mental Health
September 5, 2019

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Cortland Co. Dept of Mental Health	70030	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
New York State Prevention Agenda Survey	Required	Certified
Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

Mental Hygiene Goals and Objectives Form
Cortland Co. Dept of Mental Health (70030)
Certified: Nicholas Hobson (9/4/19)

1. Overall Needs Assessment by Population (Required)

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

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

This question was discussed in the Mental Health Subcommittee, Community Services Board, and Justice League (law enforcement, courts, jail, parole, behavioral health providers), and the LGU conducted a community wide survey that generated 65 responses.

Stayed the Same: 46%
Improved: 37.5%
Worsened: 16.5%

Individual comments from the survey:

- Continued, improved and new collaboration and commitment to working cross-systems in this county.
- Improved emergency response availability and follow up.
- With new mobile crisis support, more people are getting services in emergencies.
- Health Home Plus has been helpful in bringing backk the old Intensive Case Management style of support for mentally ill individuals who were not getting appropriate care in Health Homes.
- The opening up of HCBS is helpful in allowing more children to access these intensive supports.
- There are many new supports available in the area. These supports are also covering times outside of normal business hours which is necessary for success.
- Mobile Crisis has been a great addition.
- The Mobile Crisis Team has added great benefit to the students and families in the county. The relationship with Guthrie Cortland Medical Center has been improved.
- Expanded same day access to MH services; outreach and crisis programs for mental health.

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

Individuals comments from the survey:

- There is a large need for therapists to work with young children (0-5). This has not worsened, just stayed the same.
- Ongoing need for safe and affordable housing.
- Ongoing need for more intensive community based supports to support community stability of individuals with most complex needs.
- Ongoing transportation issues impacting connection to treatment.

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

Individual comments from the survey:

- Children are presenting with very high levels of mental health needs at younger and younger ages. Not enough supports for needs in the community
- Waits to access outpatient services due to prescriber staffing shortages at both mental health clinics.
- Concerns regarding the turnover of therapists and the ability of clients to develop healthy relationships with providers in this type of wenvironment.
- Concerns that Health Home Model does not provide Care Managers with the time or resources to meet the needs of the people they serve.
- Gaps in services, with HCBS services not available for highest needs individuals, with the belief that more individuals with very high acuity are being served in the community.
- Lack of access to psychiatric hospital beds, particularly for kids.
- Lack of safe and affordable housing
- Increase in suicide rate in Cortland County.
- The changes and regulation shifts in community based services and schools have been very confusing for families and service providers. There have been disruptions in care, and it feels that rather than more treatment options for accessing support, there are more barriers, eligibility restrictions and fewer options. The system is a mess.
- The number of individuals needing/seeking treatment has increased, while the availability of trained staff has not, so wait lists for services have gotten longer.
- Shortage of group homes, SRO's or other forms of supervised living situations for individuals with mental health issues.

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

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

This question was discussed in the SUD Subcommittee, Community Services Board, and Justice League (law enforcement, courts, jail, parole, behavioral health providers), and the LGU conducted a community wide survey that generated 65 responses.

Stayed the Same: 46%
Improved: 41.5%
Worsened: 12.5%

Individual comments from the survey:

- Continued, improved and new collaborations and commitment across systems.
- New funding opportunities in federal CHASE Grant, need to find solution to sustainability, as grants end and systems are disrupted, services go away.
- Implementation of new Regional Open Access Center for Addictions through Alcohol and Drug Council.
- More service options and outreach services like COTI to help people access services.
- Successful prevention efforts such as drug take back events and community education
- Cortland County Jail Vivitrol Program
- Coordinated cross systems planning utilizing Sequential Intercept Model with ongoing meetings
- Partnerships with criminal justice system.
- "As the parent of a child who has struggled, I am very pleased with the help that he has received."
- Integration of community services into the emergency room at Guthrie Cortland Medical Center.
- Expanded same day access for SUD services; outreach and crisis programs for SUD; increased access to MAT.

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

Individual comments from the survey:

- Shortages of safe and affordable housing
- Temporary housing options that are not optimal for people in recovery
- No local detox beds
- Staffing issues

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

Individual comments from the survey:

- Drug abuse continues to increase and impacts not only the user, but their families. More children enter the child welfare system due to drug abuse. These individuals are less compliant with treatment and treatment often takes longer.
- There is a long waiting list for our community halfway house, which makes it so that people being released from rehab are then housed as homeless in settings that do not support recovery and lead to relapse.
- We do not have enough resources to combat this issue. Rehabilitation is not local, is hard to get into, and doesn't last long enough.
- Lack of local treatment options. People do not have transportation to get to Syracuse.

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

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

This question was discussed in the Mental Health Subcommittee, Community Services Board, and Justice League (law enforcement, courts, jail, parole, behavioral health providers), and the LGU conducted a community wide survey that generated 65 responses.

Stayed the Same: 75%
Worsened: 14.5%
Improved: 10.5%

Individual comments from the survey:

- Hopeful that some new changes around RTF like facilities will help.
- Access to Independence is doing good work advocating for people with developmental needs.
- JM Murray work center transition
- Increase in self directed care
- Involvement of Regional Office OPWDD Staff in monthly Emergency Services Meetings

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

Individual comments from the survey:

- Housing needs still need to be addressed (placing folks in appropriate housing settings).
- Continued lack of staffing in the field.

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

Individual comments from the survey:

- There are less quality services. Care Coordinators may meet with families every three or four months.
- Aging caregivers taking care of their adult children without appropriate emergency or transition plans that would allow for individuals to remain in their communities.

- Lack of community crisis response services to help maintain stability in the community.
- Lack of integrated supports when individuals require hospitalization for behavioral health needs.
- Lack of residential opportunities for kids
- Difficulty accessing mental health supports for IDD's
- OPWDD has been pumping their transitional activities and placed that at the forefront of their efforts. There has been no new development of services, supports, etc.
- Rate rationalization has overall reduced the availability and viability of services like respite.
- State is not addressing staffing issues.

The second section of the form includes: goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

2a. Housing - Background Information

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years

plan and evolving community needs and available data to develop strategies and priorities framed in an updated “ 2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2019-2020.

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

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

Ensure that safe affordable housing is available to all, with the appropriate supports to promote successful community living and full community integration.

Objective Statement

Objective 1: Participate in the monthly community homeless and housing task force meetings, and work with systems partners to develop enhanced capacity to respond to emergency housing needs.

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

Objective 2: Partner with DSS to identify shared needs for emergency and transitional housing in Cortland County utilizing a Housing First framework. Explore issues related to sanctions that jeopardize housing funding models for highest needs individuals, and advocate for consistent regulations that increase the likelihood of compliance and success. Explore new housing opportunities for individuals with behaviors leading to housing instability incorporating Value Based Funding supports.

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

Objective 3: Partner with DSS to explore alternative opportunities for highest needs individuals who are chronically homeless or unstable in their housing due to behavioral health needs.

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

Objective 4: Central New York Directors Planning Group and regional DSS Commissioners will meet with OPWDD Regional Office staff to plan to address regional respite and housing placement needs for IDD

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

Objective 5: Advocate for planning opportunities for aging caregivers who need to make proactive plans that will allow their children to stay in their community.

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

Change Over Past 12 Months (Optional)

2b. Transportation - Background Information

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “ 2019-2020 Working County Plan”.

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

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

Work to reduce the impact of transportation barriers in access to services and supports across Cortland County

Objective Statement

Objective 1: Advocate with regional MAS representative for improvements in access to transportation for Medicaid recipients.

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

Objective 2: Provide a CSB representative to represent behavioral health concerns in the Regional transportation Coalition

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

Objective 3: Support development and expansion of access to telehealth services.

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

Objective 4: Encourage and support community efforts to develop mutual aid and volunteer transportation programs.

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

Change Over Past 12 Months (Optional)

2c. Crisis Services - Background Information

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “2019-2020 Working County Plan”.

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

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

Develop the capacity to respond more immediately with behavioral health assessment and supports to address the urgent needs of all the citizens of Cortland County.

Objective Statement

Objective 1: Expand and support the Emotionally Disturbed Person Response Team (EDPRT) through ongoing training, and monthly community consultation and collaboration meetings. Explore facilitation of Children and Youth class.

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

Objective 2: Continue to work on coordination between community providers and Guthrie Cortland Medical Center (specifically emergency department, psychiatric unit, and case management) for high needs youth and adults. Create cross systems pathways to supports for complex needs or high risk individuals.

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

Objective 3: Develop and expand community based crisis response services for Cortland County residents (e.g. expanded peer supports, crisis respite, warm line, mobile outreach, behavior specialist services) in collaboration with the Care Compass Network PPS. Advocate for crisis services and supports for kids in the OPWDD system

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

Objective 4: Continue to develop and enhance the Suicide Prevention Coalition in Cortland County, to serve as a planning and coordinating process for identification of training and best practices related to Suicide Prevention. Provide community wide training and crisis systems organization around the Columbia Suicide Assessment. Support the ongoing development and sustainability of the Community Trauma Response Team

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

Objective 5: Support the implementation of a 24 hour Regional Substance Abuse Crisis Center to serve as a crisis stabilization, assessment and referral hub for the region.

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

Change Over Past 12 Months (Optional)

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

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

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

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

Partner across systems and agencies to identify workforce gaps and challenges and develop collaborative plans to advocate for shared needs.

Objective Statement

Objective 1: Partner with Cortland County Workforce Investment Board to identify high need jobs and potential resources for training and recruitment

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

Objective 2: Work through the Central New York Regional Planning Committee (RPC) to identify regional opportunities to partner and address workforce issues and develop recommendations for New York State intervention.

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

Objective 3: Support regional efforts to enhance the internship opportunities.

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

Objective 4: Support regional efforts to develop core training programs for new staff in areas such as Care Management and Peer Services.

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

Change Over Past 12 Months (Optional)

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

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

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

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

Support the coordination and development of employment services and supports that allow for individuals to participate in meaningful activities in the most integrated setting that will meet their needs, regardless of disability.

Objective Statement

Objective 1: Support the community Taskforce to Increase Disability Employment (TIDE) that seeks to mobilize community partners to raise community awareness, build community capacity, and eliminate attitudinal and physical barriers to

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

Objective 2: Promote cross systems coordination to most efficiently link and utilize existing community vocational supports.

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

Objective 3: Work to identify and engage high risk and underserved populations (i.e: homeless, post incarceration) to connect them to vocational services with the appropriate supports to encourage success.

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

Objective 4: Partner with the Cortland County Workforce Investment Board to match community needs to opportunity for workforce development.

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

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

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

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

Develop a comprehensive plan to address issues related to Substance Abuse (broadly defined to include alcohol, opiates, methamphetamines, cocaine, etc.) in Cortland County that includes prevention, treatment and crisis intervention strategies.

Objective Statement

Objective 1: Support Cortland County priorities in the New York State Prevention Agenda, and the Cortland Counts Planning Process to coordinate community planning, prevention, and treatment efforts across systems.

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

Objective 2: Seek resources to sustain the work of the Cortland Area Communities that Care (CACTC). The goals of the coalition are to reduce rates of prescription drug abuse and heroin use among the 12 to 25-year-old population in Cortland County through the use of evidence based environmental prevention strategies.

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

Objective 3: Promote and support community prevention efforts and education regarding: specific drug use signs and symptoms, the danger of prescription pain medication, and available community treatment and recovery resources.

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

Objective 4: Promote and support the implementation of community harm reduction strategies such as drug kiosks, prescription drug take back events and needle exchanges. Promote awareness and training for primary care physicians in substance abuse prevention and treatment issues. Support Prevention Agenda goals by promoting training and utilization of Screening Brief Intervention and Referral to Treatment (SBIRT) Model.

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

Objective 5: Develop prevention resources and strategies related to vaping.

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

Change Over Past 12 Months (Optional)

2g. Inpatient Treatment Services - Background Information

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

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

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

Encourage, develop and/or enhance treatment resources to more immediately respond to urgent treatment needs with the appropriate level of care.

Objective Statement

Objective 1: Advocate for greater access to inpatient psychiatric beds. Frequent shortages have resulted in long waits for placement, often hours away from parents. Advocate for expedited implementation of the START Program in Central New York, to provide programming, consultation and coordination for OPWDD eligible individuals who are in crisis.

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

Objective 2: Enhance access to and local coordination with inpatient SUD Treatment Programs

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

Objective 3: Support development and access to inpatient treatment for individuals with co-occurring mental health issues and developmental disabilities.

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

Objective 4: Facilitate coordination of crisis services for individuals with complex needs (including developmental disabilities, mental health and substance use disorders) who are “stuck” in inappropriate hospital settings, through the development of emergency protocols and new resources that support stabilization consistent with individual needs. Advocate for cross systems integration of crisis services supporting individuals with developmental disabilities, and participate in the development of the NY START (Systemic, Therapeutic, Assessment, Response and Treatment) process in Central New York.

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

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2019-2020.

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

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

Develop a comprehensive plan to address issues related to Substance Abuse (broadly defined to include alcohol, opiates, methamphetamines, cocaine, etc.) in Cortland County that includes prevention, treatment and crisis intervention strategies.

Objective Statement

Objective 1: Encourage, develop and/or enhance community treatment resources to more immediately respond to treatment needs with the appropriate level of care. Needed services include: peer recovery coaches, mentors and advocates (youth and adult), community peer recovery centers (youth and adult) in addition to stable housing and vocational opportunities. Link and support access to new services and programs such as peer engagement specialist, family engagement specialist. Identify, promote and enhance treatment services specific to youth.

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

Objective 2: Promote and develop supports to manage emergent and crisis needs through: the provision of NARCAN training, access to detoxification opportunities and timely access to inpatient treatment when appropriate, advocacy for insurance companies to pay for clinically necessary treatment.

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

Objective 3: Utilize Sequential Intercept Model to develop integrated mental health, substance abuse and criminal justice system plans to coordinate services and processes towards more effective and efficient services.

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

Objective 4: Support the development and implementation of the Cortland County Jail Vivitrol Program.

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

Objective 5: Hire dedicated staff to the CHASE Grant. Lead Community Advisory Board, coordinate systems integration, and develop community data dashboard.

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

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

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

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

Change Over Past 12 Months (Optional)

2k. SUD Residential Treatment Services - Background Information

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2019-2020.

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

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

There is a need for local detoxification services. This issue has been included in previous plans but until recently no local provider has expressed an interest in providing more than ambulatory services.

Change Over Past 12 Months (Optional)

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

The LGU considered access to substance abuse services in the county plan more broadly than in relation to just Heroin and Opioids, so there are corresponding goals and objectives in other parts of the plan that are inclusive of these substances.

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

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

See goals related to Substance Use Treatment in the attached County Plan

Objective Statement

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2019-2020.

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

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

Develop, enhance and support services able to respond to community behavioral health needs.

Objective Statement

Objective 1: Support the development of more intensive community based supports for individuals with chronic complex needs by advocating for the creation of a local Assertive Community treatment (ACT) team, or utilizing the NY State

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

Change Over Past 12 Months (Optional)

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

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2019-2020.

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

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

Ensure that students are transitioned from educational settings and services with resources to meet their ongoing needs.

Objective Statement

Objective 1: Operationalize protocols for transition from school to post school life for youth with special needs.

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

Objective 2: Monitor access to vocational services and impact on youth of shifting OPWDD vocational service models

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

Change Over Past 12 Months (Optional)

2t. Developmental Disability Respite Services - Background Information

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “ 2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2019-2020.

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

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

Expand the availability of respite services in Cortland County.

Objective Statement

Objective 1: Promote and expand access to respite and crisis respite in Cortland County for all ages and disability populations.

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

Objective 2: Monitor impact of OPWDD respite rate changes on access and availability of respite services at Starry Night Respite Program.

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

Change Over Past 12 Months (Optional)

2u. Developmental Disability Family Supports - Background Information

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “ 2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2019-2020.

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

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

Change Over Past 12 Months (Optional)

2y. Developmental Disability Care Coordination - Background Information

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “ 2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2019-2020.

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

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

DD Subcommittee is soliciting feedback on the process and supporting education and awareness of the impending changes to Medicaid Service Coordination.

Change Over Past 12 Months (Optional)

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

The process to identify the needs and develop the goals and plan was to ask all LGU participants to complete an online survey regarding plan priorities. Subcommittees, CSB and Justice League reviewed the survey results and discussed needs and progress in relation to the previous years plan and evolving community needs and available data to develop strategies and priorities framed in an updated “ 2019-2020 Working County Plan”.

The Working Plan was presented at community meetings related to behavioral health and additional feedback was gathered to edit and update the plan. The final draft of the Working Plan was presented to a meeting that included the Community Services Board Members and all of the Subcommittees on May 28nd, 2019, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan (attached) will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2019-2020.

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

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

Support the development of an Adverse Child Experiences Study (ACES) learning collaborative to promote awareness regarding the impact of trauma, and promote the coordinated training and implementation of trauma informed practices across community services and settings.

Objective Statement

Objective 1: Participate in training cohort with Family and Children's services and Catholic Charities of Cortland County.

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

Objective 2: Support Care Compass Network initiative to develop regional resources to implement Trauma Informed Practices across settings.

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

Change Over Past 12 Months (Optional)

<u>Attachments</u>
• 2019-2020 County Plan Final.pdf

New York State Prevention Agenda Survey
Cortland Co. Dept of Mental Health (70030)
Certified: Mark Thayer (6/10/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to oasasplanning@oasas.ny.gov.

Background

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

Questions

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

We look for strategic opportunities to partner with the Health Department whenever we can to integrate planning and to support interventions.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

Focus Area 1: Promote Well-Being

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

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

Focus Area 2: Mental and Substance Use Disorders Prevention

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

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

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

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

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

Goal 2.4 Reduce the prevalence of major depressive disorders

- 2.4 a) Strengthen resources for families and caregivers
- 2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)
- 2.4 d) Other

Goal 2.5 Prevent suicides

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care – Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

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

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

You will see many specific strategies related to the implementation of these strategies throughout our county plan.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

Partnered with the Health Department, Guthrie Cortland Regional Hospital, Cortland Area Communities the Care (CACTC), Seven Valleys Health Coalition, Cortland County DSS, Cortland County Sheriff Department (includes County Jail), in addition to community members and service providers.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

No

Yes, please explain:

Cortland County is fortunate to have a very active and advanced community coalition (CACTC) which has been conducting annual Youth Development Surveys for the past five years. The annual administration, and work that goes into interpreting the data, and sharing it in ways that systems partners can use has been incredibly impactful in being able to spot trends, benchmark progress, and identify needs for populations

surveyed. Much more work needs to be done in other areas of the Prevention Agenda to develop similar data tools that can promote and sustain action.

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

- No
- Yes, please explain:

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

- No
- Yes, please explain:

The LGU has supported efforts by Family and Children's Services to obtain their integrated license.

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

- No
- Yes, please explain:

Working to integrate planning, supporting cross representation of health and behavioral health representatives on our respective boards and committees, and working to develop goals that address and connect mutual needs.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

- No
- Yes, please explain:

We hope to sustain many of the collaborative efforts such as: early identification of behavioral health needs with expedited access to treatment, the stationing of behavioral health staff in primary health and hospital settings, the coordination of care with a whole person approach across systems, and the enhancement of community and crisis services that can continue to reduce the unnecessary use of hospital services.

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

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

Please describe your efforts in addressing the selections above:
Housing - collaborate in planning with a cross system group of stakeholders to update assessment of needs and seek new resources for development. Poverty - Cortland County is committed to becoming an "Opportunity Community" utilizing a model of community development developed by Dr. Donna Beagle. Transportation - Cortland County works with the "Mobility Management's Program through Seven Valleys Health Coalition to represent the needs of citizens with behavioral health challenges and advocate for new resources

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

- a) No Yes
- b) If yes, please list

Title of training(s):
How many hours:
Target audience for training:
Estimate number trained in one year:

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

No

Yes, please provide examples:

We have strong partnerships with the Area Agency on Aging, participate in New York Connects Planning, and the Cortland County Long Term Care Coalition, but continue to try and find ways to enhance our awareness of, and response to unmet behavioral health needs of this population.

Office of Mental Health Agency Planning (VBP) Survey
Cortland Co. Dept of Mental Health (70030)
Certified: Mark Thayer (6/10/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or Melissa.Staats@omh.ny.gov

Background

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

DSRIP serves as a bridge to value-based payment in New York State.

DOH website

DSRIP Performing Provider Systems (PPS)

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

DSRIP Project Lists

New York State Delivery System Reform Incentive Payment Program Project Toolkit

DSRIP Performing Provider Systems (PPS Statewide)

Value Based Payment (VBP) - Reduce Costs/Improve Quality

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

Questions

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

a) Yes No

b) Please provide more information:

The PPS provides funding to key services in the system of care such as Mobile Crisis, leads and supports integrated regional training efforts such as Mental Health First Aid, and Trauma Informed Practices, and has helped to enhance relationships and collaboration with primary care and hospital providers.

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

a) Yes No

b) Please explain:

And no... The Central New York Directors Planning group is working with the provider agency that provides Mobile Crisis services utilizing braided funding from 2 separate PPS and Community Reinvestment dollars allocated through the regional directors.

3. Are there any behavioral health providers in your county in VBP arrangements?

a) Yes No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

Article 31 Clinics are participating in incentive based agreements to reimburse expedited access to outpatient appointments post hospitalization.

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a) Yes No

b) Please explain:

And no... The LGU is very involved in the Central New York RPC, South Central BHCC, and treatment cohorts through Care Compass Network that are working to pilot new payment models to targeted populations. What is unclear is how invested the MCO's are in partnering with any of those efforts.

5. Is the LGU aware of the development of In-Lieu of proposals?

a) Yes No

b) Please explain:

I asked Fidelis more than a year ago about the process of developing an ACT Team like constellation of services to manage our highest risk individuals in the community and was told that they "are not doing that". I have asked the RPC to include In-lieu of services as an issue to discuss at the state level and would very much appreciate any guidance and support on how to operationalize this concept.

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

We are a partner organization to one BHCC and an affiliate partner to another.

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a) Yes No

b) Please explain:

I'm not sure. We are currently in the process of working with Care Compass Network to pilot a care management and a population health platform, and hope to encourage additional community providers to join in the adoption of these systems.

Community Service Board Roster
 Cortland Co. Dept of Mental Health (70030)
 Certified: Gail Spitzer (5/23/19)

Note:

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

Name: Tiffanie Parker	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: DSS and Parent	Term Expires: 12/2021	Email Address: Tiffanie.Parker@dfa.state.ny.us
Name: Elizabeth Haskins	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Office of the Aging, Director	Term Expires: 12/2020	Email Address: ehaskins@cortland-co.org
Name: Martha Bush	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Family member with SMI	Term Expires: 12/2019	Email Address: rbush6x@gmail.com
Name: Kathryn Reynolds	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Cortland School District, ChairSPE	Term Expires: 12/2020	Email Address: kreynolds@cortlandschools.org
Name: ReBecca Smith	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Public Health Programs Cortland County	Term Expires: 12/2020	Email Address: rsmith@cortland-co.org
Name: Jesse Abbott	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: City Police Department	Term Expires: 12/2021	Email Address: jabbott@cortland.org
Name: Douglas Bentley	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: County Legislature	Term Expires: 12/2020	Email Address: dbentley@cortland-co.org
Name: Elizabeth Larkin	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Family member - County Clerk	Term Expires: 12/2019	Email Address: elarkin@cortland-co.org
Name: Shari Weiss	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	Represents: Catholic Charities	Term Expires: 12/2021	Email Address: sweiss@ccocc.org
Name: Leslie Wilkins	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Family Counseling Serv	Term Expires: 12/2020	Email Address: lwilkins@fscortland.org
Name: Donald Noble	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	Represents: Retired OPWDD	Term Expires: 12/2021	Email Address: dnoble1952@gmail.com
Name: Jeff Beal	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Retired OPWDD	Term Expires: 12/2020	Email Address: jtbrunner2001@yahoo.com

Name: Christopher Driscoll	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Cortland County Coordinated Children's Services Initiative	Term Expires: 12/2019	Email Address: Christopher.Driscoll@dfa.state.ny.us
Name: Christopher Hyde	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Parent	Term Expires: 12/2021	Email Address: Christopher@hydehaven.com
Name: Michael Johnson	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Wishing Wellness Center div. Catholic Charities of Cortland County	Term Expires: 12/2019	Email Address: mjohnson@ccocc.org

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

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

Alcoholism and Substance Abuse Subcommittee Roster

Cortland Co. Dept of Mental Health (70030)

Certified: Gail Spitzer (5/23/19)

Note:

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

Name: ReBecca Smith	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: County Public Health Educator	Email Address: rsmith@cortland-co.org
Name: Matt Whitman	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Director, CACTC Coalition	Email Address: mwhitman@ccocc.org
Name: Tiffanie Parker	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: DSS, Family member	Email Address: Tiffanie.Parker@dfa.state.ny.us
Name: Douglas Bentley - Ex-officio member	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: County Legislature	Email Address: dbentley@cortland-co.org
Name: Judi Riley	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Homer High School Ass't Superintendent	Email Address: jriley@cortlandschools.org
Name: Robert Pitman	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Chief, Homer Police Department	Email Address: rpitman@homerny.org
Name: Jesse Abbott	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Officer, Cortland City PD	Email Address: jabbott@cortland.org
Name: Christopher Driscoll	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Coordinated Children's Services Initiative	Email Address: Christopher.Driscoll@dfa.state.ny.us
Name: Michael Johnson	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Consumer, Wellness Center Director	Email Address: mjohnson@ccocc.org

Mental Health Subcommittee Roster
 Cortland Co. Dept of Mental Health (70030)
 Certified: Gail Spitzer (5/24/19)

Note:

- The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Name: Leslie Wilkins	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Family Counseling Services	Email Address: lwilkins@fcscortland.org
Name: Shari Weiss	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Catholic Charities	Email Address: sweiss@ccocc.org
Name: Elizabeth Larkin	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Family and County Clerk	Email Address: elarkin@cortland-co.org
Name: Ellen Wright	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Retired Community MH Nurse	Email Address: wrightnote45@gmail.com
Name: Susan Thomas	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Day Treatment - Franzisca Racker Center	Email Address: susantcss@rackercenters.org
Name: Darlene Latten	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family, Homer High School	Email Address: dlatten2@gmail.com
Name: Cynthia Guy	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer	Email Address: guycyndi@yahoo.com
Name: Christopher Hyde	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Consumer and family and Family Counseling Serv	Email Address: Christopher@hydehaven.com

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

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

Developmental Disabilities Subcommittee Roster

Cortland Co. Dept of Mental Health (70030)

Certified: Gail Spitzer (5/23/19)

Note:

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

Name: Jeff Beal	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Retired - OPWDD	Email Address: jtbrunner2001@yahoo.com
Name: Elizabeth Haskins	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: County Office for Aging	Email Address: ehaskins@cortland-co.org
Name: Kathryn Reynolds	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Cortland School, CSE Chair	Email Address: kreynolds@cortlandschools.org
Name: Kimberly Corbett	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: JM Murray Center	Email Address: kimberlyc@jmmurray.com
Name: Marianne Odell	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Racker Center	Email Address: marianneo@rackercen.org
Name: Ken Woodman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Parent	Email Address: ken41@twcny.rr.com
Name: Aaron Hammond	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family Advocate and MC ARC	Email Address: Aaron.Hammond@arcofmc.org
Name: Amanda Rainbow	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Family and DSS	Email Address: Amanda.Rainbow@dfa.state.ny.us

2020 Mental Hygiene Local Planning Assurance
Cortland Co. Dept of Mental Health (70030)
Certified: Mark Thayer (6/7/19)

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2020 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2020 Local Services planning process.



Cortland County
2019-2020 County Plan
Community Services Board

New York Mental Hygiene Law requires that each local government unit (LGU) annually develop and submit a comprehensive plan, establishing long term mental hygiene system goals and objectives for the county.

LGU Responsibilities:

- Determine community needs and encourage programs for prevention, assessment, treatment, social and vocational rehabilitation, education, training, and public education related to behavioral health.
- Review behavioral health services and local facilities in relation to needs.
- Establish long range goals consistent with those of the state.
- Seek to assure that all population groups are covered and sufficient services are available.
- Promote cooperation and coordination of local providers and systems serving those with behavioral health challenges.

The process to develop the county plan and priorities involved review and update over two months for each subcommittee and the monthly Community Service Board Meeting.

- Previous year goals are reviewed, progress updated, and strategies revised.
- Access and utilization data reviewed, and behavioral health needs survey will be completed by Subcommittee groups.
- New goals and strategies are added, and goals are prioritized for submission in the 2019-2020 County Plan.
- The plan is presented to a joint meeting of the CSB and Subcommittees for any final changes and approval.

Approved by Community Service Board Members June 6, 2019

2019-2020 County Plan

Priority Outcome 1: Substance Abuse Treatment (SUD) and Prevention

Develop a comprehensive plan to address issues related to Substance Abuse (broadly defined to include alcohol, opiates, methamphetamines, cocaine, etc.), with specific focus on the impact of Opioids in Cortland County, that includes prevention, treatment and crisis intervention strategies.

Goal 1.1 SUD Coordination and Oversight

A number of community groups (CD Subcommittee, CACTC) are currently focused on substance use issues with coordination happening primarily through overlapping membership integrating efforts. Recommend development of a Community Advisory Board to meet the oversight needs of the new CHASE Grant, and enhance systems integration of planning, prevention and treatment needs and services across systems.

Strategies

- Hire dedicated staff through the CHASE Grant to lead advisory board, coordinate systems integration and new service development.
- Create data dashboard to inform decision making and track outcomes.
- Support Cortland County priorities in the New York State Prevention Agenda.
- Partner with the Cortland County Health Department to access new Department of Health resources and programs targeted to substance use disorders, and integrate within the community system of care.
- Utilize ongoing Justice League / Sequential Intercept Model to foster integrated mental health, substance abuse and criminal justice system planning.

Goal 1.2 SUD Prevention and Education

Promote and support community prevention efforts and education regarding: drug and alcohol use signs and symptoms, the danger of drugs and alcohol for individuals and available community treatment and recovery resources for children and youth, parents, physicians, and pharmacies.

Strategies

- Seek resources to sustain the work of the Cortland Area Communities That Care (CACTC). The goals of the CACTC are to reduce the rates of prescription drug abuse and heroin use among the 12 to 25-year-old population in Cortland County, through the use of evidence-based environmental prevention strategies.
- Support developing coalitions such as: Central New York Regional Coalition and new prevention coalitions at SUNY Cortland and TC3 by involving them in the LGU and scheduling regular presentations to the CD Subcommittee.

- Cortland Prevention Resources and the Cortland City School District provide primary prevention and support in many schools around the county, but more resources are needed to expand to all schools in the county. Survey remaining school districts to identify needs and priorities, and provide opportunities for collaboration.
- Raise awareness of current prevention programming by scheduling regular presentations/updates by prevention providers to the CD Subcommittee.
- Enhance local visibility of Regional Family Engagement Specialist by supporting potential partnership with Cortland Prevention Resources and scheduling regular presentation to the CD Subcommittee.
- Promote prescription takeback events in Cortland County and drug disposal kiosks at Cortland City Police Department, Cortland County Sheriff's Office, Homer Police Department and Guthrie Cortland Medical Center. Explore additional harm reduction strategies such as community needle exchange and expansion of drug kiosk availability to other parts of the county.
- Explore opportunities for Community Harm Reduction Training.
- Explore new NY DOH data tracking and data systems for "hot spotting" Narcan use and emergency room presentations in real time, allowing for targeted outreach, engagement and intervention efforts, and promoting and expanding harm reduction efforts.
- Promote CACTC targeted awareness campaigns and prevention toolkits for providers, pharmacies and parents.
- Promote community training efforts of CACTC in partnership with Guthrie Cortland Medical Center, the Health Department, and Lemoyne College with primary care providers in the community to related to Opioids and prescribing practices.
- Support Prevention Agenda goals by promoting training and utilization of Screening Brief Intervention and Referral to Treatment (SBIRT) Model.
- Develop resources and strategies related to vaping.

Goal 1.3 SUD Crisis Intervention

Encourage, develop and/or enhance community treatment resources to more immediately respond to urgent treatment needs with the appropriate level of care.

Strategies

- COTI programs seek to expand access to: Medication Assisted Treatment, counseling, peer services and case management by providing outreach and mobile services to engage difficult to reach populations and individuals.
- Support the implementation of the Angel Program in Cortland County.
- Promote and develop supports to manage emergent and crisis needs through: the provision of Naloxone (Narcan) training through multiple pathways, including: Cortland County Health Department, Guthrie Cortland Medical Center and the Cortland County Jail. Encourage universal Narcan prescription with all opioid prescriptions.

- Promote and support the implementation of 24 hour Regional Open Access Center(s) in Ithaca and Syracuse to serve as a crisis stabilization, assessment and referral hub for the region.
- Coordinate access to and from new Detox beds opened by Helio Health in Binghamton in 2018, and expected new development of beds in Ithaca through Alcohol and Drug Council of Tompkins County.

Goal 1.4 SUD Treatment and Services

Promote access to SUD services and supports for Cortland County residents.

Strategies

- Expand availability and access to peer recovery coaches, mentors and advocates (youth and adult).
- Promote new programming to enhance sustainability of services in response to Cortland County inclusion in year two of Center of Treatment Innovation (COTI) funding.
- Support warm handoffs and expedited connections to community services for vulnerable individuals returning to the community from prison, jail, hospitalization or rehabilitation settings.
- Support and enhance the connection of Guthrie Cortland Medical Center to the SUD system of care in Cortland County.
- Support expansion of access to Medication Assisted Treatment (MAT) in new settings including: hospital, jail, Article 31 clinic settings.
- Promote SUD Stigma Reduction in health settings.
- Support ongoing development of mobile treatment capacity to outlying areas of the county and disconnected populations through the use of treatment in community settings and utilization of telemedicine.
- Develop and enhance SUD assessment and treatment in the Cortland County Jail.
- Develop and enhance connection to peer services to support transition coordination for inmates released from county jail.
- Support the implementation and expansion of the Cortland County Jail Vivitrol Program.
- Support opportunities to develop community peer recovery centers (youth and adult).
- Engage Family Health Network as a potential partner in service delivery and to promote connection to the community system of care.

Priority Outcome 2:

Housing

Ensure that safe affordable housing is available to all, with the appropriate supports to promote successful community living and full community integration.

Goal 2.1

Partner with DSS to identify shared needs for emergency and transitional housing in Cortland County.

Strategies

- Explore issues related to sanctions that jeopardize housing funding models for highest needs individuals, and advocate for consistent regulations that increase the likelihood of compliance and success.
- Support county efforts to find solutions to issues enhanced by Code Blue Requirements such as warming centers.
- Support efforts to expand the Transitional Housing Program at Catholic Charities.
- Support the creation of community based supports that promote and enhance housing security.
- Partner with DSS to explore alternative opportunities for highest needs individuals who are chronically homeless or unstable in their housing due to complex behavioral health needs.
- Advocate for additional OPWDD Family Support grant funds to support local opportunities for parents to develop relationships and resources that enhance the housing possibilities presented by self-directed planning.
- Advocate for planning opportunities for aging caregivers of children with developmental disabilities who need to make proactive plans that will allow their children to stay in their community and be cared for.
- Advocate and plan for new Children/Youth IRA's to be sited in Central New York, focused on children and youth who are eligible in the OPWDD System and having behavioral issues.
- Support Community Housing Coalition.
- Support Catholic Charities Empire State Supported Housing Initiative (ESHI) housing development grant opportunity.
- Support Catholic Charities proposal for Solutions to End Homelessness Grant.

Priority Outcome 3: Crisis Intervention

Develop the capacity to recognize and respond more immediately with behavioral health assessment and supports to address the urgent needs of all the citizens of Cortland County.

Goal 3.1 Training and Coordination

Provide training and support to those responding to crisis situations in Cortland County.

Strategies

- Support the Emotionally Disturbed Person Response Team (EDPRT) through ongoing training, and monthly community consultation and collaboration meetings.
- Promote coordination between community providers and Guthrie Cortland Medical Center (specifically emergency department, psychiatric unit, and case management) for high needs youth and adults. Create cross systems pathways to supports for complex needs or high risk individuals.
- Support integration of community supports and services within Guthrie Cortland Medical Center (Care Coordination, Peer, Family Support).

- Support the ongoing development and sustainability of the Community Trauma Response Team.
- Explore utilization of information sharing resources such as “Red Binder Program” across vulnerable populations.
- Support the development and enhancement of the Suicide Prevention Coalition in Cortland County, to serve as a planning and coordinating process for identification of needs, training and best practices related to Suicide Prevention.

Goal 3.2 Services

Develop and support services able to respond in the community and/or provide access to immediate services and supports to stabilize behavioral health crises.

Strategies

- Support the implementation of the Mobile Crisis Team through Liberty Resources and work in partnership with the Central New York Directors Planning Group (CNYDPG) towards the expansion of program to eventually be a 24/7 resource.
- Advocate for cross systems integration/training for crisis services supporting individuals with developmental disabilities and participate in the developing the NYSTART (Systemic, Therapeutic, Assessment, Response and Treatment) process in Central New York.
- Promote and expand access to **local** Crisis Respite opportunities for all ages and disability populations.
- Monitor impact of OPWDD Respite rate changes on access to respite services at Starry Night.
- Develop access to Family Support Services to provide education, support and advocacy to individuals supporting family members in crisis.
- Support the development of more intensive community based supports for individuals with chronic complex needs by advocating for the creation of a local ACT (Assertive Community Treatment) team, or utilizing the NY State “In lieu of services” process to create equivalent services.
- Enhance supports for the management of the Assisted Outpatient Treatment (AOT) Process.
- Explore the development and access to a “Medication Only” service for individuals refusing therapy or as a bridge service to accessing outpatient clinic medical staff.
- Advocate for greater access to inpatient psychiatric beds. Frequent shortages have resulted in long waits for placement, often hours away from parents.
- Support development of community based treatment mental health services with access to telehealth.
- Support enhanced access to skill building and community based respite services.
- Identify service gaps and support agency development of capacity to provide new Office of Mental Health Child and Family Treatment Services (CFTSS) and Home and Community Based Services (HCBS) to Cortland County residents.
- Enhance coordination of crisis and information lines to ensure consistent response and expedited access to support.

Priority Outcome 4:
Transportation

Work to reduce the impact of transportation barriers in access to services and supports across Cortland County.

Strategies

- Work with community partners to assess and document the impact of funding changes related to public transportation in Cortland County, and the associated impact on residents with behavioral health needs.
- Provide representation of behavioral health needs to the Mobility Management System through participation in the Transportation Advisory Board.
- Work with MAS to promote community understanding of process to access Medicaid transportation.
- Advocate with MAS for improvements in local systems access to transportation.
- Support efforts to integrate services in towns and villages that enhance access to care.
- Support development and expansion of access to telehealth services. OMH and OASAS are working to standardize regulations related to telehealth in ways that could make that service more of a viable resource for providers and patients potentially easing some access issues.
- Encourage and support community efforts to develop mutual aid and the CAPCO Volunteer Transportation Program.

Support access to ride sharing services.

Priority Outcome 5:
Service Access and Planning

Ensure the LGU role (consistent with Mental Hygiene Law) in the oversight, management and implementation of behavioral health plans and services to Cortland County residents across all three behavioral health service systems (OASAS, OMH, OPWDD) that promotes access to care that is timely and effective in addressing behavioral health needs.

Goal 5.1 Systems Access

Work with county systems partners to integrate processes and funding to create a "No Wrong Door" that is capable of outreaching to vulnerable populations, utilizes standardized assessment to determine eligibility for services, connects to appropriate services and monitors engagement with, and outcomes to care. Explore possibilities for an integrated setting where multiple system access points can collaborate to engage and connect county residents to appropriate supports.

Strategies

- Partner with AAA, DSS, Health, OPWDD on creation of a coordinated access point to services and cross systems planning.
- Collaborate with system partners on planning and promotion of events around access to services and community training to facilitate cross systems collaboration.

- Support Seven Valleys Health Coalition implementation and promote Cortland 211 for county information, access and referral to services. Monitor usage data and trends through the Mental Health Subcommittee.
- Support Cortland County Coordinated Children’s Initiative (CCSI) Tier 2 as a cross system process to engage families, identify service gaps, and access barriers, and provide opportunities for collaboration.

Goal 5.2 Regional and State Opportunities

Provide local leadership and leverage partnerships in regional and statewide groups to ensure that the needs of Cortland County residents are being included in resource allocation and systems planning.

Strategies

- New York State Conference of Local Mental Hygiene Directors
- Central New York Director's Planning Group
- Central New York Regional Planning Committee
- Care Compass Network (DSRIP)
- Medicaid Managed Care systems transformation, including OMH Children's System Transformation and OPWDD Transformation Agenda
- South Central Behavioral Health Care Collaborative

Goal 5.3 Supports for Transitions

Develop and operationalize protocols for transitions for youth and adults. Transitions are being defined as, but are not necessarily limited to; discharge from hospital or residential placement, transition planning for children with special needs (IEP, 504) as they move from school to post-school life, transition from child-serving to adult services or any transition impacting individuals served by behavioral health services.

Strategies

- Monitor impact of shifting OPWDD vocational service models on transitioning students.
- Develop and support opportunities to involve school districts in learning about behavioral health systems changes, and participate in needs assessment and planning.
- Develop processes to track individuals with developmental disabilities that are transitioning from lower levels of care into nursing homes and may not have natural supports.
- Develop protocols with state hospitals to notify SPOA when a local resident has been admitted to ensure good planning for discharge.
- Coordinate role of COTI Team with Regional Open Access Centers to support transitions to identified levels of care.
- Enhance relationships with NY State Residential Treatment Facility Programs to promote improved discharge planning.
- Continue to refine SPOA process in collaboration with cross system partners to identify needs and support transitions with appropriate connections to care.
- Support Community Reentry Process to enhance connection to supports for individuals released from jail and state prison system.

- Support the Early Recognition and Screening Program to integrate into non-behavioral health settings, enhance connection to SPOA and monitor reports and outcomes through the Mental Health Subcommittee.

Priority Outcome 6:
Community Engagement

Support and expand efforts to integrate services within community initiatives related to training.

- Develop and enhance relationship and connection between behavioral health systems and the Cortland Community Center.
- Monitor and assess needs for training, resources and programs that are going to be necessary to meet shifting needs related to mandates for Raise the Age.
- Develop and enhance relationships with funding entities such as the CNY Community Foundation.
- Engage Cortland County towns and villages group as a forum to advance integration of services to outlying communities of Cortland County.
- Support the development and implementation of the Cortland County Opportunity Community to move people out of poverty.
- Support the development of an Adverse Child Experiences Study (ACES) learning collaborative to promote awareness regarding the impact of trauma, and promote the coordinated training and implementation of trauma informed practices across community services and settings.
- Engage with Cortland County faith communities to identify needs and support community interventions.
- Monitor and assess the impact on community behavioral health services of "New York State Criminal Justice Reform" (bail initiative).
- Explore development of new service delivery models related to jail diversion, including the potential development/expansion of specialty courts (drug, opioid, mental health) as a resource to engage individuals in treatment and support services as an alternative to incarceration.
- Review recommendation of the 2019 VERA Institute and CRS reports and provide assistance as requested by the Cortland County Legislature to implement recommendations related to behavioral health.
- Explore unmet mental health needs for children aged 0-5. Collaborate with the Literacy Coalition and identify opportunities to intervene when behavioral health needs are impacting developmental milestones.

Priority Outcome 7:
Employment Services

Support the coordination and development of employment services and supports that allow for individuals to participate in meaningful activities in the most integrated setting that will meet their needs, regardless of disability.

Strategies

- Support the community Taskforce to Increase Disability Employment (TIDE) that seeks to mobilize community partners to raise community awareness of, build community capacity for and eliminate attitudinal and physical barriers to Employment First for people with disabilities.
- Work with business community and behavioral health providers in Cortland County to expand pre/employment services and integrated competitive employment opportunities for individuals served across all three behavioral health service systems.
- Partner with Cortland County Workforce Investment Board to match community needs to opportunities for workforce development.
- Work to identify and engage high risk and underserved populations (i.e.: homeless, post incarceration) to connect them to vocational services with the appropriate supports to encourage success.

Priority Outcome 8: Workforce

Behavioral health workforce development has been identified as a significant barrier to access to services across systems in Cortland County (and New York State). Resulting in restricted access to services, longer waiting lists, difficulties in engagement, and reduced efficacy of services.

Strategies

- Work with the Central New York Regional Planning Committee (RPC) to advocate for appropriate funding of programs to pay competitive salaries and to reduce the regulatory (paperwork and process) burdens and state guidelines that allow people to practice at the top of their license need to be explored.
- Advocate within the RPC Workforce Development Subcommittee to enhance access to tuition reimbursement and paid internship opportunities for professions in behavioral health.
- Support regional efforts to enhance internship opportunities through the development of information sharing events between college placement coordinators and agency representatives.
- Support regional efforts to develop core training programs for new staff in areas such as care management and peer services.