



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2019 Local Services Plan For Mental Hygiene Services

Cortland Co. Dept of Mental Health
July 16, 2018

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
Office of Mental Health Agency Planning 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: Mark Thayer (6/5/18)

I. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

This question was discussed in the Mental Health Subcommittee, Community Services Board, and Justice League (law enforcement, courts, jail, parole, behavioral health providers).

Overall, even while individuals felt that much had been accomplished locally in bringing new services online in 2017, the consensus was that mental health service needs in general had worsened.

Individuals cited:

- Waits to access outpatient services due to prescriber staffing shortages at both mental health clinics.
- 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.
- Staffing Issues

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

Please Explain:

This question was discussed in the Chemical Dependency Subcommittee, Community Services Board, and Justice League (law enforcement, courts, jail, parole, behavioral health providers).

Overall, groups felt that the needs had stayed the same, which is to say that people still have a high degree of concern related to SUD individuals and the need for appropriate services.

Individuals cited:

- Implementation of Regional Open Access Center for Addictions
- Cortland County acceptance into year 2 Center of Treatment Innovation Grants
- 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
- As some of the successes of 2017

And identified ongoing challenges such as:

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

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

Please Explain:

This question was discussed in the Developmental Disabilities Subcommittee, Community Services Board, and Justice League (law enforcement, courts, jail, parole, behavioral health providers).

Overall, groups felt that the needs had stayed about the same as 2017 with a mix of improved and worsening issues.

Individuals cited concerns related to:

- 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
- Systems changes and the impact on care

Rate rationalization has overall reduced the availability and viability of services like respite
Staffing issues

Some of the improvements noted included:

Impending START implementation

JM Murray work center transition

Increase in self directed care

Involvement of Regional Office OPWDD Staff in monthly Emergency Services Meetings

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input 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 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 Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

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 “ 2018-2019 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 22nd, 2018, where the group provided additional feedback and edits and then unanimously passed a resolution to accept the plan.

The plan will be a working document guiding the efforts of the Subcommittees and the Community Services Board in 2018-2019.

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: Support the development of a Community Engagement Center, which would provide opportunities for community connection, and potentially serve as an access and engagement point for community resources.

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)

- Have initiated meeting with Regional Field Office for OPWDD to coordinate planning for residential and respite needs.
- High risk/ High Needs planning group has been developed, a collaboration between County Mental Health, DSS, and Catholic Charities to proactively plan and problem solve housing and community living issues for high risk populations.
- Cortland Community Center has expanded hours and welcomes all members of the community.
- DD Subcommittee working to develop processes that will allow individuals and families accessing self-directed care to potentially collaborate with others developing self-directed plans so that resources could be pooled or shared where appropriate.

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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a "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, where the group voted to accept the plan.

The plan will become the working document guiding the efforts of the Subcommittees and the Community Services Board.

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

Monitor ongoing needs and challenges presented by transportation system to advocate for improved access to community resources and supports for Cortland County Residents.

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 implementation of Center of Treatment Innovations Programs that reduce the transportation barriers to treatment by providing mobile outreach and services, and utilize peers to help transport individuals with SUD to care.

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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a "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, where the group voted to accept the plan.

The plan will become the working document guiding the efforts of the Subcommittees and the Community Services Board.

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 Cortland Regional 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)

- 2018 EDPRT Class held in March. Sixth year, over 80 officers and first responders trained. Cortland Police Department maintains a formal EDPRT team, facilitates monthly meetings with community providers to problem solve barriers to care and unmet community needs.
- Invited OPWDD Regional Office to join monthly Emergency Services Meetings to plan with Cortland Regional Medical Center and community providers.
- New peer support resources added to Wishing Wellness Center to help outreach to and support individuals in crisis.
- Crisis respite supports expanded through Central New York Directors Planning Group (CNY DPG)
- Mobile Crisis Team up and running regionally through Liberty Resources. Funding through OMH Reinvestment for children and youth, and Care Compass Network (DSRIP) for adults in Cortland County.
- CNY DPG is offering support and leadership to the implementation of the START Program. Will be looking for opportunities to provide cross training and enhance integration across system crisis response programs.
- The Cortland County Trauma Response Team continues to respond to follow up and debrief after traumatic events and offer access to more formal supports when necessary. Team is currently all volunteer, would like to explore regional opportunities for resources that would help to support coordination and training as a strategy to enhance sustainability.
- The Suicide Prevention Coalition continues to meet to promote training and enhance recognition of distress and connection to resources. Mental Health First Aid for kids and adults, and Assist training have been provided at no cost throughout the county.
- 24/7 Regional Open Access Center is up and running. Syracuse Behavioral Health Administrators meet with CNY DPG monthly to review statistics and problem solve any issues.

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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a "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, where the group voted to accept the plan.

The plan will become the working document guiding the efforts of the Subcommittees and the Community Services Board.

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 challenges and problem solve towards solutions.

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

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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a “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, where the group voted 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 vocational 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: 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

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

Change Over Past 12 Months (Optional)

- Local employment services providers have formed the Taskforce to Increase Disability Employment (TIDE) Group that seeks to mobilize community partners, raise community awareness, and eliminate barriers to employment for individuals with disabilities.
- Vocational providers are engaged as members of the Justice League process and Cortland Community Reentry to identify vocational and continuing educational opportunities for individuals transitioning from incarceration in the county jail and in partnership with New York Parole for those released from New York State Prison.

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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a “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, where the group voted to accept the plan.

The plan will become the working document guiding the efforts of the Subcommittees and the Community Services Board.

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: Partner with the Cortland Area Communities That Care (CACTC) in the community coalition to implement the NY Strategic Prevention Framework State Incentive Grant Partnership for Success. The goals of the coalition are to reduce the rates of prescription drug abuse and heroin use among the 12-25 year old population in Cortland Area Communities That Care’s catchment area, through the use of evidence-based environmental prevention strategies, and the five steps of the strategic prevention framework. . Link to new Central New York Regional Coalition and new prevention coalitions at SUNY Cortland and TC3.

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

Change Over Past 12 Months (Optional)

- Utilized Sequential Intercept Mapping Process to coordinate planning across law enforcement, court, jail, community and behavioral health providers in 2017. Ongoing collaboration and planning happens quarterly in this group, now known as the Justice League.
- Both new college coalitions have been developed and each has a representative attending CD Subcommittee.
- CACTC plays a leadership in the CNY Regional Coalition.
- CACTC has developed targeted awareness and education campaigns for parents, youth, physicians, and pharmacies, and meets with primary care Doctors in collaboration with Cortland Regional Medical Center.
- Cortland County drug takeback events are some of the most successful in the state (by the number of lbs of prescription drugs collected).

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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a “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, where the group voted to accept the plan.

The plan will become the working document guiding the efforts of the Subcommittees and the Community Services Board.

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: Advocate for greater access to children’s 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

Change Over Past 12 Months (Optional)

- CNY DPG meets bi-weekly to discuss and address access issues to psychiatric hospitalization (group includes Hutchings ED Dr. Catalani), will be meeting with OPWDD Regional Office to plan for development of children and youth inpatient beds, hopefully in Central New York.

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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a “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, where the group voted 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: 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

Change Over Past 12 Months (Optional)

- Regional Family Engagement Specialist has been integrated into CD Subcommittee, working closely with Cortland Prevention Resources, and trying to find a site to host staff at least one day per week in Cortland.
- Awardee of year two Center of Treatment Innovations Grant, planning with the lead agency to expand outreach, peer services and capacity to provide mobile treatment services.
- Cortland County Health Department is the lead training agency for NARCAN and has expanded trainings across the community at a variety of times and locations across the county, including nights and weekends. A new initiative also has them offering training to inmates at the Cortland County Jail, with inmates receiving their NARCAN kit at discharge.
- The Cortland County District Attorney is partnered in the Justice League, and leading an initiative to develop an "Angel Program" where individuals are able to surrender their drugs (under certain circumstances) and get connected to treatment without being charged.
- New detox beds opened in Binghamton have helped to address that service need.
- Regional Open Access Center for Addictions opened in 2017, collaborative oversight is being provided by the Central New York Directors Planning Group.
- Both new college coalitions will be developing SBIRT processes as a part of their programs, and we will be using the CD Subcommittee as a structure to support and promote their work with the goal of spreading the process across the community.
- Cortland County participated in a two day Community Mapping event facilitated by SAMHSA in 2017, and has used that process to continue to organize and structure collaboration between law enforcement, courts, jail, parole, probation, DSS, Health, Aging, the community and behavioral health providers in a quarterly meeting group named the Justice League. Cortland County also developed a Reentry Committee from the process to work with NYS Parole.
- The Cortland County Jail has implemented their Vivitrol Program in collaboration with area outpatient providers with plans for expansion of the program in 2018.

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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a "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, where the group voted to accept the plan.

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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)

- Cortland Regional Medical Center was recently (March 2018) awarded a waiver by OASAS to provide detoxification services. The LGU was not consulted or involved in the process prior to the award, but we are certainly supportive of the effort and have scheduled a meeting to learn more about the hospital plans.

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 2H

Objective Statement

Change Over Past 12 Months (Optional)

2t. 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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a "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, where the group voted 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

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)

- Cortland City Schools has continued a partnership with the JM Murray Center to develop educational events for youth and families to prepare for transition. These events have been poorly attended, and the DD Subcommittee has been working to help facilitate partnerships across Family Support Programs and additional area school districts to try and enhance participation.
- The JM Murray Work Center transition has been completed, and so we will be able to more clearly track the impacts of the programmatic changes for transitioning youth.

2u. 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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a "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, where the group voted to accept the plan.

The plan will become the working document guiding the efforts of the Subcommittees and the Community Services Board.

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: Advocate for crisis services and crisis respite supports for children and youth in the OPWDD system

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

Change Over Past 12 Months (Optional)

- Rate rationalization has put respite service availability at risk in Cortland County. The OPWDD Regional Field Office has been working with Racker Center to try and stabilize the Starry Night Program, and problem solve issues.
- The Central New York Directors Planning Group will be hosting a meeting with the OPWDD Regional Field Office, and regional DSS Commissioners with access to crisis respite an agenda item for discussion.

2z. Developmental Disability Residential 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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a “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, where the group voted to accept the plan.

The plan will become the working document guiding the efforts of the Subcommittees and the Community Services Board.

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 for all with the appropriate community supports available.

Objective Statement

Objective 1: Advocate for proactive planning opportunities for aging caregivers who want to make individualized plans for their loved ones to continue to live in their own communities.

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

Objective 2: Develop new residential opportunities in Central New York for children and youth with I/DD needs who can no longer live at home.

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

Change Over Past 12 Months (Optional)

- The Central New York Directors Planning Group will be hosting a meeting with the OPWDD Regional Field Office, and regional DSS Commissioners with development of appropriate residential capacity, particularly for children/youth an agenda item for discussion.
- The DD Subcommittee is working to involve state operated residential facilities within Cortland County as regular members of our committee.

2ab. Developmental Disability Service 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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a “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, where the group voted to accept the plan.

The plan will become the working document guiding the efforts of the Subcommittees and the Community Services Board.

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 transition of the OPWDD System to Medicaid Managed Care

Objective Statement

Change Over Past 12 Months (Optional)

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

3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- b) Delivery System Reform Incentive Payment (DSRIP) Program
- c) Regional Planning Consortiums (RPCs)
- d) NYS Department of Health Prevention Agenda

3a. Medicaid Redesign - 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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a “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, where the group voted to accept the plan.

The plan will become the working document guiding the efforts of the Subcommittees and the Community Services Board.

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

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

The Cortland County LGU will continue to work to enhance community understanding of systems changes related to Medicaid Redesign, and promote timely access to available supports. The DCS will work on a local, regional and state level to monitor the impact of changes and advocate for the needs of Cortland County residents.

Objective Statement

Objective 1: Monitor and provide local and regional leadership through the LGU and Regional Planning Committee Processes

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

Change Over Past 12 Months (Optional)

- I serve as a co-chair to the CNY RPC, a multi-stakeholder regional planning process to monitor the impact of the transition to Medicaid Managed Care, problem solve regional issues, and raise systemic barriers to the state.
- I provide monthly updates to Subcommittees and the CSB on the changes and impact related to Medicaid Redesign.

3b. Delivery System Reform Incentive Payment (DSRIP) Program - 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 reviewed the survey results, discussed in relation to current plan and evolving community needs and available data to develop strategies and priorities framed in a “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, where the group voted to accept the plan.

The plan will become the working document guiding the efforts of the Subcommittees and the Community Services Board.

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)

I participate as a regular member of the Regional Behavioral Health and operations workgroups for Care Compass Network.

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

Cortland County provides leadership as a Co-chair of the Central New York Regional Planning Committee, and will promote the development and implementation of the Children and Family Subcommittee of the RPC.

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)

- I serve as a co-chair to the CNY RPC, a multi-stakeholder regional planning process to monitor the impact of the transition to Medicaid Managed Care, problem solve regional issues, and raise systemic barriers to the state.
- The CNY RPC also includes workgroups related to HARP/Health Home/HCBS services and issues, and a Value based Payment Workgroup trying to help promote coordination among the new BHCC entities.
- The CNY RPC has also launched a Children's Workgroup, and hosted networking events and training on topics such as Telehealth

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

The Cortland County Health Department added priorities related to substance abuse and behavioral health needs to their Prevention Agenda Plan, and the Community Services Board has partnered with them to collaborate around shared needs.

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

Goal Statement- Is this Goal a priority 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 in the creation of a Drug Taskforce to coordinate community planning, prevention, and treatment efforts across systems.

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

Objective 2: 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

Change Over Past 12 Months (Optional)

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Attachments
• 2018 - 2019 Cortland County Plan Final.docx

Office of Mental Health Agency Planning Survey
 Cortland Co. Dept of Mental Health (70030)
 Certified: Mark Thayer (6/4/18)

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

	Recruitment	Retention	Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the iss
Psychiatrist	5	4	Not enough available; commuting/travel required; salary
Physician (non-psychiatrist)	4	4	Lack of MD's with appropriate training, specialty related to MH
Psychologist (PhD/PsyD)	4	3	Few available; commuting/travel required; salary
Nurse Practitioner	5	4	Not enough available; commuting/travel required; salary; National Certification
RN/LPN (non-NP)	4	3	Few available; commuting/travel required; salary
Physician Assistant	4	4	Few available; commuting/travel required; salary; licensing
LMSW	3	3	Few available; commuting/travel required; salary
LCSW	4	4	Few available; commuting/travel required; salary
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	NA		
Peer specialist	NA		
Family peer advocate	NA		

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

Clinic Director
 Fiscal Officer

3. Please indicate how many, if any, programs in your county provided input specific to this questions set.

Two

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

Community Service Board Roster
 Cortland Co. Dept of Mental Health (70030)
 Certified: Gail Spitzer (3/26/18)

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

Chairperson
Name Tiffanie Parker
Physician No
Psychologist No
Represents DSS and Parent
Term Expires 12/31/2021
eMail Tiffanie.Parker@dfa.state.ny.us

Member
Name Elizabeth Haskins
Physician No
Psychologist No
Represents Office of the Aging, Director
Term Expires 12/31/2020
eMail ehaskins@cortland-co.org

Member
Name Martha Bush
Physician No
Psychologist No
Represents Family member with SMI
Term Expires 12/31/2019
eMail rbush6x@gmail.com

Member
Name Kathryn Reynolds
Physician No
Psychologist No
Represents Cortland School District, ChairSPE
Term Expires 12/31/2020
eMail kreynolds@cortlandschools.org

Member
Name ReBecca Smith
Physician No
Psychologist No
Represents Public Health Programs Cortland County
Term Expires 12/31/2020
eMail rsmith@cortland-co.org

Member
Name Jesse Abbott
Physician No
Psychologist No
Represents City Police Department
Term Expires 12/31/2021
eMail jabbott@cortland.org

Member
Name Douglas Bentley
Physician No
Psychologist No
Represents County Legislature
Term Expires 12/31/2020
eMail dbentley@cortland-co.org

Member
Name Elizabeth Larkin
Physician No
Psychologist No
Represents Family member - County Clerk
Term Expires 12/31/2019
eMail elarkin@cortland-co.org

Member
Name Shari Weiss
Physician No
Psychologist Yes
Represents Catholic Charities
Term Expires 12/31/2021
eMail sweiss@ccocc.org

Member
Name Leslie Wilkins
Physician No
Psychologist No
Represents Family Counseling Serv
Term Expires 12/31/2020
eMail lwilkins@fscortland.org

Member
Name Donald Noble
Physician No
Psychologist Yes
Represents Retired OPWDD
Term Expires 12/31/2021

Member
Name Jeff Beal
Physician No
Psychologist No
Represents Retired OPWDD
Term Expires 12/31/2020

eMail dnoble1952@gmail.com
Member
Name Christopher Driscoll
Physician No
Psychologist No
Represents Cortland County Coordinated Children's Services Initiative
Term Expires 12/31/2019
eMail Christopher.Driscoll@dfa.state.ny.us

Member
Name Michael Johnson
Physician No
Psychologist No
Represents Wishing Wellness Center div. Catholic Charities of Cortland County
Term Expires 12/31/2019
eMail mjohnson@ccocc.org

eMail jtbrunner2001@yahoo.com
Member
Name Christopher Hyde
Physician No
Psychologist No
Represents Parent
Term Expires 12/31/2021
eMail Christopher@hydehaven.com

Alcoholism and Substance Abuse Subcommittee Roster
 Cortland Co. Dept of Mental Health (70030)
 Certified: Gail Spitzer (3/26/18)

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

Co-chairperson

Name Rebecca Smith
Represents County Public Health Educator
eMail rsmith@cortland-co.org
Is CSB Member Yes

Co-chairperson

Name Matt Whitman
Represents Director, CACTC Coalition
eMail mwhitman@ccocc.org
Is CSB Member No

Member

Name Tiffanie Parker
Represents DSS, Family member
eMail Tiffanie.Parker@dfa.state.ny.us
Is CSB Member Yes

Member

Name Douglas Bentley - Ex-officio member
Represents County Legislature
eMail dbentley@cortland-co.org
Is CSB Member Yes

Member

Name Judi Riley
Represents Homer High School Ass't Superintendent
eMail jriley@cortlandschools.org
Is CSB Member No

Member

Name Robert Pitman
Represents Chief, Homer Police Department
eMail rpitman@homerny.org
Is CSB Member No

Member

Name Jesse Abbott
Represents Officer, Cortland City PD
eMail jabbott@cortland.org
Is CSB Member Yes

Member

Name Christopher Driscoll
Represents Coordinated Children's Services Initiative
eMail Christopher.Driscoll@dfa.state.ny.us
Is CSB Member Yes

Member

Name Michael Johnson
Represents Consumer, Wellness Center Director
eMail mjohnson@ccocc.org
Is CSB Member Yes

Mental Health Subcommittee Roster
 Cortland Co. Dept of Mental Health (70030)
 Certified: Gail Spitzer (3/26/18)

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

Chairperson

Name Shari Weiss
Represents Catholic Charities
eMail sweiss@ccocc.org
Is CSB Member Yes

Member

Name Leslie Wilkins
Represents Family Counseling Services
eMail lwilkins@fscortland.org
Is CSB Member Yes

Member

Name Christopher Hyde
Represents Consumer and family
eMail Christopher@hydehaven.com
Is CSB Member Yes

Member

Name Cynthia Guy
Represents Consumer
eMail guycyndi@yahoo.com
Is CSB Member No

Member

Name Darlene Latten
Represents Family, Homer High School
eMail dlatten2@gmail.com
Is CSB Member No

Member

Name Susan Thomas
Represents Day Treatment - Franzisca Racker Center
eMail susantcss@rackercenters.org
Is CSB Member No

Member

Name Loreen Geiger
Represents Family
eMail LAG19@cornell.edu
Is CSB Member No

Member

Name Ellen Wright
Represents Retired Community MH Nurse
eMail wrightnote45@gmail.com
Is CSB Member No

Member

Name Elizabeth Larkin
Represents Family and County Clerk
eMail elarkin@cortland-co.org
Is CSB Member Yes

Developmental Disabilities Subcommittee Roster
 Cortland Co. Dept of Mental Health (70030)
 Certified: Gail Spitzer (5/25/18)

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

Chairperson

Name Jeff Beal
Represents Retired - OPWDD
eMail jtbrunner2001@yahoo.com
Is CSB Member Yes

Member

Name Elizabeth Haskins
Represents County Office for Aging
eMail ehaskins@cortland-co.org
Is CSB Member Yes

Member

Name Kathryn Reynolds
Represents Cortland School, CSE Chair
eMail kreynolds@cortlandschools.org
Is CSB Member Yes

Member

Name Elaine Fisher
Represents Family
eMail cfisher7@twcny.rr.com
Is CSB Member No

Member

Name Courtney McCallen-Kim
Represents Family, County Health Department
eMail cmccallenkim@cortland-co.org
Is CSB Member No

Member

Name Kimberly Corbett
Represents JM Murray Center
eMail kimberlyc@jmmurray.com
Is CSB Member No

Member

Name Marianne Odell
Represents Racker Center
eMail marianneo@rackercenters.org
Is CSB Member No

Member

Name Ken Woodman
Represents Parent
eMail ken41@twcny.rr.com
Is CSB Member No

2019 Mental Hygiene Local Planning Assurance
Cortland Co. Dept of Mental Health (70030)
Certified: Mark Thayer (6/4/18)

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

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

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

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

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



Cortland County
Community Service Board
Working Draft 2018-2019 County Plan

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 2018-2109 County Plan.
- The plan is presented to a joint meeting of the CSB and Subcommittees for any final changes and approval.

Working Draft 2018-2019 County Plan

Priority Outcome 1: Substance Abuse Treatment and Prevention

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.

Strategy 1.1

Support Cortland County priorities in the New York State Prevention Agenda, and the Cortland Counts Planning Process in the creation of a Drug Taskforce to coordinate community planning, prevention, and treatment efforts across systems.

Applicable State Agency: OASAS

Update: Issue was discussed at the CD Subcommittee regarding the need for, interest in developing a “task force”. A number of community groups are focused on this issue with coordination primarily through overlapping membership integrating efforts.

Action: Revised strategy

Strategy 1.2

Partner with the Cortland Area Communities That Care (CACTC) in the community coalition to implement the NY Strategic Prevention Framework State Incentive Grant Partnership for Success. The goals of the coalition are to reduce the rates of prescription drug abuse and heroin use among the 12-25 year old population in Cortland Area Communities That Care’s catchment area, through the use of evidence-based environmental prevention strategies, and the five steps of the strategic prevention framework. 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.

Applicable State Agency: OASAS

Update: Both new college coalitions have been developed and have a representative who regularly attends CD Subcommittee. CACTC plays a leadership role in the Central New York Regional Coalition, and the Regional

Program Director reports to the Central New York Directors Planning Group on a quarterly basis.

Action: Revised strategy to recognize and support the implementation of new coalitions.

Strategy 1.3

Promote and support community prevention efforts and education regarding: specific drug use signs and symptoms, the danger of prescription pain medication for individuals and available community treatment and recovery resources for children and youth, parents, physicians, and pharmacies. Promote and support the implementation of community harm reduction strategies such as drug kiosks, prescription drug take back events and needle exchanges.

Applicable State Agency: OASAS

Update: CACTC is in the process or has developing targeted awareness campaigns and prevention toolkits for providers, pharmacies and parents. Cortland Prevention Resources and the Cortland City School District provide primary prevention and support in many schools around the county. More resources are needed to expand to all schools.

CACTC in partnership with CRMC, the Health Department, and Lemoyne College meet with primary care providers in the community to discuss issues related to Opioids and prescribing.

Prescription takeback events continue to be some of the most successful in NY State. Kiosks are available at Cortland City Police Department, Cortland County Sheriff's Office, and Homer Police Department.

Action: Merged strategies 1.3 and most of 1.4 from previous year plans for clarity.

*****New*** Strategy 1.4**

Support Prevention Agenda goals by promoting training and utilization of Screening Brief Intervention and Referral to Treatment (SBIRT) Model, by highlighting and supporting new SBIRT processes at SUNY Cortland and Tomkins Cortland Community College, and engaging SBIRT content experts to provide training and consultation to spread the practice in Cortland County.

Applicable State Agency: OASAS

Update: Despite being a priority goal in county plan and DSRIP, little progress had been made in the use of SBIRT across services or systems. New Coalitions at TC3 and SUNY Cortland are developing SBIRT processes.

Action: New strategy for 2018-2019

Strategy 1.5

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: OASAS

Update: Lots of new services and supports developed over the past planning year: Family Engagement Specialist has been working with Cortland Prevention Resources to provide family groups and support. Program is looking for a local agency to partner with for space to dedicate the staff to being in Cortland at least one day per week.

Peer recovery coaches, peers, advocates (youth and adult) remain needed. New Center of Treatment Innovations (COTI) grant funding expected to address many of these gaps.

Peer engagement program was the half time person trying to collaborate with CRMC to engage and connect individuals with SUD treatment needs. The CNY Directors Planning Group has been advocating with OASAS for model changes and enhanced resources to support implementation.

Need to identify and attempt to quantify specific needs related to youth treatment.

Recovery Centers still needed for adults and children/youth.

Reentry committee has so far been a helpful link between behavioral health needs and vocational and training opportunities.

Action: Keep strategy 1.5, and add a new stand-alone strategy for the development and implementation of the new COTI Program.

*****New*** Strategy 1.6**

Develop, support, and promote new programming in response to Cortland County inclusion in year 2 Center of Treatment Innovation (COTI) funding. 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.

Applicable State Agency: OASAS

Update: Family Counseling Services has been identified as the Cortland County provider of COTI services, and has already began the process of ordering some of the equipment and supplies that will be needed to provide services while awaiting formal state approval of the program plan.

Action: New strategy for 2018-2019.

Strategy 1.7

Promote and develop supports to manage emergent and crisis needs through: the provision of NARCAN training, support of new crisis services and the Angel Program, and appropriate access to detoxification opportunities and inpatient treatment when appropriate.

Applicable State Agency: OASAS

Update: Cortland County Health Department has been conducting NARCAN training across the community, expanding to populations such as inmates in the county jail.

New Detox beds have recently opened in Binghamton, funding has been approved for new detox opportunities in Ithaca through Drug and Alcohol Council, NYS recently approved statewide waivers for Article 28 Hospitals interested in developing or creating their own detox capacity.

Angel Program development has been a focus of the Cortland County District Attorney so that law enforcement agencies could accept surrender of drugs under certain circumstances and provide near immediate access to assessment and potential treatment.

Action: Revised strategy to reference to crisis services and Angel Program.

Strategy 1.8

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.

Advocate for local detoxification and/or inpatient beds for substance abuse, and support expedited connections to local services when residents complete inpatient or residential treatment.

Applicable State Agency: OASAS

Update: The Regional Open Access Center for Addictions has been open since November 2017, and expanded to provide 24/7 access on May 1, 2018. The Central New York Directors Planning Group meets with program administrators monthly to review program data and share recipient feedback from counties. Transportation has been a barrier to access that has been favorably impacted by the implementation of COTI services in recipient counties (Cortland added for 2018 starting May1)
Action: Keep Strategy

Strategy 1.9

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: OASAS, OMH

Update: Cortland County participated in a 2 day structured community mapping event in 2017 that has helped to formalize the ongoing process. Some of the priority needs identified in the plan include:

Transition Coordination for inmates released from county jail.

Angel Program for individuals looking to access treatment through law enforcement .

Reentry process to meet with parole and community providers to enhance coordination of care for individuals returning from State Prison.

Expansion of peer support services.

Enhanced access to housing options in safe and supportive settings.

Action: Keep Strategy

Strategy 1.10

Support the development and implementation of the Cortland County Jail Vivitrol Program. Identify resources to integrate into the process to support inmate engagement to treatment at release.

Applicable State Agency: OASAS

Update: The program is up and running, serves a fairly limited but important population of inmates at risk for overdose.

Action: Revised strategy to include potential transition coordination, peers, COTI resources.

Priority Outcome 2:
Crisis Intervention

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.

Strategy 2.1

Continue to 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 Agencies: OASAS OMH OPWDD

Update: 2018 class held week of 3/12, thank you to Seven Valleys for their work in coordinating, Care Compass Network for their financial support of the process, and all of the many folks from across Cortland County who provide much of the actual training. EDPRT Coordination Meetings are held monthly.

Action: Keep strategy

Strategy 2.2

Continue to work on coordination between community providers and Cortland Regional 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 Agencies: OASAS OMH OPWDD

Update: Will be integrating an OPWDD representative into the Complex Care Protocol. OPWDD is exploring possibilities for regulatory relief so that it will be easier to push services into certified settings such as the hospital ER. Regional office interested in being involved earlier when individuals in the community are struggling.

Ongoing needs for enhanced coordination with the hospital around SUD issues and connections to services.

Ongoing need for CRMC representation and involvement in the LGU.

Action: Keep Strategy

Strategy 2.3

Develop and expand community based crisis response services for Cortland County residents (e.g. expanded peer supports, crisis respite, warm line, behavior specialist services) in collaboration with the Care Compass Network PPS.

Explore utilization of information sharing resources such as “Red Binder Program” across vulnerable populations.

Applicable State Agencies: OASAS OMH OPWDD

Update: New peer support resources added through CSB funding in 2017.

Crisis Respite opportunities for all ages and disability populations need to be developed and/or expanded across all systems.

Crisis Respite Supports are available for youth but are not local and sometimes not accessible.

Action: Revised strategy, added red binder. Due to implementation of mobile crisis and START, those will become stand-alone strategies.

*****New*** Strategy 2.4**

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 training to enhance capacity to respond to individuals across disability groups.

Applicable State Agencies: OASAS OMH OPWDD

Update: Mobile Crisis Intervention is up and running serving all ages from 5pm-12am weekdays and 6am-12am on weekends.

Action: New Strategy for 2018-2019

*****New*** Strategy 2.5**

Advocate for cross systems integration of 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.

Update: The NYSTART program offers training, consultation, therapeutic services and technical assistance to enhance the ability of the community to support eligible individuals and focuses on establishing integrated services with providers. Providing supports that help individuals to remain in their home or community placement is NYSTART's first priority.

As each of the NYSTART teams are established and become fully operational the services provided will include:

- ***Community partnerships and systems linkages;***
- ***Systemic and clinical consultation and training;***
- ***Community training and education;***
- ***Clinical Education Team training meetings;***
- ***Cross Systems Crisis Prevention and Intervention Planning;***
- ***Mobile crisis support and response for individuals enrolled in NYSTART services;***
- ***Outreach and follow up; and***
- ***Comprehensive Service Evaluations***

Action: New strategy 2018-2019

Strategy 2.6

Support the ongoing development and sustainability of the Community Trauma Response Team. Explore resources through possible foundation funding and through CNYDPG regional reinvestment funding of a potential regional training and coordination resource.

Applicable State Agencies: OASAS OMH OPWDD

Update: The Trauma Response Team has responded to provide support following tragic events across Cortland County in this planning year and has proven to be an invaluable community service. The program remains an entirely volunteer endeavor with many agencies offering their staff and people volunteering their

time to participate in call outs for crisis events. Ongoing needs for enhancement and sustainability include resources for minimal program costs and supplies, and ideally leadership and coordination of the team.

Action: Revised Strategy to add resources

Strategy 2.7

Continue to develop and enhance 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.

Applicable State Agencies: OASAS OMH OPWDD

Update: Team is focused on training systems to enhance recognition of issues, utilize Columbia to help guide decision making. Coalition needs to be developed and expanded across systems

Action: Keep strategy

Strategy 2.8

Advocate for greater access to children's inpatient psychiatric beds. Frequent shortages have resulted in long waits for placement, often hours away from parents. Complex Care Protocol is in place to support Cortland Regional Medical Center.

Applicable State Agencies: OASAS OMH OPWDD

Update: In recent meetings with both OPWDD and OMH there have been announcements of the development of new specialized inpatient units for adults (downstate) and kids (Central New York) and corresponding stepdown units. The Central New York Directors Planning Group will be working to be included in the planning and development process.

Complex Care Protocol is in place with CRMC to provide a rapid planning response to children and youth with complex needs who are stuck in an inappropriate level of care.

Action: Keep Strategy

Priority Outcome 3:

Housing

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

Strategy 3.1

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 development of new housing opportunities supported by enhanced community supports through Value Based Treatment funding models.

Applicable State Agencies: OASAS OMH

Update: Recently started a planning process to explore alternative opportunities for highest needs individuals who are chronically homeless or unstable in their housing due to complex behavioral health needs. Explore development and funding of a pilot that would resource the comprehensive individual needs that when unmet contribute to instability and housing disruption.

Action: Revised strategy

Strategy 3.2

Support the development of a Community Engagement Center, which would provide opportunities for community connection, and potentially serve as an access and engagement point for community resources.

Applicable State Agencies: OMH, OASAS

Update: Peer services and offerings have expanded through Wishing Wellness Center in this planning year, but there is no current plan for a dedicated drop in or community engagement center. Explore needs and potential partnership with Cortland Community Center as a resource.

Action: Revised strategy

Strategy 3.3

Advocate for planning opportunities for aging caregivers who need to make proactive plans that will allow their children to stay in their community. Advocate for additional OPWDD Family Support grant funds to support local opportunities for parents to develop relationships and resources that enhance the possibilities presented by self-directed planning.

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.

Applicable State Agency: OPWDD

Update: Respite rate changes put Starry Night viability into question, Racker has been working with OPWDD Regional Office to problem solve. Central New York Directors Planning Group will be meeting with OPWDD regional office staff to monitor plans for new residential opportunities in CNY.

Action: Revised strategy

Priority Outcome 4:

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.

Strategy 4.1

Advocate with NY State behavioral health service systems (OMH, OASAS, OPWDD) to obtain meaningful and timely data and statistics on the regional and local level that helps identify service utilization, access issues and other information necessary to achieve stated priority for Cortland County residents.

Monitor access to the OPWDD Front Door to identify issues and ensure access.

Applicable State Agencies: OASAS OMH OPWDD

Update: In recent meetings with representatives from Central Office CLMHD has repeated requests for data related to Front Door, utilization, etc. and has recently been given some snapshot data related to access and service utilization. The Conference of Local Mental Hygiene Directors has negotiated full access to the OMH MAPP System to be able to identify and monitor referrals in to the Health Homes Care Coordination Program. Will need to go through state approval process for access.

Action: Keep strategy

Strategy 4.2

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.

Applicable State Agencies: OASAS OMH OPWDD

Update: LGU continues to partner with AAA, DSS, Health, OPWDD on creation of a coordinated access point to services and cross systems planning. Cross promotion of events has been a very successful method of helping to facilitate cross systems collaboration.

Action: Keep strategy

Strategy 4.3

Provide local leadership and participation in Central New York Director's Planning Group, Regional Planning Committees, DSRIP, Medicaid Managed Care implementation, Value Based Payment for services planning, and Children's System Transformation including the transition to Children's Health Homes, that ensures Cortland County residents are getting access to the services and supports they need.

Applicable State Agencies: OASAS OMH OPWDD

Update: CNYDPG will be working to coordinate meetings across our six county directors group to include county DCS, DSS Commissioner, and Regional Office staff in planning new services including inpatient, IRA and START.

Cortland County Mental Health is signed on as a partner organization in the South Central Behavioral Health Care Collaborative, and as an Affiliate Provider in the Integrity Partners BHCC (led by an organization of county mental health clinics primarily in the Western and Finger Lakes Region).

Regional Planning Committee will expand to include a children's committee in this planning year, and continues to be focused on regional efforts to monitor and problem solve around Medicaid Managed Care implementation.

Cortland County became a contracted partner to the Care Compass Network and will be developing capacity to participate in projects related to assessment and service access in the coming planning year.

The OPWDD System will be transitioning to Medicaid Managed Care in 2018.

Action: Keep strategy

Strategy 4.4

Reorganize processes for early identification of behavioral health needs through LGU partnerships, enhanced connection to the New York Prevention Agenda, and advocacy for PPS infrastructure development projects that enhance awareness and access to care, and enhanced partnership with schools around shared training needs and connection to services.

Applicable State Agencies: OASAS OMH OPWDD

Update: Cortland County LGU provided funding to the Early Recognition and Screening program through Family Counseling Services to provide primary prevention screening through schools and primary care doctors offices in Cortland County.

Action: Keep strategy

Strategy 4.5

Through the local System of Care planning process; fully 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. Monitor impact of shifting OPWDD vocational service models on transitioning students.

Resources are needed to help support individuals with developmental disabilities that are transitioning from lower levels of care into nursing homes and may not have natural supports.

Applicable State Agencies: OASAS OMH OPWDD

Updates: New needs related to changing service systems and the evolving role of SPOA in new managed care environments. Cortland County will continue to work with cross system partners to identify needs and opportunities to support transitions with appropriate connections to care. New COTI services, and START may be able to play a supporting role in their respective systems.

Action: Keep strategy

Strategy 4.6

Continue to 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. Advocate with MAS for improvements in local systems access to transportation.

Applicable State Agencies: OASAS OMH OPWDD

Updates: Ongoing challenges. COTI will be trying to help address some of the issues related to SUD treatment access.

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.

OMH is considering funding changes for community based programs that cover necessary costs related to transportation.

Action: Keep strategy

Strategy 4.7

Develop a coordinated cross systems process for high risk/ high needs adults with behavioral health challenges to identify and outreach to high needs populations (i.e.: homeless, post incarceration, hospital discharge) and promote referral and engagement in the Health Homes Care Coordination Program. The process should also serve in an oversight role and involve the managed care companies at a local level to identify access issues, barriers to care, and feed information to the Regional Planning Committee. Continue to reconfigure Single Point of Access for children/youth to respond to changing roles and responsibilities related to Children's Health Home implementation and Children's System Redesign.
Applicable State Agency: OMH, OASAS

Progress: A workgroup that includes cross system partners meets monthly to try and problem solve access issues and enhance coordination across systems. DSS is exploring the creation of a multidisciplinary team to problem solve and provide enhanced supports to those individuals with complex needs. The Regional Planning Committee is working to build regional collaborations that can work locally and at the state level to promote service development, provide education and guidance regarding systems change.

Action: Keep strategy

Strategy 4.8

Support planning to identify and advocate for the kind of training, resources and programs that are going to be necessary to meet shifting needs related to mandates for Raise the Age.

Applicable State Agencies: OASAS OMH OPWDD

Raise the Age will go into effect on October 2018, and Lisa Cutia and Kristen Monroe have been leading community efforts to understand the changes that will result from the law and try to proactively plan for community needs. Significant among those will be needs for placement resource, but there may also be challenges related to access to mental health care for “behavioral” issues.

Action: Keep Strategy

Strategy 4.9

Customize the new Early Recognition and Screening Program to community needs, integrate into non-behavioral health settings, connect to SPOA and monitor through the Mental Health Subcommittee.

Applicable State Agency: OMH

Update: Cortland County LGU provided funding to the Early Recognition and Screening program through Family Counseling Services to provide primary prevention screening through schools and primary care doctors offices in Cortland County.

Action: Keep strategy

Strategy 4.10

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.

Applicable State Agency: OMH, OASAS, OPWDD

Progress: With the expanded expectations of the NY Connects system as an information and referral portal across disability groups, there is a growing need for coordination n across those resources.

Action: Keep strategy

Priority Outcome 5

Vocational Services

Support the coordination and development of vocational 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.

Strategy 5.1: 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.

Applicable State Agency: OMH, OASAS, OPWDD

Update: Local employment services providers have formed the 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. TIDE believes that employment should be the first option for all people with disabilities. Partner with Cortland County Workforce Investment Board to match community needs to opportunities.

Action: Keep strategy

Strategy 5.2

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: OMH, OASAS, OPWDD

Update: Vocational providers have been engaged in the Justice League process, which has led to some enhanced coordination and awareness of vocational and educational opportunities for people with special needs in the community.

Vocational providers are very involved in supporting inmates while incarcerated at the jail to identify opportunities for growth and employment post release.

Action: Keep strategy

*****New*** Strategy 5.3**

Behavioral health workforce development has been identified as a significant barrier to access to services across systems in Cortland County (and New York State). LGU will partner with Workforce Investment Board, and Care Compass Network to identify potential resources for training and recruitment. LGU will work with the Central New York Regional Planning Committee 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.

Cortland County will develop capacity to utilize telehealth and telemedicine to help address prescriber shortages.

Applicable State Agency: OMH, OASAS, OPWDD

Update: The CNY RPC is in the planning stages for a regional meeting to identify issues and ideas to address workforce issues, as these exist across services and systems. The discussion will seek to include the primary CNY DSRIP providers and higher education institutions in the process of identifying strategies to recruit and retain a quality behavioral health workforce.

Action: New stand-alone strategy for 2018-2019

Other Needs Identified:

- Smoking Cessation
- Gambling Prevention (and treatment?)
- School Safety
- MH Prevention
- LGBTQ
- Family Support and Education