

2018
Local Services Plan
For Mental Hygiene Services

Cayuga County Community Services Board
October 31, 2017



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

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Cayuga County Community Services Board	70350	(LGU)
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Mental Hygiene Goals and Objectives Form
 Cayuga County Community Services Board (70350)
 Certified: Karen Killips (5/25/17)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

The Community Mental Health Center offers open access for intake and crisis services. Individuals seeking services are encouraged to walk in throughout the day. That agency has placed full time staff in the county jail and has added school based services. Cayuga Counseling Services is providing mental health services integrated with health providers. Additional beds have been developed by Unity House. Liberty Resources provides mobile crisis services evenings, weekends, and holidays. The numbers of service units and individuals served have both increased over the past year.

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:

We conducted a survey including providers, clients, families, and interested members of the community. The responses between "improved" and "stayed the same" were equally divided at 39%. While the substances of choice fluctuate over time, the level of use remains the same. An upswing in the use of synthetic drugs has most recently been noted, particularly among young adults.

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:

Over two-thirds of our respondents replied that the level of unmet needs remained the same over the past year for individuals with developmental disabilities.

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 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 type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Housing - Background Information

As noted in the 2017 Plan, there continues to be only one housing option for individuals with substance abuse/alcohol issues. There is an identified need for separate housing for men and women as well as for women with children. Our population would also benefit from housing options with different levels of care.

Unity House has reported an on-going waiting list of 50-60 individuals in need of non-licensed mental health housing. Treatment apartments have a 90% occupancy rate.

There are also a significant number of individuals with developmental disabilities seeking supervised apartments rather than certified settings. An additional group is comprised of those who are in the process of moving from their parents' homes into more independent housing. As this population ages, they require more accessibility and medical considerations in residential settings.

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

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

Increase opportunities and increase access to safe and affordable housing for those with mental health, substance abuse, and/or developmental disabilities diagnoses in the community.

Objective Statement

Objective 1: Increase and market formal respite opportunities for vulnerable or at risk consumers. Develop additional respite services including those for crisis situations. Develop additional services including those for crisis situations. Develop additional afternoon and evening respite opportunities, 1:1 respite and enhanced respite for individuals with developmental disabilities.

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

Objective 2: Advocate for a Housing First model.

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

Objective 3: Finalize the conversion of the current half way house into the Part 820 regulations and explore expansion of beds.

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

Change Over Past 12 Months (Optional)

Unity House has been working with the Central New York Care Collaborative (CNYCC) Delivery System Reform Incentive Payments (DSRIP) Crisis Stabilization Project to obtain funding for crisis respite. In addition, Unity House has applied for additional respite beds through the Home and Community Based Services (HCBS) waiver. Respite monies from CNYCC are being blended with LGU State Aid to increase respite beds from 1 to 3 with peer supports.

The Community Services Board Developmental Disabilities Subcommittee collects waiting list data on a monthly basis. Providers discuss vacancies and housing needs at those meetings.

Unity House is working in partnership with a developer to convert the former West Middle School into mixed use housing. There will be thirty-eight one bedroom units and 11 two bedroom units in addition of office space allocated for use by Unity House staff. The completion date is expected to be in early 2018. In partnership with the community, the Rescue Mission developed 28 housing units which opened in early 2017. 20 units are designated for families and women. 8 units provide transitional housing.

2b. Transportation - Background Information

The County extends 55 miles from North to South with a single city approximately mid-point. With no public transportation beyond city limits, it can be very difficult for those residing in other areas to access services. Transportation is often limited or unreliable. The most far-reaching service is provided by Medicaid cabs.

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):

We have not identified funding nor willing entities to develop a county-wide transportation system. We will continue to advocate for transportation services.

Change Over Past 12 Months (Optional)

Cayuga/Seneca Community Action Agency is developing Medicaid funded transportation opportunities and we are in discussions on how to extend this to the non-Medicaid population by coordinating transportation by volunteers who receive reimbursement for mileage. Efforts to connect transportation to individuals seeking services from the Regional Crisis Center for Addiction are underway.

2c. Crisis Services - Background Information

We see the continued expansion of crisis services as a centerpiece of our system of care. There has been a continued need for crisis services related to drug/alcohol overdoses. In a two year period (2014-2015) the Auburn Community Hospital reported a 220% increase in drug/alcohol presentations at the Emergency Department. The hospital most recently reported a leveling off of these numbers but they remain high and there have been a significant number of deaths. Most recent data from the NYS Department of Health shows increased Emergency Department visits in 2016. Additionally, both the Emergency Department and provider agencies have reported a recent increase in the use of synthetic drugs.

Schools, law enforcement, first responders and service providers have been encouraged to divert Emergency Department mental health presentations by bringing individuals directly to the Community Mental Health Center for evaluation or connect with the Mobile Crisis Team. These strategies have been successful over 95% of the time in reducing mental health related presentations at the hospital and significantly reducing the wait time for those in need of evaluation or crisis services.

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

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

To develop a comprehensive system of crisis services available to our community so that all those in need can be served.

Objective Statement

Objective 1: To braid services and funding to provide services to all in need regardless of payer status.

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

Objective 2: To integrate regional crisis projects into local systems of care in ways that enhance and further develop the service.

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

Objective 3: Educate first responders about substance abuse/mental health issues and train them in how to connect with crisis services.

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

Objective 4: To motivate the outpatient OASAS and free standing OMH clinic to provide same day crisis/walk in capabilities.

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

Objective 5: To advocate with PWDD to move START start-up date for the region.

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

Change Over Past 12 Months (Optional)

Local mobile crisis services continue to "penetrate the market" and utilization has increased. Central New York Directors Planning Group (CNYDPG) is shaping the regional crisis efforts available through hospital bed closure reinvestment funding and Delivery System Reform Incentive Payment Program (DSRIP) Performing Provider System (PPS) crisis stabilization funds to increase capacity and reach in Cayuga County. CNYDPG, through contracts, maintains regional oversight of the projects as integrating the efforts eliminates duplication and confusion.

CNYDPG was instrumental in developing the 24/7 Regional Crisis Center for Addictions into an OASAS funded project which will be operational in 2017.

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

While COLAs were made available in the 2017-2018 NYS budget, there is a need for additional funding to pay a living wage, support workforce training and to build competencies to work with the dually diagnosed as well as other challenging populations. Additionally, new skill sets are required as services become increasingly integrated. The recruitment, training, and supervision of Peers is a set of skills to be developed. Due to problems with recruiting and retaining staff, OASAS allocated additional funds for payment to direct care staff to reduce turnover.

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, nurture and train a diverse and robust workforce made up of paid and volunteer assets.

Objective Statement

Objective 1: Continue providing best practice training opportunities to the work force.

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

Objective 2: Continue recruiting and training Peers and provide effective support and supervision.

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

Objective 3: Develop and deploy programs that identify subsidized employment opportunities with our partners.

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

Change Over Past 12 Months (Optional)

Service providers are increasingly working collaboratively to provide relevant training opportunities to meet the changing demands of an integrated service delivery system. Cayuga County Community Mental Health Center (CCCMHC) staff were trained as Dialectical Behavioral Therapy (DBT) practitioners, a service being implemented in area schools 2017-2018.

Efforts to integrate Peers are ongoing for workforce needs as well as oversight and consultation at the Local Government Unit (LGU) level.

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

With the elimination of the traditional Workshop Programs offered through PWDD funded providers, there is an increased emphasis on alternative employment opportunities. Mental health and substance abuse providers also recognize the need for volunteer and employment options. Program participants express concern about potential loss of benefits if they obtain employment.

The Cayuga County Employment and Outreach Network is a collaboration of organizations committed to increasing employment opportunities for people with disabilities through education and outreach to local employers. This group includes ARISE, ARC of Seneca Cayuga, Cayuga-Onondaga BOCES, Cayuga Works!, Unity House, Cayuga Seneca Community Action Agency (CSCAA), and ACCES-VR. The group has held some events through the Chamber of Commerce to introduce potential employers to the organization.

The County Department of Social Services has committed to designating funds to promote employment opportunities for program participants.

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

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

Increase the number of community based employment opportunities for consumers.

Objective Statement

Objective 1: Identify potential employers and educate them about various incentive programs.

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

Objective 2: Develop an assessment tool for employers to determine readiness.

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

Objective 3: Establish a business to be run by mental health and substance abuse program participants

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

Change Over Past 12 Months (Optional)

Existing workshop programming through OPWDD has been phasing out with a shift toward community based employment. The Unity House PROS program is participating in the community partnership to promote employment of program participants. The Developmental Disabilities Subcommittee of the Community Services Board has focused its work on developing person-centered strategies for integrated employment opportunities.

2f. Prevention - Background Information

The SAMHSA grant awarded to the Cayuga County Drug Free Communities Coalition in 2016 will fund new prevention efforts. The group has been working diligently for the past several years to develop effective action strategies in comprehensive, evidence based strategies. Much of the work is devoted to social norming as surveys indicate perception of risk is low.

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

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

To operationalize the Substance Abuse and Mental Health Services Administration (SAMHSA) approved strategies in the grant.

Objective Statement

Change Over Past 12 Months (Optional)

Prevention efforts are being operationalized with the hiring of the Drug Free Communities Coordinator and we are bringing all the prevention strategies under a unified effort to maintain consistent messaging and strategies..

2h. Recovery and Support Services - Background Information

We have been growing our peer services in Cayuga County. Peers are actively involved in Community Services Board, subcommittees and regional efforts with a presence on the + Consortium (RPC) Board. Our focus is on the development and implementation of peer run services. Regional grant opportunities will increase the number of peers from 4 to 7. Navigators will also be available to provide outreach and support. Several peers are working their way through certification.

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

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

To integrate peer supports in the treatment system.

Objective Statement

Objective 1: Recruit, train and deploy peers to support respite beds.

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

Objective 2: Recruit, train and deploy peers in inpatient discharge and mobile team.

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

Objective 3: Integrate regional peer opportunities into the local system of care.

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

Objective 4: Establish a recreation center for teens experiencing mental health and/or substance abuse issues.

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

Change Over Past 12 Months (Optional)

Peer capacity is slated to increase through the OASAS SAMHSA grant and regional capacity has increased.

2i. Reducing Stigma - Background Information

It is well understood that stigma prevents individuals from accessing care and that stigma permeates all levels of society as well as the treatment community.

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

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

To reduce stigma through training and education.

Objective Statement

Objective 1: The Mental Health Subcommittee is developing a public relations/education strategy campaign to begin changing the underlying perceptions that drive and perpetuate stigma.

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

Change Over Past 12 Months (Optional)

The Mental Health Subcommittee has identified this as a priority.

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

Health Department data through September 2016 show an increase in opioid related emergency department visits in Cayuga County. First responders report a number of repeat calls for individuals requiring revival with Narcan. Throughout the past year, Cayuga County like every county in New York State sees the need for additional services including: crisis services, detox, stabilization, short term treatment, and referral.

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

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

To increase accessibility to opioid treatment and provide an emergency/crisis capacity where none exists.

Objective Statement

Objective 1: We will re-shape the system of care into a more flexible and responsive posture that provides and supports alternate pathways into treatment.

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

Change Over Past 12 Months (Optional)

CNYDPG is overseeing the development of a regional crisis center to be located in neighboring Onondaga County opening in 2017. Cayuga County is 1 of 16 counties OASAS is funding a major infusion of services via a SAMHSA grant that established Centers of Treatment Innovation.

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

Area substance abuse service providers are actively involved in our community. Confidential Help for Alcohol and Drugs (CHAD), Recovery Counseling Services, and Unity House regularly participate in monthly meetings of the Community Services Board and related subcommittees. They are actively involved with the Cayuga County Drug Free Community Coalition, present at community forums, and write informational columns for the local newspaper. These providers frequently work with mental health providers, law enforcement, inpatient and emergency department staff at the hospital, and County Health Department. Active in Delivery System Reform Incentive Payment Program (DSRIP), they are integral in the development of a coordinated and integrated delivery system. It is understood that co-occurring disorders are relatively common yet hard to diagnose due to the variable components involved. Cayuga County providers work together to provide integrated treatment and will continue to develop smooth transitions for our clients.

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

We continue to plan and work out strategies to improve.

Objective Statement

Change Over Past 12 Months (Optional)

2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

Cayuga County received a 4 year SAMHSA System of Care grant that greatly expands home based mental health services such as Multisystemic Therapy (MST) and Functional Family Therapy (FFT) in addition to introducing other best practices. All juvenile justice, child welfare and mental health services are integrated with a single point of access for youth and families.

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)

2p. Mental Health Care Coordination - Background Information

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

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

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

Developmental Disabilities psychiatric clinical services are not adequate to meet the need for services. The psychiatrist working in the ARC clinic has a waiting list of 4-5 months. Additional services offered by an additional professional such as a Psychiatric Nurse Practitioner would be very beneficial.

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

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

Increase the availability of psychiatric services for individuals with developmental disabilities.

Objective Statement

Objective 1: Increase psychiatric services through collaborative efforts between agencies.

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

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

There are not enough services available for high needs children, particularly for after-school respite.

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)

2s. Developmental Disability Adult Services - Background Information

It is difficult for our aging clients to find appropriate programming and residential opportunities.

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)

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

As students age out of the educational system, it can be challenging to transition them into community based programs. Better communication between the school system and community providers could ease this transition.

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

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

Increase communication between schools and providers when planning for students transitioning from the school setting to community based programs.

Objective Statement

Change Over Past 12 Months (Optional)

2u. Developmental Disability Respite Services - Background Information

The demand for respite continues to exceed availability.

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)

2v. Developmental Disability Family Supports - Background Information

There are limited support services for families. The Childhood Network of Comprehensive Education and Support (CHANCES) Program is highly utilized but is limited to serving families of children 21 years or younger with an autism spectrum disorder.

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)

2x. Autism Services - Background Information

The Developmental Disabilities Subcommittee of the Community Services Board is constantly evaluating needs in the community. The group recognized the need for autism services and discovered that few people were aware of the services already provided. The Autism Committee was formed and meets monthly.

Parents as well as providers have identified the need for expanded autism services. There are unique requirements for these participants and programs need to be designed to reflect those including more intensive services, and longer adjustment periods to accept changes. The Arc of Seneca County is actively seeking grant funding for family support services in 2018. These are intended to fund higher levels of respite, higher levels of support, and expanded home based services. Currently funding for evaluations is available for Medicaid recipients. The agency is seeking funding to provide scholarships for non-Medicaid funded individuals in need of diagnostic evaluations.

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

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

To increase public awareness of autism services available locally.

Objective Statement

Objective 1: Publish and distribute information about available autism services.

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

Objective 2: Obtain funding for non-Medicaid individuals in need of autism evaluations.

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

Change Over Past 12 Months (Optional)

The Autism Committee is developing a brochure listing autism related services available and information about the providers of service. The intent is assist families to navigate the service system.

2z. Developmental Disability Residential Services - Background Information

Demand exceeds supply for supportive housing. As our population ages, accessibility becomes increasingly important. We need more housing with staff imbedded into the program.

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 housing alternatives in order to meet specialized needs.

Objective Statement

Objective 1: Develop accessible housing for our aging population.

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

Objective 2: Agencies will work collaboratively to support participants efforts to develop new housing options.

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

Change Over Past 12 Months (Optional)

Over the past year, there has been some movement toward self-directed housing strategies. Small groups of clients are working together to establish shared housing. This is in the initial stages and providers are very supportive of these efforts.

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3a. Medicaid Redesign - Background Information

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

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

This area is addressed in the following items:

- 2a. Housing
- 2c. Crisis Services
- 2d. Workforce Recruitment and Retention
- 2m. Coordination of Other Systems for SUD Clients

Objective Statement

Change Over Past 12 Months (Optional)

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

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

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

This area is addressed in the following items:

- 2a. Housing
- 2c. Crisis Services
- 2m. Coordination with Other Systems for SUD Clients

Objective Statement

Change Over Past 12 Months (Optional)

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

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

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

This area is addressed in the following:
2h. Recovery and Support Services

Objective Statement

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
<ul style="list-style-type: none">• UH Sch C Attachment LSP 2018.pdf - Additional Unity House Information re Schedule C

Office of Mental Health Agency Planning Survey
Cayuga County Community Services Board (70350)
Certified: Karen Killips (5/10/17)

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

1. For Criminal Procedure Law 730 Chargeback Budgeting: Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted

Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

2. For Local Administration of the Assisted Outpatient Treatment Program:

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment.

When an individual is considered for AOT status, the AOT Coordinator conducts an investigation. The resulting report is reviewed by the Director of Community Services and a Psychiatrist. If the Psychiatrist determines that Assisted Outpatient Treatment is indicated, the AOT Coordinator will contact the assigned attorney. That attorney then files the AOT petition.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

The AOT Coordinator and the assigned Care Manager work closely with service providers to develop the AOT plan. The Care Manager monitors services throughout the duration of the AOT order. Any potential disruptions in services are caught early and immediately addressed.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

Cayuga County Community Mental Health Center - Care Management Program

Questions regarding this survey item should be directed to Rebecca Briney at Rebecca.Briney@omh.ny.gov or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System, please contact the OASAS Planning Unit at 518-457-5989 or by email at oasasplanning@oasas.ny.gov

Community Service Board Roster
 Cayuga County Community Services Board (70350)
 Certified: Karen Killips (4/24/17)

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

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

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

Member		Member	
Name	Aileen McNabb-Coleman	Name	Margaret Phinney
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	County Legislature	Represents	Community Member with Interest
Term Expires	12/31/2018	Term Expires	12/31/2019
eMail	acoleman@cayugacounty.us	eMail	phinneymargaret@yahoo.com

Member		Member	
Name	Laurie Piccolo	Name	David Sealy
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Cayuga Seneca Community Action Program	Represents	Seneca Cayuga ARC
Term Expires	12/31/2017	Term Expires	12/31/2017
eMail	lpiccolo@cscaa.com	eMail	dsealy@sencayarc.org

Member		Member	
Name	Jaime Wilson	Name	Rome Canzano
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Service Provider	Represents	Community Member with Interest
Term Expires	12/31/2019	Term Expires	12/31/2020
eMail	jayw224@yahoo.com	eMail	romecanzano@gmail.com

Member		Member	
Name	Jennifer Frary	Name	Jeanice Freeman
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Service Provider	Represents	Community Member with Interest
Term Expires	12/31/2020	Term Expires	12/31/2017
eMail	Jennifer.frary@hotmail.com	eMail	Jfreeman@preventionnetworkcny.org

Member		Member	
Name	Theresa Humennyj	Name	Keith Batman
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	Service Provider	Represents	County Legislature
Term Expires	12/31/2020	Term Expires	12/31/2018
eMail	humennyj@yahoo.com	eMail	kbatman@cayugacounty.us

Member		Member	
Name	Michael Didio	Name	Beth Dishaw
Physician	No	Physician	No

Psychologist No
Represents Community Member with Interest
Term Expires 12/31/2019
eMail mikedidio@gmail.com

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

Alcoholism and Substance Abuse Subcommittee Roster
 Cayuga County Community Services Board (70350)
 Certified: Karen Killips (4/12/17)

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

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.

Member
Name Tim Donovan
Represents Community Advocate
eMail timmy5710@yahoo.com
Is CSB Member No

Member
Name Beth Dishaw
Represents Community Member with Interest
eMail bcdishaw@yahoo.com
Is CSB Member Yes

Member
Name Neal Greacen
Represents Service Provider
eMail ngreacen@auburnhospital.org
Is CSB Member No

Member
Name Jim Stowell
Represents Service Provider
eMail jstowell@cayugacounty.us
Is CSB Member No

Member
Name Rome Canzano
Represents Community Member with Interest
eMail romecanzano@gmail.com
Is CSB Member Yes

Member
Name Michael Didio
Represents Community Member with Interest
eMail mikevdidio@gmail.com
Is CSB Member Yes

Member
Name James Brady
Represents Community Member with Interest
eMail Bradyj264@gmail.com
Is CSB Member No

Member
Name Laurie Piccolo
Represents Cay/Seneca Comm Action Program
eMail lpiccolo@cscaa.com
Is CSB Member Yes

Mental Health Subcommittee Roster
 Cayuga County Community Services Board (70350)
 Certified: Karen Killips (4/12/17)

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

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.

Member
Name Sara Cashin
Represents Community Member with Interest
eMail scashin.hfl@gmail.com
Is CSB Member No

Member
Name Martin Centers
Represents Service Provider/Consumer
eMail martincenters@gmail.com
Is CSB Member No

Member
Name Beth Dishaw
Represents Community Member with Interest
eMail bcdishaw@yahoo.com
Is CSB Member Yes

Member
Name Theresa Humennyj
Represents Service Provider
eMail humennyj@yahoo.com
Is CSB Member Yes

Member
Name Margaret Phinney
Represents Community Member with Interest
eMail phinneymargaret@yahoo.com
Is CSB Member Yes

Member
Name Heather Paris
Represents Service Provider
eMail heather@liveinspirednow.com
Is CSB Member No

Member
Name Linda Murphy
Represents Service Provider/Retired
eMail lmmurfl@netscape.net
Is CSB Member No

Member
Name Jennifer Whipple
Represents Auburn School District
eMail Jennifer_Whipple@auburn.cnyric.org
Is CSB Member No

Developmental Disabilities Subcommittee Roster
 Cayuga County Community Services Board (70350)
 Certified: Karen Killips (4/12/17)

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

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 David Sealy
Represents Seneca Cayuga ARC
eMail dsealy@sencayarc.org
Is CSB Member Yes

Member

Name Scott Marshall
Represents Service Provider/Peer Specialist
eMail Sdm1869@gmail.com
Is CSB Member No

Member

Name Rebecca Waldron
Represents Cayuga Counseling Svcs
eMail beckyw@cayugacounseling.org
Is CSB Member No

Member

Name Angela Wawrzaszek
Represents Family Member
eMail Angela.wawrzaszek@nucor.com
Is CSB Member No

Member

Name Tim Donovan
Represents Community Advocate
eMail timmy5710@yahoo.com
Is CSB Member No

Member

Name Diane Dolcemascolo
Represents Community Member with Interest
eMail dianedolce@roadrunner.com
Is CSB Member No

Member

Name Lorie Fischer
Represents Community Member with Interest
eMail lfischer@cayugacounty.us
Is CSB Member No

Member

Name Michael Greene
Represents Community Member with Interest
eMail greenegate@gmail.com
Is CSB Member Yes

Member

Name Aileen McNabb-Coleman
Represents Legislative Rep
eMail acoleman@cayugacounty.us
Is CSB Member Yes

2017 Mental Hygiene Local Planning Assurance
Cayuga County Community Services Board (70350)
Certified: Karen Killips (5/25/17)

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

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

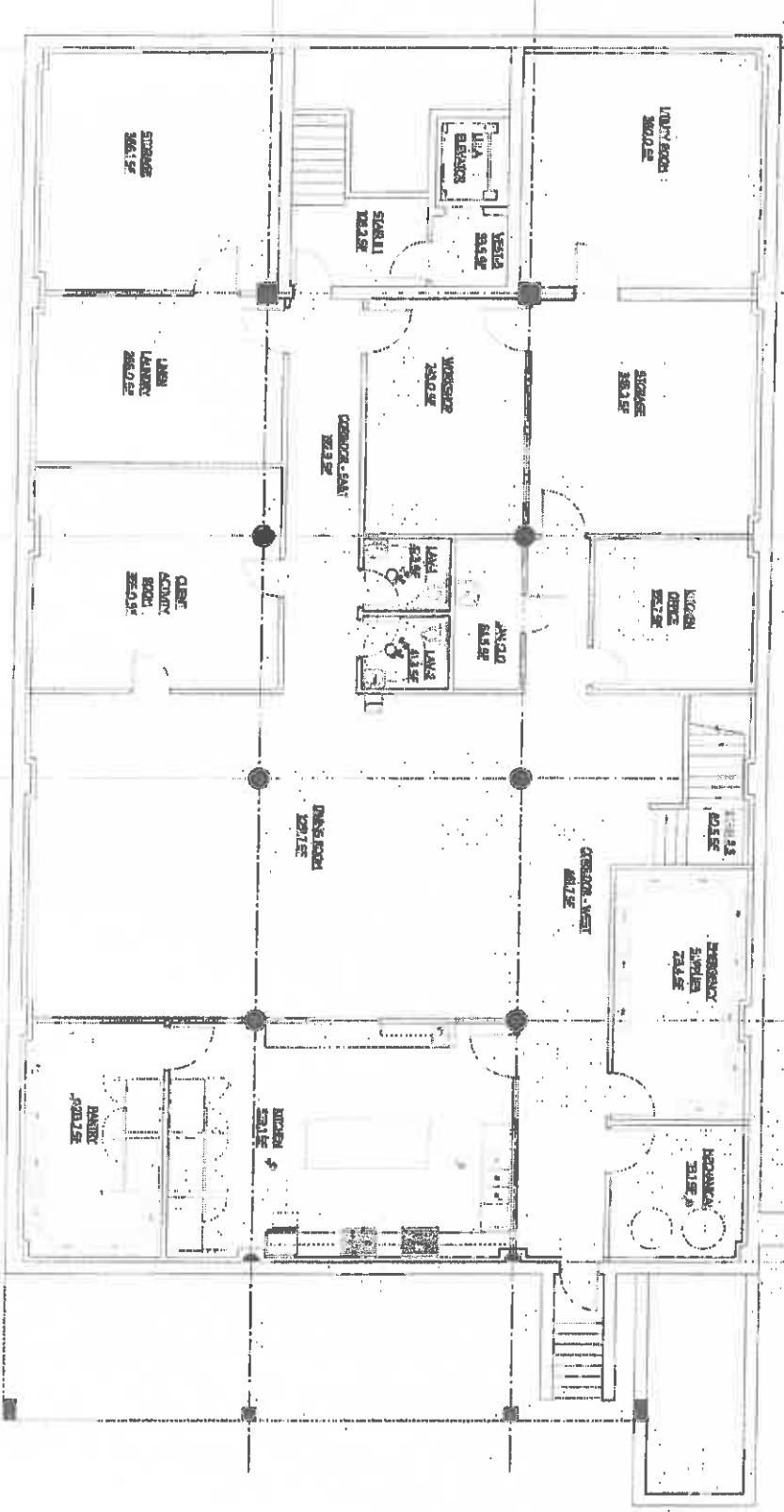
Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers 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 2018 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 2018 Local Services planning process.

Capital Plan Appendix B
 Unity House of Cayuga County Inc. Floor Plans



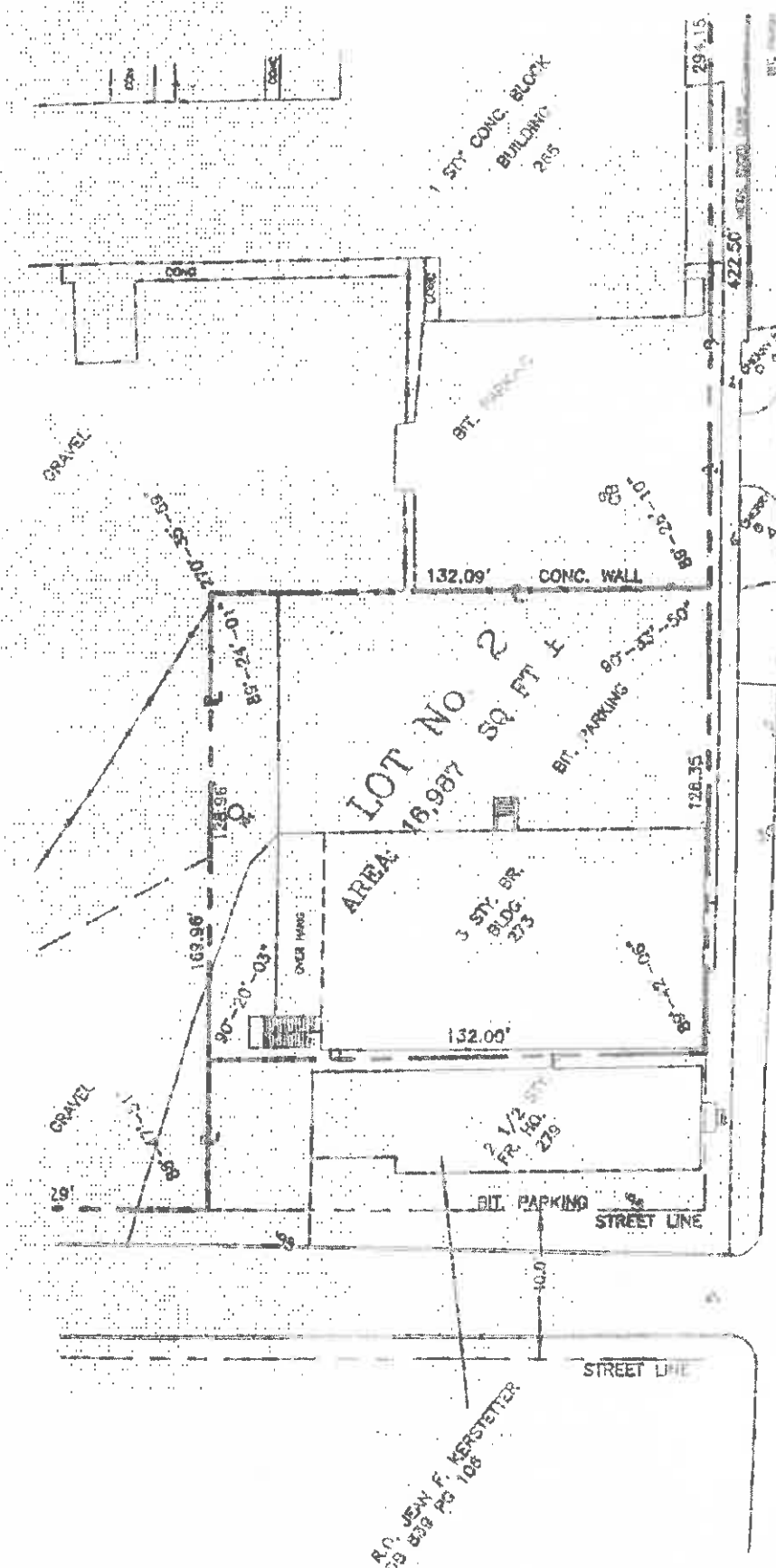
<p>UNITY HOUSE OF CAYUGA COUNTY, INC. 2111 LAMONT AVENUE CANTON, NY 14045 607-251-1427</p>	<p>MG ARCHITECTS 2111 LAMONT AVENUE CANTON, NY 14045 607-251-1427</p>	<p>NO. 123-1000 75 South Broadway Syracuse, NY 13202 315-487-1111</p>	<p>A2.1</p>
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Capital Plan Appendix B
 Unity House of Cayuga County Inc. Floor Plans



<p>UNITS: 10 TOTAL AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF</p>	<p>UNITS: 10 TOTAL AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF</p>	<p>UNITS: 10 TOTAL AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF</p>	<p>UNITS: 10 TOTAL AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF</p>	<p>UNITS: 10 TOTAL AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF</p>	<p>UNITS: 10 TOTAL AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF</p>	<p>UNITS: 10 TOTAL AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF</p>	<p>UNITS: 10 TOTAL AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF</p>	<p>UNITS: 10 TOTAL AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF TOTAL FLOOR AREA: 10,000 SF</p>
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A2.3



GENESEE

SHERV

273 Genesee Street
Auburn, NY 13021

PROGRAM SPACE TABULATION • BASEMENT FLOOR			AREA
DINING ROOM			1,051.7
CLIENT ACTIVITY ROOM			355.0
SUBTOTAL NET CLIENT FLOOR AREA			1,406.7
KITCHEN			529.1
PANTRY			213.7
MECHANICAL ROOM			113.1
EMERGENCY SUPPLY STORAGE ROOM			218.4
TOILET ROOM - 1			41.3
TOILET ROOM - 2			41.3
JANITOR'S CLOSET			64.5
LINEN LAUNDRY ROOM			266.0
STORAGE ROOM			366.1
UTILITY ROOM			360.0
STORAGE ROOM			345.2
KITCHEN OFFICE			155.7
WORKSHOP			243.0
SUBTOTAL NET SUPPORT FLOOR AREA			2,957.4
CORRIDOR EAST			192.9
CORRIDOR WEST			461.7
LULA ELEVATOR			39.0
LULA ELEVATOR VESTIBULE			33.5
STAIR #1			192.9
STAIR #3			80.5
SUBTOTAL NET CIRCULATION FLOOR AREA			1,000.5
TOTAL NET FLOOR AREA @ BASEMENT			5,364.6
PROGRAM SPACE TABULATION • FIRST FLOOR • MEN'S RESIDENCE			AREA
BEDROOM - 1 SINGLE OCCUPANCY			92.6
BEDROOM - 2 SINGLE OCCUPANCY			93.6
BEDROOM - 3 SINGLE OCCUPANCY			93.4
BEDROOM - 4 SINGLE OCCUPANCY			92.8
BEDROOM - 5 SINGLE OCCUPANCY			93.8

BEDROOM - 6 SINGLE OCCUPANCY		92.0
BEDROOM - 7 SINGLE OCCUPANCY		93.8
BEDROOM - 8 SINGLE OCCUPANCY		87.7
BEDROOM - 9 DOUBLE OCCUPANCY		158.7
BEDROOM - 10 DOUBLE OCCUPANCY		128.8
BEDROOM - 11 DOUBLE OCCUPANCY		129.6
BEDROOM - 12 DOUBLE OCCUPANCY		131.4
SUBTOTAL NET BEDROOM FLOOR AREA (DOES NOT INCLUDE CLOSET SPACE)		1,288.2
TV ROOM		212.3
LIVING ROOM		575.1
CLIENT LAUNDRY ROOM		152.0
SUBTOTAL NET CLIENT FLOOR AREA		939.4
PROGRAM MANAGER'S OFFICE		183.8
OFFICE		120.3
RECORDS STORAGE ROOM		321.8
WAITING ROOM		190.3
GENERAL OFFICE		339.3
LINEN STORAGE ROOM		58.5
STAFF TOILET ROOM		61.4
JANITOR'S CLOSET		26.0
BATHROOM - 1		82.8
BATHROOM - 2		72.8
BATHROOM - 3		72.4
BATHROOM - 4		72.4
SUBTOTAL NET SUPPORT FLOOR AREA		1,601.8
STAIR #1		221.8
STAIR #2		174.7
STAIR #3		88.6
LULA ELEVATOR		39.0
LULA ELEVATOR VESTIBULE - ENTRANCE LEVEL		30.4
LULA ELEVATOR VESTIBULE - FIRST FLOOR LEVEL		34.1
CORRIDOR		211.7
RESIDENTIAL CORRIDOR		591.6

SUBTOTAL NET CIRCULATION FLOOR AREA			1,391.9
TOTAL NET FLOOR AREA @ FIRST FLOOR			5,221.3
PROGRAM SPACE TABULATION • SECOND FLOOR • WOMEN'S RESIDENCE			AREA
BEDROOM - 1 SINGLE OCCUPANCY			98.1
BEDROOM - 2 SINGLE OCCUPANCY			99.0
BEDROOM - 3 SINGLE OCCUPANCY			97.7
BEDROOM - 4 SINGLE OCCUPANCY			99.8
BEDROOM - 5 SINGLE OCCUPANCY			97.7
BEDROOM - 6 SINGLE OCCUPANCY			99.8
BEDROOM - 7 SINGLE OCCUPANCY			97.8
BEDROOM - 8 SINGLE OCCUPANCY			95.6
BEDROOM - 9 DOUBLE OCCUPANCY			186.0
BEDROOM - 10 DOUBLE OCCUPANCY			154.6
BEDROOM - 11 DOUBLE OCCUPANCY			152.9
BEDROOM - 12 DOUBLE OCCUPANCY			150.8
SUBTOTAL NET BEDROOM FLOOR AREA (DOES NOT INCLUDE CLOSET SPACE)			1,429.8
TV ROOM			337.0
COMMON LIVING ROOM			577.3
LIVING ROOM			482.8
CLIENT LAUNDRY ROOM			152.0
SUBTOTAL NET CLIENT FLOOR AREA			1,549.1
MEDICAL DIRECTOR'S OFFICE			165.7
MED SUPPLY ROOM			102.6
NURSE'S OFFICE			104.3
OFFICE			114.2
CONFERENCE ROOM			229.7
OFFICE			136.0
CASE MANAGER'S OFFICE - 1			95.3
CASE MANAGER'S OFFICE - 2			93.6
THERAPY ROOM - 1			95.3
THERAPY ROOM - 2			93.6
STAFF TOILET ROOM			41.2

WANTOR'S CLOSET			60.6
BATHROOM - 1			82.8
BATHROOM - 2			72.8
BATHROOM - 3			72.4
BATHROOM - 4			72.4
SUBTOTAL NET SUPPORT FLOOR AREA			1,632.5
STAIR #1			112.9
STAIR #2			141.6
MULA ELEVATOR			39.0
CORRIDOR			563.5
RESIDENTIAL CORRIDOR			346.5
SUBTOTAL NET CIRCULATION FLOOR AREA			1,203.5
TOTAL NET FLOOR AREA @ SECOND FLOOR			5,814.9
TABULATION TOTALS:			
	AREA • SF	BEDS	AVE. SF/BED
TOTAL NET BEDROOM FLOOR AREA	2,718.0	32	84.9
TOTAL NET CLIENT PROGRAM AREAS	3,895.2	32	121.7
TOTAL NET SUPPORT FLOOR AREA	6,191.7		
TOTAL NET CIRCULATION FLOOR AREA	3,595.9		
TOTAL BUILDING NET FLOOR AREA	16,400.8		