



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020 Local Services Plan For Mental Hygiene Services

Cayuga County Community Services Board
September 5, 2019

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Planning Form	LGU/Provider/PRU	Status
Cayuga County Community Services Board	70350	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
New York State Prevention Agenda Survey	Required	Certified
Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

Mental Hygiene Goals and Objectives Form
Cayuga County Community Services Board (70350)
Certified: Jennifer Coughlin (6/1/19)

1. Overall Needs Assessment by Population (Required)

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

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

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

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

Capacity at the county outpatient clinic, Cayuga County Community Mental Health Center, has increased as demand for services continues to increase. Over the last four years, the clinic has experienced a 20% increase in visits (which includes visits for psychiatry, therapy and nursing). To meet the added demand, staffing has expanded to include additional therapists and medical prescribers. Cayuga Counseling is in the process of implementing open access in their Article 31 clinic which will help to meet increasing demand as well. The community's response to crisis continues to expand as the regional mobile crisis unit integrates more into the county's service sector. In 2018, the mobile crisis team served a total of 201 individuals, both adults and youth. The unit has filled a void as practitioners are able to respond to crises after hours which alleviates some of the burden on law enforcement as well as emergency departments.

Prevention work and work to combat stigma has started to become more comprehensive and purposeful in the last year. The 2019 Local Service Plan named both as a goal. Representatives of the FAST (Families Access to Services Team) and of the Community Services Board Mental Health Subcommittee planned events to bring more community awareness to mental health. Also, FAST has a new website and the subcommittee has a new Facebook page.

Partnerships have been initiated with local schools to improve responses to students who exhibit warning signs of making violent threats. Partnerships with schools have also been developed to help teach children self-regulations techniques to help alleviate stress and develop coping skills as well as teach trauma informed care to teachers and administration. Dialectical Behavior Therapy has expanded in the schools as well and more clinicians in the community have been trained in the treatment modality.

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

While coordination across providers and across sectors continues to improve, more work needs to be done. When surveyed regarding the 2020 Local Services Plan, community providers and members point to a need for the system to integrate even more, so that community members experiencing a crisis or those who have a need related to their mental health, can access the treatment system with one phone call and that, if a community member has needs that overlap across multiple sectors (medical, mental health, substance use, etc.), a more comprehensive and coordinated response can be provided.

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

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

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

Helio Health's Regional Open Access Center has opened up more opportunity for individuals living with a substance use disorder to access treatment immediately versus having to wait. To make it even more accessible, transportation assistance is available. So individuals living in Cayuga County have easier access to the center which is located in Syracuse. Locally in Cayuga County, Nick's Ride for Friends, which provides a clubhouse/drop-in center model of treatment, continues to grow. In the last quarter of 2018, 330 unique individuals visited the clubhouse.

Collaboration among treatment providers continues to evolve. Most recently, the Director of Community Services is working in collaboration with Auburn Community Hospital to implement detoxification services via the OASAS waiver and is also working with outpatient providers to ensure Medication Assisted Treatment is available post-discharge. Prevention efforts have improved as the Cayuga County Drug Free Community Coalition continues to drive cross sector collaboration, advocacy and training.

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

Similar to mental health, while improvements have been made, members of the substance use provider community have expressed that more integration across treatment providers and sectors needs to happen. Of those surveyed, "integration of services" was the #3 priority. First responders, namely law enforcement, are looking for resources (similar to mental health mobile crisis) to call on as they respond to more and more substance use/opioid related crises.

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

Community providers are reporting significant difficulties with recruiting and maintaining Credentialed Alcohol and Substance Abuse Counselors (CASACs) in employment as well as trained Peer Specialists.

Housing options in Cayuga County for those seeking support in recovery continue to be limited. Unity House/Grace House has seen an increase in referrals and it is particularly difficult to house female applicants with a history of trauma in co-ed housing (the only option for Community Residence). Furthermore, Unity House has reported difficulty in recruiting and retaining employees for their supportive living program.

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

Stayed the Same Worsened

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

The 2019 Local Services Plan identified an objective to combine the Autism Committee meeting (which was poorly attended) with the Dual Diagnosis Task Force meeting. This task was accomplished and has led to increased participation and discussion around both topics.

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

Clinical services for individuals with developmental disabilities remains limited at the Article 16 clinic. The county's article 31 clinic has seen an increase in admissions of individuals with developmental disabilities.

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

Housing opportunities for those with both a psychiatric illness and a development disability are very limited and even more so for those individuals living with a chronic medical condition like diabetes. Individualized Residential Alternative facilities (IRAs) often report being ill-equipped to serve those with a mental illness and/or chronic medical condition. This leaves individuals with long and unnecessary hospital stays or in housing with inadequate supports to help them maintain their health. In addition, community providers report that local landlords are reluctant to rent to individuals with developmental disabilities so, those who are able to live more independently, have few options for housing. Access to respite is also limited.

Community providers also report that employment opportunities for are limited. Employers are reluctant to hire employees with development disabilities, even with the tax incentives. The local sheltered workshop is closing this year so there will be fewer job opportunities.

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

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
j) SUD Outpatient Services	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" 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 Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- aa) Other Need 2 (Specify in Background Information) (NEW)
- ab) Problem Gambling (NEW)
- ac) Adverse Childhood Experiences (ACEs) (NEW)

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

2a. Housing - Background Information

Housing needs continue to exist across all three sectors: OMH, OASAS and OPWDD. Respite is still a need. The county is losing one respite bed (OMH) due to the discontinuation of DSRIP money that funded one bed for a year. While the addition of housing units over the last couple of years has helped, a waiting list on average of 60 to 70 people exists for independent housing and the wait time is up to one year. Overall, apartments that are affordable and well-maintained are difficult to find and landlords are often reluctant to rent to people living with a disability. Supported housing options for individuals with substance use disorders are limited, especially for the female population.

The county Department of Social Services places an average of 75 families without homes in emergency housing every day. Eighty percent of those individuals are living with mental illness, substance use disorders and/or developmental disabilities.

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

The number of adult respite beds in the county will increase. The LGU will communicate with OPWDD in an effort to develop long term supervised housing options for individuals with developmental disabilities.

Objective Statement

Objective 1: The LGU will release a request for proposal for community organizations to respond to, for the management and operation of three respite beds.

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

Objective 2: The Central New York Directors Planning Group and Department of Social Service Commissioners will meet with state OPWDD representatives to discuss respite and housing placement needs for individuals with developmental disabilities. Opportunities for a regional pilot to access crisis services and housing will be discussed.

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

Objective 3: The county will explore the possibility of a family residence facility that operates similarly to a Single Room Occupancy model.

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

Objective 4: Support DePaul’s efforts to purchase and renovate the former Port Byron Middle School to create supported apartments.

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

Change Over Past 12 Months (Optional)

While adult respite remains limited, youth respite increased. The county increased capacity by entering into a contract for four respite units within Cayuga County and one that is in a neighboring county but reserved for Cayuga County youth.

Directors of Community Service and Department of Social Service Commissioners from the region started discussions with OPWDD representatives to relay the need for housing, especially those who have both I/DD and mental health diagnoses. Individuals are often hospitalized for longer than needed and/or placed in independent housing when they actually require a higher level of care. The group plans to continue discussions with the goal of determining more appropriate and quicker access to housing options.

DePaul Properties remains in the development stages of remodeling a school located in Port Byron. The facility would add affordable housing units and would be available to people in recovery and adults who are medically frail.

2c. Crisis Services - Background Information

Crisis services remains a top priority for the community, especially related to the response needed for individuals experiencing substance use and opioid crises. During planning discussions for the 2020 Local Services Plan, representatives from law enforcement expressed desire to better understand how to respond to substance use crises. While law enforcement now has access to mobile crisis for mental health related situations, options for substance use need to be expanded if a visit to the Emergency Department is not warranted. It was also determined that law enforcement and other providers would like one phone number to call when in need of assistance during a crisis, instead of multiple numbers to call.

Cayuga County was chosen to receive technical assistance through OMH’s Crisis Intervention Team (CIT) program. Community representatives will take part in the CIT mapping session in June of 2019. This will be a springboard for enhancement to crises 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

Facilitate coordination of crisis services for individuals with complex needs (including developmental disabilities, mental health and substance use disorders) through the development of emergency protocols and new resources that support stabilization consistent with individual needs.

Objective Statement

Objective 1: The mobile crisis team will expand services to seven days a week, 24 hours a day.

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

Objective 2: To continue the progress made as a result of the Crisis Intervention Team (CIT) technical assistance being provided to the county, the LGU will create a procedure and forum for law enforcement and community organizations to regularly meet regarding community members who have ongoing crisis service needs in order to improve service coordination for those individuals and families.

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

Objective 3: One central crisis line for the region will be established--one phone number to be called for all mental health, substance use and developmental disability related crises where services can be immediately accessed.

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

Objective 4: The Central New York Director's Planning Group will discuss with OPWDD representatives the possibility of piloting a crisis response model for developmental disability related crises.

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

Objective 5: Integrate and help train the newly hired Transition Coordinator at the Cayuga County Jail.

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

Change Over Past 12 Months (Optional)

The mobile crisis team continues to expand its reach in Cayuga County. Calls have increased significantly since its inception (approximately four calls per week on average) and the team is visiting rural communities more and more as a result of increased collaboration with the state police department and sheriff's office. The team is responding to more youth related crises and connecting families to respite options when appropriate which diverts families from the Emergency Department. Schools, families and law enforcement continue to refer and transport people to Cayuga County Community Mental Health Center's open access clinic for crises when appropriate which is also a diversion from the local ED. In addition, collaboration among the ED and community organizations continues to evolve, specifically related to the opioid use in the community and the need for buprenorphine. A new transition coordinator position was developed at the county jail. The coordinator will assist those transitioning into the community and therefore reduce the risk of crisis for them.

While anticipated for 2019, OPWDD's NYSTART program has not yet been implemented in our region.

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

Through discussions with the representatives of organizations providing substance use treatment and services in the community, it has been identified that the recruitment of job applicants with CASAC certification is greatly needed. It is becoming increasingly difficult to maintain programs because of the turnover rate and difficulty with recruiting job applicants.

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

The Community Services Board Alcohol and Substance Abuse Committee in partnership with community providers will determine a strategy to increase recruitment of job applicants with CASAC credentials to the county.

Objective Statement

Objective 1: Resources available to potential CASAC candidates will be identified (local and on-line programs available to access credentialing classes and potential scholarship opportunities.)

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

Objective 2: Potential candidates already employed in Cayuga County agencies will be targeted for recruitment.

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

Objective 3: Recruitment strategy will be determined to target individuals with CASAC credentials within the Finger Lakes and Central New York region.

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

Objective 4: The LGU will continue discussions with Cayuga Community College about new human services degree program as needed.

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

Change Over Past 12 Months (Optional)

Cayuga Community College is introducing a new associate’s degree program for Human Services. To assist in developing the program, Cayuga County Community Mental Health Center has had discussions with the college regarding local employment opportunities in the human services field as well as has offered internship slots to help fulfill degree requirements. This will not impact the need for CASACs but will hopefully help to broaden the pool of applicants for human service job openings in Cayuga County.

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

Representatives from the Community Services Board OPWDD subcommittee have determined that employment opportunities for individuals with development disabilities are becoming scarcer. The committee identified this as a goal for the 2020 Local Services Plan and believes that outreach to employers is needed to educate them on employing people with disabilities.

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

The Community Services Board OPWDD subcommittee in partnership with community providers will develop a strategy to increase employment opportunities for individuals with development disabilities.

Objective Statement

Objective 1: A list of 10 businesses/employers will be generated to contact and meet with.

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

Objective 2: A template for discussion (related to the employment of individuals with developmental disabilities) will be developed to use while meeting with the businesses.

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

Objective 3: Representatives from local I/DD agencies will meet with the businesses

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

Change Over Past 12 Months (Optional)

ARC’s sheltered workshop is slated to close in the summer of 2019. While this leaves fewer options for employment, most individuals have been connected to other employment opportunities.

2f. Prevention - Background Information

Cayuga County Drug Free Community Coalition continues to play an integral role in the community when it comes to prevention. As federal funding for the coalition winds down, coalition members are exploring ways to continue the work of the coalition—one possibility is to transition to a non-profit.

Community Services Board and subcommittee members agree that this prevention model should continue to be enhanced in 2020 by integrating all prevention efforts under this umbrella.

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

Promote and provide evidence based prevention strategies in the community to build resilience.

Objective Statement

Objective 1: Develop a strategy to sustain the Cayuga County Drug Free Community Coalition.

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

Objective 2: Collaborate with school district, Universal Pre-Kindergarten, and preschools to integrate mental health wellness, mindfulness, trauma informed care and skills from dialectic behavior therapy into curriculum and teaching approaches.

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

Objective 3: Collaborate with school district to fully implement threat assessment protocol.

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

Change Over Past 12 Months (Optional)

Enhancements in prevention related to mental health have occurred. Cayuga County Community Mental Health Center (CCCMHC) and the FAST team as well as the Community Services Board Mental Health subcommittee have developed new websites as well as promoted awareness during National Mental Health Awareness month. Children’s Mental Health Awareness was celebrated with an awareness day that highlighted the successful use of dialectical behavioral therapy with youth in the community. In addition, CCCMHC is collaborating with schools to

implement a newly devised threat assessment procedure. CCCMHC staff conducted trauma informed care training for staff at county schools including St. Josephs, Gavras Center and Southern Cayuga and Moravia districts. CCCMHC is also now offering self-regulation and yoga to patients as an opportunity to develop new self-help skills and methods of maintaining health. The “Yoga for Anxiety” group has run for three cycles of six 75 minute sessions and has had 30 participants in total.

Progress in substance use prevention continues to grow as result of the many initiatives of the Cayuga County Drug Free Community Coalition. The Coalition has hosted numerous events including a presentation from the organization Smart Approaches to Marijuana, a “lock-in” night at the local Y that was attended by over 100 community youth members and , in conjunction with the sheriff’s office, underage sales checks on local businesses selling alcohol.

2h. Recovery and Support Services - Background Information

Survey results point to increasing peer services as a high priority for OASAS services. Law enforcement also said that incorporating peers into crisis response to substance use would be helpful.

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

Integrate peer supports into the treatment system at all points of patient contact.

Objective Statement

Objective 1: Incorporate peers supports into initiatives implemented via the CHASE model as appropriate.

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

Objective 2: Identify opportunities to incorporate peers into crisis response initiatives.

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

Change Over Past 12 Months (Optional)

Peers have been deployed in the last year in new ways in substance use treatment settings. Peers were relocated to Nick’s Ride where they have been able to connect with more individuals as it is more centrally located and, the visit numbers to Nick’s Ride are steady and increasing. CHAD (Confidential Help for Alcohol and Drugs) is integrating peers more into their treatment by providing visits to inmates seeking substance use treatment in the county jail. Also, CHAD plans to integrate peers into Medication Assisted Treatment.

Through Helio Health, the Center for Treatment Innovation (COTI) program, has brought peer services for substance treatment to Cayuga County.

2i. Reducing Stigma - Background Information

Survey respondents identified stigma as the number two priority for 2020 for mental health. In discussions with the Community Services Board and subcommittees, stigma was often a topic of conversation related to mental illness but also related to those who seek treatment for substance use and for individuals living with development disabilities, especially when it comes to finding housing and employment for this population.

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

Integrate and coordinate efforts to educate the public on negative impact of stigma.

Objective Statement

Objective 1: Cayuga County Community Mental Health Center/LGU will integrate messaging into the county’s updated and newly released website.

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

Objective 2: Mental Health subcommittee will expand and promote activities during Mental Health Awareness month in May.

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

Objective 3: Mental Health subcommittee will continue to operate the Mental Wellness for Cayuga County Facebook page.

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

Objective 4: In developing marketing materials on community programs and services, messaging related to stigma will be incorporated.

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

Change Over Past 12 Months (Optional)

This year, there was increased activity during mental health awareness month in May in an effort to reduce stigma related to mental illness. Both the FAST team and the mental health subcommittee have prioritized this in order to educate the community about treatment options and available resources. FAST has a new website and the Mental Health subcommittee developed a Facebook page that further promotes the mission. The Facebook page is becoming more and more popular. A recent post had 93 shares. Articles are regularly published in the local paper by both the mental health subcommittee and a community advocate that highlight stigma related to both mental health and substance use and the resources available to the community.

2j. SUD Outpatient Services - Background Information

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 flexibility and open access in substance use services. Increase community based engagement through the use of peers.

Objective Statement

Objective 1: Providers will increase peer utilization in community engagement to make contact with individuals who have been lost to services and who have presented at the Emergency Department.

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

Objective 2: CHAD will provide services at the Cayuga County Jail.

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

Objective 3: LGU will support Nick’s Ride in building of programs and services.

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

Objective 4: Explore Article 32 clinics moving to open access and increasing hours in order to reduce barriers to treatment.

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

Change Over Past 12 Months (Optional)

Two providers in the county received funding to support and enhance out-patient services. State Aid was allocated to Nick’s Ride for Friends to support drop in and care coordination programming and, CHAD received state aid to provide treatment and peer services at the Cayuga County jail.

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

Community members responding to a survey to identify priorities for the 2020 Local Services Plan named this as the number one priority for SUD services. State data also shows that this is a need. The data indicates that opioid related deaths and visits to the Emergency Department have increased significantly in the last few years and have surpassed the average New York State rates. In 2016, there were 109 ED visits per 100,000 in Cayuga County (state rate was 74) up from 45 in 2014. The opioid overdose death rate increased as well from 6.3 per 100,000 in 2014 to 20.5 in 2016.

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

Cayuga County will enhance both the interventions provided and collaboration among providers in order to increase the availability of evidence-based addiction treatment services to better meet the needs of community members experiencing opioid addiction.

Objective Statement

Objective 1: Detoxification treatment, per the OASAS waiver, will be offered at Auburn Community Hospital and supported by treatment community.

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

Objective 2: Patients will receive Medication Assistant Treatment post-discharge at outpatient providers.

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

Objective 3: The CHASE model will be implemented in Cayuga County in collaboration with Columbia University resulting in a treatment “dashboard” of with increased integration SUD services.

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

Change Over Past 12 Months (Optional)

In the last year, the LGU has supported Nick’s Ride in their mission to provide a clubhouse model for those seeking assistance with substance use. This has provided another avenue to access treatment in the county. In addition, the Director of Community Services is collaborating with Auburn Community Hospital and outpatient treatment providers to ensure the OASAS waiver to provide detoxification treatment in hospital settings is implemented and that Medication Assisted Treatment occurs in an outpatient setting post discharge.

Cayuga County has been identified as a recipient of a grant, an initiative being implemented in 15 counties state wide and is led by Columbia University School of Social Work. The program will fund the county to employ the “CHASE” model (County-system Hub And Spoke Empowerment model) to better respond to the opioid crisis. With the grant money slated to come to the county in the coming months, this will be a major focus of the LGU in 2020 and subsequent years.

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

Survey respondents named this as a top priority for 2020 and, discussions with the Community Services Board and subcommittee, also revealed this to be a priority. Committee members pointed to a need for integration across all development disabilities, mental health and substance use

services as many community members interact with more than one system. With additional resources coming into the county including the Crisis Intervention Team technical assistance and the CHASE program and with the exceptional coordination of regional assets and collaboration currently, the provider community is well-situated to more fully integrate.

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

Systematic care for county residents diagnosed with a mental illness, substance use disorder and/or developmental disability will be enhanced through increased coordination across service sectors and programs.

Objective Statement

Objective 1: Participate in CIT program and implement CHASE model.

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

Objective 2: To continue the progress made as a result of the Crisis Intervention Team (CIT) technical assistance being provided to the county, the LGU will create a procedure and forum for law enforcement and community organizations to regularly meet regarding high need community members in order to improve service coordination for those individuals and families.

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

Objective 3: Consolidate all “helplines” into one centralized number for triage and referral.

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

Objective 4: Develop a marketing plan to educate the community on the crisis/help line and services available.

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

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

The LGU continues to participate in the state's value based readiness activities, including the Behavioral Health Care Collaborative initiative and DSRIP initiatives.

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

The LGU will participate in value based readiness activities through the Behavioral Health Care Collaborative to prepare for operations in a value-based environment.

Objective Statement

Change Over Past 12 Months (Optional)

2t. Developmental Disability Respite Services - Background Information

Respite resources continue to be limited. Individuals are often faced with long in-patient and/or emergency department stays because of the lack of this step-down service.

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

Facilitate coordination of respite for individuals with complex needs (developmental disabilities, mental health, substance use disorders and/or chronic medical conditions) who are “stuck” in inappropriate hospital settings or community housing.

Objective Statement

Objective 1: The Central New York Directors Planning Group and Department of Social Service Commissioners will continually meet with state OPWDD representatives to discuss respite and housing placement needs for individuals with developmental disabilities.

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

Objective 2: Service providers (medical, care management, housing, wrap-around service, and outpatient mental health providers) will collaborate to place those individuals “stuck” in a more appropriate setting.

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

Change Over Past 12 Months (Optional)

Cayuga County has experienced an increase in individuals with development disabilities with co-occurring mental health diagnoses and/or chronic medical condition needing respite post-discharge from an inpatient hospital stay. Respite housing is difficult to find as well as wrap-around community services. This leads to patients remaining inpatient for far longer than clinically necessary.

2z. Other Need (Specify in Background Information) - Background Information

Other need #1: Developmental Disability Residential Services

Survey respondents indicated that this is the number one most critical issue facing individuals with developmental disabilities. Housing opportunities for those with both a psychiatric illness and a development disability are very limited and even more so for those individuals living with a chronic medical condition like diabetes. Individualized Residential Alternative facilities (IRAs) often report being ill-equipped to serve those with a mental illness and/or chronic medical condition. This leaves individuals with long and unnecessary hospital stays or in housing with inadequate supports to help them maintain their health. In addition, community providers report that local landlords are reluctant to rent to individuals with developmental disabilities so, those who are able to live more independently, have few options for housing.

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

Facilitate coordination of housing for individuals with complex needs (developmental disabilities, mental health, substance use disorders and/or chronic medical conditions) who are “stuck” in inappropriate hospital settings or community housing.

Objective Statement

Objective 1: The Central New York Directors Planning Group and Department of Social Service Commissioners will continually meet with state OPWDD representatives to discuss respite and housing placement needs for individuals with developmental disabilities.

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

Objective 2: Service providers (medical, care management, housing, wrap-around service, and outpatient mental health providers) will collaborate to place those individuals “stuck” in a more appropriate setting.

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

Change Over Past 12 Months (Optional)

The LGU has seen an increase in the use of Assisted Outpatient Treatment orders for individuals with developmental disabilities who are having difficulty living independently in the community due to limited IRA opportunities. Voluntary IRAs are difficult to find for individuals with complex needs.

2aa. Other Need 2 (Specify in Background Information) (NEW) - Background Information

Other Need #2: Coordination/Integration with Other Systems for clients with developmental disabilities

Similar to discussions around mental health and substance use, Community Service Board and subcommittee members expressed the need to coordinate services across sectors. This evolved as a main priority for OPWDD services. Because some individuals with development disabilities have co-occurring diagnoses, more integration is needed. People working in DD services often do not have training in the mental health or substance abuse field. In addition, it was reported that interventions in school based settings are often difficult for parents to connect to.

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

Advocate for cross systems integration of services supporting individuals with developmental disabilities.

Objective Statement

Objective 1: One central help line for the region will be established--one phone number to be called for all mental health, substance use and developmental disability related concerns where services can be immediately accessed

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

Objective 2: Develop a marketing plan to educate the community on the crisis/help line and services available.

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

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

New York State Prevention Agenda Survey
Cayuga County Community Services Board (70350)
Certified: Jennifer Coughlin (6/1/19)

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

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

Background

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

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

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

Questions

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

No

Yes, please explain:

LGU uses parts of agenda to inform local prevention plan.

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

Focus Area 1: Promote Well-Being

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

1.1 a) Build community wealth

1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care

1.1 c) Create and sustain inclusive, healthy public spaces

1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.

1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.

1.1 f) Implement evidence-based home visiting programs

1.1 g) Other

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

1.2 a) Implement Mental Health First Aid

1.2 b) Implement policy and program interventions that promote inclusion, integration and competence

1.2 c) Use thoughtful messaging on mental illness and substance use

1.2 d) Other

Focus Area 2: Mental and Substance Use Disorders Prevention

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

2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access

2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services

2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI

2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

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

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

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

Goal 2.4 Reduce the prevalence of major depressive disorders

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

Goal 2.5 Prevent suicides

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

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

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

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

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

No

Yes, please explain:

Actions have been implemented through the Cayuga County Drug Free Community Coalition. The coalition has representation from all stakeholders.

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

No

Yes, please explain:

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

No

Yes, please explain:

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

- No
- Yes, please explain:

LGU will continue to promote and expand access to dialectical behavior therapy.

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

- No
- Yes, please explain:

LGU will support goals and work in partnership with health department and hospital.

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

- No
- Yes, please explain:

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

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

Please describe your efforts in addressing the selections above:
Community has and continues to build upon and refine a coordinated crisis system with a set of strategies that impact social determinants of health.

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

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

Title of training(s): Trauma informed yoga Trauma informed care in school based settings Dialectical Behavior Therapy
How many hours: 15 per week
Target audience for training: Adults, youth, school administration and teachers
Estimate number trained in one year: 75

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

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

- No
- Yes, please provide examples:

Office of Mental Health Agency Planning (VBP) Survey
Cayuga County Community Services Board (70350)
Certified: Jennifer Coughlin (6/1/19)

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

Background

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

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

DOH website

DSRIP Performing Provider Systems (PPS)

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

DSRIP Project Lists

New York State Delivery System Reform Incentive Payment Program Project Toolkit

DSRIP Performing Provider Systems (PPS Statewide)

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

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

New York State VBP Roadmap

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

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

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

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

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

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

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

Questions

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

a) Yes No

b) Please provide more information:

PPS has had little interaction with LGU in terms of planning for what's needed in the community.

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

a) Yes No

b) Please explain:

LGU is participating in applicable DSRIP activities and is planning for transition to value based payment environment.

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

a) Yes No

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

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

a) Yes No

b) Please explain:

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

- a) Yes No
b) Please explain:

6. Can your LGU support the BHCC planning process?

- a) Yes No
b) Please explain:

LGU is partner in BHCC initiatives.

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

- a) Yes No
b) Please explain:

Community Service Board Roster
 Cayuga County Community Services Board (70350)
 Certified: Jennifer Coughlin (5/31/19)

Note:

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

Name: Michael Greene	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Member with Interest	Term Expires: 12/2019	Email Address: greenegate@gmail.com
Name: Aileen McNabb-Coleman	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: County Legislature	Term Expires: 12/2021	Email Address: acoleman@cayugacounty.us
Name: Laurie Piccolo	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Cayuga Seneca Community Action Program	Term Expires: 12/2021	Email Address: lpiccolo@cscaa.com
Name: David Sealy	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Seneca Cayuga ARC	Term Expires: 12/2021	Email Address: davesealy@developmentalpresence.com
Name: Jaime Wilson	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Service Provider	Term Expires: 12/2019	Email Address: jayw224@yahoo.com
Name: Theresa Humennyj	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Service Provider	Term Expires: 12/2020	Email Address: humennyj@yahoo.com
Name: Danielle Collier	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Member	Term Expires: 12/2021	Email Address: dcollier@easthillmedical.com
Name: Timothy Donovan	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Member	Term Expires: 12/2021	Email Address: Timmy5710@yahoo.com
Name: Abbas Ispahani, MD	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Service Provider	Term Expires: 12/2021	Email Address: aispahani@cayugacounty.us
Name: Rhoda Overstreet-Wilson	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Service Provider	Term Expires: 12/2021	Email Address: Rhoda.overstreetwilson@gmail.com

Name: Brian Schenck	<input type="checkbox"/> Physician	Represents: Law Enforcement	Term Expires: 12/2020	Email Address: bschenck@cayugacounty.us
	<input type="checkbox"/> Psychologist			
Name: Stephen Smith	<input type="checkbox"/> Physician	Represents: Service Provider	Term Expires: 12/2019	Email Address: cayugatrainingassociates@gmail.com
	<input type="checkbox"/> Psychologist			
Name: Keith Batman	<input type="checkbox"/> Physician	Represents: County Legislature	Term Expires: 12/2021	Email Address: kbatman@cayugacounty.us
	<input type="checkbox"/> Psychologist			
Name: Michael Didio	<input type="checkbox"/> Physician	Represents: Community Member with Interest	Term Expires: 12/2019	Email Address: mikedidio@gmail.com
	<input type="checkbox"/> Psychologist			

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

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

Alcoholism and Substance Abuse Subcommittee Roster
 Cayuga County Community Services Board (70350)
 Certified: Jennifer Coughlin (5/31/19)

Note:

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

Name: Tim Donovan	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Advocate	Email Address: timmy5710@yahoo.com
Name: Chris Soprano	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider	Email Address: csoprano@easthillmedical.com
Name: Cynthia Malek	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider	Email Address: cmalek@cayugacounty.us
Name: Gary Mann	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider	Email Address: Gary.Mann@AuburnRescueMission.org
Name: Shawn Butler	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Law Enforcement	Email Address: sbutler@auburnny.gov
Name: Laurie Piccolo	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Cay/Seneca Comm Action Program	Email Address: lpiccolo@cscaa.com
Name: Michael Greene	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Member	Email Address: greenegate@gmail.com
Name: Brian Schenck	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider-Law Enforcement	Email Address: bschenck@cayugacounty.us
Name: JoLynn Mulholland	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider	Email Address: JoLynnM@chadcounseling.org

Mental Health Subcommittee Roster
 Cayuga County Community Services Board (70350)
 Certified: Jennifer Coughlin (5/31/19)

Note:

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

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

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

Name: Diane Schenck	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider	Email Address: Deedeeschenc1@gmail.com
Name: Scott Marshall	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Peer/Consumer	Email Address: sdm1869@gmail.com
Name: Deborah Riester	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider	Email Address: debr@cayugacounseling.org
Name: Linda Murphy	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider/Retired	Email Address: lmmurfl@netscape.net
Name: Heather Paris	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider	Email Address: heather@liveinspirednow.com
Name: Theresa Humennyj	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider	Email Address: humennyj@yahoo.com
Name: Beth Dishaw	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Member with Interest	Email Address: bcdishaw@yahoo.com
Name: Martin Centers	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider/Consumer	Email Address: martincenters@gmail.com
Name: Katie Stott-Dennis	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider	Email Address: katdenepic@gmail.com

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

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

Developmental Disabilities Subcommittee Roster
 Cayuga County Community Services Board (70350)
 Certified: Jennifer Coughlin (5/31/19)

Note:

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

Name: Tim Donovan	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Advocate	Email Address: timmy5710@yahoo.com
Name: Diane Dolcemascolo	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Member with Interest	Email Address: dianedolce@roadrunner.com
Name: Lorie Fischer	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Member with Interest	Email Address: lfischer@cayugacounty.us
Name: Elizabeth Signorelli	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider	Email Address: Elizabeth.Signorelli@lifeplancony.com
Name: Aileen McNabb-Coleman	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Legislative Rep	Email Address: acoleman@cayugacounty.us
Name: Andrea Hansen	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Service Provider	Email Address: Andrea.hansen@lifespancony.com
Name: Katherine Dunchak	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Member	Email Address: kated@oclinc.org
Name: Stephen Smith	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Member	Email Address: cayugatrainingassociates@gmail.com
Name: Joan Meyers	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Community Member	Email Address: jmeyer10@cayuga-cc.edu

2020 Mental Hygiene Local Planning Assurance
Cayuga County Community Services Board (70350)
Certified: Jennifer Coughlin (6/1/19)

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

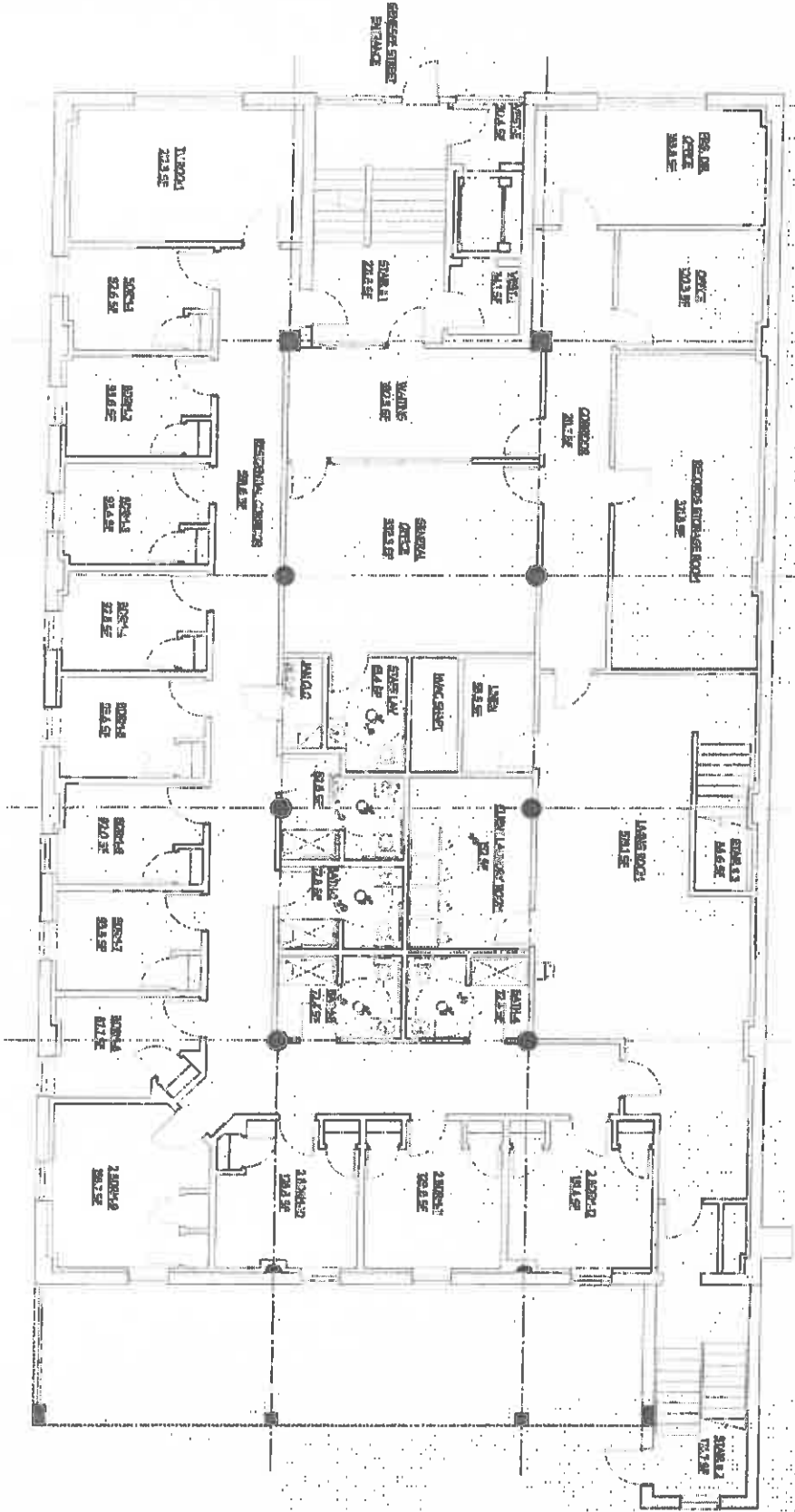
Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers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

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

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

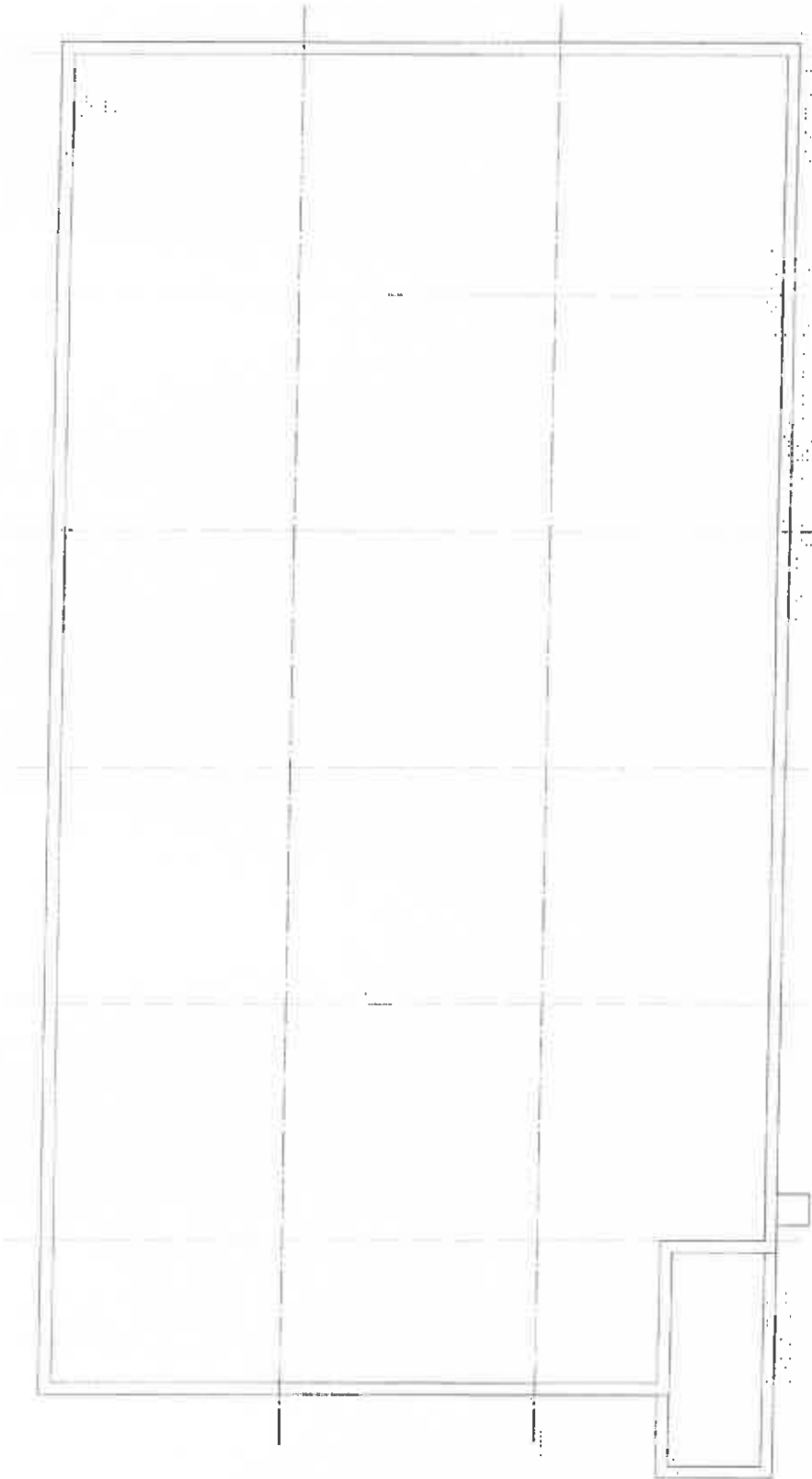
OASAS, OMH and OPWDD accept the certified 2020 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2020 Local Services planning process.

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



<p>UNIVERSITY OF THE STATE OF NEW YORK STATE UNIVERSITY OF PLACENTIA 100 UNIVERSITY AVENUE PLACENTIA, NY 13150 (315) 437-1000</p>	<p>UNITY HOUSE OF CAYUGA COUNTY, INC. 100 UNIVERSITY AVENUE PLACENTIA, NY 13150</p>	<p>MG ARCHITECTS 100 UNIVERSITY AVENUE PLACENTIA, NY 13150 (315) 437-1000</p>	<p>21 East Seneca Street Placencia, NY 13150 (315) 437-1000</p>	<p>A2.2 04/17/2011</p>
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**Capital Plan Appendix B
Unity House of Cayuga County Inc. Floor Plan**



<p>DATE: 11/11/2011 TIME: 10:00 AM PROJECT: UNITY HOUSE OF CAYUGA COUNTY, INC. ARCHITECT: M.G. ARCHITECTS 100 STATE ST. 2ND FL. CANTON, NY 13616</p>	<p>MG ARCHITECTS</p>	<p>PROJECT: UNITY HOUSE OF CAYUGA COUNTY, INC. ARCHITECT: M.G. ARCHITECTS 100 STATE ST. 2ND FL. CANTON, NY 13616</p>	<p>PROJECT: UNITY HOUSE OF CAYUGA COUNTY, INC. ARCHITECT: M.G. ARCHITECTS 100 STATE ST. 2ND FL. CANTON, NY 13616</p>	<p>PROJECT: UNITY HOUSE OF CAYUGA COUNTY, INC. ARCHITECT: M.G. ARCHITECTS 100 STATE ST. 2ND FL. CANTON, NY 13616</p>	<p>PROJECT: UNITY HOUSE OF CAYUGA COUNTY, INC. ARCHITECT: M.G. ARCHITECTS 100 STATE ST. 2ND FL. CANTON, NY 13616</p>	<p>PROJECT: UNITY HOUSE OF CAYUGA COUNTY, INC. ARCHITECT: M.G. ARCHITECTS 100 STATE ST. 2ND FL. CANTON, NY 13616</p>
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A2.4

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
WHEELCHAIR 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		