

**Priority Outcome 1:** Promote and support the development of an integrated, recovery based service delivery system. This includes Part 820 options to provide structured substance abuse disorder recovery services in a residential setting.

**Priority Rank:** 3

**Strategy 1.1:** Continue to solicit consumer/peer participation in the planning process as well as in service delivery particularly in the area of service delivery development to support the triple aim. We have made progress in this area with additional peer participation in the Local Governmental Unit (LGU) functions as well as within agencies. We need to encourage more family involvement in LGU efforts. We will focus on recruiting stakeholders in the coming year. We continue to support the establishment of a peer run agency and will work to develop outreach strategies to encourage peer involvement in the service community. With the advent of potential Medicaid funding for peer services, we anticipate growth in this area. Continue efforts to establish a regularly scheduled program for individuals with co-occurring diagnoses in Cayuga County Unity House managers are working to provide a self-advocacy group that will be open to individuals served by other programs as well as Unity House participants. Quarterly Parent meetings are open to families of those receiving developmental disabilities services from Unity House.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 1.2:** Promote evidence based practices that deliver effective services cross-system. Integrate the Columbia Suicide Severity Rating Scale (CSSRS) across all providers and domains. Many providers have been trained in the use of the CSSRS and more trainings are planned. The result has been improved dialogue with consumers and more clarity with other stakeholders when addressing issues and severity of risk. We will promote additional evidence based strategies in the coming year. These will include the SBIRT (Screening, Brief Intervention, Referral to Treatment) for early substance abuse screening and referral, Mental Health First Aid training and collaborative problem solving. In addition, we are building a better system by adding staff training on smoking cessation and trauma informed care. The ARC has CQL certified staff. They continue to involve peers in agency functions and planning.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 1.3:** Continue to provide training and technical assistance to develop community competencies in person centeredness planning. Providers serving people with developmental disabilities will focus on workforce transformation by emphasizing personal outcome measures training. Agencies are now providing client centered treatment planning. We will continue efforts to promote training throughout the community workforce to develop a common understanding of self-advocacy and person centeredness. Unity House is helping individuals develop self advocacy skills.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 1.4:** Evaluate current services and identify program or system changes as well as identify training opportunities to increase competencies in recovery oriented practices. This is ongoing. Office for People With Developmental Disabilities (OPWDD) funded agencies will be held to standards under CQL (Council on Quality and Leadership) Personal Outcome Measures. Providers are actively involved in this process. Satisfaction surveys are required for all programs funded by the Office for People With Developmental Disabilities (OPWDD). The survey information will be requested for review by the Local Governmental Unit.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 1.5:** Operationalize System of Care principles and create “single door” entry to services for children and adults by braiding funding streams and including youth and family voices into planning. Meetings have been on-going with multiple providers participating. As the program matures, it simplifies access to services for families and their children who are at medium and high risk for mental health concerns. Providers, schools, and Department of Social Services staff are working cooperatively on this. An application for federal funding has been prepared to advance these efforts.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 1.6:** Continue and expand integration of behavioral health and physical health services by co-locating services in clinic and primary care practices. Promote speedy access to OASAS clinics. We will explore the feasibility of co-locating mental health within a substance abuse clinic setting.

**Applicable State Agencies:**

OASAS  
OMH

**Strategy 1.7:** Explore an Opioid Treatment Program as an addition to out-patient services to provide a more supervised and intensive therapeutic milieu.

**Applicable State Agency:**

OASAS

**Strategy 1.8:** Explore the funding and creation of a regional crisis center for individuals suffering from addiction to provide ambulatory detox, crisis services, stabilization, short term treatment, and referral. The center would be located in Onondaga County and be fully integrated by including behavioral and physical health care services, respite, and peer services. This project is supported by the Central New York Mental Hygiene Directors.

**Applicable State Agencies:**

OASAS  
OMH

**Priority Outcome 2:** Build and/or increase community competencies, by using elements of a public health model, in the areas of education, training, early identification, prevention and treatment to deal with emerging behavioral/developmental/health issues

**Priority Rank:** 1

**Strategy 2.1:** In partnership with the Cayuga County Health Department and alcoholism and substance abuse service providers, continue to deliver education and prevention programming in the area of opiate addiction. A partnership between health, law enforcement, hospital, providers and the Subcommittee has done good work in this area.

**Applicable State Agencies:**

OASAS  
OMH

**Strategy 2.2:** Continue to support the work done in the Youth Suicide Prevention Steering Committee, institutionalizing Emergency Department diversion and tracking as well as use of the Columbia Suicide Severity Rating Scale (CRSSRS). Memorandums of Understanding (MOU) outlining sector responsibilities and expectations have been formalized.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 2.3:** Continue to deploy Mental Health First Aid Training increasing the number of trained individuals across all sectors. This work will continue in 2017.

**Applicable State Agency:**

OMH

**Strategy 2.4:** Expand services in schools and pediatricians' offices and administer child early identification/screening tools. Cayuga Counseling Services was awarded an Early Childhood Identification grant. The SDQ (Strength and Difficulties Questionnaire) is being utilized for 3-16 year olds to measure emotional wellness.

**Applicable State Agency:**

OMH

**Strategy 2.5:** Maintain a Drug Free Communities Coalition to support a county-wide drug abuse prevention effort. Meetings are held monthly and CHAD (Confidential Help for Alcohol and Drugs, Inc) will assist with coordination of the project. Agencies worked together to prepare and submit an application for SAMHSA (Substance Abuse Mental Health Administration) funding to expand the work in this area.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 2.6:** Support the work of the Autism Committee including the provision of training in early identification and treatment. Shared psychiatry between the Cayuga County Mental Health Center and Seneca/Cayuga ARC to increase treatment and evaluation capacity in autism services.

**Applicable State Agency:**

OPWDD

**Priority Outcome 3:** Improve access to safe and affordable housing for those with mental health, substance abuse and/or developmental disabilities diagnoses and the community at large.

**Priority Rank:** 2

**Strategy 3.1:** Continue to increase and market formal and informal respite opportunities for vulnerable or at risk consumers. Unity House is working to develop crisis respite services through the Central New York Care Collaborative (CNYCC) Delivery System Reform Incentive Payments (DSRIP) Crisis Stabilization Project. Unity House is also applying for additional respite beds through the Home and Community Based Services (HCBS) waiver. Agencies serving those with developmental disabilities report a need to more respite opportunities. Needs include additional afternoon and evening respite, 1:1 respite, and enhanced respite for children. All of these programs have waiting lists.

**Applicable State Agencies:**

OMH  
OPWDD

**Strategy 3.2:** Advocate for a "Housing First" model. Housing is a right and should not be predicated on treatment status. Unity House of Cayuga County Inc. is pursuing additional services based on the Part 820 OASAS regulations. We are exploring the possibility of establishing a program to provide a blend of both inpatient and outpatient opportunities. That agency has identified a location for mixed use housing(the former West Middle School in Auburn) and renovations to that site are in progress. Support the Unity House 2 Plus 4 project to convert the vacant middle school into housing units. Agencies serving individuals with developmental disabilities share information about available respite opportunities on a monthly basis. The Developmental Disabilities Subcommittee of the Community Services Board will collect monthly statistics about individuals on waiting lists for housing. Level of need as determined by NYS OPWDD(Office for Persons with Developmental Disabilities) will be included on that list. Both certified and non-certified housing accessible housing is always needed.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 3.3:** We are working with the Salvation Army to expand their residential services into Cayuga County. This would provide an alternative for individuals with mental hygiene issues currently residing in adult care homes by expanding their living options to include supportive apartments. Unity House is working to expand services under the new Home and Community Based Services (HCBS) waiver. The Developmental Disabilities Subcommittee will monitor the wait lists for those with housing needs identified as level 2 or level 3 need.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Priority Outcome 4:** To work with voluntary agencies across all disability services to help position the treatment community to manage the program and fiscal shift required to navigate a fully managed care environment

**Priority Rank:** 4

**Strategy 4.1:** Continue our participation with the 5 County Mental Hygiene Services Planning Group to plan for regional needs and supervise and monitor regional initiatives. The Director of Community Services is actively involved in this area.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 4.2:** Continue to encourage providers to seek collaborative opportunities to reduce fixed costs, avoid duplication and maximize resources delivered to consumers. Seek out other collaborative opportunities to foster integration that lead to improved outcomes for consumers and families. We will continue to provide opportunities for collaboration in all areas through our monthly Community Services Board subcommittee meetings. Providers, peers, community members, and CSB representatives are take an active role in these meetings.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 4.3:** Develop and implement a Regional Planning Consortium (RPC) using a governance model similar to DSRIP (Delivery System Reform Incentive Payment Program). The RPC will negotiate with managed care plans on behalf of providers and monitor and supervise services folded into managed care plans. Chairmen have been identified for this project.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Priority Outcome 5:** Continue to support and develop a sustainable quality, comprehensive system of care that meets the complex needs of all consumers in a rapidly changing environment as we move toward managed care. As the system re-aligns, we will be taking advantage of new opportunities.

**Priority Rank:** 5

**Strategy 5.1:** Continually identify and use appropriate data sources to inform decisions and planning. Several data sources have become available to the Local Governmental Unit and have helped inform some decisions regarding state aid allocations and service delivery. We will continue to work to identify needs and improve the delivery system.

**Applicable State Agencies:**

OASAS  
OMH  
OPWDD

**Strategy 5.2:** Continue to develop, support and integrate peer services in Care Management and other rehabilitative services. This includes efforts to promote the hiring of peers.

**Applicable State Agencies:**

OASAS

OMH  
OPWDD

**Strategy 5.3:** Develop and seed peer run services as a platform to access anticipated Office of Mental Health funding to expand peer services and integrate them into local service delivery. Unity House now operates the Drop-In Center and Peers' Place. Plans call for transitioning these two programs to a peer run organization.

**Applicable State Agency:**  
OMH

**Strategy 5.4:** Transform both SPOA (Single Point of Access) processes to involve more cross systems representation including advocates for parents, kids, and adults and to operate as "single door" entries to local systems of care.

**Applicable State Agencies:**  
OASAS  
OMH  
OPWDD

**Strategy 5.5:** Continue to expand the identification of Health Home eligible individuals and work with Health Homes to increase capacity. Unity House will add Health Home Care Coordination to expand the identification of Health Home eligible individuals.

**Applicable State Agency:**  
OMH

**Strategy 5.6:** Continue to increase access to outpatient services across all providers. The Community Mental Health Center offers same day services and 100% of consumers requesting services are seen unless the consumer no shows/cancels or negotiated a later appointment. The ARC's Karl D. Warner Clinic has established satellite sites at the Community Mental Health Center and the Gavras Center. They will work to establish an additional location with Unity House.

**Applicable State Agencies:**  
OASAS  
OMH  
OPWDD

**Strategy 5.7:** Continue to develop respite opportunities for individuals. Several providers contract with Liberty Resources for outreach through care coordination. Unity House and the Local Government Unit continue to work with the Office of Mental Health to create this opportunity through State Aid reallocation. Our intent is to build more capacity for respite including additional respite services through Cayuga Centers.

**Applicable State Agency:**  
OMH

**Strategy 5.8:** Develop and deliver geriatric services and to provide support to nursing homes, adult homes, senior citizen housing and seniors living at home. Continue development of mental health/substance abuse services for elderly residents living in the home or in adult homes by supporting Cayuga Counseling Services efforts to access continued Office of Mental Health funding. Cayuga Counseling Services has established a satellite office in a primary care setting serving a significant number of seniors.

**Applicable State Agencies:**  
OASAS  
OMH

**Strategy 5.9:** Improve inpatient admission and transition to ambulatory care through better coordination, warm handoffs and responsive service delivery. We are beginning to explore this in greater detail with hospital administration. While warm handoffs and coordination have improved, many factors play into readmissions so we are looking at the cross system intersecting points that lead to hospitalization and developing alternatives with our partners. Work in this area continues.

**Applicable State Agencies:**  
OASAS  
OMH  
OPWDD

**Strategy 5.10:** Continue to encourage collaboration between service providers and the criminal justice and family court systems. In 2017, we will work to expand mental hygiene services in the County Jail. The goal is a comprehensive and robust delivery system to include psychiatry, social work, medication management, and care management services. We will also work with the Jail to offer Vivitrol injections for those inmates seeking assistance in addressing their substance abuse addictions prior to their release.

**Applicable State Agencies:**  
OASAS  
OMH  
OPWDD

**Strategy 5.11:** Evaluate the current availability of transportation services. Continue to review city bus routes as the compare to the needs of individuals served in our programs. Lack of transportation can be a significant impediment to accessing appropriate care. It is also important that families and significant others have the resources to visit individuals in inpatient settings both as a support and as participants in the therapeutic process. In our rural communities, we need to be creative in addressing this need including looking at similar counties for new ideas.

**Applicable State Agencies:**  
OASAS

OMH  
OPWDD

**Strategy 5.12:** Increase the availability of weekend and evening activities for consumers with developmental disabilities. Unity House is planning on increasing Community Habilitation hours and availability in 2017.

**Applicable State Agency:**  
OPWDD

**Strategy 5.13:** Leverage the emerging Provider Network working with DSRIP (Delivery System Reform Incentive Payment Program) to promote integration of care across all domains by using data to identify individuals using the most care and getting the worst health outcomes and provide targeted intervention to improve outcomes. Area providers will work to collaborate and integrate with others in the community. Auburn Community Hospital plans to develop services for individuals with alcohol/substance abuse issues and to collaborate with outpatient mental health providers. Outpatient mental health providers will integrate with primary care and substance abuse services. There are a number of individuals who have "burned their bridges" with service providers and, as a result, must seek care out of the area. As providers work together, we will be better able to serve them. Providers will train hospital emergency department staff on the best methods of working with developmentally disabled individuals. We will also advocate for hospital recognition of Mental Health Advanced Directives. This was included in the 2016 Plan under Priority Outcome 3. This process continues.

**Applicable State Agencies:**  
OASAS  
OMH  
OPWDD