2016
Local Services Plan
For Mental Hygiene Services

Oswego County Mental Health Division
July 14, 2015

Table of Contents

2016 Needs Assessment Report
Oswego County Mental Health Division (70320)
Certified: Nicole Kolmsee (6/9/15)

Consult the LSP Guidelines for additional guidance on completing this exercise.
PART A: Local Needs Assessment

1. Assessment of Mental Hygiene and Associated Issues - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. Provide documentation, where available.

Oswego County is located within the 1000 Islands-Seaway Region on the Southeast shores of Lake Ontario. Situated between Oneida Lake, the Tug Hill Plateau, and Great Lake Ontario, the County encompasses an area of 952 square miles and is surrounded by the waters of the Salmon River, North and South Sandy Ponds, Salmon River Reservoir, Lake Neatahwanta, and the Oswego River Canal. Oswego County has the largest shoreline along Lake Ontario of any county in NYS. Residents and visitors enjoy four seasons of the great outdoors and the County is known as the Fishing Capital of the Northeast. Also known as the Energy Capital of the North East, Oswego County has the unique asset of being home to three nuclear energy plants. These three nuclear plants operate off of Lake Ontario with boiling water reactors, which produce enough electricity for approximately 2.85 million households. This is equivalent to all of the households in the Bronx, Queens, Manhattan and Brooklyn. The combined total number of employees of the three plants is 1,700, with an annual combined payroll of $177.7 million. The average salary of nuclear plant employees is 53% higher than the median salary of Oswego County, but many of the plants' employees reside in neighboring Jefferson, Onondaga, Wayne, and Madison counties. Emergency management planning and coordination among County Departments, first responders, schools, the single local hospital, and community organizations is extensive. Oswego County is also home to a State University, SUNY Oswego, which enrolls approximately 8,300 students and employs approximately 1,101 full-time employees, 375 part-time employees and 1,577 student assistants. SUNY Oswego is the largest public employer in Oswego County. There is also a Fulton campus of Cayuga Community College. As of 2014, 860 students were enrolled at the Fulton campus. The two major population centers are the cities of Fulton and Oswego. The Central Square area, which borders Onondaga County, has rapidly grown in population increasing 8.78% since 2010. From 2010-2013, both Fulton and Oswego have experienced a decrease in population, -1.7% and -.77% respectively, while Central Square has seen a 22% increase. Central Square is now our largest public school district. Almost one third (26.25%) of the county population resides within these three areas. The County is rural (rural designation is defined as counties with less than 200,000 population) with a 2013 estimated population of 121,165. According to 2013 US Census data, 96.5% of Oswego County residents are identified as white. 21.9% of the population is under the age of 18, 52.1% is age 18-54, 12% is age 55-64, and 14% is over age 65. The median household income is $48,051, and 17.16% lower than State median. 17.4% of residents live below poverty level, a 2% increase over 2010 data, and 2% above the State rate. Oswego County has struggled with an elevated unemployment rate for several decades, currently at 9.1% as of January, 2015. For comparison, the NYS UE rate is at 6.5%, the CNY region is at 8.4%. Oswego County has the third highest UE rate in NYS as of November 2014, following Bronx and Hamilton counties. Oswego County ranks 62nd out of the 62 counties of New York State on health behaviors. Rankings are divided into two main segments: health outcomes and health factors. Health outcomes involve aspects such as length and quality of life. Oswego County is ranked 37th in this category. The second main segment is health factors, which entails health behaviors, clinical care, social and economic factors, and physical environment. The county ranks 58th in this segment. A major contribution to poor health outcomes in the county is the lack of accessibility to primary care services. Currently, the ratio of providers to individuals is 1 : 2,830. In Oswego County, there is a persistent problem regarding homelessness and lack of adequate safe and affordable housing. Oswego County does not currently have a homeless shelter. The current solution when someone presents as homeless is to put them up in emergency housing, often a hotel, at great expense to the county. In late 2014/early 2015, an average of 77 individuals each month self-reported to local DSS as being homeless in Oswego County. Oswego County Opportunities reports that they served 872 unduplicated homeless consumers in 2014. This means that these individuals have met the HUD definition of homelessness. However, there is an entirely different subset of individuals who are at risk for homelessness or are currently “couch-surfing” that we are unable to measure. This means that they are traveling from place to place and staying for short amounts of time with people that they know. Without resources available, it is currently very challenging to place homeless individuals in secure, stable housing or service enhanced transitional housing. As previously stated most often they end up staying in hotels or boarding houses. This sort of constant state of instability makes it very difficult for people to ascend out of homelessness, become employed, or attend to their health and behavioral health care needs. The estimated prevalence of children with Serious Emotional Disturbance (SED) age 9-17 is 12% (3184 youth); the estimated prevalence of adults with Serious & Persistent Mental Illness (SPMI) age 18-64 is 2.6% (2460 adults). The estimated prevalence of individuals of all ages with Developmental Disabilities is 2.5% (3029 residents). The estimated prevalence of county residents with chemical dependency service needs is 13,434, approximately 12.9% of the general population age 12 and over. Of the total number estimated in need, 12,214 (91%) are adults and 1,052 (7.8%) are adolescents (ages 12-17) with alcohol and/or non-opiate drug use. 168 residents, 0.2% of population age 16 and over, are using opiate drugs. Oswego County has a greater percentage of adult consumers of mental health services living in private residences; 88% as compared to the state average of 76%. While MH residential services are of limited quantity in County, the demand for supervised programs has decreased. The only housing program with a current waitlist is Supported Housing rental stipends. While it is believed that there are individuals who could benefit from traditional rehabilitative model programs, this level of service does not appear to be desired by adults with mental health diagnoses in Oswego County. The demand is for flexible community supports to assist with living in independent settings. Additionally, there are approximately 250 unduplicated individuals served by Oswego County DSS Representative Payees that are known to be difficult to serve/house and are thereby excluded from traditional congregate housing models. This is primarily due to health and safety concerns for other residents and program staff, as well as lack of ability or desire to participate in rehabilitative treatment planning. In the absence of alternative housing supports, many of these individuals are frequently admitted to high-end emergency or inpatient services or are incarcerated for misdemeanor criminal offenses. Oswego has a slightly lower than State rate of Adult MH consumers on probation at 2.3% as compared to 2.5%. There is also a greater percentage of adult consumers of mental health services with custody of minor children; 14.7% compared to 12.7% Statewide. This data further explains the demand of independent living supports. With the responsibilities and stressors of parenting added to the challenges associated with managing mental health symptoms, there is a need for parenting support, education, and advocacy services to assist individuals to maintain custody of children and promote healthy child development. According to local data for Mental Hygiene Law 941 arrests (police transports for emergency mental health evaluations), the number of incidents continues to rise. The data indicates a growing need for access to outpatient services and effective crisis interventions dedicated to mental hygiene issues. There were a total of 647 transports in 2014; a 7.8% increase in total number of 941s over 2013, and a B% increase over 2011. The age range of 18-25 continues to be the most common, a trend that has been consistent over the last 7 years. There has been an increase in the 12-17 age range over the last few years, and this year it was the 2nd most common, followed by 26-35. Additionally, the under 18 population has increased over the last four years, peaking at 139 in 2014. There was an increase in the Drug and Alcohol related transports over the last year, from approximately 21% of all occurrences to 24% in 2014. As of 2010, the suicide rate for Oswego County was much higher than the New York State rate, at 9.6 occurrences per 100,000 individuals compared to the statewide rate of 7.5 occurrences per 100,000 individuals. A recurring theme is a general lack of engagement in ongoing mental health services. Many individuals and families seek emergency assistance during times of crisis either at DSS or local hospital. Once immediate concerns are ameliorated, there is often no follow through with recommended ongoing services and supports. Lack of adequate discharge planning and agency follow-through could contribute to this. This in turn leads to a cyclical pattern of emergency service use. Generational poverty may also explain a lack of engagement or delay in seeking assistance. Families in poverty are often focused on meeting their present or immediate needs and thus do not have the capacity to address long-term planning and future needs. A focus on engagement as supported by the Statewide DSRIP (Delivery System Reform Incentive Payment) projects may influence this pattern. Currently there are 34 individuals with a Developmental Disability requesting supervised or supportive housing services. 38% are assessed to have a level of urgency for placement ranging from crisis need to needing placement within one year. Access to behavioral/mental health services tailored to meet the needs of the dually diagnosed is also needed. Access to effective specialized clinical services and additional crisis and planned respite options could have a positive impact on family willingness to remain as primary care givers and decrease need for placements. The extent of the compulsive gambling problem in Oswego County is not fully known. This was in process of being assessed by a local provider awarded OASAS funding via the Problem Gambling Prevention initiative. Although an initial investment was made in survey activities, the funding was eliminated effective July 1, 2011 due to OASAS Budget reductions, prior to completion of the assessment. The development of job opportunities is needed to be able to connect individuals’ skills with meaningful work. Employers need additional information and education pertaining to vocational supports and other information related to the needs of consumers in the work place, assistance with accommodations, etc. In general, jobs are lacking throughout the Oswego County community. Additionally, the closing of sheltered workshops greatly impacts access to employment opportunities for people with significant disabilities. Transportation remains a large barrier within Oswego County, as there are very few public transportation options, with Centro Buses only servicing the major population centers. Oftentimes the nearest bus stop can be over ten miles away and for those on a bus line, the cost of utilizing this service can be a burden, both financially and due to the significant amount of travel time. Transportation options based upon Medicaid eligibility are available but provide transport only to locations where Medicaid billable services are provided. For those individuals who possess a vehicle of their own, the cost of utilizing their personal vehicle can be a barrier to service participation. Medical services are often great distances from an individual’s home and fuel costs can be a substantial financial burden.

2. Analysis of Service Needs and Gaps - In this section, describe and quantify the prevention, treatment and recovery support service needs of each disability

population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe and quantify the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Use this section to identify specific underserved populations or populations that require specialized services. Provide documentation, where available.

Outpatient Treatment Chemical Dependency clinic services are available from three OASAS licensed providers with offices located in Fulton, Oswego, Pulaski, and Mexico. Treatment services for individuals with co-occurring mental health and substance abuse services are limited. Currently no CD services are being provided to inmates at the local correctional facility. There is one part-time clinician working in the local correctional facility providing suicide assessment and mental health evaluations. The facility would greatly benefit from expanded services. Mental Health clinic services are available from three OMH licensed providers (two of which are satellites of clinics based in Onondaga County) with offices currently located in Fulton, Oswego, and Pulaski. Oswego Hospital operates an ACT (Assertive Community Treatment) Team that can accommodate up to 48 individuals. This service meets individuals where they are located to provide treatment. There are school based mental health satellite clinics in the Central Square Elementary, Middle, and High School, every Fulton Elementary School, Fulton Jr. and Sr. High Schools, Hannibal Middle School, and Oswego's Fitzhugh Park Elementary. The Stepping Stones Children's Day Treatment, a collaborative program between Oswego County BOCES/CiTi and Hillside Children's Centers, offers a structured small group therapeutic environment that helps students overcome the emotional and behavioral challenges that interfere with learning, so that they may return successfully to their home district. Oswego County does not have an OPWDD Article 16 clinic located within its boundaries. Treatment services in general are not available in the Central Square area, the third most populated area of the County. Central Square residents are more likely to travel to Onondaga County for services due to proximity and ease of travel. Current mental health clinic capacity across the county is inadequate to meet local need. There is a waiting period to access treatment services at all Oswego County locations unless referrals are from emergency departments or inpatient settings. The lack of timely access to services is a hindrance to engagement, prevention of crisis episodes, and decreasing the use of emergency room services. Greater capacity for mental health treatment is needed to access the right service at the right time. Additional psychiatry services are needed to meet rising local need. Integrated sites are needed to improve access and quality of care. Although additional school-based mental health clinics have been added throughout the County, every school building would benefit from having a clinic to bring the services to youth, improve coordination of care with schools, and subsequently free up availability for services at community–based clinic offices. The community would benefit from crisis intervention services, such as a mobile crisis unit, as well as additional respite programs. Both of these would help to alleviate the need for inpatient levels of care as well as mitigate the use of emergency room services to address acute episodes of behavioral health issues. Additional service needs include a County-wide hotline; increased availability of home-based counseling; family counseling; support groups for adolescents; and Dialectical Behavior Therapy (DBT). Barriers to increasing services include difficulties in recruitment of professional staff; dollars to purchase/remodel office space; a lack of regulatory flexibility to co-locate CD and MH services in same satellite office for shared space; and private providers unwilling to accept MA reimbursement. Inpatient Treatment There are no Chemical Dependency Detox, Crisis, Inpatient, Methadone Treatment, long and short-term rehab, or intensive residential services within Oswego County. Referrals are made out of county when necessary as volume of need is low and does not support such services being provided locally. Transportation is a significant obstacle to accessing these services in neighboring counties. The local hospital operates an OMH licensed 28 bed Adult MH Acute Care Unit. However, due to psychiatry shortages, only 18 of the beds are available for use. There are no inpatient treatment beds for children or youth within Oswego County. There were 71 youth admissions to the regional State Psychiatric Center (HPC) in 2014. A Crisis Respite Residence for youth has been developed at Hutchings Psychiatric Center in an effort to reduce the need for youth inpatient admissions. Access to youth beds in close vicinity is a difficult and slow process. Often admissions are denied due to presenting concerns being categorized as "behavioral" by the receiving hospital admitting/review process. Improved access to child/youth beds in neighboring counties is needed. Crisis Intervention services for youth and adults with mental health disorders are a priority need and would decrease the need for inpatient level of care. Residential Services Chemical Dependency Housing programs include a 16 bed Community Residence for adult males and 10 Supportive Apartment Beds (8 adult male; 2 adult female). Neither program has a waiting list. Mental Health Housing programs include a 10 bed Community Residence for adults, 22 Supportive Apartment Beds for adults, 6 Community-Based Family Care beds, and 62 Supported Housing "beds." The only program with a waiting list and significant wait time is the Supported Housing program, for independent living rental stipends. There is greater capacity for residential services for individuals with Developmental Disabilities. However, the waitlist and waiting period for accessing these services is significant and problematic. Currently there are 34 individuals with a Developmental Disability requesting supervised or supportive housing services. 38% are assessed to have a level of urgency for placement ranging from crisis need to needing placement within one year. Access to effective specialized clinical services and additional crisis and planned respite options could have a positive impact on family willingness to remain as primary care givers and decrease need for placements. Within Oswego County, NYS OPWDD residential services include 47 certified IRA beds and 25 family care homes offering a total of 38 beds. Oswego County Opportunities (OCO), a voluntary provider agency, operates 80 certified beds in supportive and supervised IRAs and 7 non-certified residential opportunities. Additionally, OCO's free-standing respite program serves 65-70 people. Alternatives to traditional residential services are needed to support people to live on their own in the community. To promote and develop alternative options, the following are needed: funding for non-certified programs; partnerships with local landlords; collaborations between service providers; and possibly the exploration of a regional approach to service delivery. There are no mental health or developmental disability residential programs for children located within Oswego County. Prevention Services Coalition to Combat Adolescent Substance Abuse in Oswego County is a new coalition formed to increase awareness and work to combat the community issue of adolescent substance abuse. Suicide Prevention Coalition works to prevent suicide within the community by bringing together community members and putting on various events to raise awareness. Several suicide prevention trainings have been conducted including; Mental Health First Aid, ASIST, and SafeTalk. These trainings instruct providers and community members in methods to prevent suicide and identify at-risk individuals. Prevention Services available within Oswego County include the following: Student Assistance Counselors meet with youth in schools identified as being at risk for substance abuse to identify whether more intensive mental health or substance abuse treatment is needed. Funding has been decreasing and capacity has been impacted. Problem Gambling HOPEline & Treatment Outreach Project focuses on areas of public awareness and community education. Project U-Turn program with the Oswego County District Attorney's Office, offers an underage alcohol education program for offenders aged 16 to 21 years of age. Additional community-based prevention programs provided included public awareness presentations, Health Fairs, Teen Health Conference, staff development training, family education services and parent-teacher consultation. SUNY Oswego Campus Prevention Program provides BASICS [Brief Alcohol Screening for College Students]. Needed prevention services include additional school based programs; Family engagement and connections to schools and community; parent and community education campaign regarding early intervention and risk factors; structured wellness and recreation activities; youth support groups; drop-in center for adolescents; prevention efforts targeting gambling; and parenting support and education services. Oswego County has qualified local providers willing and dedicated to providing prevention services. Schools are receptive of provider services on-site. The primary barriers to expanding services are difficulties in recruiting qualified providers to the area and funding difficulties. Recovery and Support Services Chemical dependency supports available within the County include Alcoholics Anonymous, Adult Children of Alcoholics, Al-Anon, Al-Ateen, and Narcotics Anonymous. One full time employee provides Vocational Rehabilitation counseling. Supported or Transitional employment programs are not currently available for individuals in recovery from chemical dependency. Mental health supports available within the County include care management, psycho-social wellness center and outreach services, peer advocacy, community based mentoring for youth, and family support services. Needed services include supports to runaway-homeless Youth; informal drop-in center; additional peer support groups, community-based parent education and skill development services; independent living skills development programs; and non-traditional services and supports to offer community inclusion opportunities for young adults aging out of integrated school settings. A fully integrated community center for people of all ages would be a wonderful addition to Oswego County. Such a center could offer space for groups and classes, transitional work opportunities, social activities, music and art appreciation, one-stop access to DSS services (Assistance programs, Jobs programs), Literacy support, housing search assistance, public health activities, and more. Providers are willing and able to deliver additional services with adequate financial support. To provide additional services the following are needed: access to training and supports for development of Peer Professionals; capital project dollars; Community and County Department collaborative; revenue generating/self-sustaining business plan for a project such as the community center; and improved access to non-medical transportation. Some or all of these services could be available through future initiatives such as the behavioral health transition to Managed Care and the development of Home and Community Based Service options. Transportation Services There are pockets of the county that struggle to receive services due to their location. Due to the size and rural nature of Oswego County, there are residents who choose to access services in neighboring counties because travel in those directions is easier for them. Transportation to services is a concern stated by all consumer and provider groups. Access to public transportation and the recently regionalized Medicaid transportation is a barrier to services. This contributes to frequent no-shows and limited opportunities to participate in supportive services and community activities. The non-profit organization, Oswego County Opportunities, provides a public transportation service, as well as a variety of Medicaid transportation options. However, once again, due to the rural nature of the county, there are areas that are hard to service. The current system presents as an obstacle for employment, and accessing recreation and respite services. Although Oswego County and the Oswego County Transportation Coalition continue to work very hard to improve and coordinate transportation systems, this area remains an issue.

3. Assessment of Local Issues Impacting Youth and Adults - For each issue listed in this section, indicate the extent to which it is an area of need at the local (county) level for each disability population listed on the right. For each issue that you identify as either a "High" or "Moderate" need, answer the follow-up questions to provide additional detail.

	Youth (Under 21 years)			Adults (Over 21 years)		
Issue Category	**CD**	**MH**	**DD**	**CD**	**MH**	**DD**
a) Access to Prevention Services	**Moderate Need**	**High Need**	**Low Need**	**High Need**	**Low Need**	**Low Need**
b) Access to Crisis Services	**Low Need**	**High Need**	**Moderate Need**	**Low Need**	**High Need**	**Low Need**
c) Access to Treatment Services	**Low Need**	**High Need**	**Low Need**	**Low Need**	**High Need**	**Low Need**
d) Access to Supported Housing	**Low Need**	**Low Need**	**Low Need**	**Moderate Need**	**High Need**	**Low Need**
e) Access to Transportation	**Moderate Need**	**High Need**	**Moderate Need**	**High Need**	**High Need**	**High Need**
f) Access to Home/Community-based Services	**Low Need**	**Moderate Need**	**Moderate Need**	**Low Need**	**Moderate Need**	**Low Need**
g) Access to Other Support Services	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**
h) Workforce Recruitment and Retention	**Low Need**	**Moderate Need**	**Low Need**	**Low Need**	**Moderate Need**	**Low Need**
i) Coordination/Integration with Other Systems	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**
j) Other (specify):	**0**	**0**	**0**	**0**	**0**	**0**
k) Other (specify):	**0**	**0**	**0**	**0**	**0**	**0**

Follow-up Questions to "Access to Prevention Services" (Question 3a)

4a1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Oswego County has a lack of mental health clinic services which has resulted in lengthy waitlists for all ages. Only individuals with the most acute needs are able to access services. For others seeking treatment, services are not available and their conditions worsen over time to the point of acuity that brings them to the ER and then finally to treatment. Many of the families in the area are living at or below the poverty level, and this affects all other aspects of their lives mentally, physically, developmentally, and emotionally. Chemical dependency, mental health issues and developmental disabilities are impeding school attendance and achievement, employment, and safety in the community. Substance abuse in Oswego County is prevalent and growing among all groups. The abuse is becoming generational. Due to rural locations, services with skilled professionals are few and far between and increased substance paired with limited opportunities for services and pro-social activities create a perfect storm.

4a2. Identify strategies that could potentially be pursued to address this local issue.

Services need to be designed to be family centered to obtain outcomes that are long lasting. A public health approach to services is needed rather than a reactive crisis oriented response. Increase community and school based education for parents and children, and all community members in general. Community outreach to include law enforcement agencies. In-home services, coaching, respite. Increased collaboration among service providers in the community. Funding for parent classes for families that are not DSS involved. Funding to support after school programs for middle school students. Increase the number of School based mental health clinics in all buildings of the nine school districts.

Follow-up Questions to "Access to Crisis Services" (Question 3b)

4b1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Oswego County has a lack of mental health clinic services which has resulted in lengthy waitlists for all ages. Oswego County has no crisis intervention services which results in potentially avoidable hsopitalizations and law enforcement involvement. Only individuals with the most acute needs are able to access services. For others seeking treatment, services are not available and their conditions worsen over time to the point of acuity that brings them to the ER and then finally to treatment. Appropriate crisis services available as needed can better engage individuals,prevent hospitalizations, and link to most appropriate treatment and community support services.

4b2. Identify strategies that could potentially be pursued to address this local issue.

Mobile Crisis avaiable to respond to home and schools. Peer, family supports in ERs. Respite Programs, beds. CIT

Follow-up Questions to "Access to Treatment Services" (Question 3c)

4c1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

The lack of mental health clinic services has resulted in lengthy waitlists for all ages.Only individuals with the most acute needs are able to access services. Person-Centered care practices for challenging and disengaged consumers are needed to discourage providers from labeling indivudals as non-compliant and discharging them. Access for individuals returning to community from jail/prioson is not prioritized. Treatment options are fairly generic and not intensive enough for those with complex needs.

4c2. Identify strategies that could potentially be pursued to address this local issue.

Increased capacity and number of clinicians. More satellite locations to outlying areas of rural county. More school based mh clinics. CD school based clinic services. Specialty trained therapists. In-home treatment options. Tele-health.

Follow-up Questions to "Access to Supported Housing" (Question 3d)

4d1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Oswego County has OMH Supported Housing only, with many identified individuals and very few slots. Waitlist for rental stipends consistently runs at 150 since the increase in wait for HUD subsidies. Also the increase in convicted felons inelgible for HUD. There are no OASAS Supported Housing programs in the County.

4d2. Identify strategies that could potentially be pursued to address this local issue.

Increase funding to increase MH Supported Housing capacity and staffing. Remove OMH restrictions on eligibility for Long Stay slots that go unused for years. Provide funding for OASAS supported housing slots. OMH allowance to reallocate unused Community Based MH Family Care funds to Supported Housing Program.

Follow-up Questions to "Access to Transportation" (Question 3e)

4e1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Accessing both public and Medical transportation is difficult, frustrating, and anxiety producing. Outside the Cities of Fulton and Oswego, there is an extreme lack of public transportation throughout the remainder of rural county for accessing services, recreatins, and work. DOH Regionalization of Mediciad Transporation has been dissruptive to engagement and access to care. Many occurrences of missed appointments and no return rides. Individuals and providers lack trust in many of the tranporation vendors used and the dispatch process is challenging for special populations.

4e2. Identify strategies that could potentially be pursued to address this local issue.

Increase bus routes in rural areas. Develop local community ride/driver programs. Oswego County had an efficient Mediaid transportation system that the community knew how to use and had confidence in the provider. Return the management of Medicaid transportation to the County lcoal DSS which is willing and able to partner with local transportation agency in a cost efficient manner.

Follow-up Questions to "Access to Home/Community-based Services" (Question 3f)

4f1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

As the State Agencies have determined they will not support additional beds (with some exceptions), there will be fewer supervised living opportunities for individuals who struggle to live independently in the community. Therefore, additional HCBS services will be needed to meet the support needs of these individuals. Services should be person-centered and flexible to be able to meet the unique needs of each person.

4f2. Identify strategies that could potentially be pursued to address this local issue.

Local planning and coordination to develop HCBS service option to be billable to Managed Care/ HARP. State to provide greater flexibility to Counties to utilize State Aid in ways to best meet support needs of individuals living in the community and prevent homelessness and hospital admissions.

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3h)

4h1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Continuous struggle to recruit and retain quality qualified staff when reimbursement rates and funding levels for services provided are low. This is especially true in rural northern communities where transportation and utility costs are greater.

4h2. Identify strategies that could potentially be pursued to address this local issue.

Increased reimbursement, funding to offer more attractive salaries.

5. Please indicate how <u>useful</u> each of the following data resources is for your planning, needs assessment, and system management work.

Data Resource	Very Useful	Somewhat Useful	Not Very Useful	Never Used
a) CLMHD Data Dashboard	○	◉	○	○
b) OASAS Client Data Inquiry Reports	◉	○	○	○
c) OMH County Mental Health Profiles	○	◉	○	○
d) OMH PSYCKES Medicaid Portal	○	◉	○	○
e) BHO Performance Metrics Portal (on OMH Website)	○	○	◉	○
f) New York Employment Services System (NYESS)	○	○	○	◉
g) DSRIP Dashboard (on DOH Website)	○	◉	○	○
h) Health Data NY (DOH Health Data Portal)	○	◉	○	○
i) Open NY (New York's Open Data Portal)	○	○	○	◉

6. In addition to the data resources listed in #5 above, identify other data resources that you found helpful in your planning and needs assessment work and why they were helpful.

Communitycommons.org: able to obtain County level demographic and socio-economic information and some health behaviors.

PART B: Regional Needs Assessment

The 2016 Local Services Plan Guidelines describe planning regions of the Public Health and Health Planning Council (PHHPC) that the Population Health Improvement Program (PHIP) and Regional Planning Consortiums (RPC's) will operate in. Unless otherwise indicated, responses to these questions should be made based on the PHHPC planning regions.

7. Collaborative Planning Activities - Counties are strongly encouraged to work with other counties in their region to identify the major issues that have a regional impact. In this section, describe the planning and needs assessment activities that your agency participated in during the past year with other counties within your PHHPC region. Identify the other counties that were involved in the collaborative planning activities.

The CNY Directors Planning Group includes the DCSs from Oswego, Onondaga, Cortland, Madison, & Cayuga Counties, and the Director of Hutchings Psychiatric Center. Recently we have included Oneida County in our planning discussions to be representative of the PHHPC Region. We have worked together to survey for family input related to crisis respite service development. We have guided the development of the HPC C&A Crisis Residence. We have jointly surveyed our individual counties for service need priorities to be able to identify regional needs. We are developing a regional learning collaborative for implementation of the Collaborative Problem Solving Model to better serve youth and families and decrease need for emergency and hospital services.

8. Assessment of Regional Issues Impacting Youth and Adults - For each issue listed in this section, indicate the extent to which it is an area of need at the regional level for each disability population listed on the right. For each issue that you identify as either a "High" or "Moderate" need, answer the follow-up questions to provide additional detail.

	Youth			Adults		
Issue Category	**CD**	**MH**	**DD**	**CD**	**MH**	**DD**
a) Access to Prevention Services	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**
b) Access to Crisis Services	**Low Need**	**High Need**	**Moderate Need**	**Low Need**	**High Need**	**Low Need**
c) Access to Treatment Services	**Low Need**	**Moderate Need**	**Low Need**	**Low Need**	**High Need**	**Low Need**
d) Access to Supported Housing	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**
e) Access to Transportation	**Moderate Need**	**High Need**	**Moderate Need**	**High Need**	**High Need**	**Moderate Need**
f) Access to Home/Community-based Services	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**
g) Access to Other Support Services	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**
h) Workforce Recruitment and Retention	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**
i) Coordination/Integration with Other Systems	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**	**Low Need**
j) Other (specify):	**0**	**0**	**0**	**0**	**0**	**0**
k) Other (specify):	**0**	**0**	**0**	**0**	**0**	**0**

Follow-up Questions to "Access to Crisis Services" (Question 8b)

9b1. Briefly describe the issue and why addressing it at the regional level is needed.

The lack of mental health clinic services has resulted in lengthy waitlists for all ages. The absence of crisis intervention service results in potentially avoidable hsopitalizations and law enforcement involvement. Only individuals with the most acute needs are able to access services. For others seeking treatment, services are not available and their conditions worsen over time to the point of acuity that brings them to the ER and then finally to treatment. Appropriate crisis services available as needed can better engage individuals,prevent hospitalizations, and link to most appropriate treatment and community support services.

9b2. Identify strategies that could potentially be pursued to address this regional issue.

Mobile Crisis avaiable to respond to home and schools. Peer, family supports in ERs. Respite Programs, beds. CIT.

Follow-up Questions to "Access to Treatment Services" (Question 8c)

9c1. Briefly describe the issue and why addressing it at the regional level is needed.

The lack of mental health clinic services has resulted in lengthy waitlists for all ages.Only individuals with the most acute needs are able to access services. Person-Centered care practices for challenging and disengaged consumers are needed to discourage providers from labeling indivudals as non-compliant and discharging them.

9c2. Identify strategies that could potentially be pursued to address this regional issue.

Increased capacity and number of clinicians. More satellite locations to outlying areas of rural counties. More school based mh clinics. CD school based clinic services. Specialty trained therapists. In-home treatment options. Tele-health.

Follow-up Questions to "Access to Transportation" (Question 8e)

9e1. Briefly describe the issue and why addressing it at the regional level is needed.

Accessing both public and Medical transportation is difficult, frustrating, and anxiety producing. Outside the cities, there is an extreme lack of public transportation throughout the remainder of rural counties for accessing services, recreatins, and work. DOH Regionalization of Mediciad Transporation has been dissruptive to engagement and access to care. Many occurrences of missed appointments and no return rides. Individuals and providers lack trust in many of the tranporation

vendors used and the dispatch process is challenging for special populations.

9e2. Identify strategies that could potentially be pursued to address this regional issue.

Increase bus routes. Develop local community ride/ driver programs. Return management of Medicaid transportation to localities which are willing and able to do so in a cost efficient manner.

10. In addition to collaborating with other counties in your PHHPC region, has your agency collaborated with counties outside your PHHPC region on any planning and needs assessment activities in the past year?

- ○ a. Yes
- ◉ b. No

If "Yes", identify the counties that you collaborated with and briefly describe the collaborative activity.

Warm Line and Mobile Crisis Capacity Survey
Oswego County Mental Health Division (70320)
Certified: Nicole Kolmsee (4/7/15)

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

The questions below were developed out of OMH regional planning discussions in which areas of need were identified across the State. Existing data do not provide a clear picture of current capacity for the two program areas referenced below. Therefore LGUs are being asked to provide some basic information. All questions related to this survey should be directed to Jeremy Darman at Jeremy.Darman@omh.ny.gov or at (518) 474-4403.

1. Does your county have access to a local or regional mental health warm line ?

- ○ a) Yes
- ◉ b) No

6. Does your county have access to a mobile crisis intervention program or mobile crisis team?

- ○ a) Yes
- ◉ b) No

Mental Hygiene Priority Outcomes Form
Oswego County Mental Health Division (70320)
Plan Year: 2016
Certified: Nicole Kolmsee (6/1/15)

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

2016 Priority Outcomes

Priority Outcome 1:

Improve access and engagement with Behavioral Health treatment and supports.

Priority Rank: 1

Applicable State Agencies:
OASAS Priority Focus: Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with MH, DD, and/or Primary Health Services , Coordinate Care with Other Service Systems , Integrate Care with MH, DD, and/or Primary Health Services , Integrate Care with Other Service Systems , Cross-train Clinical Staff on Co-occurring Disorders
OMH Priority Focus: Service Capacity Expansion/Add New Service.

Strategy 1.1

Increase capacity of outpatient mental health clinic services for children and adults.
State Agency:
OMH

Strategy 1.2

Collaborate on a regional level, to develop and share resources to meet the needs of Adults, and families with children experiencing behavioral and mental health crises.
State Agency:
OMH

Strategy 1.3

Increase treatment and support services available for criminal justice system-involved individuals with mental illnesses/substance abuse disorders.
State Agencies:
OASAS
OMH

Priority Outcome 2:

Housing options and independent living supports will be better aligned with consumer needs and preferences.

Priority Rank: 2

Applicable State Agencies:
OASAS Priority Focus: Service Capacity Expansion. **Sub-focus Area(s):** Supportive Living Treatment , Housing , Other Recovery Support Services
OMH Priority Focus: Service System Planning/Management.
OPWDD Priority Focus: Housing. **Sub-focus Area(s):** Supported Housing , Family Care/Shared Living , Rental Subsidies

Strategy 2.1

Partner with diverse group of local stakeholders to identify needs, opportunities, and available resources to address housing instability.
State Agencies:
OASAS
OMH
OPWDD

Strategy 2.2

Develop "shovel ready" projects to meet identified local needs and funding source parameters.
State Agencies:
OASAS
OMH
OPWDD

Strategy 2.3

Advocate for the availability of home nursing, home health, and consumer directed care services to meet the medical and medication administration needs of individuals with mental hygiene disorders requiring this support for successful independent living.
State Agencies:
OMH
OPWDD

Priority Outcome 3:

Behavioral and physical Health care providers will co-locate and integrate services to meet the needs of individuals with co-morbid conditions.

Priority Rank: 3

Applicable State Agencies:
OASAS Priority Focus: Service Coordination/Integration. **Sub-focus Area(s):** Coordinate Care with MH, DD, and/or Primary Health Services , Coordinate Care with Recovery Support Services , Coordinate Care with Other Service Systems , Integrate Care with MH, DD, and/or Primary Health Services , Integrate Care with Recovery Support Services , Integrate Care with Other Service Systems , Cross-train Clinical Staff on Co-occurring Disorders
OMH Priority Focus: Service Coordination/Integration.
OPWDD Priority Focus: Infrastructure. **Sub-focus Area(s):** Cross-system Collaboration , Communications

Strategy 3.1

Partner with Rural Health Network to promote and support the implementation of local, regional and State initiatives for integrated care .
State Agencies:
OASAS
OMH
OPWDD

Priority Outcome 4:

Strengthen Prevention Strategies to reduce substance abuse, suicide, hospitalizations, and out of home placements for youth.

Priority Rank: 4

Applicable State Agencies:
OASAS Priority Focus: Service System Planning/Management. **Sub-focus Area(s):** Engage/Expand Stakeholder Involvement in Planning , Conduct Needs Assessment , Seek New Funding Sources
OMH Priority Focus: Workforce Development.
OPWDD Priority Focus: Health. **Sub-focus Area(s):** Substance abuse and suicide prevention

Strategy 4.1

Further develop local Coalition to Combat Adolescent Substance Abuse in Oswego County.
State Agency:
OASAS

Strategy 4.2

Provide over the counter medication and opiate addiction education in middle school and high school classrooms.
State Agency:
OASAS

Strategy 4.3

Develop local Suicide Prevention Coalition.
State Agency:
OMH

Strategy 4.4

Provide local training opportunities to increase skills within the community to identify and respond to suicidal ideation.
State Agency:
OMH

Strategy 4.5

Apply for Drug Free Communities Grant
State Agency:
OASAS

Strategy 4.6

Implement Collaborative Problem Solving Model throughout community.
State Agencies:
OASAS
OMH

2016 Multiple Disabilities Considerations Form
Oswego County Mental Health Division (70320)
Certified: Nicole Kolmsee (4/7/15)

Consult the LSP Guidelines for additional guidance on completing this form.
LGU: Oswego County Mental Health Division (70320)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?

○ Yes
◉ No

If yes, briefly describe the mechanism used to identify such persons:

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?

○ Yes
◉ No

If yes, briefly describe the mechanism used in the planning process:

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?

◉ Yes
○ No

If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

A local level Multiple Disabilities MOU exists regarding case planning, dispute resolution, and collaboration; identify and plan for cross-system training needs. The objective is to collaborate and improve on service delivery and access in general for persons affected by multiple disabilities. A multi-disciplinary Community Services Review Committee meets as needed to assist in complex case specific planning.

2016 Community Service Board Roster
Oswego County Mental Health Division (70320)
Certified: Nicole Kolmsee (4/29/15)

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

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 Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson	
Name	James Huber
Physician	No
Psychologist	No
Represents	Public Representative, Education
Term Expires	6/30/2018
eMail	

Member	
Name	Anne Wart
Physician	No
Psychologist	No
Represents	Consumer
Term Expires	1/31/2019
eMail	

Member	
Name	John Proud
Physician	No
Psychologist	No
Represents	Public Representative, Co Legislator
Term Expires	6/30/2018
eMail	

Member	
Name	Nancy Simmons-Henderson
Physician	No
Psychologist	No
Represents	family member
Term Expires	12/31/2017
eMail	

Member	
Name	Teresa Lazarek
Physician	No
Psychologist	No
Represents	Family Member
Term Expires	4/30/2019
eMail	

Member	
Name	Brian Coleman
Physician	No
Psychologist	No
Represents	Health and Human Services
Term Expires	4/30/2019
eMail	

Member	
Name	Philip Laux Jr.
Physician	No
Psychologist	No
Represents	Consumer
Term Expires	4/30/2019
eMail	

Member	
Name	Maria Grimshaw-Clark
Physician	No
Psychologist	No
Represents	Education, Social Worker
Term Expires	4/30/2019
eMail	

Member	
Name	Katie Backus
Physician	No
Psychologist	No
Represents	Government, Mental Health
Term Expires	4/30/2019
eMail	

Member	
Name	Donna Scanlon
Physician	No
Psychologist	No
Represents	Community Planning, Housing
Term Expires	4/30/2019
eMail	

Member	
Name	Samantha Cleveland
Physician	No
Psychologist	No
Represents	Substance Abuse, Aging
Term Expires	4/30/2019
eMail	

Member	
Name	Greg Osetek
Physician	No
Psychologist	No
Represents	Long-term Care
Term Expires	4/30/2019
eMail	

Member	
Name	Carol Alfieri
Physician	No

Member	
Name	Larry Schmidt
Physician	No

Psychologist	No
Represents	family member
Term Expires	12/31/2017
eMail	

Psychologist	No
Represents	Public Representative, Aging
Term Expires	2/28/2018
eMail	

Member

Name	Paula Whitehouse
Physician	No
Psychologist	No
Represents	Public Representative, RN
Term Expires	2/28/2018
eMail	

2016 ASA Subcommittee Membership Form
Oswego County Mental Health Division (70320)
Certified: Nicole Kolmsee (4/29/15)

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

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 Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson	
Name	John Proud
Represents	Public Representative/County Legislator
eMail	
Is CSB Member	Yes

Member	
Name	Alis Sefick
Represents	Prevention Resource Center - CNY
eMail	
Is CSB Member	No

Member	
Name	Samantha Cleveland
Represents	Oswego County Office of the Aging
eMail	
Is CSB Member	Yes

Member	
Name	Deborah Bills
Represents	County of Oswego Council on Alcoholism & Addictions
eMail	
Is CSB Member	No

Member	
Name	Jeanne Unger
Represents	Farnham Family Services
eMail	
Is CSB Member	No

Member	
Name	Patrick Waite
Represents	Oswego Co Opportunities, Residential
eMail	
Is CSB Member	No

Member	
Name	Andy Long
Represents	Harbor Lights CD Program
eMail	
Is CSB Member	No

Member	
Name	Karen Lachnicht Merrill
Represents	Oswego Coutny Opportunities, Crisis & Development Services
eMail	
Is CSB Member	No

Member	
Name	Nancy Simmons-Henderson
Represents	family member
eMail	
Is CSB Member	Yes

2016 Mental Health Subcommittee Membership Form
Oswego County Mental Health Division (70320)
Certified: Nicole Kolmsee (4/29/15)

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

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

Chairperson	
Name	Anne Wart
Represents	Consumer
eMail	
Is CSB Member	Yes

Member	
Name	Garrett Tutura
Represents	Hillside Children's Center, Family Advocacy
eMail	
Is CSB Member	No

Member	
Name	Karen Davies-Buckley
Represents	Catholic Charities
eMail	
Is CSB Member	No

Member	
Name	Eric Bresee
Represents	Oswego County Opportunities Crisis & Development Services
eMail	
Is CSB Member	No

Member	
Name	Elizabeth Thompson
Represents	Oswego County Opportunities - Transitional Living, Residential
eMail	
Is CSB Member	No

Member	
Name	Rebecca DeLong
Represents	Oswego Hospital Behavioral Services Division
eMail	
Is CSB Member	No

Member	
Name	Olivia VanSanford
Represents	Oswego Hospital Behavioral Services Division
eMail	
Is CSB Member	No

Member	
Name	Wesley-Ann Balcom
Represents	Liberty Resources - Brownell Center
eMail	
Is CSB Member	No

Member	
Name	Gina Atkins
Represents	Oswego Hospital Behavioral Services Division
eMail	
Is CSB Member	No

Member	
Name	Maria Grimshaw-Clark
Represents	Private Practice and SUNY Oswego
eMail	
Is CSB Member	Yes

Member	
Name	Jill Gutellius
Represents	LGU / Children's SPOA
eMail	
Is CSB Member	No

Member	
Name	Sara Sunday
Represents	Oswego County Office for Aging
eMail	
Is CSB Member	No

Member	
Name	Mariah Senecal-Reilly
Represents	LGU / Adult SPOA
eMail	
Is CSB Member	No

Member	
Name	James Huber
Represents	Public, Education
eMail	
Is CSB Member	Yes

2016 Developmental Disabilities Subcommittee Membership Form
Oswego County Mental Health Division (70320)
Certified: Nicole Kolmsee (4/29/15)

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

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 Representitive", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson	
Name	Paula Whitehouse
Represents	Home Care, RN
eMail	
Is CSB Member	Yes

Member	
Name	Larry Schmidt
Represents	Community, Seniors
eMail	
Is CSB Member	Yes

Member	
Name	Alissa Viscome
Represents	Oswego Industries, ARC of Oswego Co.
eMail	
Is CSB Member	No

Member	
Name	Sabine Ingerson
Represents	ARISE
eMail	
Is CSB Member	No

Member	
Name	Patrick Waite
Represents	Oswego County Opportunities, Residential
eMail	
Is CSB Member	No

Member	
Name	Diane Weierman
Represents	Access CNY
eMail	
Is CSB Member	No

Member	
Name	Carol Alfieri
Represents	Family
eMail	
Is CSB Member	Yes

Member	
Name	Theresa Familo
Represents	Parents of Special Children
eMail	
Is CSB Member	No

Member	
Name	Tammy Thompson
Represents	Early Intervention
eMail	
Is CSB Member	No

Member	
Name	Christine Valerio
Represents	Cayuga Centers
eMail	
Is CSB Member	No

2016 Mental Hygiene Local Planning Assurance
Oswego County Mental Health Division (70320)
Certified: Nicole Kolmsee (6/1/15)

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

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 2016 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 2016 Local Services planning process.