

2017
Local Services Plan
For Mental Hygiene Services

Oneida Co. Department of Mental Health
August 15, 2016



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Oneida Co. Department of Mental Health	70210	(LGU)
Executive Summary	Optional	Not Completed
Needs Assessment Report	Required	Certified
Multiple Disabilities Considerations Form	Required	Certified
Priority Outcomes Form	Required	Certified
Community Services Board Roster	Required	Certified
OMH Transformation Plan Survey	Required	Certified
LGU Emergency Manager Contact Information	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

2017 Needs Assessment Report
 Oneida Co. Department of Mental Health (70210)
 Certified: Rebecca King (5/11/16)

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. You have the option to attach documentation, as appropriate.

Oneida County continues to experience the impact of the Heroin Epidemic here in NYS. Challenges include access to services for mental health and retention of the workforce in OASAS, OPWDD and OMH clinics.

2. Analysis of Service Needs and Gaps - In this section, describe and quantify (where possible) 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 the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Identify specific underserved populations or populations that require specialized services. You have the option to attach documentation, as appropriate.

Oneida county residents who are homeless and have complex diagnosis of mental health/substance use and/or developmental disabilities face obstacles related to permanent housing with support. Although several agencies have applied for funding to provide this care there has been no payments to date to begin breaking ground on permanent supported housing projects. Oneida County continues to work to assist special populations such as criminal justice, women, veteran's and those with chronic physical and mental illness.

3. Assessment of Local Needs - For each category listed in this section, indicate the extent to which it is an area of need by checking the appropriate check box under "High", "Moderate", or "Low" for each population: Youth (Under 21) and Adults (21 and Over). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation. For each issue that you identify as a "High" need, answer the follow-up question to provide additional detail.

Issue Category	Youth (< 21)			Adult (21+)		
	High	Moderate	Low	High	Moderate	Low
Substance Use Disorder Services:						
a) Prevention Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c) Inpatient Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d) Opioid Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Outpatient Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f) Residential Treatment Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g) Housing.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Transportation.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
i) Other Recovery Support Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Workforce Recruitment and Retention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Coordination/Integration with Other Systems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
l) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services:						
m) Prevention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
n) Crisis Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
o) Inpatient Treatment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
p) Clinic Treatment Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Other Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
r) Care Coordination	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
s) HARP HCBS Services (Adult)				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
t) HCBS Waiver Services (Children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
u) Other Recovery and Support Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
v) Housing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) Transportation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
x) Workforce Recruitment and Retention	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
y) Coordination/Integration with Other Systems	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
z) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Developmental Disability Services:						
aa) Crisis Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb) Clinical Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc) Children Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
dd) Adult Services				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ee) Student/Transition Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ff) Respite Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
gg) Family Supports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
hh) Self-Directed Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ii) Autism Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
jj) Person Centered Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
kk) Residential Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
ll) Front Door	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
mm) Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
nn) Service Coordination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
oo) Employment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
pp) Workforce Recruitment and Retention.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
qq) Coordination/Integration with Other Systems.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
rr) Other (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Follow-up Questions to "Opioid Treatment Services" (Question 3d)

3d1. Briefly describe the issue and why it is a high need for the populations selected.

There is a need for prescribers of suboxon to take on new patients. There continues to be barriers to MAT in the form of maintenance (methadone) this is being addressed currently by the addition of a PART 822 OTP clinics in both Utica and Rome in 2016.

Follow-up Questions to "Housing" (Question 3g)

3g1. Briefly describe the issue and why it is a high need for the populations selected.

There is a need for youth homeless shelter as identified by the homeless and housing coalition and runaway and homeless youth coalition There is also a need for permanent supported housing for those with SUD and MI. Access to affordable, safe housing continues to be an issue for Oneida County services recipients

Follow-up Questions to "Recovery Support Services" (Question 3i)

3i1. Briefly describe the issue and why it is a high need for the populations selected.

Two OC agencies submitted proposals for a recovery center. Due to the lack of a HUB a coordinated effort by providers and self help organizations is difficult to achieve. A recovery center could bridge the gaps in our community and allow strong implementation of peer support and family support.

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

3j1. Briefly describe the issue and why it is a high need for the populations selected.

There is a shortage of CASAC professionals. All Oneida County agencies have reported that they are having difficulty recruiting and retaining competent, ethical individuals to work in their agencies. The pay scale continues to be too low to attract licensed individuals into outpatient and residential settings. This is going to be a real problem with 820 redesign implementation since licensed staff are required.

Follow-up Questions to "Housing" (Question 3v)

3v1. Briefly describe the issue and why it is a high need for the populations selected.

The need remains for mental health crisis respite infrastructure that prevents crisis. This is part of the strengthening substance abuse/mental health infrastructure project in DSRIP. Oneida county will support efforts to increase access to permanent supported housing for individuals with mental health. The need has increased for access to permanent and crisis housing for seniors with chronic, persistent mental illness.

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

3x1. Briefly describe the issue and why it is a high need for the populations selected.

There is a need for staffing support services that include access to continuing education credits for social workers. This includes buy in from clinic management to allocate training hours for staff to participate in training offered through the professional training coalition and other sources. There continues to be a shortage of psychiatrists, psychiatric nurse practitioners, counseling staff, care management staff and licensed staff within mental health. Resources to provide competitive salaries are minimal which makes recruitment to Oneida County a challenge.

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

3aa1. Briefly describe the issue and why it is a high need for the populations selected.

For kids families do not have a lot of out home options or immediate services. This is especially true for individuals with high behavioral needs. For adults with aging parents there is a need for families in crisis related to illness, aging of the care givers. There is also a need for families caring for family members with behavioral concerns there is a need for a more timely response to behavioral crisis.

Follow-up Questions to "Clinical Services" (Question 3bb)

3bb1. Briefly describe the issue and why it is a high need for the populations selected.

Families and individuals wait long for evaluation services. There is a need for clinical services tailored to address the needs of people with intellectual impairment. There is a need for clinical staff trained in this area.

Follow-up Questions to "Children Services" (Question 3cc)

3cc1. Briefly describe the issue and why it is a high need for the populations selected.

There is a need for services to assist those with behavioral needs. There is a great need for respite services.

Follow-up Questions to "Student/Transition Services" (Question 3ee)

3ee1. Briefly describe the issue and why it is a high need for the populations selected.

There is a need for better communication between graduating students and adult programs. There is a need for more timely planning to ensure continuation of support beyond school based services for those that complete.

Follow-up Questions to "Respite Services" (Question 3ff)

3ff1. Briefly describe the issue and why it is a high need for the populations selected.

The highest need is for those with high need behavioral individuals and rural areas.

Follow-up Questions to "Family Supports" (Question 3gg)

3gg1. Briefly describe the issue and why it is a high need for the populations selected.

Enhancement in training and pay to direct care workers to improve retention to those who provide consistent support to families.

Follow-up Questions to "Autism Services" (Question 3ii)

3ii1. Briefly describe the issue and why it is a high need for the populations selected.

Increased capacity for specialized respite is needed. Also for recreation services for both adults and children.

Follow-up Questions to "Transportation" (Question 3mm)

3mm1. Briefly describe the issue and why it is a high need for the populations selected.

Transportation for employment and access to services. This is especially true in rural areas.

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

3pp1. Briefly describe the issue and why it is a high need for the populations selected.

More training and better pay for service coordinators is needed to attract and retain quality staff.

Local needs generally do not change significantly from one year to the next. It often takes years of planning, policy change, and action to see real change. In an effort to assess what changes may be happening more rapidly across the state, indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year.

4. How have the overall needs of the mental health population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

4a. If you would like to elaborate on why you believe the overall needs of the mental health population have stayed about the same over the past year, briefly describe here

There has been little change with regard to the need from last year. The area of HARP is new and is a moderate need. Care transitions and care management will need support as our region begins HARP related services in 2016-2017.

5. How have the overall needs of the substance use disorder population changed in the past year?

- a) Overall needs have stayed about the same.

- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

5d. If you would like to elaborate on why you believe the overall needs of the substance use disorder population have been a mix of improvement and worsening over the past year, briefly describe here

Improvements: The addition of Peer Recovery Advocate, Peer Support Navigator and the OASAS Part 822 opioid treatment program have improved the outlook for substance abuse patients in Oneida County. Access to narcan is easy at this time and several trainers are available within the county for narcan. Worsening: Concern is for recruitment and retention of a qualified workforce to serve substance use patients in the upcoming years. This could become critical as more QHP retire and the state substance abuse programs (ATC and DOCs) begin to recruit. Several local agencies underwent large turn over of highly seasoned CASACs due to state DOC hiring in 2016.

6. How have the overall needs of the **developmentally disabled** population changed in the past year?

- a) Overall needs have stayed about the same.
- b) Overall needs have improved.
- c) Overall needs have worsened.
- d) Overall needs have been a mix of improvement and worsening.
- e) Not sure.

6c. If you would like to elaborate on why you believe the overall needs of the developmentally disabled population have worsened over the past year, briefly describe here

Lack of ability for individuals to access certified residences and employment options. Employment is not available due to the current job market Access to services takes a long time (evaluations and wait lists)

In addition to working with local mental hygiene agencies, LGUs frequently work with other government and non-government agencies within the county and with other LGUs in their region to identify and address the major issues that have a cross-system or regional impact. The following questions ask about the nature and extent of those collaborative planning activities.

7. In the past year, has your agency been included in collaborative planning activities related to the Prevention Agenda 2013-2018 with your Local Health Department?

- a. Yes
- b. No

7a. Briefly describe those planning activities with your Local Health Department.

Department head meets regularly with the County Health Department Head. Population Health Improvement Project with OC Department of Health and local health home (PHIP)

8. In the past year, has your agency participated in collaborative planning activities with other local government agencies and non-government organizations?

- a. Yes
- b. No

8a. Briefly describe those planning activities with other local government agencies and non-government organizations.

Participation on DSRIP workgroups for Strengthening MH/SA infrastructure, Integration of primary care and behavioral health and Crisis Intervention. Oneida County Dept. of Mental Health also serves as the convener for RPAC meetings. Collaboration with Family Court System- BFF pilot project for substance abuse. Planning meetings with Runaway and homeless youth Teen Assessment Project Survey (Oneida, Herkimer and Madison Counties)

9. In the past year, has your agency participated in collaborative planning activities with other other LGUs in your region?

- a. Yes
- b. No

9a. List each activity and the LGU(s) involved in that collaboration and provide a brief (one or two sentence) description of the activity.

Collaboration by the department head with the Conference of Local Mental Hygiene Directors Collaboration with Onondaga County, Madison County and Oswego County in DSRIP planning project to strengthen the MH/SA infrastructure across the CNY region.

9b. Did your collaborative planning activities with other LGUs in your region include identifying common needs that should be addressed at a regional level?

- a. Yes
- b. No

9c. Did the counties in your region reach a consensus on what the regional needs are?

- a. Yes
- b. No

9d. Briefly describe the consensus needs identified by the counties in your region

Access to crisis prevention services "Parachute Project" RFP was posted to the CNYCARES.org website in 1st quarter 2016.

2017 Multiple Disabilities Considerations Form
Oneida Co. Department of Mental Health (70210)
Certified: Rebecca King (4/1/16)

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

LGU: Oneida Co. Department of Mental Health (70210)

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:

Oneida County has central entry point processes that identify people with multiple disabilities (SPOA, subcommittees).

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:

Directors from all three disabilities discuss cross system issues and identify trends within this mechanism.

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:

Agency representatives are informed to contact the Department of Mental Health when they have case specifics on Cross System issues. Our process includes completion of a referral form and an adhoc case planning process is scheduled involving representatives from the systems identified.

Mental Hygiene Priority Outcomes Form
Oneida Co. Department of Mental Health (70210)
Plan Year: 2017
Certified: Debra Whiteford (5/27/16)

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

2017 Priority Outcomes - Please note that to enter information into the new items under each priority, you must click on the "Edit" link next to the appropriate Priority Outcome number.

Priority Outcome 1:

To maintain or improve the availability and access to the continuum of services for all individuals.

Progress Report: (optional) **new*

The department continues to work with and provide letters of support for agencies proposing service expansion. In 2015/2016 a Family Navigator, Peer Support Advocates and an OASAS part 822 Opioid treatment program were added to the continuum of care plan and awards were made to provide these services which increase options and access to substance use services.

Priority Rank: 3

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new* Yes

Strategy 1.1

ASPOA/A process will monitor referral distribution and timeframes for openings to better examine barriers to engagement and gaps within the service delivery system and to ensure that outpatient service needs of the most challenging patients are met. Barriers to residential services and MH housing services will be addressed by the ASPOA committee as needed.

Applicable State Agencies: OASAS OMH

Strategy 1.2

OCDMH will actively monitor the delivery system for examples of barriers to individuals' access to services. Specific to managed care, Health Homes, DSRIP and changes to insurance delivery systems to ensure that barriers are addressed and resolved collaboratively.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.3

OCDMH will continue to monitor waiting lists at all outpatient OMH licensed clinics to ensure compliance with the requirement for 5 day appointments for the highest priority populations while still meeting the service needs of the lower need clients;

Applicable State Agency: OMH

Strategy 1.4

OCDMH will work with SUD providers to navigate the changes to Medicaid (managed care) and DSRIP efforts as they pertain to OASAS programs.

Applicable State Agency: OASAS

Strategy 1.5

Department staff will meet individually with all contract providers to discuss each contract, programs, fiscal accountability, and performance measures and identify gaps and needs in the provision of services.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 1.6

OCDMH will continue to discuss and review data related to admissions, emergency room visits, length of stay, and capacity at the 9.39 hospitals.

Applicable State Agency: OMH

Priority Outcome 2:

The continuum of housing options and supports will be expanded to meet the needs of all individuals.

Progress Report: (optional) **new*

Department working with DSRIP strategy 4aiv to identify and develop an RFP for crisis stabilization that includes a crisis respite component. Several agencies working with the Housing and Homeless COC coalition have applied for HUD monies to build and maintain permanent supported housing units. HUD award pending as of 1st quarter 2016 for Rescue Mission of Utica plan to add 42 low income, permanent supported housing units. Johnson Park center approved March 2016 for HUD monies to build additional JPA green unit for chronically homeless women.

Priority Rank: 1

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

- The Prevention Agenda 2013-2018
- Population Health Improvement Plan (PHIP)
- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- OMH Transformation Plan

Is this priority also a Regional Priority? **new* Not Sure

Strategy 2.1

Oneida County Department of Mental Health will continue to support the joint collaboration between Mohawk Valley Psychiatric Center and Catholic Charities for the Long Stay Supported Housing Beds. Periodic meetings with the housing providers, care coordination and ASPOA/A will continue to address bed utilization throughout the entire continuum of care and to advocate for system changes related to these beds. MRT Supported housing beds will be utilized through collaboration with the Health Home. OCDMH will work with OMH and DOCJS to add forensic beds to our continuum of care through OMH pilot project in Oneida County.

Applicable State Agencies: OASAS OMH

Strategy 2.2

Oneida County Department of Mental Health will continue to support the efforts of the various community coalitions and providers in an effort to reduce incidents of homelessness. The Oneida County Continuum of Care includes adult, youth and children's services.

Applicable State Agencies: OASAS OMH

Strategy 2.3

Oneida County will continue to work with providers to seek out ways to avoid future homelessness through early engagement between ASPOA residential providers and those referring homeless individuals. Oneida County ASPOA will closely monitor the waiting lists for its residential services to better assess the housing needs for the mentally ill.

Applicable State Agencies: OASAS OMH

Strategy 2.4

Enhance and increase the availability of housing opportunities for individuals with developmental disabilities. This will be accomplished by reconfiguration of current residences and new independent living opportunities.

Applicable State Agency: OPWDD

Strategy 2.5

Increase supports to people who desire to live independently in the community.

Applicable State Agency: OPWDD

Strategy 2.6

Enhance supports to families to enable family members to remain at home in the community.

Applicable State Agency: OPWDD

Strategy 2.7

Oneida County Department of Mental Health will work collaboratively with the Department of Social Services to identify and resolve current barriers within the county system that are present and perpetuate homelessness. OCDMH will work with existing providers to analyze its services to determine if reconfiguration and/or re-design of existing services are feasible and appropriate to address the housing needs of the homeless populations.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 3:

To improve Cross System Collaboration:

Progress Report: (optional) **new*
SA, MH and OPWDD director attended cross system subcommittee meetings and ASPOA in 2015.

Priority Rank: 2

Applicable State Agencies: OASAS OMH OPWDD

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new*

Strategy 3.1

Oneida County will promote the efforts of the Professional Training Coalition in meeting the identified need of increased access to dual recovery trainings within our community to inform staff on various intergration efforts.

Applicable State Agencies: OASAS OMH

Strategy 3.2

Oneida County Department of Mental Health will continue to support the successful inter and intra-agency collaboration through the EPSS 9.41/UR Committee: Specific goals and strategies will be prioritized and training and education will be formally developed for law enforcement, and providers. On-going analysis of data will reflect more appropriate use of EPSS systems. Oneida County Department of Mental Health will continue to provide DCJS Training for the Police Mental Health Curriculum for the Mohawk Valley Police Academy, as well as be the mental health "Liaisons" for Oneida County Law Enforcement.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 3.3

OCDMH will continue to work with OMH and OASAS providers to integrate Focus Integrated Treatment(FIT) modules as a core competency; to include as part of their staff development.

Applicable State Agencies: OASAS OMH

Strategy 3.4

Agencies will develop supports to better serve individuals with multiple disabilities. The need for crisis and stabilization services for individuals with developmental disabilities has been presented in our county plan for numerous years. Representatives from the state, county and provider agencies in the CNY Region of NYS OPWDD will begin discussion and study to develop the START (Systemic, Therapeutic, Assessment, Resources and Treatment) initiative.

Applicable State Agencies: OASAS OMH OPWDD

Strategy 3.5

Ad Hoc Case Conferencing: All three Directors are convening regular, ad hoc case conferencing at the request of any Oneida County provider or law enforcement. The purpose of these conferences is to discuss the highest risk individuals and to develop collaborative responses to provide consistent care and to mitigate risk.

Applicable State Agencies: OASAS OMH

Strategy 3.6

Oneida County Department of Mental Health will continue to participate in the DSRIP to ensure that the needs of Oneida County individuals are being met through all relevant workgroup initiatives. The department of MH plan is to reconfigure the EPSS (941) meetings to best identify and meet the needs of high risk individuals within the disability systems.

Applicable State Agencies: OASAS OMH

Strategy 3.7

Oneida County will continue to provide assessment, monitoring and evaluation related to the provision of mental health services with forensic populations including at Oneida County Correctional Facility, Utica City Mental Health Hub Court; and releases from prisons and jails to assure that this population is receiving an efficient and effective array of services.

Applicable State Agencies: OASAS OMH

Strategy 3.8

The OCDMH will continue to promote integration and cross collaboration between OASAS, OMH and OPWDD providers.

Applicable State Agencies: OASAS OMH OPWDD

Priority Outcome 4:

Expand services for SUD to include access MAT, OTP and Stabilization Services

Progress Report: (optional) **new*

OC DMH released two RFP to expand access to SUD treatment. The first being an RFP in 1st quarter 2016 to start an OASAS Part 288 opioid treatment program on the grounds of McPike ATC. The award for the OTP was made to CNY Services. The second was to implement OASAS commissioner's proposal for the position of Peer Support Recovery Advocate. This position was awarded to the Rescue Mission of Utica and will work with the hospitals in the Mohawk Valley to provide advocacy for patients treated for overdose with naloxone. Finally, The Beacon Center has an application pending currently with OASAS for 100 slots of MAT (methadone) in Rome NY. This aligns with the DOH objective in DSRIP for ambulatory detox options although the CNYCC did not approve that as a final project for DSRIP. Center for Family Life in Recovery was awarded from NY state OASAS the position of Family Support Navigator in 2015. The position has been filled and has begun taking clients as of March 2016.

Priority Rank: 5

Applicable State Agencies: OASAS OMH

Aligned State Initiative: **new*

- Medicaid Delivery System Reform Incentive Payment Program (DSRIP)
- Combat Heroin and Prescription Drug Abuse
- Talk2Prevent

Is this priority also a Regional Priority? **new* Yes

Strategy 4.1

Oneida County will work with local providers and drug representatives to explore the best ways to move forward to meet the needs of the community.

Applicable State Agencies: OASAS OMH

Strategy 4.2

Oneida County will continue to chair the Opiate Task Force and promote continued collaboration among the county providers to educate the community and promote prevention efforts related to combatting heroin addiction in our county.

Applicable State Agencies: OASAS OMH

Strategy 4.3

SUD agencies will work with the OCDMH to implement new residential regulations Part 820 with a focus on stabilization services that incorporate MAT when appropriate. Alcohol and Drug Subcommittee will work to discuss the possibility of expanding services to include opioid treatment programs. OCDMH will continue to support efforts of SUD providers of MAT.

Applicable State Agency: OASAS

Priority Outcome 5:

Support Individuals to Become Meaningfully Employed and Contribute to Their Community

Progress Report: (optional) **new*

Priority Rank: 4

Applicable State Agencies: OASAS OPWDD

Aligned State Initiative: **new*

Is this priority also a Regional Priority? **new*

Strategy 5.1

Increase the number of employment opportunities for individuals with developmental disabilities. Expand opportunities for individuals with Substance Use Disorder to engage in education and employment activities.

Applicable State Agency: OPWDD

Strategy 5.2

Increase/Expand Pre-Employment Skills Development to Enhance Vocational Success

Applicable State Agency: OPWDD

Strategy 5.3

Expand Support Services/Skill Building to Enhance Vocational Success and Community Contribution

Applicable State Agency: OPWDD

Strategy 5.4

Expand Availability of Community Inclusion Activities

Applicable State Agency: OPWDD

2017 Community Service Board Roster
 Oneida Co. Department of Mental Health (70210)
 Certified: Rebecca King (4/1/16)

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

Chairperson
Name Ken Abramczyk
Physician No
Psychologist No
Represents Community
Term Expires
eMail kennethabramczyk@gmail.com

Member
Name Lorraine Krup
Physician No
Psychologist No
Represents Community
Term Expires
eMail none

Member
Name Mike Romano
Physician No
Psychologist No
Represents Office for the Aging
Term Expires
eMail mromano@ocgov.net

Member
Name Susan Spina
Physician No
Psychologist No
Represents Mohawk Valley Health Systems
Term Expires
eMail sspina@mvnhealth.com

Member
Name Gretchen Sprock
Physician No
Psychologist No
Represents Community Member
Term Expires
eMail csprock@twcny.rr.com

OMH Transformation Plan Survey
Oneida Co. Department of Mental Health (70210)
Certified: Rebecca King (4/1/16)

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

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays.

Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan "pre-invested" \$59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities' inpatient psychiatric admissions and lengths of stay. In addition, \$15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan goals.

1. Did your LGU/County receive OMH Transformation Plan Reinvestment Resources (State and Locally funded) over the last year?

- a) Yes
- b) No
- c) Don't know

2. Please provide any other comments regarding Transformation Plan investments and planning.

2017 Mental Hygiene Local Planning Assurance
Oneida Co. Department of Mental Health (70210)
Certified: Rebecca King (4/1/16)

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 2017 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 2017 Local Services planning process.