



2023 Goals and Plans Form

Oswego County Division of Mental Hygiene

Goal 1: Strengthen and promote prevention strategies to reduce self-harm, suicide, and overdose. Develop community and cross system strategies for primary and secondary violence prevention.

Goal 2: Develop needed local capacity for Mental Health Outpatient Treatment; Child and Family Treatment and Support Services (CFTSS); Children's HCBS Waiver Services; Adult Community Oriented Recovery and Empowerment (CORE) Services; Adult, Youth, and Family Peer Supports Services; OMH, OASAS, and OPWDD Supported Housing opportunities.

Goal 3: Sustain and enhance cross system capabilities of local telephonic and mobile behavioral health crisis interventions. Address distance barriers to accessing crisis centers and respites.

Annual and intermediate plans for addiction services:

- ♣ Strengthen and promote prevention strategies to reduce self-harm, suicide, and overdose.
- ♣ Develop community and cross system strategies for primary and secondary violence prevention.
- ♣ Collaborate with Public Health on OD mapping and response development.
- ♣ Support and promote local training programs and hiring incentives to stabilize workforce.
- ♣ Increase local non-clinical recovery services and supports.
- ♣ Increase Peer workforce.
- ♣ Expand OTP availability.
- ♣ Stabilize residential services with conversion from 819 to 820 OASAS regulations.

Annual and intermediate plans for developmental disability services:

- ♣ Advocate for NYS OPWDD to provide transparency of data regarding identified and unmet needs of Oswego County residents.
- ♣ Advocate for NYS OPWDD to genuinely engage in local and regional collaboration to address cross-system complex needs of individuals with IDD.
- ♣ Advocate for NYS OPWDD to provide local funding to counties to develop local services which can be flexible and creative in response to local needs.
- ♣ Advocate for NYS OPWDD to evaluate current system structure and exclusionary factors.

Annual and intermediate plans for mental health services:

- ♣ Increase local capacity for Mental Health Outpatient Treatment including SBMH clinic sites.
- ♣ Sustain local telephonic and mobile behavioral health crisis interventions.
- ♣ Address distance barriers to accessing crisis centers and respites.
- ♣ Explore development of link between schools and crisis services via school crisis liaisons.
- ♣ Promote and support access to regional Children's Crisis residence.
- ♣ CFTSS capacity development.
- ♣ Continue Mirrored Medicaid service opportunities.
- ♣ Develop Dwyer Peer Service for Veterans.
- ♣ Violence Prevention activities via Oswego County Community Safety Initiative.
- ♣ Services awareness campaign.

LGU Representative Name: Nicole Kolmsee

LGU Representative Title: Director of Community Services

Submitted for: Oswego County Division of Mental Hygiene



2023 Needs Assessment Form

Oswego County Division of Mental Hygiene

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Need description (Optional): High levels of family instability, child abuse, poverty, housing and food insecurities.

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Enhancements (staffing and funding) to MH Mobile Crisis Team to effectively respond to SUD and IDD clients. Deficit funding for Mobile Crisis Team to support service to Non-Billable populations. Development of School Crisis Liaisons to coordinate between school resources and community crisis response.

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): System barriers prevent shared efforts to provide collaborative integrated care. System designs lack the flexibility needed to meet individual needs. Focus is often on restrictions, exclusionary criteria. Lack of OPWDD residential options for youth often means a default to foster care placement, which in turn renders youth ineligible for OPWDD community supports and services. This is a true cross system failure. Rigidity of OMH inpatient and RTF facility regulations leads to youth identified as having "behavioral issues" being denied access to higher levels of care.

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Need for CR-SRO Model Housing program to support individuals with SMI and recurring episodes of homelessness to maintain stable housing while receiving minimal supports and supervision. The Onondaga, Oswego, Cayuga CoC reports a 25% increase in homelessness for this population between 2017 and 2020.

Need for additional OMH Supported Housing slots. Oswego has an allocation of 65 slots which are all currently filled. There is an additional 62 individuals on the waitlist.

Need for OASAS Supported Housing Program for adults age 18+ to support individuals in their recovery.

Need for access to OPWDD housing for youth and adults in or near their home communities.

Inpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Youth Only

Need description (Optional): There are no children's inpatient beds within Oswego County. Access to regional beds is limited and coordination of care is challenging. Children remain in ED and CPEP for extended periods of time.

During the first quarter of 2022 alone, Oswego Hospital Emergency Department reports 71 Youth MH visits. 14 were transferred to an Inpatient Psychiatric Bed. 8 of these 14 youth remained in the ED 5+ days while waiting for an inpatient bed.

Non-Clinical Supports Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): NYS Health Connector data for 2018 lists 157 Self-Harm ED visits. 82 (52%) are youth under age 20. NYS Health Connector data for 2018 lists 133 Self-Harm Hospital admissions. 32 (24%) are youth under age 20. During the first quarter of 2022 alone, Oswego Hospital Emergency Department reports 71 Youth MH visits. Despite increased capacity, increased youth enrollment by 70%, and decreased wait times by 50% in OMH outpatient clinics over the past 3 years, the number of youth waiting to access outpatient treatment has increased 130%. The data represents the growing need in Oswego County.

Provider pace of development of all Child and Family Treatment and Support Services (CFTSS) is inadequate to meet need. Rates and workforce concerns are a barrier. CPST and OLP have limited capacity. At risk youth need mentors and skill building in addition to clinical supports. October 2022 local reporting for CFTSS shows 7 enrolled and no additional access to Psychosocial Rehabilitation (PSR); 8 enrolled and new referrals waitlisted for Family Peer Support Services (FPSS); 36 enrolled and new referrals being accepted by one provider for Community Psychiatric Supports and Treatment (CPST); 16 enrolled and new referrals being accepted by one provider for Other Licensed Provider (OLP).

Capacity for children's HCBS waiver services is even less. PSYCKES reports 86 Oswego County youth enrolled in any Children's Waiver. Providers report 3 enrollments across programs. 5 of the 8 waiver services are not currently offered in Oswego County. The 3 services offered have waitlists.

OMH and OASAS Peer Workforce development (youth, family, adult) is needed to meet growing need both from the community and for compliance with OMH and OASAS program regulations.

OPWDD system needs to develop individual intensive community service packages to support/wrap around individuals and their families. Decreased housing beds, respite, and agency-based group day and community programs have left this service population to manage on their own. OPWDD provides no resources to the LGU to be able to meet local needs.

All service groups need opportunities for positive social activities.

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Need description (Optional): Despite increased capacity, increased enrollment (70% for youth, and 83% for adults), and decreased wait times by 50% in OMH outpatient clinics over the past 3 years, the number of individuals waiting to access outpatient treatment has increased (130% for youth, and 3% for adults). Oswego County OMH clinic providers are not able to offer open or same-day access. The need continues to out pace development and availability of workforce. Timely access to treatment is a significant and serious unmet need.

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Suicide Prevention, SUD and Overdose Prevention, Aggression and Violence Prevention

Past year PSYCKES data lists 116 Oswego County residents, known to experience suicidal ideation, have had 2 or more mental health presentations to ER.

NYS DOH 2016-2018 data lists 54 suicide deaths during this 2 year time period, prior to the COVID-19 pandemic. The data lists Oswego County as the 11th highest county in NYS for suicide with a rate of 15.2 per 100,000 population. Oswego County has the highest suicide rate in the CNY region.
<https://nyshc.health.ny.gov/web/nyapd/suicides-in-new-york>

PSYCKES data lists 86 Oswego County residents experienced an opioid overdose in the past year. PSYCKES data reflects Medicaid enrolled persons only. High Intensity Drug Trafficking Area Report for Oswego lists 131 Non-Fatal and 23 Fatal overdoses in 2022 through September.

While total arrests over past 10 years have decreased 20%, drug related arrests have increased 17%.

Youth threats of violence are on the increase. Funding for School Threat Assessment and Response Teams is needed to coordinate interventions among schools, law enforcement, social services, and behavioral health services. A combination of primary, secondary, and tertiary interventions are needed to achieve a meaningful degree of prevention and protection. While Primary prevention is undoubtedly critical for long-term reduction of self-harm and violence, the current need for secondary and tertiary interventions to address violence is acute.

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Youth Only

Need description (Optional): Lack of or limited access to placements for youth at great risk in the community is resulting in extended stays at inappropriate levels of care (inpatient, ED, CPEP).

There has been a notable increase in referrals for children and youth for Residential Treatment Facility (RTF) level of care in both 2020 and 2021, as compared to prior years. The rate of referrals for RTF has more than doubled, with 14 RTF referrals in 2021. In addition, the wait time to access RTFs has increased. The expected wait was previously 60-90 days. It is now 120-180 days.

Respite Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): OMH respite for youth is currently available at the Hutching's Psychiatric Center in neighboring Onondaga County (6 beds for the region). Location, setting, engagement, and

transportation, have been barriers to families and youth following through with referrals. There has been a 100% increase in referrals to this program over the past 2 years while only ~50% of those referrals result in an admission. The increase in referrals reflects growing need, however, the number of admissions reflects need for alternative options and collaboration with Counties to address barriers to admission.

OPWDD out of home planned respite for youth and adults is no longer available within Oswego County due to workforce shortage. Crisis respite for this population is impossible to access.

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Transportation options are needed for on demand and off-hour access of regional crisis services: ICSC, SCSC, State PC respite, Children's Crisis Residence.

Transportation options to Opioid Intervention Court, Opioid Treatment Programs, Family Treatment Court, probation, Non-Medicaid supports, positive social activities, food pantries, farmers markets, and job and educational settings are inadequate. Options are sparse and limited to weekdays.

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Need description (Optional): Lack of workforce limits availability of all services which places existing operations and individuals served at risk. Needs include competitive pay, reimbursement rates to account for travel time in rural counties, staff recruitment and development initiatives aimed at rural communities.

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