



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

# 2019 Local Services Plan For Mental Hygiene Services

Oswego County Mental Health Division  
July 18, 2018

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<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Oswego County Mental Health Division</b>	<b>70320</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Not Completed</b>
Goals and Objectives Form	Required	<b>Certified</b>
Office of Mental Health Agency Planning Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
Mental Health Subcommittee Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Roster	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**Mental Hygiene Goals and Objectives Form**  
 Oswego County Mental Health Division (70320)  
 Certified: Nicole Kolmsee (5/24/18)

**1. Overall Needs Assessment by Population (Required)**

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

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

Please Explain:

Oswego County's mental health clinic services for both adults and children are inadequate. Despite small increase in capacity and the recent roll-out of limited service hour mobile crisis, providers are at capacity and ability to accept new patients other than emergency referrals is sporadic. Providers experience high staff turnover and have inadequate staff capacity to meet the growing need. There exists a lack of Clinical Social Workers, NPs, and Psychiatrists. Unmet needs continue to be high, high rates of suicide, anxiety and depression. People are being made to wait for services when symptomatic. There are longer wait times to get initial appointments. On-going treatment sessions are not scheduled as frequently as needed. Treatment is interrupted due to frequent staff turn-over. There are less frequent group offerings and delays in getting court ordered or defense counsel requested evaluations. All of this is increasing the likelihood of inpatient admissions, readmissions, suicide attempts, crimes, and homelessness. Homelessness is increasing without adequate capacity for supportive housing programs to provide the needed supports and resources.

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

Please Explain:

The number of residents with SUD far outweighs services available. The level of higher risk use disorders such as opiate and heroin continue to increase and the number of people seeking help is rising. There has been an increase in the number of younger consumers, and more court-ordered clients. Oswego LDSS has seen a large increase in the number of child welfare cases involving substance abuse (at least 60% of cases). Waiting lists for Medication Assisted Treatment programs continue to grow as the local and regional need for opioid treatment increases. Providers cannot expand fast enough. The number of overdose deaths is high. We are seeing a growing need for co-occurring MH/SUD services.

The incidents of individuals with MH/SUD issues being incarcerated has been increasing. A more comprehensive screening process to identify mental hygiene needs of individuals involved in criminal justice and/or family court would assist in determining extent of local need and development of appropriate services. Identification and development of options for linking defendants to necessary treatment as an alternative to incarceration will be more effective in meeting individuals' needs and reduce recidivism rates.

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

Please Explain:

People are not aware of the services available and families continue to struggle to navigate entering the OPWDD system. Continued complaints are voiced that it takes a very long time to receive needed services. There are insufficient pro-social activities and programs for people with developmental disabilities. The availability of intensive in-home services is limited. Appropriate housing and supervised living situations are extremely difficult to obtain. Individuals and families experience a continued lack of adequate support systems to maintain themselves or loved ones in the community.

**2. Goals Based On Local Needs**

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2a. Housing - Background Information**

Oswego County is in need of additional funding to provide appropriate housing opportunities for individuals across the mental hygiene systems.

Oswego County's OMH Supported Housing program assists individuals with mental illness to maintain safe, affordable, and independent housing within the community. Stable housing has been shown to reduce recipients' utilization of costly emergency and inpatient services. Program is allocated only 65 slots. 48 new referrals were added for a total of 119 waiting at close of 2017. There is a demonstrated need for additional funding to be able to expand this program capacity. There are no Supported Housing slots available for individuals with SUD. Locally, there is a lack of decent affordable housing. Safe and appropriate housing options available are well above 30% of household incomes for those we are serving.

Regarding the OASAS Residential Redesign structure, Oswego lacks the Stabilization and Rehabilitation components. The only SUD residential service available are Community Integration programs and include a 16 bed Transitional Community Residence for adult males and 10 Supportive Apartment Beds. There are no SUD residential services available for women. As there are no other options within Oswego County, providers are referring out of the area for women and for all other levels of residential care. In 2016, there were a total of 85 admissions of Oswego County residents into OASAS Residential Services. Only 37.6% of them (32) were able to access a service within Oswego County.

There is a greater local capacity for residential services for individuals with Developmental Disabilities as compared to mental health and substance abuse. However, the wait-list and waiting period for accessing these services is significant. Currently there are 44 individuals with a developmental disability in the region with an Emergency Need for residential placement. (OPWDD Region 2 Priority One Residential Placement waitlist, May 2018). Individuals on the waitlist have been on the list for various amounts of time, however none reportedly over a year.

There are no developmental disability or mental health residential programs for children located within Oswego County.

Long term supervised residential options are needed to address chronic homelessness for individuals needing a permanent supportive environment. The absence of this option results in people being referred to higher levels of care than necessary (ie. Nursing Homes) when they continue to be readmitted to inpatient units.

Oswego County lacks housing, supports, and services for youth including adequate capacity to serve the Runaway and Homeless Youth population.

**Do you have a Goal related to addressing this need?**  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):  
 While not within the control of the LGU, the LGU continues to promote opportunities for development and support providers to explore all options to meet our local need.  
 Funding for development is a competitive funding process and requires provider capability to compete. A robust infrastructure to pursue new developments is a concern for some providers.

**Change Over Past 12 Months (Optional)**

Two additional OMH Supported Housing slots were allocated to Oswego County in 2017, however previously two Long Stay Psych Center slots were withdrawn.

Vale Haven Adult Home was closed for financial reasons due to lack of NYS rate adjustment to reflect current costs.

OCO and CNYS are both pursuing development projects for Affordable Housing opportunities to increase the housing stock available in Oswego County.

## 2b. Transportation - Background Information

Transportation remains a great challenge for individuals accessing needed mental hygiene services. Due to the vast size and rural nature of the County, it can be very difficult to get to treatment appointments and other various services. There are residents who choose to access services in neighboring counties because travel in those directions is easier for them. There are some residents that do not have any access to services due to the isolated nature of their housing location. Many consumers do not have a personal vehicle, or are unable to afford the costs of transportation. The public transportation options within the County are limited, offering few routes outside of urban areas, and long stretches of time between bus runs. Transportation to services is a concern stated by all consumer and provider groups and contributes to frequent no-shows and limited opportunities to participate in supportive services and community activities. All Medicaid transportation is now managed by a centralized entity, Medicaid Answering Services (MAS). There have been a large number of issues around timeliness, safety concerns, and duration of shared rides, among others. Transportation issues contribute to consumers not engaging in the services needed to maintain their wellness.

Expanded transportation services for individuals with limited resources are needed to help encourage participation in recovery related services and activities of daily living to allow individuals to remain living in the community. This would require the availability and accessibility of not only medical transportation services, but non-medical transportation services as well. Although the provider system and the County continue to work hard to improve and coordinate transportation systems, this area remains an issue.

Do you have a Goal related to addressing this need?  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

While not within the control of the LGU, the LGU continues to promote opportunities to advocate for improvements to the regional system.

Oswego County has a long-standing Transportation Coalition that continues to advocate and pursue funding opportunities to support transportation needs of all Oswego County residents.

The Behavioral Health Community and LDSS have engaged in frequent discussions with DOH and MAS in efforts to improve customer service, reliability, and reduce barriers for consumers with disabilities. Little progress has been made in making adjustments to the regionalized system of Medicaid Transportation.

### Change Over Past 12 Months (Optional)

In January 2016, a transportation service was developed by the LGU and contracted with Catholic Charities to assist individuals with a mental health diagnosis in getting to activities and services needed to help manage their mental health condition and assist with recovery. The service provided 2098 rides in year one of the program. In 2017 3017 rides were provided. At close of the year there were 213 individuals approved to utilize the service. Additional funding, from all State Agencies, to expand the service is needed.

## 2c. Crisis Services - Background Information

Oswego County lacks any crisis intervention services. Law enforcement, first responders, and the local ER are the default for accessing care during a crisis. A mobile crisis service, specialty crisis centers, and respite programs 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 mental health and SUD issues. Crisis intervention services within Oswego County for youth and adults with mental health and SUD disorders are a priority need.

Oswego County rates for ER Mental Health visits are greater than the Statewide rates and rising. Approximately 23% higher for adults (11% higher in 2016), and 88% higher for youth (70% higher in 2016) (NYS OMH PSYCKES Statewide Reports of Indicators as of 1/1/2018).

There were 19 completed suicides in 2016, 18 in 2017 (Oswego County Coroner's Office). The Oswego County suicide rate per 100,000 is 15.6 compared to the NYS rate of 8, and highest in our 6 county CNY region (2014-2016 Center of Disease Control and Prevention, March 2018).

There were 407 admissions of Oswego County residents to out of county OASAS crisis services in 2016 (2016 OASAS Admissions by Type and County Updated, November 2017).

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Collaborate on a regional level to provide strategic alternatives to the ER and hospitals for addressing the needs of individuals experiencing behavioral, mental health, and addiction crises.

### Objective Statement

Objective 1: Measure the utilization and impact of developed crisis services (MH Mobile Crisis, MH Crisis Respite, SUD ROACA) to determine need for additional capacity and coverage

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

### Change Over Past 12 Months (Optional)

Liberty Resources Mobile Crisis Services began with limited operating hours for evening and weekends. Additional funding is needed to expand operations 24/7.

Liberty Resources opened a DSRIP funded, 3 bed MH Crisis Peer Respite program within the City of Oswego.

Syracuse Behavioral Health opened the SUD Regional Open Access Center for Addictions, located in Onondaga. Initial operating hours were limited however operations are 24/7 as of 4/30/18.

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

Clinic access data, collected locally, has shown a trend of staffing issues over the past two years. This involves difficulties in retaining not only psychiatrists, but also clinicians at the LCSW level. An increase in the number of a variety of provider levels (Psychiatrists, Psychiatric Nurse Practitioners, clinicians) is needed to be able to meet local service needs across all systems of care. Staff vacancies have created a challenge to maintain the status quo and a significant barrier to the much needed expansion of clinical care. Oswego County sorely lacks an adequate workforce to meet local service needs.

Do you have a Goal related to addressing this need?  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):  
While not within the control of the LGU, the LGU continues to promote opportunities among providers to collaborate.

**Change Over Past 12 Months (Optional)**

Rapid expansion of SUD programs in the region has led to a depletion in qualified workforce. This is hindering the timely implementation of new services.

**2f. Prevention - Background Information**

In 2016, Oswego County residents accounted for 407 admissions to OASAS crisis services, 53 to Opioid Treatment Programs, 342 to Inpatient SUD Inpatient Units, 85 to Residential Programs, and 1184 to Outpatient Clinic and Rehab Programs (2016 OASAS Admissions by Type and County Updated, November 2017). Individuals are presenting for treatment for opioid and heroin addiction at rates never before seen by our providers.

There were 19 completed suicides in 2016, 18 in 2017 (Oswego County Coroner's Office). The Oswego County suicide rate per 100,000 is 15.6 compared to the NYS rate of 8, and highest in our 6 county CNY region (2014-2016 Center of Disease Control and Prevention, March 2018).

Strategic growth of MH and SUD prevention services in addition to growth in treatment services is needed. Investing in prevention is how we will make true gains in addressing both the opioid and suicide epidemics.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Strengthen Prevention Strategies to reduce suicide, mental health and substance abuse ER presentations and hospitalizations.

**Objective Statement**

Objective 1: Support and participate in the Oswego County Suicide Prevention Coalition to to increase awareness and strengthen prevention and intervention efforts

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

Objective 2: Support and participate in the activities of the Oswego Co Substance Abuse Prevention Coalition to increase awareness and strengthen prevention and intervention efforts.

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

Objective 3: Promote the use of crisis respite and mobile crisis services as appropriate crisis interventions to prevent unnecessary ER presentations and hospital stays.

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

Objective 4: Increase community awareness of available SUD resources (Peer Supports, Outreach and Engagement Services, SUD 24/7 Regional Open Access Center)

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

**Change Over Past 12 Months (Optional)**

Suicide Prevention coalition has become more organized and has initiated strategies to reduce stigma, increase awareness of the issue and available resources.

**2h. Recovery and Support Services - Background Information**

Capacity for Peer Engagement and Advocacy services are minimal. An OASAS Youth clubhouse is under development but the funding amount will restrict the localities it can serve. While programs are beginning to take shape, they are limited in scope and capacity. Additional development and promotion of peer and recovery supports is needed. Following intensive treatment, there exists a chasm where no ancillary supports are found.

HARP/HCBS services are underdeveloped and there are critical gaps left in the system by the conversion of Intensive Case Management to Health Home Care Management.

There are no SUD services available for inmates at the Oswego County Correctional Facility. Incarcerated individuals with SUD and the general community would benefit from onsite chemical dependency services to engage inmates in treatment and transition planning prior to returning to the community. The use of vivitrol needs to be considered for this population.

Do you have a Goal related to addressing this need?  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):  
While not within the control of the LGU, the LGU continues to promote opportunities among providers to collaborate.

**Change Over Past 12 Months (Optional)**

OCO opened the new OASAS Youth Clubhouse late in 2017 located within the City of Oswego. The Clubhouse serves youth across the County and offers transportation to its centralized site.  
STR funded COTI Peer Outreach and Engagement was implemented and has been positively received by the community. However, staff turn over has created a set-back while new relationships are developed.  
Adult HCBS Services remain under developed. Referrals are low and payment of claims is problematic. Both are restricting further development.

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

Oswego County LDSS has seen a large increase in the number of child welfare cases involving substance abuse (at least 60% of cases).

In 2016, Oswego County residents accounted for 407 admissions to OASAS crisis services, 53 to Opioid Treatment Programs, 342 to Inpatient SUD Inpatient Units, 85 to Residential Programs, and 1184 to Outpatient Clinic and Rehab Programs (2016 OASAS Admissions by Type and County Updated, November 2017).

From 2011 to 2016, the Oswego Medicaid dollars spent on ALL SUD Services rose 75% from \$2,578,398 to \$4,525,510.  
720 Unique Oswego County clients were admitted to an OASAS program in 2015 for Opioid use, 706 in 2016, and 452 as of June 2017. Over the past 2.75 years, there were 318 incidents of Naloxone administration reported by EMS and Law enforcement in Oswego County. In the 15 month period of April 2016- June 2017 there were 125 (a 120% increase over prior period) emergency room visits due to opioid overdoses, and a total of 25 opioid overdose deaths of Oswego County residents.

A full Opioid Treatment Program is needed in Oswego County and is under development.

Regional development of Detox and Inpatient beds are needed to improve access to crucial levels of care at time of assessment/need.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Secure access to the right service at the right time to decrease Opioid related ER admissions and deaths.

**Objective Statement**

Objective 1: Compile data to support and advocate for the development of Stabilization and Recovery programs within Oswego County.

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

Objective 2: Pursue opportunities to develop treatment and support services for criminal justice system-involved individuals with SUD.

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

Objective 3: Educate, promote, and facilitate the use of SUD 24/7 Regional Open Access Center for Addictions (ROACA).

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

**Change Over Past 12 Months (Optional)**

Farnham opened a local Opioid Treatment Program in 2017 with an initial approved capacity of 100 individuals. After reaching capacity within the first year of service, Farnham requested and was granted a lift of the cap. The OTP capacity is now limited only by physical space and workforce.

**2n. Mental Health Clinic - Background Information**

Greater capacity for mental health treatment is needed. Oswego County's mental health clinic services for both adults and children are grossly inadequate. Our county has been experiencing a steady increase of persons with serious mental health issues and the resources and services are falling further and further behind in servicing this growing population. Local providers are at capacity and rarely accept new patients other than emergency referrals. Providers experience high staff turnover and have inadequate staff capacity to meet the growing need. There exists a lack of Clinical Social Workers, NPs, Psychiatrists, and Psychologists. Unmet needs continue to be high, high rates of suicide, anxiety and depression. People are being made to wait for services when symptomatic. There are longer wait times to get initial appointments. On-going treatment sessions are not scheduled as frequently as needed. Treatment is interrupted due to frequent staff turn-over. There are less frequent group offerings and delays in getting court ordered or defense counsel requested evaluations. All of this is increasing the likelihood of inpatient admissions, readmissions, suicide attempts, crimes, and homelessness.

**Do you have a Goal related to addressing this need?**  Yes  No

**Goal Statement-** Is this Goal a priority goal (Maximum 5 Objectives per goal)?  Yes  No

Increase capacity of mental health clinic services for children and adults to provide same day access for all types of referrals.

**Objective Statement**

Objective 1: Develop coordinated strategies for expansion project(s) with local and regional providers.

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

Objective 2: Support use of tele-psychiatry to expand psychiatry coverage.

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

Objective 3: Monitor providers' status related to capacity and workforce.

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

Objective 4: Revise scope for School Based Mental Health supports to increase access for students.

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

### Change Over Past 12 Months (Optional)

Collectively across three OMH licensed outpatient clinic providers in Oswego County, there has been an increase in capacity for therapy of approximately 500, however there has been a decrease in capacity of prescriber services of approximately 750 (monthly clinic provider reporting to LGU, past 12 months).

Liberty Resources Integrated Health Care is planning an expansion of their clinic services located in Fulton. LR IHC has obtained preliminary approval from NYS for capital project funding to construct a new building which will accommodate outpatient mental health, primary care, substance abuse, and care management services.

NOCHSI (Oswego County's FQHC) has been making progress with the development of their available mental health services as component of Patient Centered Medical Home designation.

### 3. Goals Based On State Initiatives

State Initiative	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Medicaid Redesign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Delivery System Reform Incentive Payment (DSRIP) Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Regional Planning Consortiums (RPCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) NYS Department of Health Prevention Agenda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### 3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information

BH Crisis Stabilization 3a  
Suicide Prevention, Infrastructure Development 4a

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal?  Yes  No

See above # 2c. and 2f.

#### Objective Statement

#### Change Over Past 12 Months (Optional)

See above # 2c. and 2f.

#### 3d. NYS Department of Health Prevention Agenda - Background Information

Suicide Prevention. See above # 2f.

Do you have a Goal related to addressing this need?  Yes  No

Goal Statement- Is this Goal a priority goal?  Yes  No

See above # 2f.

#### Objective Statement

#### Change Over Past 12 Months (Optional)

### 4. Other Goals (Optional)

#### Other Goals - Background Information

Do you have a Goal related to addressing this need?  Yes  No

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

**Change Over Past 12 Months (Optional)**

**Office of Mental Health Agency Planning Survey**  
 Oswego County Mental Health Division (70320)  
 Certified: Nicole Kolmsee (5/24/18)

**1. To the extent known and available, please rate the level of difficulty faced by licensed mental health (Article 31) clinic treatment providers in your county for recruiting and retaining the following professional titles. Rank 1 as not difficult at all, and 5 as very difficult. This judgment should be made for clinic programs county-wide, when there is more than one clinic. If the title does not apply, or you are unable to make a determination, select "n/a". This should only apply for staff positions that are available to fill; not unfunded positions.**

	Recruitment	Retention	<b>Please indicate the reasons for difficulty, when known (e.g., no available workers, salary competitiveness, etc.), along with any other detail that may be useful to understand the issue.</b>
Psychiatrist	5	4	Lack of supply of qualified and quality candidates in Upstate NY (and nationwide). \$200-\$300K salary is also an issue. Requesting salaries that are too high for non-profit clinics. Insurance reimbursements rates are very low especially private insurance. Some private plans reimburse a standard medication management session at \$55 which is less than the therapist visit (ex. BC/BS).
Physician (non-psychiatrist)	4	3	Finding Quality applicants that have an interest in A28 outpatient (non-hospital) is more difficult. Finding healthcare providers who are interested in Upstate NY or Oswego County can be a challenge. Also, having to remain competitive with compensation can be difficult
Psychologist (PhD/PsyD)	4	3	supply for PhD level is low.
Nurse Practitioner	5	4	Lack of supply is an issue. National shortage. Finding healthcare providers who are interested in Upstate NY or Oswego County can be a challenge. Also, having to remain competitive with compensation can be difficult. Requesting salaries that are too high for non-profit clinics. Insurance reimbursements rates are very low especially private insurance. Some private plans reimburse a standard medication management session at \$55 which is less than the therapist visit (ex. BC/BS). NP Providers (some) are leaving for \$100/hour consulting opportunities or \$150K+ in base salary
RN/LPN (non-NP)	4	3	Competitive salary with hospitals is the main issue as well as finding RN interested in outpatient (non-hospital). LPNs are in short supply so finding quality candidates at reasonable salary is difficult. LRI had open LPN position for 7 months. Very few of the behavioral health RN duties are reimbursable and the ones that are are very low rates. Difficult to recruit and retain due to clerical duties of job and high salaries requested.
Physician Assistant	3	3	Finding healthcare providers who are interested in Upstate NY or Oswego County can be a challenge. Also, having to remain competitive with compensation can be difficult.
LMSW	2	2	Somewhat difficult to recruit and retain therapists for Oswego County due to travel concerns.
LCSW	3	2	LCSW supply is an issue; QUALITY LCSWs are very difficult to recruit. Somewhat difficult to recruit and retain therapists for Oswego County due to travel concerns.
Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy)	2	2	Quality is more of an issue (LMFT). Somewhat difficult to recruit and retain therapists for Oswego County due to travel concerns.
Peer specialist	4	5	Quality recruitment is a challenge. RETENTION is the larger issue due to workforce and performance (e.g. boundaries) challenges. Many requirements to fulfill and difficult to find those in a stable MH place that are ready and willing to participate.
Family peer advocate			Providers are currently utilize family peer advocate directly through clinic

**2. Please list any professions or titles not listed above, for which any mental health providers in your county face difficulty recruiting or retaining**

CASACs are in short supply across all counties. Quality Patient Access Reps: Salary is an issue competing with hospitals. Behavioral health Receptionists. They may be intimidated by the work demands and the amount of verbal aggression experienced in the job by participants.

**3. Please indicate how many, if any, programs in your county provided input specific to this questions set.**

Three out of Three - all licensed OMH clinic providers

Thank you for participating in the 2019 Mental Hygiene Local Services Planning Process by completing this survey. Questions regarding the content of this survey should be directed to Jeremy Darman [jeremy.darman@omh.ny.gov](mailto:jeremy.darman@omh.ny.gov). For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).



**Community Service Board Roster**  
 Oswego County Mental Health Division (70320)  
 Certified: Nicole Kolmsee (4/29/18)

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.

<b>Chairperson</b>		<b>Member</b>	
<b>Name</b>	Larry Schmidt	<b>Name</b>	Brian Coleman
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Public Representative, Aging	<b>Represents</b>	Oswego County Opportunities
<b>Term Expires</b>	2/28/2021	<b>Term Expires</b>	4/30/2019
<b>eMail</b>		<b>eMail</b>	

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Philip Laux Jr.	<b>Name</b>	Greg Osetek
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Consumer	<b>Represents</b>	Long Term Care, Residential Services
<b>Term Expires</b>	4/30/2019	<b>Term Expires</b>	4/30/2019
<b>eMail</b>		<b>eMail</b>	

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Donna Scanlon	<b>Name</b>	Robert Ireland
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Public Representative, Community Planning & Development, Family Member	<b>Represents</b>	Social Services
<b>Term Expires</b>	4/30/2019	<b>Term Expires</b>	3/9/2021
<b>eMail</b>		<b>eMail</b>	

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Heather Ladd	<b>Name</b>	Julie Landy
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Public Representative	<b>Represents</b>	Schools, Special Education
<b>Term Expires</b>	3/9/2021	<b>Term Expires</b>	3/9/2021
<b>eMail</b>		<b>eMail</b>	

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Sara Sunday	<b>Name</b>	David Babb
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Ofc for the Aging	<b>Represents</b>	Consumer, Public Representative
<b>Term Expires</b>	3/9/2021	<b>Term Expires</b>	12/14/2021
<b>eMail</b>		<b>eMail</b>	

<b>Member</b>		<b>Member</b>	
<b>Name</b>	John Proud	<b>Name</b>	Paula Whitehouse
<b>Physician</b>	No	<b>Physician</b>	No
<b>Psychologist</b>	No	<b>Psychologist</b>	No
<b>Represents</b>	Public Representative	<b>Represents</b>	Public Representative, RN

**Term Expires** 6/30/2018  
**eMail**

**Term Expires** 2/28/2021  
**eMail**

**Alcoholism and Substance Abuse Subcommittee Roster**  
 Oswego County Mental Health Division (70320)  
 Certified: Nicole Kolmsee (4/29/18)

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

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Sarah Banach	<b>Name</b>	Eric Bresee
<b>Represents</b>	Harbor Lights	<b>Represents</b>	Farnham Family Services
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	No	<b>Is CSB Member</b>	No

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Brian Coleman	<b>Name</b>	Darlene McDougall
<b>Represents</b>	OCO	<b>Represents</b>	OCO Arbor House
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	No

<b>Member</b>		<b>Member</b>	
<b>Name</b>	John Proud	<b>Name</b>	Christopher Paige
<b>Represents</b>	Public Representative	<b>Represents</b>	COCOAA
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	No

<b>Member</b>		<b>Member</b>	
<b>Name</b>	Donna Scanlon	<b>Name</b>	Patrick Waite
<b>Represents</b>	Public Representative, Community Planning & Development, Family Member	<b>Represents</b>	Oswego County Opportunities
<b>eMail</b>		<b>eMail</b>	
<b>Is CSB Member</b>	Yes	<b>Is CSB Member</b>	No

**Mental Health Subcommittee Roster**  
 Oswego County Mental Health Division (70320)  
 Certified: Nicole Kolmsee (4/29/18)

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

**Member**  
**Name** Deanne Acome-Meyers  
**Represents** Oswego Hospital Care Management  
**eMail**  
**Is CSB Member** No

**Member**  
**Name** WesleyAnn Balcom  
**Represents** Liberty Resources Brownell Center  
**eMail**  
**Is CSB Member** No

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

**Member**  
**Name** Amy Davis  
**Represents** Stepping Stones Day Treatment-Hillside  
**eMail**  
**Is CSB Member** No

**Member**  
**Name** Jennifer Hall  
**Represents** Hillside Children's Center  
**eMail**  
**Is CSB Member** No

**Member**  
**Name** Robert Ireland  
**Represents** Social Services  
**eMail**  
**Is CSB Member** Yes

**Member**  
**Name** Heather Ladd  
**Represents** Public Representative  
**eMail**  
**Is CSB Member** Yes

**Member**  
**Name** Phillip Laux, Jr.  
**Represents** Consumers  
**eMail**  
**Is CSB Member** Yes

**Member**  
**Name** Sara Sunday  
**Represents** Office for the Aging  
**eMail**  
**Is CSB Member** Yes

**Member**  
**Name** Elizabeth Thompson  
**Represents** Oswego County Opportunities  
**eMail**  
**Is CSB Member** No

**Developmental Disabilities Subcommittee Roster**  
 Oswego County Mental Health Division (70320)  
 Certified: Nicole Kolmsee (4/29/18)

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

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

**Member**  
**Name** Sabine Ingerson  
**Represents** ARISE  
**eMail**  
**Is CSB Member** No

**Member**  
**Name** Greg Osetek  
**Represents** long Term Care  
**eMail**  
**Is CSB Member** Yes

**Member**  
**Name** Larry Schmidt  
**Represents** Retired, Office for Aging  
**eMail**  
**Is CSB Member** Yes

**Member**  
**Name** Alissa Viscome  
**Represents** Oswego Industries/ARC  
**eMail**  
**Is CSB Member** No

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

**Member**  
**Name** Diane Weiermann  
**Represents** Enable  
**eMail**  
**Is CSB Member** No

**Member**  
**Name** Paula Whitehouse  
**Represents** Home Health  
**eMail**  
**Is CSB Member** Yes

**2019 Mental Hygiene Local Planning Assurance**  
Oswego County Mental Health Division (70320)  
Certified: Nicole Kolmsee (5/24/18)

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 2019 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 2019 Local Services planning process.