# 2019
## Local Services Plan
For Mental Hygiene Services

Onondaga Co Dept of Adult & LTC
July 18, 2018

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Please see attached.

| Attachments |
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| • 2019 LSP Narrative.docx - 2019 Local Service Plan Executive Summary & Goals |

**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:

# 2019 Onondaga County Local Services Plan Narrative

The Local Governmental Unit (LGU) of Onondaga County sits within two Departments. LGU functions related to adult services are located in the Department of Adult and Long Term Care Services (DALTC). LGU functions related to Children are located in the Department of Adult and Long Term Care Services (DALTC). LGU functions related to Children are located in the Department of Child and family Services (DCFS). The following planning document reflects the planning efforts of the DALTC in relation to adult service.

This summary document includes the following elements:
1. Comments regarding the evolving role of the LGU
2. A review of data gathered through planning exercises.
3. A listing of the 2019 priority goals and strategies
4. Notes related to the goals and strategies

**An Evolving Role**

As communicated in previous Local Services Plans; Onondaga County LGU continues to work to define and develop our role as a neutral systems broker/ facilitator seeking to enhance access to quality services and supports at the local and regional levels.

Onondaga County continues to seek to utilize resource and partnership opportunities within our county and region to address key needs. Optimal planning efforts involve a primarily data driven orientation that uses data to assess needs, and develops strategies to address those needs. But practical resource limitations dictate that we engage with existing and emerging opportunities in order to effect change. In keeping with this pragmatic approach, Onondaga County seeks to participate in those local and regional activities that provide momentum toward the changes and system enhancements that are aligned with the needs of our community. We seek to take advantage of these opportunities by placing our efforts within these down-stream currents that lead toward progress that aligns with the following values:

*Family Focused:* Consider all needs within the context of key relationships.

*Service Regionalization:* Develop and provide services within multi-county care systems.

*Integrated care and supports:* Support infrastructures and relationships that ensure a holistic orientation to services, including effective coordination of all elements of care.

*Recovery:* Promote the understanding that individuals can achieve their life goals.

*Wellness:* Build services that promote well-being, not just the cessation of symptoms/ sickness.

*Social Determinants of Health:* Address poverty and related factors to support good health.

*Disparities/ Disproportionality:* Promote interventions that support those groups who are less able to access services, and/or who have poorer outcomes.

*Cultural Responsiveness and Humility:* Ensure that all supports are culturally and linguistically competent, and able to support all populations within the community.

*Community Inclusion:* Promote the engagement of individuals with the communities in which they live.

Local services planning is often an effort to align unmet need, available resources, and willing/ able partners to establish an Opportunity for Change (O4C):

*Please see attached document, **2019 Onondaga County Local Services Plan Narrative**, Page 2-Picutre*

Clearly there is significant overlap between these three elements. The availability of active partners is often a primary resource that enables an improvement effort or a new program. A high level of need often drives resource allocation and partner engagement, etc. But often there is a significant need with no partners or resources dedicated to address it. The current environment of limited resource flexibility has made it more difficult for the LGU to engage and support community partners. So rather than fostering engagement through a strategic allocation of funding, The LGU must place more emphasis upon stake holder engagement. Most organizations that provide the needed partnership for the implementation of change projects are limited in their resources, and often struggle to participate as active partners.

Given these two features of the current environment:

- Partners who are stretched in their capacity to take on new projects
- Limited local control of resources

Data driven needs assessment cannot be the sole driver for understanding opportunities for change and the subsequent development of priority outcomes and related strategies. Need, plus willing partners, plus available resources must all align to create a viable opportunity for change (O4C in the graphic above). Some of our priorities are the results of a resource opportunity, for which we then cultivate partner engagement.

The need for alignment across these 3 areas also creates a challenge regarding continuity of change projects across time. To a substantial degree

in the current planning environment, the tail is wagging the dog: Resource and partnership opportunities drive decision making regarding the needs to be addressed. As such continuity of planning priorities is challenging.

**2019 Local Service Plan-Data Gathering**

**Focus Groups**

Onondaga County LGU conducted five focus groups as part of the planning process. Group participants generally expressed awareness regarding an array of services and programs to assist people with basic needs in a crisis, but reported that access to many of these services is challenging. Participants shared a clear theme regarding having significant need, but not being eligible for services. Navigation of service systems was reported as challenging for many. Each of the focus groups gathered information from people residing and /or working in Onondaga County. Several of these groups resulted in plans of action that are reflected in the Onondaga County priorities for 2019.

Syracuse Public Library

Library staff recognized a problematic concern with a subset of patrons. Some of the homeless consumers would: sleep, bath, and engage in drug activity in areas of the library. Staff was open to engaging the homeless population at its facilities. Initial focus groups resulted in strategies to facilitate the relationship between staff and all of their patrons to ensure everyone's safety and upholding the library's core mission. In subsequent meetings, a collaborative between staff and community service providers merged. Providers began conducting abbreviated onsite service delivery; program assessments, outreach and program education at libraries. This consortium continues to move forward with additional resources for a range of human service needs to support staff and patrons.

The library often serves as a front door to a range of community services. It represents a network of access points that could be proactively utilized to link individuals to a range of services and supports. The range of service needs among library patrons include mental health, substance use, domestic violence, and a range of needs related to poverty. Several possibilities emerged that the Library staff planned to consider, including engagement with partner organizations to provide some onsite supports, as well as developing more effective referral strategies and warm hand off approaches.

Huntington-Parenting Group

The Family Support Network from Huntington Family Centers is a year around parenting program for parents of all learning abilities. The participants in this focus group voiced concerns and suggestions regarding navigating the multi-layered systems in the Syracuse City Schools. During this group an emphasis was placed on the importance of self-advocacy and seeking assistance when navigating systems to achieve the desired outcome. Specific issues of focus included the following:

- Seeking additional supports for kids with special needs
- Seeking more supports to ensure academic success.
- Enhancing partnership between parents and schools.
- Increasing parental engagement.
- Increasing school understanding regarding the experiences and challenges of parents.

Catholic Charities –Support Group

Catholic Charities has a support group for parents that have completed parenting classes and would like additional support. During this focus group participants discussed the causes of poverty. The group also explored how programs and systems created to help people often do not pull people out of poverty, and can become additional barrier. Participants encouraged self-reliance as they utilize services and programs. Program resources were shared in an effort to assist in navigating programs and systems.

 Rescue Mission

The participants listed a number of suggestions regarding how to enhance services and assistance for the temporary residents at the Mission. Rescue Mission staff, Onondaga County Department of Social Service and a group of downtown business owners is currently working to secure funds to create opportunities for the residents to create a cleaner environment around the building campus. As a result of the focus group and related conversations, a committee was developed to develop onsite mental health and substance abuse treatment at the Rescue Mission facility, and at other shelters. This effort was consistent with the guidance of the residents of the mission, who shared a need for peer mentoring, case management services, supportive services, mental health screening, and primary health care.

 Provider Focus Group

The discussion focused on the limited number of providers of color and the lack of mental health and substance treatment providers in communities of color. The group defined a number of concerns regarding the ability of existing clinic services to provide for the needs of the communities of color. Existing clinics fail to engage these communities, as they…

- Are not located in the community
- Do not have staff that mirror the community
- Do not seek to engage the community
- Do not address privacy/ stigma concerns
- Are not trusted.

This focus group of providers spearheaded the development of a Community Advisory Committee, with the objective of developing culturally competent services for the African American communities of the South and West sides of Syracuse. The board is making strides in solidifying a location and a service provider for this pilot project.

This discussion lead to the formation of an advisory group that is working to develop a clinic service that is dedicated to serving the African American community. Efforts are underway to engage community and clinical partners.

**Community Services Board: Areas of Concern-Data Gathering Exercise**

Utilizing a focus group discussion the CSB gathered priority areas of concern at their March 2018 meeting. This effort included the following core concerns:

- The need for the use of technology to enhance care
- Access to services
- Public education regarding behavioral health
- Coordination/ integration of services
- Person centered care
- Access to residential care

- Delivery of prevention services
- Hiring effective staff (nonprofessional and professional)
- Use of peer supports

These core concerns were then developed into a survey which was shared with the subcommittees for each disability area. Respondents rated a number of service issues. A summary of the funding is included in the bullets below.

The survey utilized a 5 point scale, (1=bad, 2=poor, 3=okay, 4=good, 5=excellent)

- 50% of the respondents rated the use of technology in service delivery as only "okay".
- 64% rated service access as "okay".
- 60% rated public education regarding available services as "poor".
- 44% rated service coordination/ integration as "okay"
- 70% rated our service systems efforts to provide person centered care as "good"
- 55% rated access to residential care as "poor"
- 50% rated the delivery of prevention care as "okay"
- 60% rated our use of peer supports as "okay"
- 80% rated the capacity of our system to hire nonprofessional staff as either "poor" or "okay"
- 82% rated the capacity of our system to hire professional staff as either "poor" or "okay"

It is noteworthy that, with the single exception of Person centered care, these results reflected generally low ratings across a number of critical concerns.

**Mental health and substance use staff survey: opioid service needs and human service staffing shortages**

In conjunction with the Onondaga County Drug Task Force Treatment Subcommittee, a survey of 45 staff providing mental health and substance use services was conducted. The respondents included those serving adults and youth. The graph below reflects a stabilization in the recent rapid increase in need for services which has resulted from the rise in opioid use. The largest number of respondents reported the same level of need as in the previous quarter. This reflects a change to previous measures, which indicated a stronger continuing increase in need.

*Please see attached document, **2019 Onondaga County Local Services Plan Narrative,** Page 7 -Chart*

While the increase in need for opioid care may be plateauing to some degree with some provider systems, respondents to the survey indicated that clients are presenting with increasingly complex service needs, including increases in the following areas:

- Housing needs
- Medical concerns
- Co-occurring mental  and physical health conditions
- Drug seeking (asking for high doses, refusal to taper, etc.)
- Poly-substance use
- Seeking medications with no other treatment (talk therapy, group,etc)

Respondents to the survey were also asked to identify their spending priorities, if they were to receive additional revenue. While responses included significant prioritization related to service expansion and improved access to care, the largest number of responses (25%) described the need to hire more staff, with an additional 5% describing the need to increase staff pay.

A survey of leaders of the mental health clinic services in Onondaga County sought to better understand the challenges related to recruiting and retaining a number of different staff categories. Respondents were asked to rate the level of difficulty that they are experiencing in recruiting staff. The graph below reflects their responses. As expected, there was a high level of difficulty reported related to the recruitment of prescribers, and substantial difficulty in hiring of all of the workforce categories described.

*Please see attached document,  **2019 Onondaga County Local Services Plan Narrative,**  Page 8-Chart, "Staff Recruitment "*

With regards to staff retention, there were a range of responses with slightly less pronounced difficulty reported. The pattern of higher levels of difficulty regarding retaining prescribers, and substantial levels of difficulty in retaining other categories of staff remained.

*Please see attached document,  **2019 Onondaga County Local Services Plan Narrative,**  Page 8-Chart, "Staff Retention"*

The following graphic was constructed to educate other systems regarding mental health and substance use services and core principles and priorities.  While imperfect, it has been useful as a tool for considering how to further our efforts at systems and service integration, and to consider how some of these principals and priorities can serve to unify cross system efforts.

*Please see attached document,  **2019 Onondaga County Local Services Plan Narrative,**  Page 9-Picutre, "Mental/Sustance Use Recovery SystemTools & Targets"*

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:
See Above-Overall Needs Assessment

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:
See Above-Overall Needs Assessment

**2. Goals Based On Local Needs**

| Issue Category | Applicable State Agenc(ies) | | |
|---|---|---|---|
| | **OASAS** | **OMH** | **OPWDD** |
| a) Housing | ☑ | ☑ | ☐ |
| b) Transportation | ☐ | ☐ | ☐ |
| c) Crisis Services | ☑ | ☑ | ☑ |
| d) Workforce Recruitment and Retention (service system) | ☑ | ☑ | ☑ |
| e) Employment/ Job Opportunities (clients) | ☐ | ☐ | ☐ |
| f) Prevention | ☑ | ☑ | ▧ |
| g) Inpatient Treatment Services | ☑ | ☑ | ▧ |
| h) Recovery and Support Services | ☑ | ☑ | ▧ |
| i) Reducing Stigma | ☑ | ☑ | ▧ |
| j) SUD Outpatient Services | ☑ | ▧ | ▧ |
| k) SUD Residential Treatment Services | ☑ | ▧ | ▧ |
| l) Heroin and Opioid Programs and Services | ☑ | ▧ | ▧ |
| m) Coordination/Integration with Other Systems for SUD clients | ☑ | ▧ | ▧ |
| n) Mental Health Clinic | ▧ | ☑ | ▧ |
| o) Other Mental Health Outpatient Services (non-clinic) | ▧ | ☑ | ▧ |
| p) Mental Health Care Coordination | ▧ | ☑ | ☑ |
| q) Developmental Disability Clinical Services | ▧ | ▧ | ☐ |
| r) Developmental Disability Children Services | ▧ | ▧ | ☐ |
| s) Developmental Disability Adult Services | ▧ | ▧ | ☐ |
| t) Developmental Disability Student/Transition Services | ▧ | ▧ | ☐ |
| u) Developmental Disability Respite Services | ▧ | ▧ | ☐ |
| v) Developmental Disability Family Supports | ▧ | ▧ | ☐ |
| w) Developmental Disability Self-Directed Services | ▧ | ▧ | ☐ |
| x) Autism Services | ▧ | ▧ | ☐ |
| y) Developmental Disability Person Centered Planning | ▧ | ▧ | ☐ |
| z) Developmental Disability Residential Services | ▧ | ▧ | ☐ |
| aa) Developmental Disability Front Door | ▧ | ▧ | ☐ |
| ab) Developmental Disability Service Coordination | ▧ | ▧ | ☐ |
| ac) Other Need (Specify in Background Information) | ☑ | ☑ | ☑ |

**2a. Housing - Background Information**

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**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

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**Objective Statement**

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

 Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**2c. Crisis Services - Background Information**

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**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

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**Objective Statement**

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

**2d. Workforce Recruitment and Retention (service system) - Background Information**
 Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**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

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**Objective Statement**

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

**2f. Prevention - Background Information**
Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**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

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**Objective Statement**

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

**2g. Inpatient Treatment Services - Background Information**
 Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**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

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**Objective Statement**

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

**2h. Recovery and Support Services - Background Information**
 Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**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

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**Objective Statement**

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

**2i. Reducing Stigma - Background Information**
 Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**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

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**Objective Statement**

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

**2j. SUD Outpatient Services - Background Information**

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**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
Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**
**Objective Statement**

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

**2k. SUD Residential Treatment Services - Background Information**

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**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
Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**
**Objective Statement**

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

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

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**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
Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**
**Objective Statement**

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

**2m. Coordination/Integration with Other Systems for SUD clients - Background Information**

Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**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
Please see the attached document: **2019 Onondaga County Local Services Plan Narrative**

**Objective Statement**

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

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

**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
**Objective Statement**

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

**2o. Other Mental Health Outpatient Services (non-clinic) - Background Information**

**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
**Objective Statement**

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

**2p. Mental Health Care Coordination - Background Information**

**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
Please see the attached document.
**Objective Statement**

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

**2ac. Other Need (Specify in Background Information) - Background Information**

**Do you have a Goal related to addressing this need?** ○ Yes ○ No
**Change Over Past 12 Months** (Optional)


**3. Goals Based On State Initiatives**

| State Initiative | Applicable State Agenc(ies) | | |
|---|---|---|---|
| | OASAS | OMH | OPWDD |
| a) Medicaid Redesign | ☑ | ☑ | ☐ |
| b) Delivery System Reform Incentive Payment (DSRIP) Program | ☑ | ☑ | ☐ |
| c) Regional Planning Consortiums (RPCs) | ☑ | ☑ | ☐ |
| d) NYS Department of Health Prevention Agenda | ☑ | ☑ | ☐ |

**3a. Medicaid Redesign - Background Information**
 Please see the attached.

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

**Goal Statement**- Is this Goal a priority goal? ⊙ Yes ○ No
**Objective Statement**

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

**3b. Delivery System Reform Incentive Payment (DSRIP) Program - Background Information**
 Please see the attached.

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

**Goal Statement**- Is this Goal a priority goal? ⊙ Yes ○ No
**Objective Statement**

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

**3c. Regional Planning Consortiums (RPCs) - Background Information**
 Please see the attached

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

**Goal Statement**- Is this Goal a priority goal? ⊙ Yes ○ No

**Objective Statement**

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

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

 Please see the attached.

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

**Goal Statement**- Is this Goal a priority goal? ⦿ Yes ◯ No
**Objective Statement**

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


**4. Other Goals (Optional)**

**Other Goals - Background Information**

 Please see attached.

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

**Goal Statement**- Is this Goal a priority goal (Only 5 goals can be selected as priority goals)? ⦿ Yes ◯ No
**Objective Statement**

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

| Attachments |
| --- |
| • 2019 LSP Narrative1.docx - 2019 Local Service Plan Executive Summary & Goals |

**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 | 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 issu |
|---|---|---|---|
| Psychiatrist | 5 | 4 | The national shortage of psychiatrists is rooted in the continued trend in health care market place to value reactive emergent services, over preventive service. This remains the case in spite of all of the efforts to move toward a value-based approach. The Syracuse market has a significant need for prescribers but struggles to retain new graduates, as they are pulled toward larger markets. Single childless physicians, and other professionals, are difficult to retain with the marketing efforts associated with quality of live and cost of living variables. For both professional and social reasons, they want to be in New York, Boston, D etc. |
| Physician (non-psychiatrist) | 5 | 4 | The expansion of primary care services within the behavioral health clin will see an increase demand for physicians to provide this service. |
| Psychologist (PhD/PsyD) | 3 | 3 | Prescribers remain the most in demand. The market demand for psychologists is significantly smaller. |
| Nurse Practitioner | 4 | 4 | NP and PA programs have seen significant growth in recent years, in response to the growing need for prescribers. Efforts are currently underway, as part of our LGU effort to address the workforce shortage issues, to partner with our local NP training program. This program at Upstate is currently operating with a grant that is dedicated to workforce recruitment and retention issues and is connected with a national grant system that addresses a range of behavioral health professions with curre work force shortages |
| RN/LPN (non-NP) | 3 | 4 | Nurses with experience who are effective in behavioral health environments are a challenge to retain, and there is a general shortage of nurses in our community. |
| Physician Assistant | 3 | 3 | See "Nurse Practitioner" above |
| LMSW | 2 | 2 | See "LCSW" below |
| LCSW | 4 | 3 | The most significant social work shortage exists within positions that required licensed social workers for insurance billable reimbursement. T principal retention challenge for social work involves the trend of movement from agency direct practice into either administrative or priva practice in order to increase their incomes. There is no master clinician track within agencies that would enable seasoned clinicians to remain in the safety net service system and continue to see pay increases that are commensurate with their experience level. |
| Licensed Mental Health Practitioner (LMHC/LMFT/LCAT/Lpsy) | 2 | 2 | Given insurance reimbursement issues, the range of other mental health masters prepared counselor professions are not experiencing significant demand or shortages |
| Peer specialist | 2 | 2 | The increase in peer positions has begun to put pressure on the limited available pool of certified peer staff. It appears that the newness of this work force has resulted in some challenges related to retention, and organizations work to define the peer role, and better understand the dut that are appropriate for peer staff. Creating work place environments tha ensure success for peer staff should remain a priority for all organizatior that hire peer staff |
| Family peer advocate | 3 | 3 | See above |

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

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

While only 9 organizations participated in the survey, the individuals represented key leadership roles across the service system. As such, the

responses reflected a meaningful cross section of the community.


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. For any technical questions regarding the County Planning System, please contact the OASAS Planning Unit at oasasplanning@oasas.ny.gov.

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representitive", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

| **Chairperson** | | **Member** | |
|---|---|---|---|
| **Name** | Timothy Bobo | **Name** | Beth Hurney |
| **Physician** | No | **Physician** | No |
| **Psychologist** | No | **Psychologist** | No |
| **Represents** | CNY Health Systems Agency | **Represents** | Prevention Network |
| **Term Expires** | 12/31/2021 | **Term Expires** | 12/31/2019 |
| **eMail** | tjbobo2@yahoo.com | **eMail** | bhurny@preventionnetworkcny.org |

| **Member** | | **Member** | |
|---|---|---|---|
| **Name** | Indu Gupta | **Name** | Jennifer Redmond |
| **Physician** | Yes | **Physician** | No |
| **Psychologist** | No | **Psychologist** | No |
| **Represents** | Onondaga County Health Department | **Represents** | OnCare ACCESS Team |
| **Term Expires** | 12/31/2019 | **Term Expires** | 12/31/2019 |
| **eMail** | indugupta@ongov.net | **eMail** | jenniferredmond@ongov.net |

| **Member** | | **Member** | |
|---|---|---|---|
| **Name** | Monika Taylor | **Name** | Patricia Reyna |
| **Physician** | No | **Physician** | No |
| **Psychologist** | No | **Psychologist** | No |
| **Represents** | Crouse Chemical Dependency Services | **Represents** | Consumers |
| **Term Expires** | 12/31/2019 | **Term Expires** | 12/31/2019 |
| **eMail** | monikataylor@crouse.org | **eMail** | pattyr@sbh.org |

| **Member** | | **Member** | |
|---|---|---|---|
| **Name** | James Yonai | **Name** | Sara Wall-Bollinger |
| **Physician** | No | **Physician** | No |
| **Psychologist** | No | **Psychologist** | No |
| **Represents** | Retired DCS | **Represents** | SWB Consulting |
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**Psychologist** No
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**Name** Regina L. Reese-Young
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**Psychologist** No
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**Term Expires** 12/31/2020
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**Alcoholism and Substance Abuse Subcommittee Roster**
Onondaga Co Dept of Adult & LTC (70200)
Submitted for Approval: Alexander Grant (6/8/18)
Certified: Nicholas Hobson (6/13/18)

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

| **Chairperson** | | **Member** | |
|---|---|---|---|
| **Name** | Monika Taylor | **Name** | Paula Cerio |
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| **Is CSB Member** | Yes | **Is CSB Member** | No |
| **Member** | | **Member** | |
| **Name** | Penny Williams | **Name** | Patricia Reyna |
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| **Member** | | **Member** | |
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| **Member** | | **Member** | |
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| **Is CSB Member** | Yes | **Is CSB Member** | Yes |
| **Member** | | | |
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| **Represents** | Syracuse Recovery Services | | |
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| **Is CSB Member** | No | | |

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

| **Chairperson** | | **Member** | |
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| **Member** | | **Member** | |
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| **Is CSB Member** | No | **Is CSB Member** | Yes |

**Developmental Disabilities Subcommittee Roster**
Onondaga Co Dept of Adult & LTC (70200)
Submitted for Approval: Alexander Grant (6/8/18)
Certified: Nicholas Hobson (6/13/18)

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

| **Member** | | **Member** | |
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| | | | |
| **Member** | | **Member** | |
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| **Member** | | **Member** | |
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| **Member** | | | |
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| **Is CSB Member** | Yes | | |

**2019 Mental Hygiene Local Planning Assurance**
Onondaga Co Dept of Adult & LTC (70200)
Certified: Roshana Daniel (6/8/18)

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.

# 2019 Onondaga County Local Services Plan Narrative

The Local Governmental Unit (LGU) of Onondaga County sits within two Departments. LGU functions related to adult services are located in the Department of Adult and Long Term Care Services (DALTC). LGU functions related to Children are located in the Department of Child and Family Services (DCFS).

This summary document includes the following elements:
1. Comments regarding the evolving role of the LGU.
2. A review of data gathered through planning exercises and other sources.
3. A listing of the 2019 priority Goals and strategies.
4. Notes related to the goals and strategies.

## An evolving role

As communicated in previous Local Services Plans, Onondaga County LGU continues to work to define and develop our role as a neutral systems broker / facilitator seeking to enhance access to quality services and supports at the local and regional levels. Onondaga County continues to seek to utilize resource and partnership opportunities within our county and region to address key needs. Optimal planning efforts involve a primarily data driven orientation that uses data to assess needs and develops strategies to address those needs. But practical resource limitations dictate that we engage with existing and emerging opportunities in order to effect change. In keeping with this pragmatic approach, Onondaga County seeks to participate in those local and regional activities that provide momentum toward the changes and system enhancements that are aligned with the needs of our community. We seek to take advantage of these opportunities by placing our efforts within these down-stream currents that lead toward progress that aligns with the following values:

Family Focused: Consider all needs within the context of key relationships.
Service Regionalization: Develop and provide services within multi-county care systems.
Integrated care and supports: Support infrastructures and relationships that ensure a holistic orientation to services, including effective coordination of all elements of care.
Recovery: Promote the understanding that individuals can achieve their life goals.
Wellness: Build services that promote well-being, not just the cessation of symptoms/ sickness.
Social Determinants of Health: Address poverty and related factors to support good health.
Disparities/ Disproportionality: Promote interventions that support those groups who are less able to access services, and/or who have poorer outcomes.

<u>Cultural Responsiveness and Humility</u>: Ensure that all supports are culturally and linguistically competent, and able to support all populations within the community.
<u>Community Inclusion</u>: Promote the engagement of individuals with the communities in which they live.

Local services planning is often an effort to align unmet need, available resources, and willing/ able partners to establish an Opportunity for Change (O4C):


Clearly there is significant overlap between these three elements. The availability of active partners is often a primary resource that enables an improvement effort or a new program. A high level of need often drives resource allocation and partner engagement, etc. But often there is a significant need with no partners or resources dedicated to address it. The current environment of limited resource flexibility has made it more difficult for the LGU to engage and support community partners; rather than fostering engagement through a strategic allocation of funding. The LGU must place more emphasis upon stake holder engagement.  Most organizations that provide the needed partnership for the implementation of change projects are limited in their resources, and often struggle to participate as active partners.

Simply stated, two features of the current environment have a dramatic impact on local planning:
1. Partners are limited in their capacity to take on new projects
2. There is limited local control of resources

Given these two features, data driven needs assessment cannot be the sole driver for understanding opportunities for change and developing corresponding goals and strategies. Need, willing partners, and available resources must all align to create a viable opportunity for change. Some of our priorities are the results of a resource opportunity, for which we then cultivate partner engagement. Residential service needs are an excellent example of this phenomenon. Onondaga County is clearly in need of additional residential resources. But we are not in a position to establish a priority goal in this area without partners and resources that can drive an effective residential services expansion.

The need for alignment across these 3 areas also creates a challenge regarding continuity of change projects across time. To a substantial degree in the current planning environment, "the tail is wagging the dog". Resource and partnership opportunities drive decision making.  As such continuity of planning priorities is challenging.

**2019 Local Service Plan-Data Gathering**
**Focus Groups**
Onondaga County LGU conducted five focus groups as part of the planning process. Group participants generally expressed awareness in an array of services to assist people with basic needs in a crisis, but reported that access to many of these programs is challenging. Participants shared a clear theme regarding having significant need, but not being eligible for services. Navigation of service systems was reported as challenging for many.

Each of the focus groups gathered information from people residing and /or working in Onondaga County. Several of these groups resulted in plans of action that are reflected in the Onondaga County priorities for 2019.

Syracuse Public Library

Library staff recognized a problematic concern with a subset of patrons.  Some of the homeless consumers would: sleep, bath, and engage in drug activity in areas of the library.  Staff was open to engaging the homeless population at its facilities.  Initial focus groups resulted in strategies to facilitate the relationship between staff and all of their patrons to ensure everyone's safety and upholding the library's core mission. In subsequent meetings, a collaborative between staff and community service providers merged.  Providers began conducting abbreviated onsite service deliver: program assessments, outreach and program education at libraries.  This consortium continues to move forward with additional resources for a range of human service needs to support staff and patrons.

The library often serves as a front door to a range of community services. It represents a network of access points that could be proactively utilized to link individuals to a range of services and supports.  The range of service needs among library patrons include mental health, substance use, domestic violence, and multiple needs related to poverty. Several possible actions emerged that the Library staff planned to consider, includes: engagement with partner organizations to provide some onsite supports, as well as developing more effective referral strategies and warm hand off approaches.

Huntington Family Center-Parenting Group

The Family Support Network from Huntington Family Centers is a parenting program for parents of all learning abilities.  The participants in this focus group voiced concerns and suggestions regarding navigating the multi-layered systems in the Syracuse City Schools. During this group an emphasis was placed on the importance of self-advocacy and seeking assistance when navigating systems to achieve the desired outcome. Specific issues of focus included the following:

- Seeking additional supports for kids with special needs.
- Seeking more supports to ensure academic success.
- Enhancing partnership between parents and schools.
- Increasing parental engagement.
- Increasing school understanding regarding the experiences and challenges of parents.

Catholic Charities –Support Group
Catholic Charities has a support group for parents who have completed parenting classes and would like additional support.  During this focus group participants discussed the causes of poverty.  The group also explored how programs and systems created to help people often do not pull people out of poverty, and can become additional barrier.  Participants encouraged self-reliance as they utilize services and programs.  Program resources were shared in an effort to assist in navigating programs and systems.

Rescue Mission
The participants listed a number of suggestions regarding how to enhance services and assistance for the temporary residents at the "Mission".  The groups discussed efforts of the Rescue Mission staff, Onondaga County Department of Social Service and a group of downtown business owners to secure funds to create additional opportunities for the residents. As a result of the focus group and related conversations, a committee was developed to develop onsite mental health and substance abuse treatment at the Rescue Mission facility, and at other shelters.  This effort was consistent with the guidance of the residents of the mission, who shared a need for: peer mentoring, case management services, supportive services, mental health screening, and primary health care.

Provider Focus Group
The discussion focused on the limited number of providers of color and the lack of mental health and substance treatment providers in communities of color.  The group defined a number of concerns regarding the ability of existing clinic services to provide for the needs of the communities of color. Existing clinics often fail to engage these communities, as they…

- Are not located in the community.
- Do not employ staff members who mirror the community.
- Do not seek to engage the community.
- Do not address culturally specific privacy / stigma concerns.
- Are not trusted.

This focus group of providers spearheaded the development of a Community Advisory Committee, with the objective of developing culturally competent services for the African American communities of the south and west sides of Syracuse. Social determinants of health will factor into this effort. According to census data, the African American community of Onondaga County experiences a poverty rate of 39.6%, the highest among upstate cities of New York State. The committee is working to develop a clinic service that is dedicated to serving the African American community. Efforts are underway to engage community and clinical partners.

Community Services Board (CSB): Areas of Concern: Data Gathering Exercise
Utilizing a focus group discussion, the CSB gathered priority areas of concern at the March 2018 meeting. This effort included the following core concerns:

1. The need for the use of technology to enhance care.
2. Access to services.
3. Public education regarding behavioral health.
4. Coordination / integration of services.
5. Person centered care.
6. Access to residential care.
7. Delivery of prevention services.
8. Hiring effective staff (nonprofessional and professional).
9. Use of peer supports.

**2019 Local Service Plan-Data Gathering Surveys**

CSB Subcommittee Survey
The core concerns shared by the Community Services Board were then developed into a survey which was shared with the subcommittees for each disability area. Respondents rated a number of service issues. A summary of the responses is included in the bullets below.

The survey utilized a 5 point scale, (1=bad, 2=poor, 3=okay, 4=good, 5=excellent)

- 50% of the respondents rated the use of technology in service delivery as "okay".
- 64% rated service access as "okay".
- 60% rated public education regarding available services as "poor".
- 44% rated service coordination / integration as "okay".
- 70% rated our service systems efforts to provide person centered care as "good".
- 55% rated access to residential care as "poor".
- 50% rated the delivery of prevention care as "okay".
- 60% rated our use of peer supports as "okay".

- 80% rated the capacity of our system to <u>hire nonprofessional staff</u> as either "poor" or "okay".
- 82% rated the capacity of our system to <u>hire professional staff</u> as either "poor" or "okay".

It is noteworthy that, with the single exception of Person Centered Care, these results reflected generally low ratings across a number of critical concerns. The strikingly low scores related to hiring of staff may point toward staffing issues that are negatively impacting a number of the other issues of concern.

<u>Mental health and substance use staff survey: opioid service needs and human service staffing shortages</u>
In conjunction with the Onondaga County Drug Task Force Treatment Subcommittee, a survey of 45 staff providing mental health and substance use services was conducted. The respondents included those serving adults and youth. The graph below reflects stabilization in the recent rapid increase in need for services which has resulted from the rise in opioid use. The largest number of respondents reported the same level of need as in the previous quarter. This reflects a change from previous measures, which indicated a stronger continuing increase in need.

While the increase in need for opioid care maybe plateauing to some degree with some provider systems.  Respondents to the survey indicated that clients are presenting with increasingly complex service needs, including increases in the following areas:
1. Housing needs.
2. Medical concerns.
3. Co-occurring mental and physical health conditions.
4. Drug seeking (asking for high doses, refusal to taper, etc.).
5. Poly-substance use.
6. Seeking medications with no other treatment (talk therapy, group, etc.).

Respondents to the survey were also asked to identify their spending priorities, if they were to receive additional revenue. While responses included significant prioritization related to service expansion and improved access to care, the largest number of responses (25%) described the need to <u>hire more staff</u>, with an additional 5% describing the need to <u>increase staff pay</u>.

<u>Mental Health Clinic Leadership Survey</u>

A survey of leaders of the mental health clinic services in Onondaga County sought to better understand the challenges related to recruiting and retaining a number of different staff categories. Respondents were asked to rate the level of difficulty that they are experiencing in recruiting staff. The graph below reflects their responses. As expected, there was a high level of difficulty reported related to the recruitment of prescribers, and substantial difficulty in hiring of the entire workforce categories described.

With regards to staff retention, there were a range of responses with slightly less difficulty reported. The pattern of higher levels of difficulty regarding retaining prescribers, and substantial levels of difficulty in retaining other categories of staff remained.

The following graphic was constructed to educate other systems regarding mental health and substance use services and core principles and priorities.  While imperfect, it has been useful tool in considering how to further our efforts at systems and service integration, and to consider how some of these principals and priorities can serve to unify cross system efforts.

**Onondaga County LGU 2019 Priority Goals and Strategies**

As a result of the analysis highlighted above, and a range of other activities; the Onondaga County LGU has established the following goals (G) and strategies (S). Most of these items are explained in the narrative notes found on the following pages.

G1. Reduce homelessness and health crisis among the homeless.
      S1.1 Utilize the newly formed Homeless Outreach and Engagement Committee (HOEC) for system wide engagement.  Using the Rescue Mission as a 'hub', and involving all shelters and a range of: health, substance use, and mental health clinics.
      S1.2 Implement the OTDA/OASAS shelter-based substance use disorder services pilot at the Rescue Mission shelter.
      S1.3 Develop mental health assessment and clinical services at shelters.
      S1.4 Develop partnership with health clinics and shelters for service delivery.

G2. Address the needs of those inadequately served.
    S2.1 Expand the tiny homes project.
    S2.2 Engage in data analysis of the cohort of individuals who have not been
    successful in traditional treatment and residential services.
    S2.3 Increase access to prevention level services for children and youth.


G3. Opioid response
    S3.1 Continue all activities and engagement with the Onondaga County Drug
    Task Force.
    S3.2 Develop strategies for staff recruitment and retention.
    S3.3 Increase in services for children / youth that are experiencing concerning
    levels of substance use.


G4. Reduce hospitalizations / ER presentations
    S4.1 Increase clinic access
    S4.2 Continue collaboration with DSRIP PPS-CNYCC
    S4.3 Increase HCBS access and utilization
    S4.4 Increase crisis services for children / youth that enables parents to address
    issues / concerns before they reach the level of a CPEP / ER intervention or to
    support their discharge from a CPEP / ER.


G5. Promote LGU role as local systems support
    S5.1 Promote cross county collaboration
    S5.2 Increase systems engagement, work with other stakeholders: CNYCC,
    MCOs, etc.


G6. Improve mental health access
    S6.1 Develop strategies for staff recruitment and retention
    S6.2 Develop Community Access Project (CAP) for African American Population
    S6.3 Enhance translation services in MH clinics
    S6.4 Expand the current school-based mental health efforts (following the multi-
    tiered system of supports model that has proven successful in the city school
    district) throughout the county
    S6.5 Increase social emotional supports and services for children aged zero to
    five and their families
    S6.6 Expand family and youth peer supports for children and families
    S6.7 Provide workforce training in Trauma Informed Schools and their impact on
    those we serve with regard to access to and sustainability of services/supports.
    S6.8 Establish a more effective community response to child/youth with
    significant levels of need

S6.9 Continue to support the implementation of Health Homes Serving Children (HHSC) and State Plan Amendment Services (SPA) to ensure eligible youth are referred appropriately and agencies are able to meet their needs

S6.10 Continue to support the state's planned transition of the Home and Community-based Services (HCBS) Waiver program to the Health Homes Serving Children and ensure that children and families continue to receive supports that they need

G7. Create county structures for effective communications and monitoring of services in the event of a community disaster / emergency

S7.1 Develop emergency preparedness plan / data systems for MH, SU, DD services

S7.2 Develop active collaboration with the Onondaga County Emergency Planning Management Section (EPMS) and the Human Needs Task Force

S7.3 Work with EPMS to incorporate MH, SU, DD service system data into existing emergency mapping tools

G8. Enhance recovery outcomes for people with behavioral health conditions who are involved with the criminal justice system

S8.1 Develop the Mental Health Recovery Court

S8.2 Conduct additional CIT Training

S8.3 Establish peer and social worker lead support groups at Probation Department, Jamesville Correctional Facility and the Justice Center

S8.4 Prepare and respond to the "Raise the Age" legislation in anticipation of an increase in identified youth with mental health and substance abuse challenges

S8.5 Through the OnCare Juvenile Justice project create a more trauma-informed service system with: 1.) Enhance training and certification opportunities for professionals and families; 2.) Increase awareness and decrease stigma surrounding mental illness; 3.) Equip natural supports with the tools they need to be effective resources for youth and their families

G9. Improve cross departmental / systems coordination to address social determinants of health

S9.1 Promote and align with the DOH prevention agenda and our county health department with a focus on wellness

S9.2 Develop a cross departmental focus using a Motivational Interviewing / trauma informed orientation to address a range of needs

S9.3 Promote systems alignment / integration for behavioral and primary care

S9.4 Continue regional planning / action through the CNYDPG

**Explanatory notes for Onondaga County LGU 2019 Outcomes and Strategies**

S1.1 While the homeless shelters in Onondaga County have effectively reduced the number of people sleeping on the street, there are significant numbers of individuals with serious mental illness, substance use conditions, and chronic health conditions who remain chronically sheltered. While these individuals have been referred to a range of services for these conditions, our service system has not developed the infrastructures and processes to create successful engagement. The Homeless Outreach and Engagement Committee (HOEC) has recruited representatives from a range of shelters, behavioral health and primary care providers, and other human service organizations, in an effort to engage in broader systemic change. A medical subcommittee has also been established to build the systems needed to coordinate a number of primary care services for the homeless.

Below is the mission statement / question for the HOEC and a corresponding graphic reflecting the mission. In the coming months, the HOEC will work to engage homeless individuals in care and will grow a range of shelter-based services. Current activities include:

1. The establishment of mental health assessments and service referrals
2. The development of relationships with hospitals and shelters to provide shelter based services.
3. Submit  SAMHSA grant application
4. Long term plans to establish licensed clinics at the shelters

*How can we insure access to health care and human services for our homeless and sheltered populations in a manner that supports effective engagement, sustained relationships, and prevention of health care crises?*

S1.2 In tandem with the HOEC work described above, The Office for Temporary Disability Services and the NYS Office for Alcohol and Substance Abuse Services are working with the Onondaga County Dept. of Social Services-Economic Security (DSS-ES) and the Local Governmental Unit (LGU) to development a shelter based substance use service.

S1.3 See above.

S1.4 See above.

G2 The population of individuals who are often called "difficult to serve" share a combination of conditions and challenging behaviors such as: aggression, violence, difficulty engaging in appropriate social interactions, a history of self-harming behaviors, etc. These individuals often struggle to engage with typical clinical and residential service models. It has been our recent effort to avoid calling these individuals "difficult". Rather, we have chosen to consider how our system has failed to adequately meet their needs. The failure to effectively engage this cohort has significant systemic implications, as these individuals represent: disproportionately high costs related to repeated admissions to expensive services, and high rates of chronic involvement with multiple systems and providers.

S2.1 Efforts are currently underway to develop funding and partnerships with state agencies and community providers to develop additional 'Tiny Homes' in our community. These small homes have been found to be an effective way to house individuals who have a history of conflicted relationships in congregate housing environments that require a high level of interaction with others.

S2.2 Ongoing planning and data analysis will help us to further refine the cohort of individuals who might be best served by the Tiny House project. This data analysis will also help us to refine additional strategies to support this cohort.

S3.1 The Onondaga County Drug Task Force, facilitated by the Onondaga County Department of Health, continues to be a highly effective strategy for pulling together the resources from across the community to address the ongoing Opioid crisis. This Task force and range of subcommittees will continue to work together to address a range of Opioid and other substance use related concerns.

S3.2 As reflected in the attached narrative, workforce recruitment has become a challenge across the human service sector. It has been a particular challenge for substance providers to hire and retain a range of licensed professionals.  Based upon a foundation of recent data gathering, community providers will be working in the coming months to develop new staff development strategies. This issue is emerging as a critical concern, as hiring challenges represent the primary current obstacle to service development, growth, and improvement. Key issues described by stake holders related to hiring include the following:
- Difficulty finding full time staff
- Challenge of hiring prescribers at a salary that is affordable
- Community Based Organizations struggle to compete for staff with hospitals who can offer better benefits and / or salaries
- Professionals are often drawn to other climates and larger cities
- Professionals require salaries that organizations cannot afford

- Social workers with experience leave agencies to enter private practice
- Vocational Rehabilitation counselors are hard to find
- Certified peers are hard to find

A primary driver for future action may include engagement of those in training through paid internships, contracts for tuition payment in exchange for future service, and strategies to reduce competition and increase collaboration for desired professionals within our community.

G4 A reduction in hospitalizations and emergency room presentations is at the core of the current effort to contain health care costs. Managed care and value based payment models are currently being developed and implemented with the intention of reducing high cost services by incentivizing preventive care. Onondaga County's LGU has sought to remain engaged in this systems transformation in order to promote the "win-win" that is the promise of current implementations designed to promote preventive care, reduce costs, and enhance health. These implementation efforts have increased awareness regarding the needs of individuals with behavioral health conditions who are disproportionately represented among the highest cost cohort. It is our intention to continue to advocate for systems changes that bring more robust preventive services and care to those with developmental disabilities, substance use conditions, and mental illness.

S4.1 There remains a need for increased access to clinics to serve the behavioral health needs of our community. Our current effort promotes the development and growth of integrated services that provide care for a range of behavioral and physical health conditions.

S4.2 Onondaga County continues to play an active role with The Central New York Care Collaborative, the DSRIP PPS for our six county region (Delivery System Reform Incentive Payment, Performing Provider System). This includes: active engagement with committees, and efforts to utilize the DSRIP infrastructures as a vehicle to move the behavioral health system toward value based payment, and toward higher levels of integration with primary healthcare.

S4.3 Home and Community Based Supports (HCBS) represent an expanding opportunity for the engagement of individuals who may not be effectively served in traditional clinic environments. HCBS supports allow providers to bring services to individuals in their home and community settings. There are a large number of individuals who are eligible for these services but are not receiving them. Efforts will be made to work with the designated HCBS providers to promote and increase the volume of HCBS services

G5 Previous Onondaga County plans have described the changing role of the LGU, and the need for the LGU to shift away from a regulatory oversite orientation, and toward a local systems support orientation. The LGU is uniquely able to facilitate local systems, and promote collaboration among providers, state agencies, and other stake holders at the local levels. LGUs exist at an altitude that is high enough to understand county and regional systems, and low enough to have relationships with individuals and organizations that enable project and change implementation. Onondaga County will continue to promote this orientation as we work with providers, other county departments, the city of Syracuse, state agencies, and other stake holders.

S5.1 Onondaga County has a long standing membership in the CNY Directors Planning Group (CNYDPG) which includes the Directors of Community Services (DCSs) of Onondaga, Cayuga Cortland, Madison, Oneida, and Oswego Counties. This not-for-profit entity engages in a range of regional planning contracting and system development efforts. More recently Onondaga County has also begun to engage more actively with Monroe and Erie Counties. These three upstate urban counties share similar LGU structures and challenges. Both of these collaborations reflect an effort to understand the natural regional systems of care, improve the quality of services through shared efforts and economies of scale. Given the influence of hospital systems, managed care companies and state agencies, the ability to operate across county borders will be critical to the maintenance of the LGU as a valued voice in the health care system.

S5.2 As reflected above, The Onondaga County LGU sees the value of effective engagement with the systems that are driving the economic transformation of healthcare. It is our intention to participate and maintain a strong county voice in a range of initiatives.

S6.1 See above

S6.2 Onondaga County has recently explored the challenges related to enhancing clinic access for substance use and mental health conditions for communities of color. A review of the literature reveals substantial racial disparities within the behavioral health system. Surveys, focus groups, key stake holder interviews, and some analysis of the disproportionately low level of clinic utilization among this population have led us to develop the Community Access Project. Based upon our analysis and consensus among community stake holders, a decision was made to focus resources on developing services for the African American populations of the south and west sides of Syracuse. Current efforts involve the development of a Community Advisory Committee which will be used to engage selected providers in the development of community based services in the coming months.

S6.3 Recent planning efforts revealed a second key need related to communities of color. Onondaga County has among the highest national per capita rates of refugee settlement. Given the large number of refugees and immigrants, Onondaga County struggles to provide services in the languages of so many individuals with limited English proficiency. Efforts are under way to explore how to enhance access to translation services, and to ensure culturally competent service delivery.

S7.1 Onondaga County has been working to develop a comprehensive inventory of services. While the "211" system is a valuable resource for finding needed services, emergency planning requires that we develop comprehensive lists that enable us to engage in timely communications.
S7.2 Recent efforts to improve cross departmental collaboration have yielded substantial results in Onondaga County. As described elsewhere in this document, efforts to work with a number of other departments have been critical to the successful development and implementation of systemic improvements. Active participation in the Human Needs Task Force, and engagement in efforts to develop emergency mapping (see S7.1 above) have resulted in effective collaboration, and a foundation for future projects.

S7.3 The Onondaga County LGU is working in conjunction with other County resources to add developmental disability, mental health, and substance use services to the emergency mapping system. This will enable us to plan and address needs in the event of local emergencies.

G8 Individuals who are poor and have serious mental illness and / or substance use conditions are disproportionately likely to be arrested and incarcerated. Onondaga County continues to work on a range of strategies to try to reduce the cycling in and out of incarceration that is experienced by many individuals.

S8.1 Onondaga County has a long standing drug court, and has begun the process of developing a mental health recovery court. Following a number of previous efforts to establish such a court, a number of key stake holders have come together and are making strong progress toward the development of this court. The LGU is actively involved in this planning and development effort.

S8.2 Critical Incident Training (CIT, also known as the Memphis Model) is a forty-hour training for law enforcement officers that provides them with the tools to effectively respond to calls that involve people with serious behavioral health conditions. When officers understand the signs and symptoms of mental illness and other conditions, and are able to effectively de-escalate stressful situations, they are then likely to avoid

arrests and the use of force. Building on a previous CIT training in Onondaga County, the LGU is collaborating with the Mayor's office and the Syracuse Police Department to establish another training session. Key challenges include the management of staffing costs associated with removing officers from the street for the week long training, and grant funds are being sought to defer some of these costs.

S8.3 Support groups for probationers and those incarcerated in Onondaga County facilities have previously been provided to supplement other existing services. In an appreciation of the high rates of behavioral health conditions among this population, as discussed above, these groups are being reestablished. The LGU is serving a central role in the development of the services.

G9 The Onondaga County LGU, through increasing collaboration with other departments and service sectors, has placed an increasing priority on issues of poverty as central to the behavioral health of our community.

S9.1 A broader focus on wellness has enabled Onondaga County LGU to come to the table with a wider range of stake holders from the healthcare system. It has also enabled us to avoid some of the stigma that is associated with behavioral health conditions in many of the communities that we serve. Efforts will continue to use a wellness paradigm to ensure enhanced partnerships.

S9.2 Recently the NYS Department of Health has renewed efforts to consider the importance of early trauma as it relates to childhood and adult functioning, utilizing the Adverse Childhood Experiences (ACEs) screening tool. Motivational Interviewing is a best practice model for engaging individuals who express ambivalence about behavioral change, and has been found to be effective across a range of conditions and needs. Efforts are currently under way to develop a vehicle for using a trauma informed motivational Interviewing orientation to unite systems and enhance service quality.

S9.3 Onondaga County LGU has been promotional of several mental health and substance use clinic providers who have added primary care to their service delivery system. Smoking rates, life expectancies, and other key health factors for people with serious mental illness and substance use conditions raise an alarm that requires attention. Other promotions of behavioral and primary care integration have included homeless services and DSRIP related projects. Onondaga County will continue to look for means to promote this critical integration.

S9.4 See above.

## 2019 Onondaga County Local Services Plan Narrative

The Local Governmental Unit (LGU) of Onondaga County sits within two Departments. LGU functions related to adult services are located in the Department of Adult and Long Term Care Services (DALTC). LGU functions related to Children are located in the Department of Child and Family Services (DCFS).

This summary document includes the following elements:
1. Comments regarding the evolving role of the LGU.
2. A review of data gathered through planning exercises and other sources.
3. A listing of the 2019 priority Goals and strategies.
4. Notes related to the goals and strategies.

## An evolving role

As communicated in previous Local Services Plans, Onondaga County LGU continues to work to define and develop our role as a neutral systems broker / facilitator seeking to enhance access to quality services and supports at the local and regional levels. Onondaga County continues to seek to utilize resource and partnership opportunities within our county and region to address key needs. Optimal planning efforts involve a primarily data driven orientation that uses data to assess needs and develops strategies to address those needs. But practical resource limitations dictate that we engage with existing and emerging opportunities in order to effect change. In keeping with this pragmatic approach, Onondaga County seeks to participate in those local and regional activities that provide momentum toward the changes and system enhancements that are aligned with the needs of our community. We seek to take advantage of these opportunities by placing our efforts within these down-stream currents that lead toward progress that aligns with the following values:

Family Focused: Consider all needs within the context of key relationships.
Service Regionalization: Develop and provide services within multi-county care systems.
Integrated care and supports: Support infrastructures and relationships that ensure a holistic orientation to services, including effective coordination of all elements of care.
Recovery: Promote the understanding that individuals can achieve their life goals.
Wellness: Build services that promote well-being, not just the cessation of symptoms/ sickness.
Social Determinants of Health: Address poverty and related factors to support good health.
Disparities/ Disproportionality: Promote interventions that support those groups who are less able to access services, and/or who have poorer outcomes.

<u>Cultural Responsiveness and Humility</u>: Ensure that all supports are culturally and linguistically competent, and able to support all populations within the community.
<u>Community Inclusion</u>: Promote the engagement of individuals with the communities in which they live.

Local services planning is often an effort to align unmet need, available resources, and willing/ able partners to establish an Opportunity for Change (O4C):

Clearly there is significant overlap between these three elements. The availability of active partners is often a primary resource that enables an improvement effort or a new program. A high level of need often drives resource allocation and partner engagement, etc. But often there is a significant need with no partners or resources dedicated to address it. The current environment of limited resource flexibility has made it more difficult for the LGU to engage and support community partners; rather than fostering engagement through a strategic allocation of funding. The LGU must place more emphasis upon stake holder engagement.  Most organizations that provide the needed partnership for the implementation of change projects are limited in their resources, and often struggle to participate as active partners.

Simply stated, two features of the current environment have a dramatic impact on local planning:
1. Partners are limited in their capacity to take on new projects
2. There is limited local control of resources

Given these two features, data driven needs assessment cannot be the sole driver for understanding opportunities for change and developing corresponding goals and strategies. Need, willing partners, and available resources must all align to create a viable opportunity for change. Some of our priorities are the results of a resource opportunity, for which we then cultivate partner engagement. Residential service needs are an excellent example of this phenomenon. Onondaga County is clearly in need of additional residential resources. But we are not in a position to establish a priority goal in this area without partners and resources that can drive an effective residential services expansion.

The need for alignment across these 3 areas also creates a challenge regarding continuity of change projects across time. To a substantial degree in the current planning environment, "the tail is wagging the dog". Resource and partnership opportunities drive decision making.  As such continuity of planning priorities is challenging.

**2019 Local Service Plan-Data Gathering**
**Focus Groups**
Onondaga County LGU conducted five focus groups as part of the planning process. Group participants generally expressed awareness in an array of services to assist people with basic needs in a crisis, but reported that access to many of these programs is challenging. Participants shared a clear theme regarding having significant need, but not being eligible for services. Navigation of service systems was reported as challenging for many.

Each of the focus groups gathered information from people residing and /or working in Onondaga County. Several of these groups resulted in plans of action that are reflected in the Onondaga County priorities for 2019.

Syracuse Public Library

Library staff recognized a problematic concern with a subset of patrons. Some of the homeless consumers would: sleep, bath, and engage in drug activity in areas of the library. Staff was open to engaging the homeless population at its facilities. Initial focus groups resulted in strategies to facilitate the relationship between staff and all of their patrons to ensure everyone's safety and upholding the library's core mission. In subsequent meetings, a collaborative between staff and community service providers merged. Providers began conducting abbreviated onsite service deliver: program assessments, outreach and program education at libraries. This consortium continues to move forward with additional resources for a range of human service needs to support staff and patrons.

The library often serves as a front door to a range of community services. It represents a network of access points that could be proactively utilized to link individuals to a range of services and supports. The range of service needs among library patrons include mental health, substance use, domestic violence, and multiple needs related to poverty. Several possible actions emerged that the Library staff planned to consider, includes: engagement with partner organizations to provide some onsite supports, as well as developing more effective referral strategies and warm hand off approaches.

Huntington Family Center-Parenting Group

The Family Support Network from Huntington Family Centers is a parenting program for parents of all learning abilities. The participants in this focus group voiced concerns and suggestions regarding navigating the multi-layered systems in the Syracuse City Schools. During this group an emphasis was placed on the importance of self-advocacy and seeking assistance when navigating systems to achieve the desired outcome. Specific issues of focus included the following:

- Seeking additional supports for kids with special needs.
- Seeking more supports to ensure academic success.
- Enhancing partnership between parents and schools.
- Increasing parental engagement.
- Increasing school understanding regarding the experiences and challenges of parents.

Catholic Charities –Support Group

Catholic Charities has a support group for parents who have completed parenting classes and would like additional support.  During this focus group participants discussed the causes of poverty.  The group also explored how programs and systems created to help people often do not pull people out of poverty, and can become additional barrier.  Participants encouraged self-reliance as they utilize services and programs.  Program resources were shared in an effort to assist in navigating programs and systems.

Rescue Mission

The participants listed a number of suggestions regarding how to enhance services and assistance for the temporary residents at the "Mission".  The groups discussed efforts of the Rescue Mission staff, Onondaga County Department of Social Service and a group of downtown business owners to secure funds to create additional opportunities for the residents. As a result of the focus group and related conversations, a committee was developed to develop onsite mental health and substance abuse treatment at the Rescue Mission facility, and at other shelters.  This effort was consistent with the guidance of the residents of the mission, who shared a need for: peer mentoring, case management services, supportive services, mental health screening, and primary health care.

Provider Focus Group

The discussion focused on the limited number of providers of color and the lack of mental health and substance treatment providers in communities of color.  The group defined a number of concerns regarding the ability of existing clinic services to provide for the needs of the communities of color. Existing clinics often fail to engage these communities, as they…

- Are not located in the community.
- Do not employ staff members who mirror the community.
- Do not seek to engage the community.
- Do not address culturally specific privacy / stigma concerns.
- Are not trusted.

This focus group of providers spearheaded the development of a Community Advisory Committee, with the objective of developing culturally competent services for the African American communities of the south and west sides of Syracuse. Social determinants of health will factor into this effort. According to census data, the African American community of Onondaga County experiences a poverty rate of 39.6%, the highest among upstate cities of New York State. The committee is working to develop a clinic service that is dedicated to serving the African American community. Efforts are underway to engage community and clinical partners.

Community Services Board (CSB): Areas of Concern: Data Gathering Exercise
Utilizing a focus group discussion, the CSB gathered priority areas of concern at the March 2018 meeting. This effort included the following core concerns:

1. The need for the use of technology to enhance care.
2. Access to services.
3. Public education regarding behavioral health.
4. Coordination / integration of services.
5. Person centered care.
6. Access to residential care.
7. Delivery of prevention services.
8. Hiring effective staff (nonprofessional and professional).
9. Use of peer supports.

**2019 Local Service Plan-Data Gathering Surveys**

CSB Subcommittee Survey
The core concerns shared by the Community Services Board were then developed into a survey which was shared with the subcommittees for each disability area. Respondents rated a number of service issues. A summary of the responses is included in the bullets below.

The survey utilized a 5 point scale, (1=bad, 2=poor, 3=okay, 4=good, 5=excellent)

- 50% of the respondents rated the use of technology in service delivery as "okay".
- 64% rated service access as "okay".
- 60% rated public education regarding available services as "poor".
- 44% rated service coordination / integration as "okay".
- 70% rated our service systems efforts to provide person centered care as "good".
- 55% rated access to residential care as "poor".
- 50% rated the delivery of prevention care as "okay".
- 60% rated our use of peer supports as "okay".

- 80% rated the capacity of our system to <u>hire nonprofessional staff</u> as either "poor" or "okay".
- 82% rated the capacity of our system to <u>hire professional staff</u> as either "poor" or "okay".

It is noteworthy that, with the single exception of Person Centered Care, these results reflected generally low ratings across a number of critical concerns. The strikingly low scores related to hiring of staff may point toward staffing issues that are negatively impacting a number of the other issues of concern.

<u>Mental health and substance use staff survey: opioid service needs and human service staffing shortages</u>
In conjunction with the Onondaga County Drug Task Force Treatment Subcommittee, a survey of 45 staff providing mental health and substance use services was conducted. The respondents included those serving adults and youth. The graph below reflects stabilization in the recent rapid increase in need for services which has resulted from the rise in opioid use. The largest number of respondents reported the same level of need as in the previous quarter. This reflects a change from previous measures, which indicated a stronger continuing increase in need.

While the increase in need for opioid care maybe plateauing to some degree with some provider systems. Respondents to the survey indicated that clients are presenting with increasingly complex service needs, including increases in the following areas:
1. Housing needs.
2. Medical concerns.
3. Co-occurring mental and physical health conditions.
4. Drug seeking (asking for high doses, refusal to taper, etc.).
5. Poly-substance use.
6. Seeking medications with no other treatment (talk therapy, group, etc.).

Respondents to the survey were also asked to identify their spending priorities, if they were to receive additional revenue. While responses included significant prioritization related to service expansion and improved access to care, the largest number of responses (25%) described the need to <u>hire more staff</u>, with an additional 5% describing the need to <u>increase staff pay</u>.

<u>Mental Health Clinic Leadership Survey</u>

A survey of leaders of the mental health clinic services in Onondaga County sought to better understand the challenges related to recruiting and retaining a number of different staff categories. Respondents were asked to rate the level of difficulty that they are experiencing in recruiting staff. The graph below reflects their responses. As expected, there was a high level of difficulty reported related to the recruitment of prescribers, and substantial difficulty in hiring of the entire workforce categories described.

With regards to staff retention, there were a range of responses with slightly less difficulty reported. The pattern of higher levels of difficulty regarding retaining prescribers, and substantial levels of difficulty in retaining other categories of staff remained.

The following graphic was constructed to educate other systems regarding mental health and substance use services and core principles and priorities. While imperfect, it has been useful tool in considering how to further our efforts at systems and service integration, and to consider how some of these principals and priorities can serve to unify cross system efforts.

**Onondaga County LGU 2019 Priority Goals and Strategies**

As a result of the analysis highlighted above, and a range of other activities; the Onondaga County LGU has established the following goals (G) and strategies (S). Most of these items are explained in the narrative notes found on the following pages.

G1. Reduce homelessness and health crisis among the homeless.
　　S1.1 Utilize the newly formed Homeless Outreach and Engagement Committee (HOEC) for system wide engagement. Using the Rescue Mission as a 'hub', and involving all shelters and a range of: health, substance use, and mental health clinics.
　　S1.2 Implement the OTDA/OASAS shelter-based substance use disorder services pilot at the Rescue Mission shelter.
　　S1.3 Develop mental health assessment and clinical services at shelters.
　　S1.4 Develop partnership with health clinics and shelters for service delivery.

G2. Address the needs of those inadequately served.
    S2.1 Expand the tiny homes project.
    S2.2 Engage in data analysis of the cohort of individuals who have not been successful in traditional treatment and residential services.
    S2.3 Increase access to prevention level services for children and youth.

G3. Opioid response
    S3.1 Continue all activities and engagement with the Onondaga County Drug Task Force.
    S3.2 Develop strategies for staff recruitment and retention.
    S3.3 Increase in services for children / youth that are experiencing concerning levels of substance use.

G4. Reduce hospitalizations / ER presentations
    S4.1 Increase clinic access
    S4.2 Continue collaboration with DSRIP PPS-CNYCC
    S4.3 Increase HCBS access and utilization
    S4.4 Increase crisis services for children / youth that enables parents to address issues / concerns before they reach the level of a CPEP / ER intervention or to support their discharge from a CPEP / ER.

G5. Promote LGU role as local systems support
    S5.1 Promote cross county collaboration
    S5.2 Increase systems engagement, work with other stakeholders: CNYCC, MCOs, etc.

G6. Improve mental health access
    S6.1 Develop strategies for staff recruitment and retention
    S6.2 Develop Community Access Project (CAP) for African American Population
    S6.3 Enhance translation services in MH clinics
    S6.4 Expand the current school-based mental health efforts (following the multi-tiered system of supports model that has proven successful in the city school district) throughout the county
    S6.5 Increase social emotional supports and services for children aged zero to five and their families
    S6.6 Expand family and youth peer supports for children and families
    S6.7 Provide workforce training in Trauma Informed Schools and their impact on those we serve with regard to access to and sustainability of services/supports.
    S6.8 Establish a more effective community response to child/youth with significant levels of need

S6.9 Continue to support the implementation of Health Homes Serving Children (HHSC) and State Plan Amendment Services (SPA) to ensure eligible youth are referred appropriately and agencies are able to meet their needs

S6.10 Continue to support the state's planned transition of the Home and Community-based Services (HCBS) Waiver program to the Health Homes Serving Children and ensure that children and families continue to receive supports that they need

G7. Create county structures for effective communications and monitoring of services in the event of a community disaster / emergency

S7.1 Develop emergency preparedness plan / data systems for MH, SU, DD services

S7.2 Develop active collaboration with the Onondaga County Emergency Planning Management Section (EPMS) and the Human Needs Task Force

S7.3 Work with EPMS to incorporate MH, SU, DD service system data into existing emergency mapping tools

G8. Enhance recovery outcomes for people with behavioral health conditions who are involved with the criminal justice system

S8.1 Develop the Mental Health Recovery Court

S8.2 Conduct additional CIT Training

S8.3 Establish peer and social worker lead support groups at Probation Department, Jamesville Correctional Facility and the Justice Center

S8.4 Prepare and respond to the "Raise the Age" legislation in anticipation of an increase in identified youth with mental health and substance abuse challenges

S8.5 Through the OnCare Juvenile Justice project create a more trauma-informed service system with: 1.) Enhance training and certification opportunities for professionals and families; 2.) Increase awareness and decrease stigma surrounding mental illness; 3.) Equip natural supports with the tools they need to be effective resources for youth and their families

G9. Improve cross departmental / systems coordination to address social determinants of health

S9.1 Promote and align with the DOH prevention agenda and our county health department with a focus on wellness

S9.2 Develop a cross departmental focus using a Motivational Interviewing / trauma informed orientation to address a range of needs

S9.3 Promote systems alignment / integration for behavioral and primary care

S9.4 Continue regional planning / action through the CNYDPG

**Explanatory notes for Onondaga County LGU 2019 Outcomes and Strategies**

S1.1 While the homeless shelters in Onondaga County have effectively reduced the number of people sleeping on the street, there are significant numbers of individuals with serious mental illness, substance use conditions, and chronic health conditions who remain chronically sheltered. While these individuals have been referred to a range of services for these conditions, our service system has not developed the infrastructures and processes to create successful engagement. The Homeless Outreach and Engagement Committee (HOEC) has recruited representatives from a range of shelters, behavioral health and primary care providers, and other human service organizations, in an effort to engage in broader systemic change. A medical subcommittee has also been established to build the systems needed to coordinate a number of primary care services for the homeless.

Below is the mission statement / question for the HOEC and a corresponding graphic reflecting the mission. In the coming months, the HOEC will work to engage homeless individuals in care and will grow a range of shelter-based services. Current activities include:
1. The establishment of mental health assessments and service referrals
2. The development of relationships with hospitals and shelters to provide shelter based services.
3. Submit  SAMHSA grant application
4. Long term plans to establish licensed clinics at the shelters

*How can we insure access to health care and human services for our homeless and sheltered populations in a manner that supports effective engagement, sustained relationships, and prevention of health care crises?*

S1.2 In tandem with the HOEC work described above, The Office for Temporary Disability Services and the NYS Office for Alcohol and Substance Abuse Services are working with the Onondaga County Dept. of Social Services-Economic Security (DSS-ES) and the Local Governmental Unit (LGU) to development a shelter based substance use service.

S1.3 See above.

S1.4 See above.

G2 The population of individuals who are often called "difficult to serve" share a combination of conditions and challenging behaviors such as: aggression, violence, difficulty engaging in appropriate social interactions, a history of self-harming behaviors, etc. These individuals often struggle to engage with typical clinical and residential service models. It has been our recent effort to avoid calling these individuals "difficult". Rather, we have chosen to consider how our system has failed to adequately meet their needs. The failure to effectively engage this cohort has significant systemic implications, as these individuals represent: disproportionately high costs related to repeated admissions to expensive services, and high rates of chronic involvement with multiple systems and providers.

S2.1 Efforts are currently underway to develop funding and partnerships with state agencies and community providers to develop additional 'Tiny Homes' in our community. These small homes have been found to be an effective way to house individuals who have a history of conflicted relationships in congregate housing environments that require a high level of interaction with others.

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S4.3 Home and Community Based Supports (HCBS) represent an expanding opportunity for the engagement of individuals who may not be effectively served in traditional clinic environments. HCBS supports allow providers to bring services to individuals in their home and community settings. There are a large number of individuals who are eligible for these services but are not receiving them. Efforts will be made to work with the designated HCBS providers to promote and increase the volume of HCBS services

G5 Previous Onondaga County plans have described the changing role of the LGU, and the need for the LGU to shift away from a regulatory oversite orientation, and toward a local systems support orientation. The LGU is uniquely able to facilitate local systems, and promote collaboration among providers, state agencies, and other stake holders at the local levels. LGUs exist at an altitude that is high enough to understand county and regional systems, and low enough to have relationships with individuals and organizations that enable project and change implementation. Onondaga County will continue to promote this orientation as we work with providers, other county departments, the city of Syracuse, state agencies, and other stake holders.

S5.1Onondaga County has a long standing membership in the CNY Directors Planning Group (CNYDPG) which includes the Directors of Community Services (DCSs) of Onondaga, Cayuga Cortland, Madison, Oneida, and Oswego Counties. This not-for-profit entity engages in a range of regional planning contracting and system development efforts. More recently Onondaga County has also begun to engage more actively with Monroe and Erie Counties. These three upstate urban counties share similar LGU structures and challenges. Both of these collaborations reflect an effort to understand the natural regional systems of care, improve the quality of services through shared efforts and economies of scale. Given the influence of hospital systems, managed care companies and state agencies, the ability to operate across county borders will be critical to the maintenance of the LGU as a valued voice in the health care system.

S5.2 As reflected above, The Onondaga County LGU sees the value of effective engagement with the systems that are driving the economic transformation of healthcare. It is our intention to participate and maintain a strong county voice in a range of initiatives.

S6.1 See above

S6.2 Onondaga County has recently explored the challenges related to enhancing clinic access for substance use and mental health conditions for communities of color. A review of the literature reveals substantial racial disparities within the behavioral health system. Surveys, focus groups, key stake holder interviews, and some analysis of the disproportionately low level of clinic utilization among this population have led us to develop the Community Access Project. Based upon our analysis and consensus among community stake holders, a decision was made to focus resources on developing services for the African American populations of the south and west sides of Syracuse. Current efforts involve the development of a Community Advisory Committee which will be used to engage selected providers in the development of community based services in the coming months.

S6.3 Recent planning efforts revealed a second key need related to communities of color. Onondaga County has among the highest national per capita rates of refugee settlement. Given the large number of refugees and immigrants, Onondaga County struggles to provide services in the languages of so many individuals with limited English proficiency. Efforts are under way to explore how to enhance access to translation services, and to ensure culturally competent service delivery.

S7.1 Onondaga County has been working to develop a comprehensive inventory of services. While the "211" system is a valuable resource for finding needed services, emergency planning requires that we develop comprehensive lists that enable us to engage in timely communications.

S7.2 Recent efforts to improve cross departmental collaboration have yielded substantial results in Onondaga County. As described elsewhere in this document, efforts to work with a number of other departments have been critical to the successful development and implementation of systemic improvements. Active participation in the Human Needs Task Force, and engagement in efforts to develop emergency mapping (see S7.1 above) have resulted in effective collaboration, and a foundation for future projects.

S7.3 The Onondaga County LGU is working in conjunction with other County resources to add developmental disability, mental health, and substance use services to the emergency mapping system. This will enable us to plan and address needs in the event of local emergencies.

G8 Individuals who are poor and have serious mental illness and / or substance use conditions are disproportionately likely to be arrested and incarcerated. Onondaga County continues to work on a range of strategies to try to reduce the cycling in and out of incarceration that is experienced by many individuals.

S8.1 Onondaga County has a long standing drug court, and has begun the process of developing a mental health recovery court. Following a number of previous efforts to establish such a court, a number of key stake holders have come together and are making strong progress toward the development of this court. The LGU is actively involved in this planning and development effort.

S8.2 Critical Incident Training (CIT, also known as the Memphis Model) is a forty-hour training for law enforcement officers that provides them with the tools to effectively respond to calls that involve people with serious behavioral health conditions. When officers understand the signs and symptoms of mental illness and other conditions, and are able to effectively de-escalate stressful situations, they are then likely to avoid

arrests and the use of force. Building on a previous CIT training in Onondaga County, the LGU is collaborating with the Mayor's office and the Syracuse Police Department to establish another training session. Key challenges include the management of staffing costs associated with removing officers from the street for the week long training, and grant funds are being sought to defer some of these costs.

S8.3 Support groups for probationers and those incarcerated in Onondaga County facilities have previously been provided to supplement other existing services. In an appreciation of the high rates of behavioral health conditions among this population, as discussed above, these groups are being reestablished. The LGU is serving a central role in the development of the services.

G9 The Onondaga County LGU, through increasing collaboration with other departments and service sectors, has placed an increasing priority on issues of poverty as central to the behavioral health of our community.

S9.1 A broader focus on wellness has enabled Onondaga County LGU to come to the table with a wider range of stake holders from the healthcare system. It has also enabled us to avoid some of the stigma that is associated with behavioral health conditions in many of the communities that we serve. Efforts will continue to use a wellness paradigm to ensure enhanced partnerships.

S9.2 Recently the NYS Department of Health has renewed efforts to consider the importance of early trauma as it relates to childhood and adult functioning, utilizing the Adverse Childhood Experiences (ACEs) screening tool. Motivational Interviewing is a best practice model for engaging individuals who express ambivalence about behavioral change, and has been found to be effective across a range of conditions and needs. Efforts are currently under way to develop a vehicle for using a trauma informed motivational Interviewing orientation to unite systems and enhance service quality.

S9.3 Onondaga County LGU has been promotional of several mental health and substance use clinic providers who have added primary care to their service delivery system. Smoking rates, life expectancies, and other key health factors for people with serious mental illness and substance use conditions raise an alarm that requires attention. Other promotions of behavioral and primary care integration have included homeless services and DSRIP related projects. Onondaga County will continue to look for means to promote this critical integration.

S9.4 See above.