



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office for People With
Developmental Disabilities

2020 Local Services Plan For Mental Hygiene Services

Oneida Co. Department of Mental Health
September 6, 2019

Table of Contents

Planning Form	LGU/Provider/PRU	Status
Oneida Co. Department of Mental Health	70210	(LGU)
Executive Summary	Optional	Not Completed
Goals and Objectives Form	Required	Certified
New York State Prevention Agenda Survey	Required	Certified
Office of Mental Health Agency Planning (VBP) Survey	Required	Certified
Community Services Board Roster	Required	Certified
Alcoholism and Substance Abuse Subcommittee Roster	Required	Certified
Mental Health Subcommittee Roster	Required	Certified
Developmental Disabilities Subcommittee Roster	Required	Certified
Mental Hygiene Local Planning Assurance	Required	Certified

Mental Hygiene Goals and Objectives Form
Oneida Co. Department of Mental Health (70210)
Certified: Jeannette Pavlus (6/4/19)

1. Overall Needs Assessment by Population (Required)

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

Please describe any unmet **mental health** service needs that have **improved**:

Please describe any unmet **mental health** service needs that have **stayed the same**:

Please describe any unmet **mental health** service needs that have **worsened**:

- Lack of services
- Long wait times for clinical appointments
- Not enough providers to prescribe psychiatric medication
- Lack of well trained staff (Social Workers, Counselors, Care Managers)
- Increase in adult clients that have a high level need (double in number of AOTs)
- Need for more in-home behavioral health providers for children
- Need for respite (Adult/Children) in Oneida County
- Lack of services for dually diagnosed people (substance, intellectually delayed)
- Need for more services that address mental health issues with the aging population that are also facing medical problems.

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

Please describe any unmet **SUD** service needs that have **improved**:

- Opening of second OTP (April 2018) in Oneida County
- COTI services
- ODMapping

Please describe any unmet **SUD** service needs that have **stayed the same**:

Please describe any unmet **SUD** service needs that have **worsened**:

- Reliable, accessible and affordable transportation is needed within the rural/urban areas
- Homeless supports
- Criminal Justice diversion
- Integration with OASAS
- Two providers have had decline in services
- Loss of adolescent services
- Limited agencies providing walk-in services
- No crisis services (Addiction Crisis Center changed to Addiction Stabilization Center)
- Lack of qualified staff
- Increase in overdoses
- Lack of MDs providing bridged prescriptions
- Lack of nursing home care for aging individuals on methadone for addiction
- Due to lack of providers, and long wait times for mental health medication, individuals have relapsed

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

Please describe any unmet **developmentally disability** service needs that have **improved**:

- County has DD liaison

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

Please describe any unmet **developmentally disability** service needs that have **worsened**:

- voluntary agencies have a lack of staff to provide habilitation services and hourly respite
- Lack of overnight respite services
- Difficulty obtaining testing for eligibility
- No housing for children with developmental disabilities

- No long term services for those dually diagnosed with mental health problems as well as developmental disabilities
- Lack of communication with state providers and local/voluntary providers
- Lack of medication management providers for individuals with developmental disabilities

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q) Developmental Disability Clinical Services			<input checked="" type="checkbox"/>
r) Developmental Disability Children Services			<input checked="" type="checkbox"/>
s) Developmental Disability Student/Transition Services			<input checked="" type="checkbox"/>
t) Developmental Disability Respite Services			<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports			<input checked="" type="checkbox"/>
v) Developmental Disability Self-Directed Services			<input checked="" type="checkbox"/>
w) Autism Services			<input type="checkbox"/>
x) Developmental Disability Front Door			<input checked="" type="checkbox"/>
y) Developmental Disability Care Coordination			<input checked="" type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa) Other Need 2 (Specify in Background Information) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(After a need issue category is selected, related follow-up questions will display below the table)

2a. Housing - Background Information

Oneida County has a high need for housing for individuals with mental health, substance use disorders, developmental disabilities, and children with a serious emotional disturbance. Oneida County does not have any housing programs for children with developmental disabilities. There have been a few cases in which dually diagnosed youth need residential services and there has been nothing to offer them. This difficulty has resulted in an increase of emergency department visits with this fragile population.

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

To work with and provide support to agencies advancing housing projects, specifically housing for adults and children with mental health issues. There is also a need for housing and wrap around services that specifically address certain dual diagnoses; including those who are mentally ill and either aging, have intellectual disabilities or have substance abuse issues. The goal is to maintain individuals in the least restrictive level of care.

Objective Statement

Objective 1: Promote affordable, safe and integrated housing.

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

Objective 2: Support agencies developing crisis respite programs.

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

Objective 3: Develop housing for individuals for those aging out of home/school.

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

Change Over Past 12 Months (Optional)

DePaul project has begun in Rome, NY which has targeted 40 apartments for low income and 40 apartments for individuals with MH. The building is staffed 24/7 for those with MH. Another similar project is also being discussed in Utica, NY that will house those with MH. RCIL has completed a housing project that has eight specifically designated apartments for those with DD. Johnson Park Center was awarded funds to create eight apartments for single women with MH issues that meet the HUD definition of homeless.

SUD lost eleven supportive living apartments December 31, 2018.

Oneida County has begun working on a crisis respite project for children.

The respite contract with the House of the Good Shepherd was lost during this past year.

2b. Transportation - Background Information

Oneida County is both urban and rural. Access to clinic appointments, substance abuse treatment facilities and social day programs can be extremely challenging.

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

Oneida County Department of Mental Health will continue to explore possibilities for assisting individuals with a serious mental illness, SUD and DD in obtaining transportation.

Objective Statement

Objective 1: To identify innovative ways to address the transportation needs of those with MH needs.

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

Objective 2: To develop a working relationship with outside vendors, such as Uber and Lyft, to provide transportation to individuals with SUD, MH and DD.

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

Objective 3: Collaborate with Medicaid Department to make a more effective use of Medicaid Cab services.

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

Change Over Past 12 Months (Optional)

More agencies in the area have started to establish transportation programs.

2c. Crisis Services - Background Information

Oneida County has a lack of crisis intervention services that can address individuals with SUD and youth specific crisis intervention training. Oneida County needs more post crisis planning. More training needs to be done with all different providers, at all levels and professions in Oneida County.

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

The goal of the Oneida County Department of Mental Health is to collaborate on a regional level to provide strategic alternatives to the ER and hospitals for addressing the needs of individuals experiencing behavioral, MH and addiction crisis.

Objective Statement

Objective 1: To identify those agencies who will dedicate services for crisis respite.

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

Objective 2: Expand and support any crisis responders and their ability to provide services.

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

Change Over Past 12 Months (Optional)

Local and state government representatives recognize the need for crisis/respite services and are working with The Oneida County Department of Mental Health to find solutions. Mobile Crisis Assessment Team has expanded and is now a partner of the National Suicide Hotline. Peer supports, for both SUD and MH, are available for those in crisis.

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

Oneida County lacks enough skilled and educated workers to provide services to clients in all areas of human services. Worker turnover and burn out rates for these positions are very high which compromises the quality of care provided to the consumer.

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

Oneida County will promote community workforce improvement activities within the field of human services. Oneida County will identify and implement trainings to improve retention of staff once hired through efforts that promote self care and worker burnout.

Objective Statement

Objective 1: Coordinate and host human services job fair in the community.

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

Objective 2: Coordinate and sponsor local trainings to support staff retention.

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

Change Over Past 12 Months (Optional)

Our community has seen a decline in staff and providers. It is difficult to keep staff once hired. It is difficult to allow staff to attend trainings, because there is often not enough staff to cover the office. Not enough qualified individuals are applying, and are instead leaving the community for better opportunities. The lack of skilled staff has an adverse impact on the quality of service delivery.

2e. Employment/ Job Opportunities (clients) - Background Information

Stigma is a problem for many employers who hire people with mental health, substance use disorders, or developmental disabilities. These employers do not understand the need for these individuals to attend treatment in a manner that is as sensitive as an employee needing medical treatment. This can create tension at the workplace and increase chances for employees with these needs to miss treatment that is necessary to keep them healthy and productive. There is also a concern of people getting "trapped" in the system. This occurs often when agencies are discouraging clients to become fully financially independent in order to keep them eligible for services. Some agencies rely on funding based on the client meeting eligibility for public assistance, and there is no good method of transitioning them from services to independence hence fostering a cycle of dependence on the system.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Other needs are more pressing at this time; i.e. housing, staffing.

Change Over Past 12 Months (Optional)

2f. Prevention - Background Information

Due to increase in suicide and overdoses, Oneida County would like to bring more awareness to signs and symptoms and promote prevention within the MH and SUD area.

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

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

Strengthen prevention strategies to reduce suicide, MH and SUD.

Objective Statement

Objective 1: Coordinate with local law enforcement, EMS, hospitals and other providers to identify areas of need/concern within the community to help reduce the number of suicide and/or SUD deaths

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

Change Over Past 12 Months (Optional)

Suicide prevention coalition has become more organized and has initiated strategies to reduce stigma, increase awareness of issue and available resources. Oneida County has invited more local providers to attend the 9.41 meetings to ensure information share and quality of care.

2g. Inpatient Treatment Services - Background Information

Lack of appropriate number of beds for children and adults to fit the needs of Oneida County. When individuals need long term inpatient services, there is a waitlist for extended periods of time.

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

Supporting agencies starting any initiative to expand the 9.39 bed capacity in Oneida County.

Objective Statement

Objective 1: Supporting agencies starting any initiative to expand the 9.39 bed capacity in Oneida County.

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

Change Over Past 12 Months (Optional)

2h. Recovery and Support Services - Background Information

Peer engagement and advocacy services are minimal.

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

To bring more programing in such as Recovery Community and Outreach Center or Youth Clubhouse.

Objective Statement

Objective 1: To support any agency looking to develop outreach and community centers for adults and youth.

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

Change Over Past 12 Months (Optional)

2i. Reducing Stigma - Background Information

Conducting more presentations, awareness and partnering with programs that promote the reduction of stigma.

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

The goal would be to reduce stigma to promote individuals understanding and acceptance in the community. Therefore, more individuals would be apt to attend treatment and reach out for help.

Objective Statement

Objective 1: Support agencies that run anti-stigma campaigns.

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

Objective 2: Provide more community awareness.

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

Change Over Past 12 Months (Optional)

Oneida County's Children and Youth's SPOA Coordinator has developed a school based program that focuses on stigma. Oneida County's Director of SUD/Dual Recovery has a presentation that is also presented locally throughout the community to raise awareness on stigma.

2k. SUD Residential Treatment Services - Background Information

The goal of the county is to support agencies that are willing to bring in all three levels (stabilization, rehabilitation, integration) of the 820 residential services to Oneida County.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
We will support this as a goal of other providers in the area, but this is not a pressing issue for the County to initiate at the present time. We do not provide direct services.

Change Over Past 12 Months (Optional)

The county's only residential program had to temporarily cease admissions, steps are being taken to resolve and improve services.

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

Oneida County has seen an increase in overdoses and deaths. Per EMS reports, they have used Narcan on individuals age 4-84.

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

To make accessible all forms of treatment necessary to enable successful recovery and prevent drug related deaths.

Objective Statement

Objective 1: To bring together community leaders, students, affected family members and concerned citizens to review relevant data, bring together their experiences, suggest solutions and advise the Opiate Task Force Committee

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

Objective 2: To determine the needs of our community that must be served by methadone treatment and adjust services as necessary

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

Objective 3: To evaluate the needs and services provided by the Regional Open Access Center for Addictions, with the possibility of bringing one to our County.

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

Objective 4: To expand and enhance prevention efforts

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

Change Over Past 12 Months (Optional)

Oneida County currently has two Opiate Treatment Programs with current openings.

Oneida County has begun using ODMapping as a way to track overdoses in the community. With that, an Overdose Response Team has also been created.

Community education and awareness has also been increased, with Narcan trainings being offered by multiple agencies throughout the week.

2n. Mental Health Clinic - Background Information

Greater capacity for MH treatment is needed, clinics for children and adults are grossly inadequate. Our county has been experiencing a steady increase of SMI individuals and the resources are falling behind in serving this population. Providers are at capacity and have difficulty accepting new patients within a reasonable amount of time. Providers experiencing high staff turnover and having inadequate staff capacity to meet the growing need. There exists a lack of LCSW, NPs, psychiatrist and psychologists. Oneida County would like to see more school based treatment.

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

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

Increase capacity, staff retention and availability of services.

Objective Statement

Objective 1: To support activities to promote recruitment and retention of qualified clinic staff.

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

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

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

Change Over Past 12 Months (Optional)

For a period of time over the last twelve months, there was limited availability and access for level one referrals in Oneida County. Also, due to high turnover rate and lack of qualified staff, clinics have been unable to meet the needs of the growing population.

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

The specific needs of transition aged youth, from children to adult services, would benefit from more focused support.

Inclusive recreation opportunities for children with DD, behavioral and MH needs are limited in our community.

There is a need for early identification of MH issues in children so they can be addressed promptly.

There is a need for community based behavioral health service providers, especially for children who do not qualify for Medicaid.

There is a lack of planned respite for children with MH.

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

To strengthen and expand community school programming as well as other community based activities and programs for those involved in services and to identify those in need of services.

Objective Statement

Objective 1: To support any community effort in bringing the community school approach to more areas of Oneida County.

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

Objective 2: Collaborate with an existing community school director to help educate other school districts on the positive outcomes.

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

Objective 3: Talk with agencies to develop a planned respite option for children with MH.

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

Change Over Past 12 Months (Optional)

The Rome Community School Program continues to expand throughout the Rome City School District. They have been instrumental in linking students who have been identified with needs to services in the community, such as MH, food pantries and resources.

2p. Mental Health Care Coordination - Background Information

Oneida County has many Care Coordination Organizations that provide care coordination. There could be better communication between the Care Coordination Organizations and LGU in order to improve service delivery.

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

To improve communication and coordination of care between multiple agencies and stakeholders.

Objective Statement

Objective 1: To will invite CCO staff to regularly held meetings.

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

Change Over Past 12 Months (Optional)

CCO's providing service coordination to children with serious emotional disturbance or complex trauma have been regularly attending the Children's SPOA meetings.

2q. Developmental Disability Clinical Services - Background Information

There is a lack of clinical services available for individuals with DD in the local region despite the high population. There is one designated psychiatrist under the article 16 services, no social workers, and no dentist.

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

To encourage any agency willing to assist in providing quality clinical services to the DD population.

Objective Statement

Objective 1: To identify and assist providers in working with OPWDD.

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

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

Oneida County's Children's SPOA receives multiple referrals for children with DD that are in need of services to successfully keep them in their home environment without repeatedly going into crisis. Even if a child is approved for OPWDD services there is a lack of staff to provide the identified services. There is also a great need for out of home residential services specifically for youth with DD.

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

To support any agency willing to establish residential opportunities that would provide for children with high risk, high needs, behaviors or are dual diagnosed (DD/MH)

Objective Statement

Objective 1: Identify the funding and vendor willing to establish a program in the community

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

Objective 2: Support any staffing recruitment and retention initiatives.

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

Change Over Past 12 Months (Optional)

Due to the lack of children's residential services we have had to exhaust other system's services that are not equipped to effectively meet the needs of the individuals.

2s. Developmental Disability Student/Transition Services - Background Information

At this time, the Oneida County DD subcommittee met and completed "needs survey" and identified student transitional services as a gap within the services delivery system.

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

To increase awareness and connectivity to transitional services within the community and the schools.

Objective Statement

Objective 1: Assist in providing education and linking to front door staff through OPWDD.

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

Change Over Past 12 Months (Optional)

START implementation program is not available yet in Oneida County but anticipate the initiation of the program shortly.

2t. Developmental Disability Respite Services - Background Information

At this time Oneida County has very limited at-home respite services through family support dollars. To help enable providers to keep their loved ones at home it would be encouraged to further develop both in and out of home respite services through voluntary providers and OPWDD.

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

To increase respite service by 20% in Oneida County over the next year, with a goal of increasing by 25% over the next three years.

Objective Statement

Objective 1: Assist with identifying economic resources through RFPs and other grant initiatives; and identify a provider to develop out of home respite services.

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

Change Over Past 12 Months (Optional)

2u. Developmental Disability Family Supports - Background Information

Oneida County has some support services that are not always known to the public. Additional support is needed in educating the community and those in need of the services that are out there. The DD liaison will continue to reach out to the community and inform them of what is available in Oneida County.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
At this time it is not a top priority but the DD liaison will continue with outreach in the community.

Change Over Past 12 Months (Optional)

2v. Developmental Disability Self-Directed Services - Background Information

Limited number of individuals use this service due to the time it takes to get approved. Oneida County would like to see an increase in utilization of this program.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
This is also not a top priority, there are much more pressing needs such as respite, housing, stigma.

Change Over Past 12 Months (Optional)

2x. Developmental Disability Front Door - Background Information

The front door is the first step in accessing services through OPWDD. Many consumers find long delays in becoming eligible for services as well as accessing services once eligible. There are times where paperwork is misplaced, lost and thereby making it difficult to have adequate coordination of care with the family and the providers through the enrollment process. Thus, it increases the wait time the individual will be waiting for service provision.

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

Oneida County DD liaison will continue to work with OPWDD's local front door unit to help facilitate a quicker response and a more timely and effective process to obtain eligibility.

Objective Statement

Objective 1: Establish a working relationship with the front door intake coordinator and staff to ensure continuity of care.

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

Change Over Past 12 Months (Optional)

There have been some instances of great collaboration with front door staff which has resulted in timely enrollment of services. However, there have been other clients who had to wait an extended period of time due to lost or missing paperwork or loss of connection with front door staff.

2y. Developmental Disability Care Coordination - Background Information

The community has had some difficulty connecting with services in a timely fashion. There have been concerns about the lack of response and staff consistency in the Care Coordination Agencies, which has led to delays for families in obtaining services.

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

To gain more vendors in the area to provide more options to the clients.

Objective Statement

Objective 1: Establish with other providers the ability to provide health home services in the community.

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

Change Over Past 12 Months (Optional)

2ab. Problem Gambling (NEW) - Background Information

Oneida County has a high rate of poverty, a hidden addiction of gambling can and will only exacerbate the situation.

- McPike ATC is located in Oneida County, they provide inpatient gambling addiction services.
- Oneida County has one private outpatient counselor who is registered with Problem Gambling Resource Center.
- Problem gambling is not routinely screened for by non OASAS providers.

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

Oneida County will collaborate with Problem Gambling Resource Center to bring awareness to the public and professional providers regarding problem gambling and resources available.

Objective Statement

Objective 1: Provide opportunities for MH and SUD providers to be trained by Problem Gambling Resource Center.

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

Change Over Past 12 Months (Optional)

2ac. Adverse Childhood Experiences (ACEs) (NEW) - Background Information

ACE study made us aware of the importance of learning how adverse childhood experiences lead to trauma and toxic stress. The trauma and toxic stress leads to long lasting health and mental health problems. The higher one's ACE score, the more chance they have of being diagnosed with a serious MH or physical health problem. Oneida County has only begun to address ACE's. Much of the community is not aware of the impact of ACE's, which only leads to a continuing cycle of adverse events on future generations.

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

To gain a better understanding of the impact of ACEs on the children we serve in Oneida County and to raise awareness for service providers on how they can address ACEs through trauma informed care and building resiliency.

Objective Statement

Objective 1: To use screening tools to identify ACEs.

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

Objective 2: Support efforts to educate service providers on the importance of trauma informed care and techniques that build resiliency.

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

Change Over Past 12 Months (Optional)

The new Child and Youth SPOA referral form has incorporated an ACE screening tool. Health Home Agencies also use complex trauma screening tools. There is an initiative to have probation screen youth with a trauma screening tool, although it has not yet been implemented in Oneida County.

New York State Prevention Agenda Survey
Oneida Co. Department of Mental Health (70210)
Certified: Jeannette Pavlus (6/3/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to oasasplanning@oasas.ny.gov.

Background

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

Questions

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

- No
- Yes, please explain:

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration
- 2.1 e) Other

Goal 2.2 Prevent opioid overdose deaths

- 2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- 2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- 2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- 2.2 d) Build support systems to care for opioid users or those at risk of an overdose
- 2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
- 2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy
- 2.2 g) Other

Goal 2.3 Prevent and address adverse childhood experiences (ACEs)

- 2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting
- 2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration
- 2.3 c) Implement evidence-based home visiting programs
- 2.3 d) Other

Goal 2.4 Reduce the prevalence of major depressive disorders

- 2.4 a) Strengthen resources for families and caregivers
- 2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT)
- 2.4 d) Other

Goal 2.5 Prevent suicides

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care "Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

Collaborating with Oneida County Department of Health on OD Mapping and Overdose Response Team. Collaborating with local prevention provider to expand prevention for all levels of community in all areas.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

No

Yes, please explain:

Work in progress, beginning stages.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

No

Yes, please explain:

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

No

Yes, please explain:

We actively support the work of providers in our community working towards relevant goals.

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

No

Yes, please explain:

We actively support the work of providers in our community working towards relevant goals.

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

No

Yes, please explain:

Actively support programs through innovation funding, support effort to integrate primary care and behavioral health within our clinics with non-English speaking residents.

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

Un/Underemployment and Job Insecurity

Food Insecurity

Adverse Features of the Built Environment

Housing Instability or Poor Housing Quality

Discrimination/Social Exclusion

Poor Education

Poverty/Income Inequality

Adverse Early Life Experiences

Poor Access to Transportation

Other

Please describe your efforts in addressing the selections above:

Support local agency in food drive and distribution efforts, work with System of Care model to enhance food security. Actively support the Homeless Coalition through OTDA and grand funded building projects. Expanding 0-5 family intervention program with United Way, Health Home and local education institution. Oneida County Planning Department is actively addressing transportation needs.

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

a) No Yes

b) If yes, please list

Title of training(s): Services rendered through several providers in the community.

How many hours:

Target audience for training:

Estimate number trained in one year:

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

No

Yes, please provide examples:

We are working with the Livable Community Model on a continuous basis.

Office of Mental Health Agency Planning (VBP) Survey
Oneida Co. Department of Mental Health (70210)
Certified: Jeannette Pavlus (6/4/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or Melissa.Staats@omh.ny.gov

Background

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

DSRIP serves as a bridge to value-based payment in New York State.

DOH website

DSRIP Performing Provider Systems (PPS)

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

DSRIP Project Lists

New York State Delivery System Reform Incentive Payment Program Project Toolkit
DSRIP Performing Provider Systems (PPS Statewide)

Value Based Payment (VBP) - Reduce Costs/Improve Quality

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

Questions

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

a) Yes No

b) Please provide more information:

LGU is working with providers who are in process of integrating.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

a) Yes No

b) Please explain:

LGU is working with providers who have initiated programs with grants from Innovation Funds.

3. Are there any behavioral health providers in your county in VBP arrangements?

a) Yes No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

Providers created a community BHCC and/or IPA.

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

a) Yes No

b) Please explain:

Work in progress.

5. Is the LGU aware of the development of In-Lieu of proposals?

a) Yes No

b) Please explain:

Work in progress.

6. Can your LGU support the BHCC planning process?

a) Yes No

b) Please explain:

Currently working on setting goals; LGU supports.

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a) Yes No

b) Please explain:

Not at this time; work in progress and will be implemented.

Community Service Board Roster
 Oneida Co. Department of Mental Health (70210)
 Submitted for Approval: Erica Jalonack (6/3/19)
 Certified: Jeannette Pavlus (6/4/19)

Note:

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

Name: Ken Abramczyk	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires:	Email Address: kennethabramczyk@gmail.com
Name: Lorraine Krup	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires:	Email Address: none
Name: Mike Romano	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Office for the Aging	Term Expires:	Email Address: mromano@ocgov.net
Name: Susan Spina	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Mohawk Valley Health Systems	Term Expires:	Email Address: sspina@mvnhealth.com
Name: Gretchen Sprock	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community Member	Term Expires:	Email Address: csprock@tweny.rr.com
Name: Colleen Fahy-Box	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Oneida County DSS	Term Expires:	Email Address: cbox@ocgov.net
Name: Dr. Joanne Joseph	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	Represents: SUNY POLY	Term Expires:	Email Address: josephj@sunyit.edu
Name: Phyllis Ellis	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Oneida County Health Department	Term Expires:	Email Address: pellis@ocgov.net
Name: Morris Pearson	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: MVCC	Term Expires:	Email Address: mpearson@mvcc.edu
Name: David Bovi	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires:	Email Address: bovef@tweny.rr.com
Name: Burt Danovitz	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires:	Email Address: burt@danovitz.com

Name: David Mathis	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Oneida County Workforce Development	Term Expires:	Email Address: dmathis@ocgov.net
Name: Robin E. O'Brien	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Oneida County Dept of Mental Health	Term Expires:	Email Address: robrien@ocgov.net
Name: Kate Warden	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: MVHS	Term Expires:	Email Address: kwarden@mvhealthsystem.org
Name: Al Shaw	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	Represents: Community	Term Expires:	Email Address: alshawjr1@gmail.com

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

Alcoholism and Substance Abuse Subcommittee Roster

Oneida Co. Department of Mental Health (70210)

Certified: Jeannette Pavlus (6/3/19)

Note:

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

Name: Bonnie Carr	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Insight House	Email Address: bcarr@insighthouse.com
Name: Al Shaw	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: CSB	Email Address: Alshawjr1@gmail.com
Name: Becky Eisenhut	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: SPAN	Email Address: Becky.eisenhut@nysna.org
Name: Cathy Matusz	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Catholic Charities	Email Address: cmatusz@ccharityom.org
Name: Nicole Siriano	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Utica Rescue Mission	Email Address: nicole.siriano@uticamission.org
Name: Johanna Williams	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: CNY Services	Email Address: Jwilliams@cnyservices.org
Name: Kate Warden	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: CSB	Email Address: kwarden@mvhealthsystem.org
Name: Ed Cirilo	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Consumer	Email Address: edward.cirilo@uticamission.org
Name: Admira Spahic	CSB Member: <input type="radio"/> Yes <input checked="" type="radio"/> No	Represents: Beacon Center	Email Address: aspahic@beaconcenter.net

Mental Health Subcommittee Roster
 Oneida Co. Department of Mental Health (70210)
 Submitted for Approval: Erica Jalonack (6/3/19)
 Certified: Jeannette Pavlus (6/4/19)

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.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Name: Erica Jalonack	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: OCDOMH	Email Address: ejalonack@ocgov.net
Name: Kellie Dunn	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Neighborhood Center	Email Address: kellied@neighborhoodctr.org
Name: Hank Visalli	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Utica Rescue Mission	Email Address: hank.visalli@uticamission.org
Name: Kate Worden	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: MVHS	Email Address: kwarden@mvhealthsystem.org
Name: Mike Romano	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: OFA	Email Address: mromano@ocgov.net
Name: Joanne Joseph	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: SUNY POLY	Email Address: josephj@sunyit.edu
Name: Carole Flinn	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Family Member	Email Address: cflinn@ocgov.net
Name: Elaine Angwin	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Family Member	Email Address: parentadv@ocgov.net
Name: Hilda Pomeroy	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Office for the Aging	Email Address: hpomeroy@ocgov.net
Name: Dennis English	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: RCIL	Email Address: dennis.english@rcil.com
Name: Gordy Dunham	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Health & Behavioral Services	Email Address: gordy.dunham@upstatecp.org

Indicate the number of mental health subcommittee members who are or were consumers of mental health services:

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

Developmental Disabilities Subcommittee Roster
 Oneida Co. Department of Mental Health (70210)
 Submitted for Approval: Erica Jalonack (6/3/19)
 Certified: Jeannette Pavlus (6/4/19)

Note:

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

Name:	CSB Member: <input type="radio"/>	Represents:	Email Address:
	Yes <input checked="" type="radio"/> No		
Name:	CSB Member: <input type="radio"/>	Represents:	Email Address:
	Yes <input checked="" type="radio"/> No		
Name: Christine Valerio	CSB Member: <input type="radio"/>	Represents: Prime Care	Email Address: christine.valerio@primecareny.org
	Yes <input checked="" type="radio"/> No		
Name:	CSB Member: <input type="radio"/>	Represents:	Email Address:
	Yes <input checked="" type="radio"/> No		
Name: Kathy Bishop	CSB Member: <input type="radio"/>	Represents: Public Rep	Email Address: bisbur1@earthlink.net
	Yes <input checked="" type="radio"/> No		
Name: Linda Zelows	CSB Member: <input type="radio"/>	Represents: OCDDOMH	Email Address: lzelows@ocgov.net
	Yes <input checked="" type="radio"/> No		
Name: Kathy Van Nederynen	CSB Member: <input type="radio"/>	Represents: CABVI	Email Address: kathyv@cabvi.org
	Yes <input checked="" type="radio"/> No		
Name:	CSB Member: <input type="radio"/>	Represents:	Email Address:
	Yes <input checked="" type="radio"/> No		
Name:	CSB Member: <input type="radio"/>	Represents:	Email Address:
	Yes <input checked="" type="radio"/> No		
Name: M. Busa	CSB Member: <input type="radio"/>	Represents: Family Advocacy Center	Email Address: mbusa@familyadvocacycenter.org
	Yes <input checked="" type="radio"/> No		
Name: George Graziadei	CSB Member: <input type="radio"/>	Represents: Resource Center for Independent Living	Email Address: ggraziadei@rcil.com
	Yes <input checked="" type="radio"/> No		
Name:	CSB Member: <input type="radio"/>	Represents:	Email Address:
	Yes <input checked="" type="radio"/> No		
Name:	CSB Member: <input type="radio"/>	Represents:	Email Address:
	Yes <input checked="" type="radio"/> No		
Name: Jean Jacobson	CSB Member: <input type="radio"/>	Represents: Kelberman Center	Email Address: jean.jacobson@kelbermancenter.org
	Yes <input checked="" type="radio"/> No		

Name: Kate Warden	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Mohawk Valley Health System	Email Address: kwarden@mvhealthsystem.org
Name: Kathy Beaver	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Central Association for the Blind & Visually Impaired	Email Address: kathyb@cabvi.org
Name:	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name: Vicki Yarwood	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents: Community Member	Email Address: vicki.yarwood6@gamil.com
Name:	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name:	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name:	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:
Name:	CSB Member: <input checked="" type="radio"/> Yes <input type="radio"/> No	Represents:	Email Address:

2020 Mental Hygiene Local Planning Assurance
Oneida Co. Department of Mental Health (70210)
Certified: Jeannette Pavlus (6/26/19)

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 2020 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 2020 Local Services planning process.