



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

Oswego County Mental Health Division  
September 6, 2019

# Table of Contents

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

**Mental Hygiene Goals and Objectives Form**  
Oswego County Mental Health Division (70320)  
Certified: Nicole Kolmsee (5/22/19)

**I. 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**:

Crisis Intervention services, mobile crisis and short-term adult crisis respite, have been added. Some clinic open-access has been implemented, until capacities are reached. Our local Federally Qualified Health Center (FQHC) has initiated integration of mental health services with primary care.

Probation was awarded a DCJS grant and began offering *Thinking for Change* in January 2019 for sentenced inmates of the Oswego County Correctional Facility. To date, 7 inmates have successfully completed the program. *Thinking for Change* (T4C) is an integrated cognitive behavioral change program which incorporates research from cognitive restructuring theory, social skills development, and the learning and use of problem-solving skills to address the cognitive, social, and emotional needs of participants.

An increase in peer services across providers has provided a new option for individuals to connect with other people that share similar experiences. Peer services provide an alternative to traditional supports.

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

Outpatient capacity has remained flat. Access to children's respite has not improved. The availability of mental health services in the jail have decreased.

The development of Adult HCBS services continues to lag behind local need.

There are very few psychiatric medication management providers creating a very lengthy wait list for this service.

There is minimal coordination of care between mental health and physical health treatment providers. There is untapped opportunity for improving outcomes for individuals with co-morbid conditions and for creating partnerships to expand medication management services.

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

Needs are increasing for essential clinic services and housing supports without an increase in capacity. Wait lists have worsened.

MHL 9.41s and 9.45 transports by law enforcement are all going to ER. There is no capacity for these evaluations to be done at clinic locations.

Schools are reporting more students and families needing mental health assistance.

Behaviors in students are more extreme and there is inadequate access to needed supports.

There has been a loss of providers that accept Medicaid Managed Care due to complexities of contract requirements.

Oswego County suicide rate per 100,000 is 17.3 (up from 15.6 as per the 2014-2016 Center of Disease Control and Prevention) compared to the NYS rate of 8, and highest in our 6 county CNY region (2015-2017 Center of Disease Control and Prevention, March 2019).

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**:

More choices for services available, including Peer Engagement services, Clinic Open Access, and Medication Assisted Treatment.

New opportunities to collaborate with law enforcement and the courts are helping facilitate access to treatment and assisting to minimize the impact of substance abuse.

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

The number of residents with SUD outweighs available services. High level of high-risk use of opiates and synthetics continues.

The need for services to address co-occurring MH/SUD continues to grow while the development of staff competencies in this area seems to be lagging. Incidents of individuals with MH/SUD issues being incarcerated has been increasing. A more comprehensive screening process to identify mental hygiene needs of individuals involved in criminal justice and/or family court would assist in determining extent of local need and development of appropriate services. Oswego County LDSS continues to see many child welfare cases involving substance abuse (at least 60% of cases).

There continues to be a need within the county for preventative services and those that target youth, adolescents and young adults.

Residential opportunities focused on specific populations such as women and young adults, as well as intensive residential treatment options are not available locally.

The availability of Student Assistance Program School-Based substance abuse counselor has remained stable but is not funded at an adequate level to meet the need.

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

The opening of opioid treatment centers in the area has improved but the supply of prescribers for MAT continues to be less than the demand.

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**:

Mixed perceptions or experiences regarding the OPWDD front door process. Some, but not all, have experienced a process that is much quicker and responsive to individuals' needs.

Madison-Cortland ARC Satellite Article 16 Clinic provides OT & PT services for OPWDD eligible persons throughout the county at Oswego Industries. Podiatry and speech services will be available if number of referrals supports the in-county service.

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

People are not aware of the services available and many families continue to struggle to navigate entering the OPWDD system. There are insufficient pro-social activities and programs for people with developmental disabilities. The availability of intensive in-home services is limited. Appropriate housing and supervised living situations are extremely difficult to obtain. Individuals and families experience a continued lack of adequate support systems to maintain themselves or loved ones in the community. There continues to be frustration about the very long waitlist for children approved for OPWDD services.

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

Services continue to take a long time to fall into place. Evaluations are scheduled months out and families wait long periods of time before they are approved to access resources/services. Once approved for services, it is a challenge to locate available services. Many are either not accepting new patients or the waitlist can be a year or more.

The need for behavioral support and community habilitation services continues to be unmet and is therefore worsening over time.

The lack of adequate housing supports is a huge barrier to successful independent living. Individuals remain on the vacancy management list for months or over a year at a time to find placement. This places them at risk for homelessness and several other potential dangers as they are one of the most vulnerable in our community. Homeless services are limited in Oswego County. What is available is not tailored to meet the unique needs of individuals with IDD, on their own, and homeless.

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| w) Autism Services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x) Developmental Disability Front Door                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y) Developmental Disability Care Coordination                     | <input type="checkbox"/> | <input type="checkbox"/> | <input 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) <b>(NEW)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ab) Problem Gambling <b>(NEW)</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ac) Adverse Childhood Experiences (ACEs) <b>(NEW)</b>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

**2a. Housing - Background Information**

Housing is a challenge for the whole community, and more so for persons with behavioral health challenges. There are minimal emergency housing options, no SROs, no Adult Homes, two Assisted Living Programs, and one Enriched Housing Program. There is a lack of decent affordable housing, year wait lists for HUD, limited income-based housing, and a lack of permanent supportive housing for persons who experience chronic homelessness and need long term supervised residential options. Oswego County's OMH Supported Housing program assists individuals with mental illness to maintain safe, affordable, and independent housing within the community. Stable housing has been shown to reduce recipients' utilization of costly emergency and inpatient services. Program is allocated only 65 slots from NYS OMH for a county with a population of 118,000. 77 new referrals were received in 2018 for a total of 181 waiting at close of the year, up from 119 at close of 2017. There is a demonstrated need for additional funding to be able to expand this program capacity.

People continue to be discharged from mental health inpatient homeless and in need of help. There is an increase of people who, while they may no longer meet criteria to be hospitalized, are unable to perform the daily tasks needed to survive in the community due to their symptoms and lack of supports when discharged. Often these people have burned all bridges for emergency housing locations.

There are no Supported Housing slots available for individuals with SUD. There are no supportive residential options for women, or women with children, with SUD.

Regarding the OASAS Residential Redesign structure, Oswego lacks the Stabilization and Rehabilitation components. The only SUD residential service available are Community Integration programs and include a 16 bed Transitional Community Residence for adult males and 10 Supportive Apartment Beds. As there are no other options within the County, providers are referring out of the area for women and for all other levels of residential care. In 2017, there were a total of 127 admissions of Oswego County residents into OASAS Residential Services. This is a 49% increase over 2016 (85). Only 34.6% of them (44) were able to access a service within Oswego County.

There is a greater local capacity for residential services for individuals with Developmental Disabilities as compared to mental health and substance abuse. However, the wait-list and waiting period for accessing these services is significant. Currently there are 59 individuals (up from 44 in 2018) with a developmental disability in the region with an Emergency Need for residential placement. (OPWDD Region 2 Priority One Residential Placement waitlist, April 2019). Individuals on the waitlist have been on the list for varying amounts of time, however none reportedly over a year. Additional capacity is needed to plan to serve for adults with developmental disabilities who are currently living with and being cared for by aging parents.

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

Large two-story IRAs do not meet the needs of the growing number of aging residents which often results in displacement to a nursing home. Oswego County needs additional funding to provide appropriate housing opportunities for individuals across the mental hygiene systems.

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

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

While not within the control of the LGU, the LGU continues to promote opportunities for development and support providers to explore all options to meet our local need.

Funding for development is a competitive funding process and requires provider capability to compete. A robust infrastructure to pursue new developments is a concern for some providers.

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

At the end of February 2019, The Ladies Home in the City of Oswego closed their 21-bed assisted living facility due to financial difficulties. OCO and DePaul are both pursuing development projects for Affordable Housing opportunities to increase the housing stock in Oswego County. OCO is projecting to have their Affordable Housing Project, "Champlain Commons", open in Fall 2019. This is a 56-unit Affordable Housing project on a 10-acre parcel on City Line Road just on the edge of the City of Oswego. The project will contain a mix of 1, 2, and 3-bedroom apartments. 17 units will be supportive housing units set aside for individuals with a history of homelessness, domestic violence, substance abuse, and/or mental health. There will be 7 buildings each housing 8 apartments. The complex will include a community center staffed for support services to residents.

DePaul Properties, Inc. (DPI) is developing an Affordable Housing apartment building, "Lock 7 Apartments", in the City of Oswego. DPI develops and operates affordable housing solutions in urban, suburban and rural settings. DPI was awarded an Empire State Housing Initiative (ESHI) Grant for this project. The building will be located on the corner of East 1st & Utica Streets in Oswego. The project is currently in the development phase and is in the process of seeking approval from the City of Oswego Planning Board. Tentatively, the project consists of 80 units, 40 are to be ESHI funded, of which 20 units would be for individuals who have a serious mental illness, and 20 would be for frail elderly. In partnership with Housing Visions, The City of Oswego is developing Harbor View Square, a mixed-use Affordable Housing Development project at 68 West 1st Street in Downtown Oswego. The project will include 57 apartments. Apartments will be affordable to low- and middle-income households. Nine apartments will be market rate. Eleven units will be set aside for persons with physical disability or traumatic brain injury.

Victory Transformation Inc, a Healing and Outreach Mission serving Oswego County, recently opened an 8-bed home in the City of Oswego for homeless men. They are also working in conjunction with the Lions Church for Men to focus on issues of addiction and homelessness.

**2b. Transportation - Background Information**

Transportation remains a great challenge for individuals accessing needed mental hygiene services. Due to the vast size and rural nature of the County, it can be very difficult to get to treatment appointments and other various services. There are residents who choose to access services in neighboring counties because travel in those directions is easier for them. There are some residents that cannot access services due to the isolated nature of their housing location. Many do not have a personal vehicle or are unable to afford the costs of transportation. The public transportation options within the County are limited, offering few routes outside of urban areas, and long stretches of time between bus runs. Transportation to services is a concern stated by all consumer and provider groups and contributes to frequent no-shows and limited opportunities to participate in supportive services, community activities, and employment.

Medicaid transportation is managed by a regional entity, Medicaid Answering Services (MAS) under contract with NYS DOH. There have been many issues around timeliness, safety concerns, and duration of shared rides, among others. Recently an incident with a transport vendor resulted in a complaint filed with local law enforcement. Transportation issues contribute to consumers not engaging in the services needed to maintain their health, wellness, and community tenure.

There is a lack of public and medical transportation options for persons with physical disabilities. Transportation options for many DD eligible persons to participate in community activities and supports do not exist unless offered by OPWDD provider agency.

Given the absence of available in-county SUD inpatient and crisis stabilizations levels of care, the lack of transportation for individuals to access regional facilities is a barrier to addressing the opioid epidemic.

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

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

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

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

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

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

In late February 2019, the Transportation Coordination Committee was restructured and renamed to the Transportation Advisory Board and is overseen by the County Legislature. The Advisory Board is in its' initial phase and is beginning to discuss means to address transportation options in Oswego County. The Transportation Coordination Committee is pursuing funding for a Mobility Manager. The plan is for that person to coordinate transportation resources in the County and establish a volunteer transportation service to expand transportation options.

In January 2019, the Opioid Intervention Court (OIC) commenced in Oswego County. Individuals participating in the OIC need to attend court five days a week, Monday thru Friday for up to 90 days. Transportation was not an allowable expense for the grant funding received. In partnership with the Opioid Intervention Court (OIC), the Division of Mental Hygiene, is funding a pilot transportation service contracted for a period of up to two years, that will remove the participant barrier of transportation to daily court appearances and required outpatient treatment. In addition, funding was obtained through a mini-grant from the Central Region Addiction Resource Center (CRARC) to purchase bus passes to provide to participating individuals on the Oswego, Fulton, Mexico CENTRO Loop that do not have the means to get to and from court/treatment services. These strategies are pilot options meant to fill a gap in transportation services and assess and plan to address the identified transportation barriers to successful OIC participation.

An expansion of Catholic Charities' MH Transportation Service is planned to assist with the anticipated increase in need resulting from Satellite Mental Health Clinics opening in the county's most rural schools. Families needing to access prescribers, located at Fulton clinic locations, will need support to overcome transportation barriers.

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

Oswego County's outpatient mental health clinic capacity for both adults and children continues to be inadequate. Unmet needs continue to be high. The County has a high rate of suicide, anxiety and depression. Outpatient SUD clinics struggle to keep up with growing needs despite their expansion efforts. These factors increase the likelihood of ER presentations, inpatient admissions, readmissions, suicide attempts, overdose, crimes, and homelessness. As a result, the need for Crisis Intervention Services to serve all ages with mental health and substance use disorders (SUD) is a priority.

24/7 MH mobile crisis service, SUD mobile outreach, and children's respite programs are needed to prevent the use of emergency room services and decrease the need for inpatient levels of care to address acute episodes of mental health and SUD issues.

An essential piece of the continuum for SUD crisis services is missing. Agency supervised SUD crisis respite capacity is necessary to bridge the gap between SUD crisis assessments and access to a detox or inpatient bed in order to maintain the fragile linkage with care and prevent overdose.

County rates for ER Mental Health visits remain greater than the Statewide rates. Approximately 16% higher for adults, which is a reversing trend from 23% higher in 2018 and 11% higher in 2016. For youth, however, the rate is continuing to rise. The youth rate is 121% higher than the Statewide rate for ER MH visits. This is continuing to climb from previous rates of 88% higher in 2018, and 70% higher in 2016. (NYS OMH PSYCKES Statewide Reports of Indicators 2+ ER -MH as of 3/1/2019).

The County suicide rate per 100,000 is 17.3 (up from 15.6 as per the 2014-2016 Center of Disease Control and Prevention) compared to the NYS rate of 8, and highest in our 6 county CNY region (2015-2017 Center of Disease Control and Prevention, March 2019).

For those in need of SUD crisis assessment, Helio Health's Regional Open Access Center for Additions (ROACA) is available 24/7 in neighboring Onondaga County. Due to the location and age restrictions, ROACA is not accessible for all.

The use of law enforcement is often the only way to receive crisis services in Oswego County, particularly for the DD Population who are not always well served or understood by the mental health crisis providers, law enforcement, and ER staff.

Mental Health Mobile Crisis service with limited operating hours is a new addition to crisis services in 2018. The level of provider and general community awareness of this service is slowly increasing.

There are no crisis respite options for children within Oswego County. There are 6 mental health respite beds for the region available at Hutchings Psychiatric Center in Onondaga County. Beds are challenging to access.

Crisis and stabilization resources need to be developed for individuals with complex needs (including developmental disabilities, mental health and substance use disorders) who are "stuck" in inappropriate hospital settings.

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



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

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

**Objective Statement**

Objective 1: Develop MH and SUD Open Access capacity to accommodate urgent need for assessment and access to care.

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

Objective 2: Explore feasibility of Children’s Crisis Respite house located in Oswego County.

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

Objective 3: Advocate for cross systems integration of crisis services supporting individuals with developmental disabilities through the development of emergency protocols and resources that support stabilization consistent with individual needs.

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

Objective 4: Implement an awareness campaign to educate referral sources and community on new service options.

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

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

A decreasing number of deaths confirmed to be completed suicides, 12 in 2018, 18 in 2017, 19 in 2016. (Oswego County Coroner’s Office). Liberty Resources Mental Health Mobile Crisis service was implemented in Oswego County in February 2018 with limited operating hours for evening and weekends. The DCS designated referrals for outpatient from MC as priority and will be given the same status as ER and hospital discharge referrals. The expectation is that the individual is scheduled within 5 business days. This should expedite access to outpatient services for adults and children with a high level of need. NYS Mental Hygiene Law (MHL) 9.58 is being utilized to allow for the MC Team Clinician to authorize a pick-up order to have a person transported to the ER for evaluation for admission. Updated contact information regarding Care Management Services and staff are provided to the MC Team to assist with referrals and coordination of care. This service has been approved by Central NY Directors Planning Group (CNY DPG) and NYS OMH budget planning for 24/7 operations. Liberty is planning for expansion to 24/7 Mobile Crisis operations in 2019 and has been designated as the Oswego County provider eligible to bill Medicaid for this service to both adults and youth. From February 2018 to December 2018, 58 adults and 30 children/youth were served by Liberty Mobile Crisis; 80 were call-outs and 8 were telephone call interventions. More than half of the individuals served returned to their pre-crisis level of functioning as a result of their utilization of mobile crisis services.

Liberty Resources opened a DSRIP funded, 3 bed Adult MH Crisis Peer Respite Program within the City of Oswego. Tours are offered, and video walk through of the home is used to help inform the community of this new resource. The Oswego County Division of Mental Hygiene has developed a partnership with Liberty to reimburse for their use of UBER to provide transportation for admissions and discharges. The utilization of the Respite programs is increasing. From August 2018 to March 2019, there has been 66 referrals, 44 individuals served, and 223 respite nights used. The long-range plan for sustainability via billable HARP HCBS did not fit the Oswego County client population. The numbers of people enrolled in HARP HCBS within the County is currently low. Individuals seen at Crisis Respite are often not enrolled in Home and Community Based Services (HCBS). The program successfully advocated to receive an extension of DSRIP funding for another year to support the transition to billable revenue and exploration of additional funding sources.

Exploration for Children’s Crisis Respite options is ongoing, both locally and regionally. The CNY Director’s Planning Group is contracting for a fee for service arrangement with Toomey Residential’s Baldwinsville community residence in 2019. This respite bed will be accessible via SPOA and Liberty Resources Mobile Crisis.

As of 04/30/18, Helio Health ROACA was available 24/7. Many weekday daytime walk-ins were seeking outpatient services, while many evening/nighttime/weekend walk-ins were seeking detox/inpatient services. Differentiating who was accessing ROACA services from those seeking general open access to outpatient during weekday hours presented a challenge. However, it can be reported that from April to December 2018, 57 individuals from Oswego County were seen at ROACA between 5:00p.m. and 7:00a.m.

The availability of SUD clinic open-access is increasing locally. As there is no guarantee of receiving an assessment via open-access, providers are offering peer services to initiate engagement.

There were 363 admissions of Oswego County residents to out of county OASAS crisis services in 2017 (2017 OASAS Admissions by type and County Updated, September 2018). A 10 % decrease from 2016 crisis services admissions of 407.

OPWDD NY START program offers crisis prevention and response services to people with complex behavioral health needs, and their families. Region 2 is the last region in the State to implement this service. OPWDD has delayed the release of RFP in efforts to have it included as part of the OPWDD Waiver, pending CMS approval. Time frame for Region 2 implementation is unknown.

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

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

New HCBS services require supervision from licensed staff, increasing the demand for this workforce beyond direct care. Agencies struggle to compete with larger regional providers that can afford higher pay scales.

There is an increasing need for staff development across systems regarding needs of the DD population and how to care for the aging DD population.

Burnout is a large reason for turnover; higher caseloads, high work volume, covering for staff shortages, and capacity issues result in entire caseloads of very high need/high risk clients.

As the financial structures and Medicaid redesigns continue to roll-out, staff are reporting that the focus on care and support have been eliminated and replaced with a business outlook. New regulatory and billing requirements equate to providers having to spend more hours completing assessment tools, documentation, data entry, and less on individual care. Staff report feeling ineffective in delivering the essential services they are hired to provide.

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

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

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

Regional expansions of SUD programs are draining the pool of qualified applicants. Cayuga Community College and SUNY Oswego are considering CASAC programs. Farnham is offering a Certified Recovery Peer Advocate (CRPA) training program to develop a local CRPA workforce and has applied to offer core CASAC training with plans to offer the first course in summer 2019. The opening of opioid treatment centers in the area has improved but the supply of providers continues to be less than the demand. As part of the Alliance for Economic Inclusion (AEI), the Helio Health Training Institute was awarded a grant to provide job training for people in Central New York, specifically Onondaga and Oswego County to become Credentialed Alcoholism and Substance Abuse Counselors (CASACs) and Certified Recovery Peer Advocates (CRPAs). To participate in the training certain competency and ethical conduct requirements, education and income guidelines must be met. Helio's CASAC Training is scheduled to occur in early May 2019 in Oswego County.

**2f. Prevention - Background Information**

In 2017, Oswego County residents accounted for 363 admissions to OASAS crisis services, 133 to Opioid Treatment Programs, 310 to Inpatient SUD Inpatient Units, 127 to Residential Programs, and 1101 to Outpatient Clinic and Rehab Programs (2017 OASAS Client Data System; Admissions by Type and County Updated, September 2018). A total of 2034 admissions. The Oswego County suicide rate per 100,000 is 17.3 compared to the NYS rate of 8, and highest in our 6 county CNY region (2015-2017 Center of Disease Control and Prevention, March 2019). There were 12 completed suicides in 2018 (Oswego County Coroner's Office) Strategic growth of MH and SUD prevention services in addition to growth in treatment services is needed. Investing in prevention is how we will make true gains in addressing both the opioid and suicide epidemics.

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

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

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

**Objective Statement**

Objective 1: Promote the use of crisis respite and mobile crisis services as appropriate crisis interventions to decrease risk for suicide.

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

Objective 2: Develop options for transportation to SUD crisis and clinic open-access services.

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

Objective 3: Promote school and community awareness of local resources.

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

Objective 4: Partner with Community Safety Initiative Behavioral Health Subcommittee to develop and recommend strategies for schools for the prevention and assessment of behavioral health factors.

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

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

The Oswego County Suicide Prevention Coalition (OCSPC) has become more organized and has initiated strategies to reduce stigma, increase awareness of the issue and available resources. The Coalition has participated in several tabling events throughout the past year and continues active participation. OCSPC has worked with the American Foundation for Suicide Prevention (AFSP) to provide three safeTALK trainings in the past 12 months for 71 participants. OCSPC is collaborating with ARISE, Inc. through a grant from the CNYCC (DSRIP PPS) to promote awareness about suicide and depression. The Coalition has recently partnered with Suicide Awareness Voices of Education (SAVE) to promote the upcoming Stride to SAVE Lives walks that is scheduled for September 21, 2019. Oswego County Rural Health Network (RHN) has allocated \$5,000 for the purchase of bus wraps and other awareness materials for distribution. The County has seen a 33% decrease in completed suicides over past 12 months, decreasing from 19 in 2016, 18 in 2017, to 12 in 2018 (Oswego County Coroner's Office). OASAS uses several surveys in assessing the prevalence of substance use, gambling and related problems. The Youth Development Survey is especially valuable because it provides information on risk and protective factors for school districts and county planning. Youth Development Surveys is completed by school districts every 2 years. Several districts participated which included students in grades 7 through 12. Survey results will be used to increase outreach increase parental awareness, and work with schools to continue to increase protective factors. Good Samaritan Law campaign. Penal Law Sanction 220.78 - Witness or victim of drug or alcohol overdose. The law states if LE or emergency services are called to a scene for a medical emergency, the people involved will not be arrested or prosecuted for criminal activity connected to the drugs. Addiction Awareness Walk and Recovery Celebration Event was held in October 2018. This is the 3rd Addiction Awareness walk in City of Oswego and 1st Sober Celebration of Recovery. In addition to the prescription Dropbox at the Oswego Police Dept, a new Dropbox is located at City Hall in the City of Fulton, donated by the Rite Aid KidsCents Program. Fulton and Oswego City Police Departments promote the use of drop boxes. Local SUD planning activities produced a proposal to the Oswego County Human Services Legislative Oversight Committee for a locally funded ReachOUTReach Program. There is no commitment to funding currently. The committee is interested in having additional information on the budget and staffing pattern. County will work with entities self-identified in the RFI as interested in further developing the concept and compiling the requested information. The County has seen a change in SUD service admissions, believed to be result of both newly available service options and struggles connected to higher levels of care only available outside the county. A 150% increase in admissions to Opioid Treatment Programs from 53 in 2016.



A 50% increase in admissions to SUD Residential programs from 85 in 2016.

A 10% decrease in admissions to crisis services from 407 in 2016.

A 9% decrease in admissions to Inpatient SUD Inpatient Units from 342 in 2016.

A 7% decrease in admissions to Outpatient Clinic and Rehab Programs from 1184 in 2016.

County Community Safety Initiative (CSI) was initiated by the County Legislature in 2018 to plan and coordinate prevention, preparedness, and response strategies related to threats to schools and community. A subcommittee to explore and recommend strategies for prevention and assessments of behavioral health factors has recently been formed.

**2g. Inpatient Treatment Services - Background Information**

Unmet needs continue to be high, high rates of suicide, anxiety and depression. People are being made to wait for outpatient services when symptomatic. Wait times to get initial appointments can range from 1-5 months. These factors increase the likelihood of inpatient admissions and readmissions. Individuals are often discharged from mental health hospital stays without housing, engagement with aftercare services for treatment and supports which increases likelihood of ER presentation and readmissions. Percentage of 30-day readmissions from/to Mental Health Inpatient programs for Medicaid recipients is 8.24% for youth and 10.12% for adults (NYS OMH PSYCKES, Medicaid Mental Health claims data, 2019). The unmet needs continue to increase.

There is one mental health inpatient unit in Oswego County, operated by Oswego Hospital Behavioral Services (OHBS). The unit serves adults only. OHBS had 806 admissions to their acute inpatient unit in 2018 with an average length of stay of 7.8 days. 2018 rate of occupancy for 28 beds was 61%, average daily census was 17.2. The Certified capacity of 28 beds is not the actual capacity. True capacity varies based on staffing levels.

There are no child inpatient beds in the county and few in adjacent counties. Families experience long wait times in local ER (sometimes days) before an inpatient bed becomes available and youth is accepted. Disputes between inpatient facilities and ERs regarding psychiatric vs behavioral presentations of youth can cause delays in planning for care. Community based services are not available in Oswego County to address high risk behaviors assessed to be behavioral in nature. This can place caregivers in position of refusing to take a child home and then be subject to a resulting CPS report.

There are no inpatient facilities designed to meet the needs of individuals with developmental disabilities.

There are no SUD inpatient rehabilitation or supervised withdrawal services in Oswego county. Residents must leave the county to access these levels of care.

The County has seen a change in SUD service admissions, A 9% decrease in admissions to Inpatient SUD Inpatient Units, believed to be result of both newly available service options and struggles connected to higher levels of care only available outside the 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):  
(see change over past 12 months)

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

Oswego Hospital (OH) currently offers Behavioral Health Services (BHS) for adults at 74 Bunner Street, Oswego, New York 13126, has submitted applications to NYS DOH and OMH to relocate and transform BHS into a financially sustainable new model of care with a decreased reliance on inpatient care and a new focus on the growth of outpatient services. Through the new Behavioral Health Center, to be located at 29 E. Cayuga Street, Oswego, OH plans an increase from 28 to 32 adult inpatient mental health beds with a projected increase of 19 FTEs across titles. To address patient safety, varying needs across the age group to be served, and range of behavioral health presentations, OH's plan also incorporates a flexible inpatient design to allow for the separation of patients based on psychiatric and physical fragility. Project timeframe for project completion is dependent on approvals but is anticipated by end of 2020.

Additional SUD capacity has been added in the region. OASAS has established an online bed availability resource which is available to the public. According to the online NYS OASAS Treatment Availability Dashboard for State Certified Outpatient or Bedded Programs <https://findaddictiontreatment.ny.gov/#/search>, on 5/1/19, the following inpatient beds are available within 50 miles of Oswego zip code 13126: Inpatient Rehabilitation 22

Medically Supervised Withdrawal – Inpatient 10

In March 2019, the NYS OMH announced it is launching a new Statewide Electronic Reporting System to Track Availability of Psychiatric Beds that will improve the way information about inpatient bed availability is collected and maintained statewide. The aim is to Reduce Wait Time for Inpatient Care. The Bed Availability System (BAS) will expect all hospitals in New York State to report psychiatric inpatient bed availability twice daily. OMH Field Offices, County Mental Health Directors and all general hospitals, psychiatric hospitals, and OMH State-operated hospitals will have access to the search tool for immediate, up-to-date information. The BAS will be located on the Health Electronic Response Data System (HERDS), a component of the Health Commerce System managed by the NYS Department of Health (DOH). There is no plan currently for the tool to be available to the public.

No change in inpatient care available to assist individuals with developmental disabilities in the region.

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

Capacity for Peer Engagement and Advocacy services are beginning to take shape; however, they are limited in scope and capacity. Available workforce is also a barrier to service delivery. Additional development and promotion of peer and recovery supports is needed.

Adult HARP/HCBS services are underdeveloped and there are critical gaps left in the system by the conversion of Intensive Case Management to Health Home Care Management. Number of Oswego County HARP enrolled adults with no assessment for Home and Community Based Services (HCBS) is 76% 749 out of 987 individuals (NYS OMH PSYCKES, Medicaid Mental Health claims data, 2019). COCOAA and Farnham are both looking for larger space to offer more and additional 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

Increase utilization of Child and Family Treatment and Support Services and Home and Community Based Services for Children and Adults.

**Objective Statement**

Objective 1: Obtain data from Medicaid Managed Care Plans and UAS on assessed needs for specific services.

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

Objective 2: Support providers to develop local capacity.

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

Objective 3: Implement an awareness campaign to educate referral sources and community on new service options.

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

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

The Peer Networking Group was developed with the assistance of the Oswego County Division of Mental Hygiene and continues to progress. SUD, MH and as of recent DD Peer Advocates meet once a month to discuss happenings in their programs, any training needs they may have and for general discussion. This group was developed for Peer Advocates to be able to get together and draw on their experiences and to be a resource for one another. Peer Advocates have recently taken over facilitation of these meetings. The Division is available as a resource to address any concerns or assist with needs of the Peer Networking Group.

The MH Peer Drop-In at Catholic Charities has been restructured. Dedicated space has been allocated in their new building. Peer services are provided in the back room to allow for privacy while the 'store front' area is open to the public as an integrated space offering Wi-Fi, charging areas, and available seating. A café like use for this space is under development which will provide opportunity for people wanting to build job skills with a peer provider guiding them.

Farnham Family Services began to offer CRPA Training through their agency. Trainings have been offered on an ongoing basis since July 2018. Farnham has partnered with the Oswego County Division of Mental Hygiene to award scholarships for training to become a Certified Recovery Peer Advocate (CRPA). To date, the Mental Hygiene Division has provided eight individuals with the entirety of their tuition to become Certified as a Recovery Peer Advocate and serve our local populations.

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

There is a limited number of only community integration (halfway house) beds in the county and none specific for women or youth. Individuals needing a higher level of residential treatment must leave the county to access that level of care. Providers state the rate set by OASAS for alternative levels of residential care is low and therefore a barrier to development. In 2017, there were a total of 127 admissions of Oswego County residents into OASAS Residential Services. This is a 49% increase over 2016 (85). Only 34.6% of them (44) were able to access a service within Oswego 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):

While not within the control of the LGU, the LGU continues to promote opportunities among providers to collaborate on development of the continuum of Residential Redesign.

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

OCO's Arbor House Residence for men operated with an 86% occupancy rate for 2018 and 94% for the first quarter of 2019. They experience an annual operating deficit of approximately \$80,000.

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

In 2017, Oswego County residents accounted for 133 to Opioid Treatment Programs, (2017 OASAS Client Data System; Admissions by Type and County Updated, September 2018). A 150% increase in admissions to Opioid Treatment Programs from 53 in 2016.

2011 to 2016, the Oswego Medicaid dollars spent on ALL SUD Services rose 75% from \$2,578,398 to \$4,525,510. 2016 to 2018 the Oswego Medicaid dollars spent on ALL SUD Services rose another 12% to \$5,065,630 in 2018. A 96% increase in Medicaid dollars spent on SUD services for county residents over the past 7 years.

Oswego County Unique clients admitted to an OASAS program for Opioid use is continuing to trend up from 703 in 2016, 732 in 2017, and 683 through September 2018. Also continuing to trend upward are incidents of Naloxone administration reported by EMS and Law enforcement in Oswego County, 121 in 2017, 133 in 2018. There were 90 emergency room visits and 18 deaths of Oswego County residents due to opioid overdoses in 2017 and 58 visits and 12 deaths through September 2018. (New York State - County Opioid Quarterly Report Published April 2019) Regional development of additional Inpatient and crisis stabilization beds are needed to improve access to crucial levels of care at time of assessment/need.

Services are increasing but the level of opioid use in county remains high.

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

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

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

**Objective Statement**

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

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

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

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

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

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

Objective 4: Develop options for transportation to SUD Crisis and Clinic Open Access

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

### Change Over Past 12 Months (Optional)

Farnham was awarded grant funding from the Substance Abuse and Mental Health Services Association (SAMHSA). In participation with Harbor Lights and COCOAA, they will be expanding MAT by prescribing Suboxone and Vivitrol in their Outpatient Program. Farnham will partner with COCOAA to share a prescriber and serve each agency's outpatient clients.

There are currently 143 people receiving treatment with Farnham's Opioid Treatment Program (OTP). In the past year they received a capacity lift from 100 slots to unlimited slots.

Open Access Availability is developing.

Farnham (Oswego & Fulton) - Mon, Tues, Thurs 12:00 -3:00

COCOAA (Oswego) - Mon -Fri 10:00-2:00

and COCOAA are both exploring additional space options to support service expansion.

In January 2019, the Opioid Intervention Court commenced in Oswego County as part of a pilot project. Oswego County was one of three counties chosen to receive an equal share of funding over a 4-year period. Oswego County Court developed the Opioid Intervention Court with the help of several different agencies over the course of several months and was ready to accept participants on 1/28/19. Individuals participating in the Court would need to attend Court five days a week, Monday thru Friday for 90 days and will include the participant participating in treatment.

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

SUD, and Mental Health professionals need to increase their understanding of the various systems and further develop partnerships to connect the silos. Consent requirements can sometimes make it difficult for care coordination. In the absence of integrated OASAS/OMH licensed agencies in the county, many barriers exist for individuals with multiple conditions to achieved successful outcomes.

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

Number of Oswego County HARP enrolled adults with no assessment for Home and Community Based Services (HCBS) is 76% 749 out of 987 individuals (NYS OMH PSYCKES, Medicaid Mental Health claims data, 2019).

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):  
(see change over past 12 months)

### Change Over Past 12 Months (Optional)

There has been a departure from a person-centered approach to services to a new structure with Health Homes (HH) and Adult Health Home Care Management as a structure for accessing HARP / Home and Community Based Services. This assumes people want to participate in this service. Many people may want to access HCBS services, however, are not interested in enrolling in the HH program. This is contributing to the low number of HARP enrolled adults with no assessment for Home and Community Based Services (HCBS) stated above.

Oswego County has received \$60,000, for at least two years (ongoing funding is dependent on State Budget decisions) to pilot SUD services in the Oswego County Correctional Facility. Coupling with SAMHSA grant funding, Farnham is in partnership with the Sheriff's Dept for telehealth kiosks to link inmates to Farnham staff for SUD assessments, recommendations to jail medical staff, and linkages to treatment upon release.

County Community Safety Initiative (CSI) was initiated by the County Legislature in 2018 to plan and coordinate prevention, preparedness, and response strategies related to threats to schools and community. A subcommittee to explore and recommend strategies for prevention and assessments of behavioral health factors has recently been formed.

COCOAA and Farnham are both participating in the Central New York Behavioral Health Care Collaborative (CNYBHCC). The CNY BHCC is a part of the transformation of the State's Medicaid System that will aid behavioral health providers in transforming to a business model of Value-Based Payment, which rewards quality of care and better health outcomes, rather than the volume of services they provide. The goal of CNY BHCC is to create a highly collaborative entity at the highest levels of behavioral healthcare to ensure success for patients, providers and government stakeholders in today's value-based system.

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

Oswego County's outpatient mental health clinic capacity for both adults and children continues to be inadequate. Providers are at capacity and ability to accept new patients other than emergency referrals is sporadic. Providers have inadequate physical space to accommodate the expansion needed to meet the growing need. Unmet needs continue to be high, high rates of suicide, anxiety and depression. People are being made to wait for services when symptomatic. Wait times to get initial appointments can range from 1-5 months. Clinics are required to prioritize emergency referrals; however, this creates a significant wait for other referrals given the inadequate capacity in the county. These factors increase the likelihood of inpatient admissions, readmissions, suicide attempts, crimes, and homelessness.

Distance from service locations can be a huge barrier to accessing care. Clinic services need to be more widely available throughout the county, and not just in the population centers in the Western side of Oswego County.

The number of mental health clinic-enrolled youth (ages 0-17) with 2 or more mental health presentations to ER is almost twice the NYS rate, 4.69% compared to 2.49%. For adults (age 18+) the rate is also higher, 4.82% compared to 3.32%. (NYS OMH PSYCKES, Medicaid Mental Health claims data, 2019). This raises questions regarding quality of engagement and care, access to the needed frequency of visits, linkages to non-clinic supports, and of course availability of transportation to maintain effective levels of participation in care.

The percentage of 30-day readmissions from/to Mental Health Inpatient programs for Oswego Co Adult Medicaid recipients is 10.12% (NYS OMH PSYCKES, Medicaid Mental Health claims data, 2019). To help address readmissions, the Intensive Outpatient Program for Adults, available within NYS OMH regulations, is an option that should be explored to fill the gap between Inpatient and traditional outpatient levels of care.

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

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

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

**Objective Statement**

Objective 1: Develop school-based satellite clinics in all school buildings.

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

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

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

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

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

Objective 4: Support and promote provider expansion plans for outpatient services.

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

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

As of March 2019, provider reporting, we have a decrease in clinician capacity across the three OMH Licensed mental health clinics which equates to approximately two caseloads. Current wait for community (non-emergency) referrals ranges from 1-5 months.

Open-Access Availability is developing slowly.

ARISE, Adults & Children (Fulton): Monday – Friday 830-430

Planning and selection of providers for a SBMH clinic expansion project has been a focus over the past twelve months. The School Based Mental Health (SBMH) Funding Implementation Project is finally moving forward. The goal is to support clinic providers to establish clinic satellites in school buildings across the County. Project will provide start-up funding to support year one of a new site. The end goal is to have a SBMH Clinic within every school building and CiTi (BOCES) location in Oswego County. Liberty Resources will be focusing on service development in the 5 priority districts of Phoenix, Mexico, APW, Sandy Creek, and Pulaski over the next 5 years.

Oswego Hospital (OH) currently offers Behavioral Health Services (BHS) for adults at 74 Bunner Street, Oswego, New York 13126, has submitted applications to NYS DOH and OMH to relocate and transform BHS into a financially sustainable new model of care with a decreased reliance on inpatient care and a new focus on the growth of outpatient services. Through the new Behavioral Health Center, to be located at 29 E. Cayuga Street, Oswego, OH strives to increase the volume of adult outpatient therapy to reduce the rate of unnecessary emergency department visits and readmissions. The outpatient plan calls for an increase of 3 FTEs clinical social workers / psychologist positions. Project timeframe for project completion is dependent on approvals but is anticipated by end of 2020.

OH also plans to relocate their Fulton satellite clinic for adult outpatient. The Fulton office will move to larger space in the Fulton Medical Center, allowing for an increase in service capacity. OH has no plan currently to increase outpatient services for youth.

Liberty Resources is nearing construction phase of a new building for Oswego County Services which will include an expansion of mental health clinic services and the integration of primary care.

The ARISE MH clinic has a prescriber at least one day a week in their Fulton office. They have also expanded their school-based satellite services in the Central Square District.

Connexcare (FQHC) has integrated mental health services in some of their health centers.

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

Adult HCBS Service development is slow. Providers lack confidence in the volume of referrals and are reluctant to invest in development. There is no fiscal safety net for development. Data from Managed Care regarding number of HARP enrolled individuals assessed and approved for various HCBS would be useful to inform local development. Number of Oswego County HARP enrolled adults with no assessment for Home and Community Based Services (HCBS) is 76% 749 out of 987 individuals (NYS OMH PSYCKES, Medicaid Mental Health claims data, 2019). The use of Peer Services is highly under-utilized, especially in treatment settings

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

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

While not within the control of the LGU, the LGU continues to promote opportunities among providers to collaborate, network, develop, and disseminate information.

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

NYS Children's Health and Behavioral Health Medicaid System Transformation is currently being rolled out. The addition of six new Child and Family Treatment and Support Services will be available to any child up to age 21 eligible for Medicaid who meets relevant medical necessity criteria (Other Licensed Practitioner, Crisis Intervention, Community Psychiatric Supports and Treatment, Psychosocial Rehabilitation Services, Family Peer Support Services, and Youth Peer Advocacy and Training). The transformation also includes the alignment of the prior NY Children's Waivers into the New Children's Waiver providing a new service array of HCBS benefits for children meeting specific diagnostic and functional criteria.

Mental Health Services within the Oswego County Correctional Facility ended December 2018 due to provider challenges with staffing for this location. Beginning 2019, the sheriff's department will arrange for services directly in partnership with the County Division of Mental Hygiene. County Community Safety Initiative (CSI) was initiated by the County Legislature in 2018 to plan and coordinate prevention, preparedness, and response strategies related to threats to schools and community. A subcommittee to explore and recommend strategies for prevention and assessments of behavioral health factors has recently been formed. The initial focus of the subcommittee will be schools, students & their families.

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

The number of mental health clinic- enrolled youth (ages 0-17) with 2 or more mental health presentations to ER is almost twice the NYS rate, 4.69% compared to 2.49%. For adults (age 18+) the rate is also higher, 4.82% compared to 3.32%. (NYS OMH PSYCKES, Medicaid Mental Health claims data, 2019). This raises questions regarding quality of engagement and care, access to the needed frequency of visits, linkages to non-clinic supports, and of course availability of transportation to maintain effective levels of participation in care.

Number of Oswego County HARP enrolled adults with no assessment for Home and Community Based Services (HCBS) is 76% 749 out of 987 individuals (NYS OMH PSYCKES, Medicaid Mental Health claims data, 2019). SUD, and Mental Health professionals need to increase their understanding of the various systems and further develop partnerships to connect the silos. An apparent lack of understanding contributes to Health Home Care Management service being underutilized. Consent requirements can sometimes make it difficult for care coordination. Multiple factors are at play that interfere with the success of MH Care Coordination. With all the changes to Medicaid services, it is difficult for the community and providers to know what is available for people. There are also little to no resources for the care coordinators to be able to access for the people they support. The inpatient discharges of individuals unable to meet their own needs, with no support plan other than to present to DSS, is at best poor and at worst, a dangerous practice. (see Other Mental Health Outpatient Services – Non Clinic, above)

**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):  
Promotion of services is covered by other goal areas.

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

There has been a departure from a person-centered approach to services to a new structure with Health Homes (HH) and Adult Health Home Care Management as a structure for accessing HARP / Home and Community Based Services. This assumes people want to participate in this service. Many people may want to access HCBS services, however, are not interested in enrolling in the HH program. This is contributing to the low number of HARP enrolled adults with no assessment for Home and Community Based Services (HCBS) stated above.



**New York State Prevention Agenda Survey**  
Oswego County Mental Health Division (70320)  
Certified: Nicole Kolmsee (3/25/19)

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](mailto: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:  
see responses to the questions that follow

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:

Development of crisis intervention services Increase in community awareness and intervention services Promotion of trainings for safeTALK

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:

Community Behavioral Health Providers Law Enforcement Substance Abuse Coalition Suicide Prevention Coalition Community Safety Initiative Transportation Coalition

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:

We collect and track provider specific data, County level data provided by NYS Agencies.

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

No

Yes, please explain:

Some essential services are only paid for by Medicaid, and then for some only special populations enrolled in Medicaid. Funding limits access to essential services.

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:

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:

My County's Health Dept has no shared their plan with the LGU.

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:

respite opportunities Mobile crisis co-location of services

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

Poor Education

Food Insecurity

Poverty/Income Inequality

Adverse Features of the Built Environment

Adverse Early Life Experiences

Housing Instability or Poor Housing Quality

Poor Access to Transportation

Discrimination/Social Exclusion

Other

Please describe your efforts in addressing the selections above:

Supporting development of Supportive and Affordable Housing projects. Expanding/ funding transportation options for special populations to access services and supports. Providing mentoring opportunities. Developing respite options.

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): specifics unknown -provided by Health Dept and Community Action Agency

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:

**Office of Mental Health Agency Planning (VBP) Survey**  
Oswego County Mental Health Division (70320)  
Certified: Nicole Kolmsee (5/21/19)

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](mailto: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:

PPS has supported the development of mental health crisis stabilization services; hospital to primary care transition coordination

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

a)  Yes  No

b) Please explain:

Regional CNY DPG financial support for Mobile Crisis is already in place as PPS contract has already concluded and MA billing is not yet available due to delays in OMH/MCO negotiations. Regional and local fee for service options developed for Adult Short Term Crisis Respite for mobile Crisis and SPOA referred individuals that are not HARP/HCBS enrolled. There is no plan for sustaining the PPS funded regional crisis triage phone line after March 2020.

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):

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:

generally yes, but nothing specific

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

a)  Yes  No

b) Please explain:

I am aware of the option but not of any proposals

6. Can your LGU support the BHCC planning process?

a)  Yes  No

b) Please explain:

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:



**Community Service Board Roster**  
 Oswego County Mental Health Division (70320)  
 Certified: Nicole Kolmsee (4/15/19)

**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.

<b>Name:</b> Larry Schmidt	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Public Representative	<b>Term Expires:</b> 02/2021	<b>Email Address:</b> larschmidt@yahoo.com
<b>Name:</b> Brian Coleman	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Oswego County Opportunities	<b>Term Expires:</b> 04/2023	<b>Email Address:</b> bcoleman@oco.org
<b>Name:</b> Greg Osetek	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Long Term Care	<b>Term Expires:</b> 04/2023	<b>Email Address:</b> gosetek@gmail.com
<b>Name:</b> Robert Ireland	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Social Services, Family	<b>Term Expires:</b> 03/2021	<b>Email Address:</b> rireland@twcny.rr.com
<b>Name:</b> Julie Landy	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Schools, Special Education	<b>Term Expires:</b> 03/2021	<b>Email Address:</b> jlandy@citiboces.org
<b>Name:</b> Sara Sunday	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Ofc for the Aging	<b>Term Expires:</b> 03/2021	<b>Email Address:</b> sara.sunday@oswegocounty.com
<b>Name:</b> David Babb	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Consumer, Public Representative	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> nexttrighththing@icloud.com
<b>Name:</b> Angela Christmas-Mattison	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Schools	<b>Term Expires:</b> 03/2023	<b>Email Address:</b> achristmas-mattison@citiboces.org

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**  
Oswego County Mental Health Division (70320)  
Certified: Nicole Kolmsee (4/17/19)

**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.

<b>Name:</b> Sarah Banach	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Harbor Lights	<b>Email Address:</b> sarahbanach@harborlightscds.com
<b>Name:</b> Eric Bresee	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Farnham Family Services	<b>Email Address:</b> ebresee@farnhaminc.org
<b>Name:</b> Brian Coleman	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> OCO	<b>Email Address:</b> bcoleman@oco.org
<b>Name:</b> Darlene McDougall	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> OCO - Residential	<b>Email Address:</b> dmcdougall@oco.org
<b>Name:</b> Penny Greene	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> COCOAA	<b>Email Address:</b> pgreene@cocoa.org
<b>Name:</b> David Babb	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Consumer, Helio Health	<b>Email Address:</b> nexttrighththing@icloud.com
<b>Name:</b> Tyler Ahart	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Oswego Co Prevention Coalition	<b>Email Address:</b> tahart@farnhaminc.org
<b>Name:</b> Ellen Lazarek	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> OCO - Youth Clubhouse	<b>Email Address:</b> elazarek@oco.org

**Mental Health Subcommittee Roster**  
 Oswego County Mental Health Division (70320)  
 Certified: Nicole Kolmsee (4/17/19)

**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.

<b>Name:</b> Alexandra Mikowski	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Liberty Resources - Mobile Crisis	<b>Email Address:</b> amikowski@liberty-resources.org
<b>Name:</b> Kristen Miguel	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> ARISE - MH	<b>Email Address:</b> kmiguel@ariseinc.org
<b>Name:</b> Jody Pittsley	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Oswego Hospital Behavioral Services	<b>Email Address:</b> jlpittsley@oswegohealth.org
<b>Name:</b> Angela Christmas-Mattison	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Schools	<b>Email Address:</b> achristma-mattison@citiboces.org
<b>Name:</b> Julie Landy	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> CiTi / BOCES	<b>Email Address:</b> jlandy@citiboces.org
<b>Name:</b> Elizabeth Thompson	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Oswego County Opportunities	<b>Email Address:</b> ethompson@oco.org
<b>Name:</b> Robert Ireland	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Social Services	<b>Email Address:</b> rireland@twcny.rr.com
<b>Name:</b> Karen Davies-Buckley	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Catholic Charities	<b>Email Address:</b> kavies-buckley@ccoswego.com
<b>Name:</b> WesleyAnn Balcom	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Liberty Resources Brownell Center	<b>Email Address:</b> wmbalcom@liberty-resources.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**  
 Oswego County Mental Health Division (70320)  
 Certified: Nicole Kolmsee (4/17/19)

**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.

<b>Name:</b> Theresa Familo	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Parents of Special Children	<b>Email Address:</b>
<b>Name:</b> Peter Williams	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> ARISE	<b>Email Address:</b>
<b>Name:</b> Greg Osetek	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> long Term Care	<b>Email Address:</b> gosetek@gmail.com
<b>Name:</b> Larry Schmidt	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Public Representative	<b>Email Address:</b> larschmidt@yahoo.com
<b>Name:</b> Alissa Viscome	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Oswego Industries/ARC	<b>Email Address:</b> aviscome@oswegoind.org
<b>Name:</b> Patrick Waite	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Oswego County Opportunities	<b>Email Address:</b> pwaite@oco.org
<b>Name:</b> Sara Sunday	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Office for the Aging	<b>Email Address:</b> sara.sunday@oswegocounty.com

**2020 Mental Hygiene Local Planning Assurance**  
Oswego County Mental Health Division (70320)  
Certified: Nicole Kolmsee (5/21/19)

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.