

Mental Hygiene Goals and Objectives Form

Oswego County Mental Health Division (70320)

Certified: [Nicole Kolmsee](#) (9/14/20)

Mental Hygiene Law, § 41.16 "Local planning; state and local responsibilities" states that "each local governmental unit shall: establish long range goals and objectives consistent with statewide goals and objectives." The Goals and Objectives Form allows LGUs to state their long-term goals and shorter-term objectives based on the local needs identified through the planning process and with respect to the State goals and objectives of each Mental Hygiene agency.

The information input in the 2020 Goals and Objectives Form is brought forward into the 2021 Form. LGUs can use the 2020 information as starting point for the 2021 Plan but should ensure that each section contains relevant, up-to-date responses.

Please indicate below if the overall needs of each disability population got better or worse or stayed about the same over the past year. Completion of these questions is required for submission of the form.

New To assist LGUs in the assessment of local substance use disorder (SUD) needs, OASAS Planning has developed a county-level, core-dataset of SUD public health data indicators. These reports are based on the recommendations of the Council of State and Territorial Epidemiologists and the regularly updated county-level datasets available in New York State. Each indicator compares county-level population-based rates to statewide rates. Reports for all counties are available in the County Planning System Under **Resources -> OASAS Data Resources -> Substance Use Disorder Key Indicators**

1. Overall Needs Assessment by Population (Required)

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

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

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

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

Not Updated for 2021 Plan

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

Please select any of the categories below for which there is a **high level of unmet need** for LGU and the individuals it serves. (Some needs listed are specific to one or two agencies; and therefore only those agencies can be chosen). When considering the level of need, compare each issue category against all others rather than looking at each issue category in isolation.

- For each need identified you will have the opportunity to outline related goals and objectives, or to discuss the need more generally if there are no related goals or objectives.
- **You will be limited to one goal for each need category but will have the option for multiple objectives.** For those categories that apply to multiple disability areas/state agencies, please indicate, in the objective description, each service population/agency for which this unmet need applies. **(At least one need category must be selected).**

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Developmental Disability Clinical Services			<input type="checkbox"/>
r) Developmental Disability Children Services			<input type="checkbox"/>
s) Developmental Disability Student/Transition Services			<input type="checkbox"/>
t) Developmental Disability Respite Services			<input type="checkbox"/>
u) Developmental Disability Family Supports			<input type="checkbox"/>
v) Developmental Disability Self-Directed Services			<input type="checkbox"/>
w) Autism Services			<input type="checkbox"/>
x) Developmental Disability Front Door			<input type="checkbox"/>
y) Developmental Disability Care Coordination			<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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ab) Problem Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs)	<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

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more 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)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

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

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

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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)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

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

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

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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 Addictions (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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

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 Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

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)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

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.

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

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

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- Narrative describing importance of goal

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

Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

2f. Prevention - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more 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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

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

Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

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)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

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

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more 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)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

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

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more 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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

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

Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

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)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

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.

2i. Reducing Stigma - Background Information

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more information.

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

Change Over Past 12 Months (Optional)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

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

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more 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)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

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

The Background Information box is a free-text box for LGUs to provide any additional information or more details related to the need and the Goal, such as:

- Data sources used to identify need (e.g. hospital admission data)
- Assessment activities used to indicate need or formulate goal (e.g. community forum)
- Narrative describing importance of goal

This form will allow attachments, so in the Background Information box you could reference an attached document for more 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

The Goal Statement should be a specific, clear, and succinct statement of a desired outcome. It should be focused on a change that is tangible, achievable and within the control of the LGU. Avoid vague statements that focus on "maintaining" or "continuing" activity that simply maintains the status quo.

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

Objective Statement

Objective Statements should describe a shorter-term action the LGU will take to achieve the longer-term goal. Each goal should have at least one objective. You may have multiple objectives for each goal. The objective should identify the approach to be taken to help achieve the desired outcome. It answers the question, "How will the goal be achieved?"

[Add an Objective](#) (Maximum 5 Objectives per goal) | [Remove Objective](#)

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)

This optional, free-text box allows LGUs to describe any change in the need driving the goal or any progress made towards the goal in the last year. Where possible, include specific measurable accomplishments and milestones achieved. You may also want to identify barriers to achieving stated goals and objectives and describe the rationale for any changes made to the goal statement or associated strategies.

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.

Office of Addiction Services and Supports

Accessibility

Contact

Disclaimer

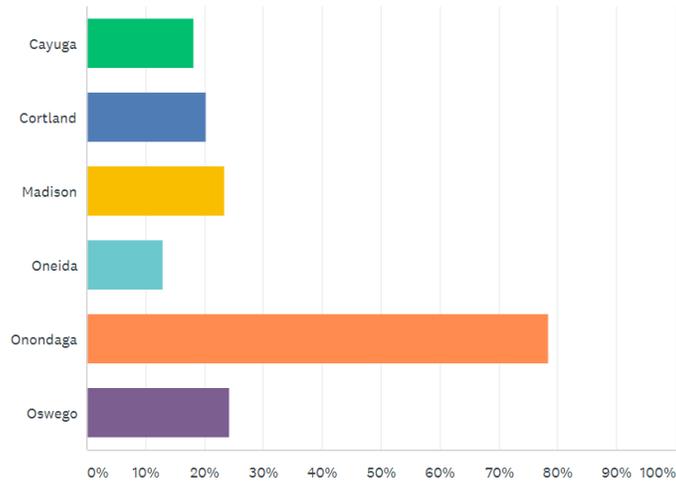
Language Access

Privacy Policy



Responses by county (most responses indicated multiple counties):

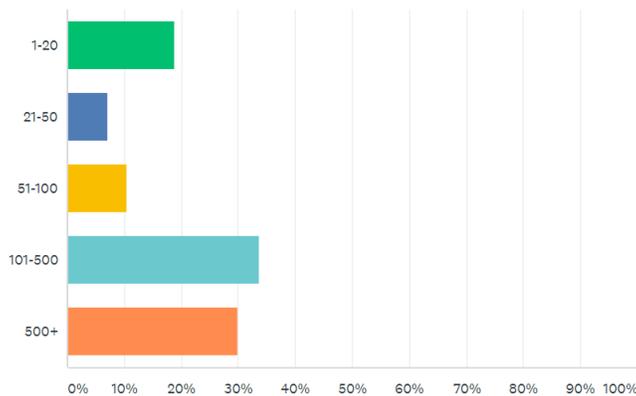
Answered: 153 Skipped: 6



ANSWER CHOICES	RESPONSES
▼ Cayuga	18.30% 28
▼ Cortland	20.26% 31
▼ Madison	23.53% 36
▼ Oneida	13.07% 20
▼ Onondaga	78.43% 120
▼ Oswego	24.18% 37

Organization size:

Answered: 154 Skipped: 5



ANSWER CHOICES	RESPONSES
▼ 1-20	18.83% 29
▼ 21-50	7.14% 11
▼ 51-100	10.39% 16
▼ 101-500	33.77% 52
▼ 500+	29.87% 46
TOTAL	154

Mental Health Providers

Do the people you serve in Mental Health services have different service needs as a result of COVID-19?

64 respondents submitted 168 responses
 46 Service Providers Adult + Children
 12 Adult Service Providers
 6 Children Service Providers

Respondents were asked to input the top three needs.

- Specific Service Needs (49)
 - Supportive Counselling (8)
 - Basic Needs – Food and Housing (5)
 - Transportation (5)
 - Crisis services – in person and respite (5)
 - Medication/Medication Management (4)
 - Shifts in traditional MH counseling to meet new stressors (decreased session length, increased frequency, in home services, telehealth)
 - Care management, community-based services, day care, information about COVID
 - Health/Specialty Care
 - Skill Development (Parent Education, Anger Management, Coping skills)
- Increased Symptoms (29)
- Access to Services/Providers (28)
- Program Capacity (22)
- Socialization/Loneliness (21)
- Client Technology Needs (19)
- Client Financial Resources (2)

Notes about content analysis:

Access to Services/Providers - includes lack of face to face services, virtual connections not being enough, consistent interaction with providers, cancelled programs/loss of supportive routine, lack of groups

Client Technology – challenges from client perspective accessing technology, including smartphone, data, minutes, lack of skill, lack of satisfaction with telehealth services, connectivity issues

Increased Symptoms – anxiety, depression, trauma triggers, self-harm, fear around COVID, financial stress

Program Capacity – Challenges with programs adopting telehealth, technology/connection issues, longer length of stay needed, workforce safety needs, increased number of clients, referrals to outside agencies

Mental Health Providers

<p>How have diverse populations receiving Mental Health services been disproportionately impacted by COVID-19?</p> <p>47 respondents submitted 99 responses 36 Service Providers Adult + Children 6 Adult Service Providers 5 Children Service Providers</p> <p>Many responses did not discuss specific population, rather needs addressed in previous question.</p>	<p>Low income population (20)</p> <ul style="list-style-type: none"> • Lack of access to technology • Lack of access to basic needs • Difficulties obtaining safe and affordable housing • Increased stress due to limited childcare supports • Increased stress related to low wage and income variability • Lack of resources for self-care, stress relief <p>Children (8)</p> <ul style="list-style-type: none"> • Access to activities and supports outside of the home • Struggle with engagement in telehealth • Family violence <p>BIPOC (5)</p> <ul style="list-style-type: none"> • Increased challenges to accessing care & COVID tests • Increased threats of eviction <p>Elderly (4)</p> <ul style="list-style-type: none"> • Access to care/technology • Social isolation <p>Homeless population (3)</p> <ul style="list-style-type: none"> • Access to basic needs • Access to technology <p>Parents (3)</p> <ul style="list-style-type: none"> • Increased stress, limited support around children education and care <p>Rural (2)</p> <ul style="list-style-type: none"> • Lack of strong access to technology/internet <p>Other: Individuals with language/literacy needs, runaway youth, individuals without transportation.</p>
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Mental Health Providers

<p>If you provide Mental Health services to both children and adults, please describe any differences in impact of COVID-19 on these two populations that you have observed.</p> <p>37 respondents</p> <p>Many responses did not answer question specifically.</p>	<p>Adults</p> <ul style="list-style-type: none"> • More psychosomatic symptoms • Increased loneliness and paranoia • Increased self-harm and suicide attempt • Increased dysregulation with service changes • Increased stress related to caregiving 	<p>Children</p> <ul style="list-style-type: none"> • Increased behavior problems • More symptomatic due to lack of coping mechanisms • Increased social media influence, sense of loss of control, self-harm and suicidal ideation • More resilient and adaptable than adults • Loss of connection to schools, friend groups, community supports
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Mental Health Providers

<p>What are the 3 greatest challenges that your organization faces over the next 12 months?</p> <p>59 respondents submitted 148 responses</p>	<ul style="list-style-type: none"> • Funding/Budget Cuts (29) • Health and safety (25) • Workforce (24) • Transitioning to remote service delivery system (23) • Returning to in person services (17) • Client re-engagement (10) • Meeting increased client needs (9) • Client access to technology (4) • Meeting shifting service & community reopening guidelines (4) • Program flexibility to meet needs (4) • Access to services, service reductions
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Notes about content analysis:

Health and Safety – Includes staff and clients, maintaining physical plant

Workforce – concerns about burnout, turnover, hiring freezes, staff morale, recruitment challenges, remote work, managing supervisor stress, work/life balance, staff cuts and ability to meet client needs

Transitioning to remote service delivery – includes program access to technology, remote coordination, documentation/signatures, virtual team meetings, managing telemedicine, client engagement via telehealth

Mental Health Providers

Since March 1, 2020, how would you describe DEMAND for the following services in your community?

	DECREASED	NO CHANGE	INCREASE	N/A	TOTAL
▼ Inpatient Services (State PC, A28/31 Inpatient)	4.69% 3	15.63% 10	54.69% 35	25.00% 16	64
▼ Residential Treatment	6.67% 4	31.67% 19	40.00% 24	21.67% 13	60
▼ Outpatient (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	8.06% 5	20.97% 13	58.06% 36	12.90% 8	62
▼ Emergency (CPEP, Crisis programs)	4.76% 3	19.05% 12	57.14% 36	19.05% 12	63
▼ Support (Care Coordination, Education, Forensic, General, Self-help, Vocational)	7.94% 5	15.87% 10	68.25% 43	7.94% 5	63

Comments:

- Need more essential outreach staff members
- Overall we have experienced an increased need in services and programs needed for our clients.
- Pandemic exacerbated MH symptoms and needs while simultaneously decreasing services available AND I think there will be a great number of new referrals on the horizon due to results of ongoing pandemic and its impact on people’s mental emotional and physical health
- The families that needed us the most were not able to get the in person services that were necessary.
- We are an Early Childhood Education program. We serve children with Early Intervention needs and have struggled to support them in care during the pandemic as resources were placed on hold or no in person services could be provided.
- We have seen a decrease in school related requests, but have seen an increase in request for services with youth who are at more high risk, or high need.
- We have seen an increase in need of services due to many families having increased needs due to the NY Pause. Being quarantined has increased feelings of isolation and depression/anxiety in many individuals.

Mental Health Providers

Since March 1, 2020, how would you describe ACCESS to the following services in your community?

	DECREASED	NO CHANGE	INCREASE	N/A	TOTAL
▼ Inpatient Services (State PC, A28/31 Inpatient)	35.48% 22	35.48% 22	8.06% 5	20.97% 13	62
▼ Residential Treatment	34.43% 21	44.26% 27	4.92% 3	16.39% 10	61
▼ Outpatient (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	57.14% 36	20.63% 13	11.11% 7	11.11% 7	63
▼ Emergency (CPEP, Crisis programs)	21.31% 13	45.90% 28	14.75% 9	18.03% 11	61
▼ Support (Care Coordination, Education, Forensic, General, Self-help, Vocational)	56.45% 35	19.35% 12	16.13% 10	8.06% 5	62

Comments:

- Again, inpatient increased due to Covid.
- Answers as applied to care coordination. Education, vocational, self-help all basically were stalled by the lockdown
- Because a lot of people are stressed out they need more of mental health services and the lack of such services cause an increase in hospitalization and other in patient care.
- Care coordination has been inconsistent with providing adequate support
- Fear of pursuing these resources due to potential Covid exposure of clients
- Folks want to serve individuals the resources are just limited. Telehealth has helped a lot and advocacy is needed to keep that to assist increased need and ongoing safety
- I believe that the decrease in "support" services is because of clients lack to communication that allowed for them to adjust to telehealth services.
- It is hard for participants that I have worked with on intake to connect with their care coordinators (especially CirCare and the ACT team) and for them to provide the support they need (helping apply for benefits, help getting connected to services).
- Our agency's respite house had to close due to the pandemic. Multiple care managers that I collaborate with at other agencies have left their positions, leaving the programs understaffed.
- Restrictions on in-person visits, low income communities impacted by requirements set forth by technology used to circumvent lack of in-person
- Several families has had difficulties connecting with Arise in Onondaga County/Syracuse. Lack of services for CFTSS and HCBS.
- Some clients have had difficulties with getting into services due to COVID and regulations/requirements that have limited providers' ability to assist clients.
- State DOCCS seem to be more willing to hospitalize clients
- The clinic closed due to the covid19 virus leaving many clients without care until they were contacted by a provider. Many who did not have a resource that a provider could contact them on have gone without care throughout the pandemic unless they sought emergency care and were hospitalized.
- When the NY Pause began all services moved to being provided remotely which limited some individuals access due to technology limitations.

Mental Health Programs

Did your organization develop any innovative services or methods of program delivery (apart from telehealth) to meet community need?

- A client provided the group meal each night and staff passed out the meals or had clients come to the office to get them
- Community outreach and in home services
- conducting meetings outdoors and distant
- continuing to deliver some classroom EBP's remotely through various platforms, providing ongoing support to students, staff and families through remote platforms, including zoom, google hangouts, email
- different communication with support staff they took over duties to keep the rest of the staff out of the office
- each program was person centered in their approach to supporting the folks
- Food pantry info, new Facebook page.
- Food/basic need drop offs being socially distant
- Many staff did food deliveries to clients in need.
- meeting with people face to face if necessary in an outdoor setting when confidentiality is able to be maintained
- monthly phone calls -not all clients have computer access
- No contact drop offs to clients of basic need items
- only the addition of video chatting
- PPE kits delivered to clients
- Program staff have been delivering basic needs (food and supplies) to clients home; our programs typically carry a small wait list, during COVID all wait list referrals were contacted and provided with at least case management services to help prevent risk factors from increasing due to capacity issues and wait times. d
- Program staff have been delivering basic needs (food and supplies) to clients home; our programs typically carry a small wait list, during COVID all wait list referrals were contacted and provided with at least case management services to help prevent risk factors from increasing due to capacity issues and wait times. d
- Programs did home visits from the hallway, we increased distribution of non-clinical materials, we delivered telehealth for congregate population within same building but keeping people out of the same room....
- Provided Covid-19 PPE to clients.
- Social media outreach
- Staff may do grocery shopping for residents
- supplies, food, and any other services that they needed help with
- The Peer program developed a robust social media presence and offered groups and one-to-one support through the social media accounts and the Warm Line. The CSS program converted their group activities to a virtual environment and continued to offer them. There was an increase in attendance at the Peer support groups.
- Virtual check-ins; google questionnaires, online resources.
- We began online classes for parents
- We have worked to develop social distancing walks with youth
- We were able to have our secretary at the main office send out letters. We are also now able to fax by email.
- Working Remotely.

Substance Use Service Providers

<p>Do the people you serve in Substance Use services have different service needs as a result of COVID-19?</p> <p>15 respondents submitted 39 responses 11 Service Providers Adult + Children 2 Adult Service Providers 2 Children Service Providers</p> <p>Respondents were asked to input the top three needs.</p>	<ul style="list-style-type: none"> ● Access to Services/Providers (14) ● Specific Service Needs (10) <ul style="list-style-type: none"> ○ Basic needs ○ Community support ○ Overdose prevention ○ Skill development ● Socialization/Loneliness (5) ● Increased symptoms (5) ● Client Technology Needs (3)
<p>Notes about content analysis:</p> <p><u>Access to Services/Providers</u> - includes lack of face to face services, virtual connections not being enough, cancelled programs/loss of supportive routine, lack of groups, access to MAT services.</p> <p><u>Client Technology Needs</u> – challenges from client perspective accessing technology, including smartphone, data, minutes</p> <p><u>Increased Symptoms</u> – anxiety, depression, fear around COVID</p>	

Substance Use Service Providers

<p>How have diverse populations receiving Substance Use services been disproportionately impacted by COVID-19?</p> <p>12 respondents submitted 26 responses 7 Service Providers Adult + Children 3 Adult Service Providers 2 Children Service Providers</p>	<p>Low Income</p> <ul style="list-style-type: none"> ● Lack of access to care ● Increased isolation ● Lack of resources for technology <p>BIPOC</p> <ul style="list-style-type: none"> ● Access to care <p>Homeless population</p> <ul style="list-style-type: none"> ● Housing instability and access to technology <p>People in recovery</p> <ul style="list-style-type: none"> ● Lack of connection to meaningful supports <p>Individuals on Methadone</p> <ul style="list-style-type: none"> ● Increased incidents of relapse
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Substance Use Service Providers

<p>If you provide Substance Use services to both children and adults, please describe any differences in impact of COVID-19 on these two populations that you have observed.</p> <p>11 respondents</p> <p>Responses did not answer question specifically.</p>	<p>No valid responses</p>
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Substance Use Service Providers

<p>What are the 3 greatest challenges that your organization faces over the next 12 months?</p> <p>13 respondents submitted 33 responses</p>	<ul style="list-style-type: none"> • Funding/Cuts (10) • Health and Safety (6) • Client re-engagement (4) • Organizational flexibility to meet financial realities (3) • Program flexibility to meet client needs (3) • Workforce shortages (3) • Transitioning to remote service delivery (3)
<p>Notes about content analysis:</p> <p><u>Health and Safety</u> – Includes staff and clients, maintaining physical plant</p> <p><u>Workforce</u> – staff shortages due to COVID, adequate staffing for intakes.</p> <p><u>Transitioning to remote service delivery</u> – adopting technology for clinic and school-based services.</p> <p><u>Organization flexibility to meet financial realities</u> - includes merger, closing program, and long term planning.</p>	

Substance Use Services

Since March 1, 2020, how would you describe DEMAND for SUD services in each of the following program categories?

	DECREASED	NO CHANGE	INCREASED	N/A	TOTAL
Prevention	11.76% 2	29.41% 5	47.06% 8	11.76% 2	17
Recovery	0.00% 0	11.76% 2	64.71% 11	23.53% 4	17
Treatment	5.88% 1	11.76% 2	58.82% 10	23.53% 4	17
Inpatient	0.00% 0	11.76% 2	47.06% 8	41.18% 7	17
Outpatient	5.88% 1	11.76% 2	52.94% 9	29.41% 5	17
OTP	6.67% 1	6.67% 1	46.67% 7	40.00% 6	15
Residential	0.00% 0	11.76% 2	52.94% 9	35.29% 6	17
Crisis	0.00% 0	12.50% 2	56.25% 9	31.25% 5	16

Comments:

- Cannot comment on some of above since ours is a prevention program only. Less demand for prevention from staff because they had their hands full trying to provide remote instruction to all students and to provide basic services such as food to families in need.

Since March 1, 2020, how would you describe ACCESS for SUD services in each of the following program categories?

	DECREASED	NO CHANGE	INCREASED	N/A	TOTAL
Inpatient	41.18% 7	5.88% 1	17.65% 3	35.29% 6	17
Outpatient	29.41% 5	29.41% 5	17.65% 3	23.53% 4	17
OTP	21.43% 3	21.43% 3	14.29% 2	42.86% 6	14
Residential	41.18% 7	5.88% 1	11.76% 2	41.18% 7	17
Crisis	25.00% 4	12.50% 2	18.75% 3	43.75% 7	16

Substance Use Services

Did your organization develop any innovative services or methods of program delivery (apart from telehealth) to meet community need?

- Enhanced social media for engagement
- telephoning clients and doing services and having them participate from their apartments
- We provided Narcan training, recovery meetings, and family services virtually.
- virtual Naloxone training and mailed distribution of kits, online prevention programming including parenting groups and virtual support groups
- Scheduled activities outdoors whenever possible
- remote delivery of EBP's where possible and remove support for students, staff, and families through many platforms, including phone, zoom, google handouts, email
- Community outreach and in home service
- Program went virtual. We conduct groups/activities virtual through social media. We also do one on one contacts through the internet/social media. We also delivered emergency food to people with food insecurities. We also delivered safer sex supplies and hygiene kits.

Intellectual/Developmental Disability Service Providers

<p>Do the people you serve in I/DD services have different service needs as a result of COVID-19?</p> <p>9 respondents submitted 25 responses 8 Service Providers Adult + Children 1 Adult Service Providers 0 Children Service Providers</p> <p>Respondents were asked to input the top three needs.</p>	<ul style="list-style-type: none"> ● Socialization/Loneliness (6) ● Service Specific Needs (5) <ul style="list-style-type: none"> ○ Education/Educational Advocacy during virtual learning. ○ Crisis Respite ○ Health and safety education ● Access to providers (2) ● Access to technology (3) ● OPWDD Restrictions ● Health and safety,
<p>Notes about content analysis:</p> <p><u>Access to Services/Providers</u> – lack of providers, employment counseling hard when employers are also struggling.</p> <p><u>Access to Technology</u> – Supports to help navigate tech piece, ability to have access to equipment.</p> <p><u>Increased Symptoms</u> – anxiety, depression, fear around COVID</p>	

Intellectual/Developmental Disability Service Providers

<p>How have diverse populations receiving I/DD services been disproportionately impacted by COVID-19?</p> <p>9 respondents submitted 18 responses 8 Service Providers Adult + Children 0 Adult Service Providers 1 Children Service Providers</p>	<ul style="list-style-type: none"> ● I/DD population - social impact ● I/DD population - hospital advocacy ● I/DD population enjoy routines, significant lack of routine. ● I/DD population limited understanding of virus context ● I/DD population limited understanding of virus context ● Individuals receiving in home services - reduction in availability
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Intellectual/Developmental Disability Service Providers

<p>If you provide I/DD services to both children and adults, please describe any differences in impact of COVID-19 on these two populations that you have observed.</p> <p>8 respondents</p>	<p>Adults</p> <ul style="list-style-type: none"> • Families struggling to meet needs of young people • Disconnection from family, independent • Adults successfully engaged in telehealth 	<p>Children</p> <ul style="list-style-type: none"> • Regression in development and social emotional learning • Lack of respite providers
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<p>What are the 3 greatest challenges that your organization faces over the next 12 months?</p> <p>10 respondents submitted 23 responses</p>	<ul style="list-style-type: none"> • Funding/Cuts (9) • Workforce (5) • Returning to in person services (3) • Health and Safety (2) • Service level transitions, technology, meeting agency and community guidance on reopening, Assessing education/learning loss
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Notes about content analysis:

Funding/Cuts – Includes lower volume of services/less revenue, extra costs associated with PPE, program capacity/meeting needs in face of significant cuts, fewer referrals

Workforce – competitive wages, concern about unemployment benefits exceeding pay rate, ensuring that programs have staff capacity to meet need

What data from OPWDD would be helpful to inform program planning?

- Continue to support telehealth models for those families who feel that is the only safe support. Any PPE assistance from OPWDD or the local community DOH's, securing that in March was difficult. Understanding all of the robust cleaning efforts and PPE come at a price that we can't pass down to our customers. We are assigned a specific rate for a specific service, we don't set the prices. If OPWDD could place things like additional transportation costs, PPE and cleaning costs into their rate rationalizations, it might be helpful.
- Information on additional resources would be helpful.
- Information on what they expect the funding to look like for 2021. Will FSS, ISS contracts be cut? Will Medicaid rates be cut? We can't plan effectively until we know that information
- Number of people receiving mental health services during COVID and increase communications around mental health services available for people with disabilities at increased risk during Covid.
- Sharing information on what services are needed in the community and supporting organizations in developing those services.

COMPLETE

Monday, September 14, 2020 9:23:57 AM

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Q1

Contact Information

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Q2 Oswego County Mental Health Division

LGU:

Q3

a. Indicate how your local mental hygiene service system (i.e., mental health, substance use disorder and problem gambling, and developmental disability populations), overall, has been affected by the COVID-19 pandemic: Please specifically note, Any cross-system issues that affect more than one population; Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

- Isolation, lack of social contact, lack of structure, lack of face to face with their supports (professional and natural)
- Having to learn and adapt without access to the typical supports they would use to help with such changes
- Lack of access to devices, reliable connectivity, and data plans to access virtual programming and service delivery as well as community connections.
- Public Transportation significantly reduced creating access barriers for shopping and pharmacy, etc.
- No specific racial/ethnic impacts.
- Poor engagement with young children via telehealth

Q4

b. Indicate how your mental health service needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

see 1a

Q5

c. Indicate how your substance use disorder (SUD) and problem gambling needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

see 1a

Q6

d. Indicate how the needs of the developmentally disabled population, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

see 1a

Q7

a. Mental Health providers

Managing a remote workforce

Facilitating virtual groups

Q8

b. SUD and problem gambling service providers:

Managing a remote workforce

Facilitating virtual groups

Q9

c. Developmental disability service providers:

Managing a remote workforce

Facilitating virtual groups

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan
Supplemental Survey

Q10

a. Since March 1, 2020, how would you describe DEMAND for mental health services in each of the following program categories?

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	No Change
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	Increased
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	No Change
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	No Change
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	Increased

Q11

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

Q12

b. Since March 1, 2020, how would you describe ACCESS to mental health services in each of the following program categories?

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	No Change
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	No Change
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	No Change
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	No Change
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	Increased

Q13

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

Q14

a. Since March 1, 2020, what number of mental health program sites in your county closed or limited operations due to COVID-19, apart from transition to telehealth?

1

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan
Supplemental Survey

Q15

If you would like to add any detail about your responses above, please do so in the space below:

Adult Respite bed embedded within OMH Licensed Community Residence

Q16

b. What number of mental health program sites in your county remain closed or are offering limited services now, apart from transition to telehealth?

1

Q17

If you would like to add any detail about your responses above, please do so in the space below:

Adult Respite bed embedded within OMH Licensed Community Residence

Q18

N/A

c. If your county operates services, did you maintain any level of in-person mental health treatment

Q19

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

Q20

No

d. As a result of COVID-19, are any mental health programs in your county closing operations permanently?
If yes, list program name(s) and type(s).

Q21

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

Q22

No

e. Did any mental health programs in your county close due to workforce issues (e.g. staff infections, recruitment/retention issues)?

Q23

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan
Supplemental Survey

Q24

a. Apart from telehealth, during COVID-19, did your county or mental health providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

Yes (please describe):
enhanced use of social media

Q25

b. During COVID-19, did any mental health providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

Yes (please describe):
partnerships already existed prior to COVID-19 and will continue

Q26

a. During COVID-19, how many mental health providers within your county implemented existing continuity of operations plans?

Respondent skipped this question

Q27

If you would like to add any detail about your responses above, please do so in the space below:

Respondent skipped this question

Q28

b. During COVID-19, how many mental health providers within your county did not implement existing continuity of operations plans?

Respondent skipped this question

Q29

If you would like to add any detail about your responses above, please do so in the space below:

COOP do not cover an extended period of time expected to last 18 mos

Q30

c. During COVID-19, did your county LGU or Office of Emergency Management (OEM) assist any mental health providers in the development or revision of continuity of operations plans?

None

Q31

If you would like to add any detail about your responses above, please do so in the space below:

Respondent skipped this question

Q32

During COVID-19, what OMH guidance documents were beneficial to your disaster management process?

**Program-level Guidance,
Telemental Health Guidance,
Infection Control Guidance,
Fiscal and Contract Guidance,
FAQs**

Page 3

Q33

1. Please indicate any needs for or issues with SUD and problem gambling prevention, treatment, and recovery providers acquiring Personal Protective Equipment (PPE), face masks, cleaning or disinfectant supplies, or similar materials related to the COVID-19 pandemic:

Initial delay due to supply/demand issues

Q34

a. How has COVID-19 affected the delivery of and demand for SUD and problem gambling prevention services in your county?

Delivery transitioned to virtual service delivery. No change in demand

Q35

b. How has COVID-19 affected the delivery of and demand for SUD and problem gambling recovery services in your county?

Delivery transitioned to virtual service delivery. No change in demand

Q36

c. How has COVID-19 affected the delivery of and demand for problem gambling treatment services in your county?

Delivery transitioned to virtual service delivery. No change in demand

Q37

d. Since March 1, 2020, how would you describe DEMAND for SUD Treatment services in each of the following program categories?

INPATIENT	N/A
OUTPATIENT	Increased
OTP	Increased
RESIDENTIAL	No Change
CRISIS	N/A

Q38

If you would like to add any detail about your responses above, please do so in the space below:

As per OASAS directive, Residential was closed to community referral admissions

Q39

e. Since March 1, 2020, how would you describe ACCESS to SUD Treatment services in each of the following program categories?

INPATIENT	No Change
OUTPATIENT	Decreased
OTP	No Change
RESIDENTIAL	Decreased
CRISIS	No Change

Q40

If you would like to add any detail about your responses above, please do so in the space below:

Inpatient and Crisis services are not available within Oswego County.

Q41

a. Apart from telehealth, during COVID-19, did your county or SUD and problem gambling service providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

Yes (please describe):

Enhanced social media presence. Use of virtual platforms for general community awareness, education, and engagement.

Q42

b. During COVID-19, did SUD and problem gambling service providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

Yes (please describe):

partnerships existed prior to COVID-19 and will continue

Page 4

Q43

No

1. Has your county conducted analysis on the impact of COVID related to IDD services/OPWDD service system? If yes, please explain.

Q44

2. What are the greatest challenges your county will be facing over the next 12 months related to IDD services?

Providing prior levels of support without or with limited group settings and activities. Fiscal impact of decreased persons served/day on providers

Q45

3. Is there data that would be helpful for OPWDD to provide to better information the local planning process? Please list by order of priority/importance.

number of people enrolled in site-based and community-based vocational and habilitation group services; by living situation, age, and zip code

Page 5

Q46

Please use the optional space below to describe anything else related to the effects of COVID-19 on Mental Hygiene service delivery that you were not able to address in the previous questions:

Individual services are adapting. Any center based or group based services, drop-in, support groups are not successful meeting program goals using virtual platforms. Using outdoor space will be halted by weather. This presents a significant concern for the continued lack of this level of support in our county. With extended isolation during upcoming winter months, increase in crisis episodes is expected.
