2016
Local Services Plan
For Mental Hygiene Services

Onondaga County Dept of Mental Hlth
July 14, 2015
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<th>Planning Form</th>
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<td>70200</td>
<td>(LGU)</td>
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<tr>
<td>Executive Summary</td>
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<td>Certified</td>
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<tr>
<td>Needs Assessment Report</td>
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<tr>
<td>Warm Line and Mobile Crisis Capacity Survey</td>
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<td>Priority Outcomes Form</td>
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<td>Multiple Disabilities Considerations Form</td>
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<td>Community Services Board Roster</td>
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<td>2016 Mental Hygiene Local Planning Assurance</td>
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See Attached

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<td>* County Planning Today.doc</td>
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Consult the LSP Guidelines for additional guidance on completing this exercise.

**PART A: Local Needs Assessment**

1. **Assessment of Mental Hygiene and Associated Issues** - In this section, describe the nature and extent of mental hygiene disabilities and related issues. Use this section to identify any unique conditions or circumstances in the county that impact these issues. Provide documentation, where available.

   See attached

2. **Analysis of Service Needs and Gaps** - In this section, describe and quantify the prevention, treatment and recovery support service needs of each disability population, including other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe and quantify the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Use this section to identify specific underserved populations or populations that require specialized services. Provide documentation, where available.

   See attached

3. **Assessment of Local Issues Impacting Youth and Adults** - For each issue listed in this section, indicate the extent to which it is an area of need at the local (county) level for each disability population listed on the right. For each issue that you identify as either a "High" or "Moderate" need, answer the follow-up questions to provide additional detail.

<table>
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<tr>
<th>Issue Category</th>
<th>Youth (Under 21 years)</th>
<th>Adults (Over 21 years)</th>
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<tbody>
<tr>
<td>a) Access to Prevention Services</td>
<td>CD MH DD</td>
<td>CD MH DD</td>
</tr>
<tr>
<td>b) Access to Crisis Services</td>
<td>Low Need Low Need Low Need</td>
<td>High Need High Need High Need</td>
</tr>
<tr>
<td>c) Access to Treatment Services</td>
<td>Moderate Need Moderate Need Moderate Need</td>
<td>High Need High Need Moderate Need</td>
</tr>
<tr>
<td>d) Access to Supported Housing</td>
<td>Low Need Low Need Low Need</td>
<td>High Need High Need Low Need</td>
</tr>
<tr>
<td>e) Access to Transportation</td>
<td>Low Need Low Need Low Need</td>
<td>Moderate Need High Need Moderate Need</td>
</tr>
<tr>
<td>f) Access to Home/Community-based Services</td>
<td>Low Need Low Need Low Need</td>
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</tr>
<tr>
<td>g) Access to Other Support Services</td>
<td>Low Need Low Need Low Need</td>
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</tr>
<tr>
<td>h) Workforce Recruitment and Retention</td>
<td>Moderate Need Moderate Need Moderate Need</td>
<td>Moderate Need Moderate Need Moderate Need</td>
</tr>
<tr>
<td>i) Coordination/Integration with Other Systems</td>
<td>High Need High Need High Need</td>
<td>Moderate Need Moderate Need Moderate Need</td>
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<tr>
<td>j) Other (specify):</td>
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</tr>
<tr>
<td>k) Other (specify):</td>
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**Follow-up Questions to "Access to Prevention Services" (Question 3a)**

4a1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here.

Current evolution toward managed care models creates an opportunity to align incentives and integrate prevention and treatment.

4a2. Identify strategies that could potentially be pursued to address this local issue.

Effective Coordination with current Initiatives (DSRIP, etc)

**Follow-up Questions to "Access to Crisis Services" (Question 3b)**

4b1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here.

There is a clear need to develop alternative services (mobile, respite, outpatient, peer) that can reduce the number of Crisis presentations, thereby insuring access for those most in need of the highest level of care.

4b2. Identify strategies that could potentially be pursued to address this local issue.

see above

**Follow-up Questions to "Access to Treatment Services" (Question 3c)**

4c1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here.

High demand for prescribers and clinic access.
4e2. Identify strategies that could potentially be pursued to address this local issue.

grow clinics, coordinate with systems to "grow" prescribers, Coordinate with primary care

Follow-up Questions to "Access to Supported Housing" (Question 3d)

4d1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Lack of Quality, affordable housing remains a central obstacle to recovery progress for many.

4d2. Identify strategies that could potentially be pursued to address this local issue.

expansion of slots

Follow-up Questions to "Access to Transportation" (Question 3e)

4e1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Disability related poverty, and poor public transportation combine to inhibit social and work opportunities for those seeking recovery.

4e2. Identify strategies that could potentially be pursued to address this local issue.

Grant funding, peer support, bus training, etc

Follow-up Questions to "Access to Home/Community-based Services" (Question 3f)

4f1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Home based supports will need to be expanded and developed as we seek to engage those who do not access traditional service models.

4f2. Identify strategies that could potentially be pursued to address this local issue.

systemic implementation.

Follow-up Questions to "Workforce Recruitment and Retention" (Question 3h)

4h1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Insuring quality in residential settings remains difficult, given salary ranges. Professional staff shortages require major action to insure continued access to care.

4h2. Identify strategies that could potentially be pursued to address this local issue.

fiscal incentives and cross system collaboration

Follow-up Questions to "Coordination/Integration with Other Systems" (Question 3i)

4i1. Briefly describe the issue and why it is a moderate or high need at the county level. If this involves high need populations or special circumstances, clarify those here

Current emphasis on integrated care requires cross system coordination at all levels.

4i2. Identify strategies that could potentially be pursued to address this local issue.

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5. Please indicate how useful each of the following data resources is for your planning, needs assessment, and system management work.

<table>
<thead>
<tr>
<th>Data Resource</th>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not Very Useful</th>
<th>Never Used</th>
</tr>
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</table>
a) CLMHD Data Dashboard
b) OASAS Client Data Inquiry Reports
c) OMH County Mental Health Profiles
d) OMH PSYCKES Medicaid Portal
e) BHO Performance Metrics Portal (on OMH Website)
f) New York Employment Services System (NYESS)
g) DSRIP Dashboard (on DOH Website)
h) Health Data NY (DOH Health Data Portal)
i) Open NY (New York's Open Data Portal)

6. In addition to the data resources listed in #5 above, identify other data resources that you found helpful in your planning and needs assessment work and why they were helpful.

See attached

PART B: Regional Needs Assessment

The 2016 Local Services Plan Guidelines describe planning regions of the Public Health and Health Planning Council (PHHPC) that the Population Health Improvement Program (PHIP) and Regional Planning Consortiums (RPC's) will operate in. Unless otherwise indicated, responses to these questions should be made based on the PHHPC planning regions.

7. Collaborative Planning Activities - Counties are strongly encouraged to work with other counties in their region to identify the major issues that have a regional impact. In this section, describe the planning and needs assessment activities that your agency participated in during the past year with other counties within your PHHPC region. Identify the other counties that were involved in the collaborative planning activities.

see attached

8. Assessment of Regional Issues Impacting Youth and Adults - For each issue listed in this section, indicate the extent to which it is an area of need at the regional level for each disability population listed on the right. For each issue that you identify as either a "High" or "Moderate" need, answer the follow-up questions to provide additional detail.

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Follow-up Questions to "Access to Crisis Services" (Question 8b)

9b1. Briefly describe the issue and why addressing it at the regional level is needed.

A regional planning process was conducted, as described in the attached narrative. The processed lead to a consensus regarding the four items identified above as high need. Most importantly, this process resulted in the exploration of regional strategies for conducting rapid surveys and dialogue that can accurately reflect stake holder views, and aggregate them into a vision of regional priorities. The Regional Planning Consortium model that is currently under development, in collaboration with state efforts such as DSRIP, will provide a new vehicle for supporting such regional planning work, including the creation of regional strategies which have yet to be identified.

9b2. Identify strategies that could potentially be pursued to address this regional issue.

see above

Follow-up Questions to "Access to Treatment Services" (Question 8c)

9c1. Briefly describe the issue and why addressing it at the regional level is needed.

See above

9c2. Identify strategies that could potentially be pursued to address this regional issue.

see above
Follow-up Questions to "Access to Transportation" (Question 8e)

9e1. Briefly describe the issue and why addressing it at the regional level is needed.
   see above

9e2. Identify strategies that could potentially be pursued to address this regional issue.
   see above

10. In addition to collaborating with other counties in your PHHPC region, has your agency collaborated with counties outside your PHHPC region on any planning and needs assessment activities in the past year?
   ○ a. Yes
   ○ b. No

If "Yes", identify the counties that you collaborated with and briefly describe the collaborative activity.
Consult the LSP Guidelines for additional guidance on completing this form.

The questions below were developed out of OMH regional planning discussions in which areas of need were identified across the State. Existing data do not provide a clear picture of current capacity for the two program areas referenced below. Therefore LGUs are being asked to provide some basic information. All questions related to this survey should be directed to Jeremy Darman at Jeremy.Darman@omh.ny.gov or at (518) 474-4403.

1. Does your county have access to a local or regional mental health **warm line**?
   - a) Yes
   - b) No

2. What is the phone number for the mental health warm line?
   
   Unique Peerspectives 315-475-1997

3. What are the days and hours of operation of the mental health warm line?
   
   M-F 12 PM - 4 PM

4. Is the warm line operated/staffed by peers (current and/or former recipients of mental health services)?
   - a) Yes
   - b) No
   - b) Don't Know

5. Additional Comments?

6. Does your county have access to a mobile crisis intervention program or mobile crisis team?
   - a) Yes
   - b) No

7. What is the phone number for the mobile crisis intervention program/team?
   
   315-726-8650

8. What is the name of the operator/provider of the mobile crisis intervention program/team??
   
   St Josephs Hospital CPEP

9. What are the days and hours of operation of the mobile crisis intervention program/team??
   
   Two teams - M - F: 8 AM - 4:30 PM 10 AM - 5 PM

10. Additional Comments?
Consult the LSP Guidelines for additional guidance on completing this form.

## 2016 Priority Outcomes

### Priority Outcome 1:

**Improve access to transportation services for adult mental health.**

**Priority Rank:** 5

**Applicable State Agencies:**
- OASAS
- OMH
- OPWDD

**Strategy 1.1**

Engage in a fact finding and planning effort with the community (include developmental disability (DD) and substance use disorder SUD) transport needs.

**State Agencies:**
- OASAS
- OMH
- OPWDD

### Priority Outcome 2:

**Improve access to treatment services for adult mental health.**

**Priority Rank:** 1

**Applicable State Agency:**
- OMH

**Strategy 2.1**

Clinic expansion.

**State Agency:**
- OMH

**Strategy 2.2**

Length of stay analysis and quality improvement project.

**State Agency:**
- OMH

**Strategy 2.3**

Explore medication-only services for children and adults. (vs. current requirement of therapy to receive meds).

**State Agency:**
- OMH

### Priority Outcome 3:

**Improve access to crisis mental health services for children.**

**Priority Rank:** 3

**Applicable State Agency:**
- OMH

**Strategy 3.1**

Regional dialogue and analysis.

**State Agency:**
- OMH

**Strategy 3.2**

Promote family readiness services to support child's successful return home.

**State Agency:**
- OMH
Priority Outcome 4:

Improve access to crisis mental health services for adults.

Priority Rank: 2

Applicable State Agency:
OMH

OMH Priority Focus: Increase Access to Services.

Strategy 4.1

Partner with Delivery System Reform Incentive Payment (DSRIP), and the local Performing Provider System (PPS) Central New York Care Collaborative (CNYCC).

State Agency:
OMH

Strategy 4.2

Facilitate dialogue re Inpatient access with local hospitals.

State Agency:
OMH

Strategy 4.3

Enhance mobile crisis capacity.

State Agency:
OMH

Strategy 4.4

Develop a structure for the notifications of outpatient and residential providers regarding inpatient admissions and discharges.

State Agency:
OMH

Strategy 4.5

Development of a web based resource to insure that CPEP makes appropriate outpatient referrals based upon clinic availability, previous clinic enrollment, and insurance information.

State Agency:
OMH

Strategy 4.6

See Priority Outcome #5 below.

State Agency:
OMH

Priority Outcome 5:

Reduce unnecessary CPEP and IP admissions.

Priority Rank: Unranked

Applicable State Agencies:
OMH

OMH Priority Focus: Service Coordination/Integration.

OPWDD Priority Focus: Infrastructure. Sub-focus Area(s): Quality Improvement

Strategy 5.1

Partner with DSRIP projects.

State Agencies:
OMH

OPWDD

Strategy 5.2

Develop a mental health peer respite service with DSRIP (project 3.a.ii), and community partners to include co-occurring mental health, developmental disabilities, and substance use disorders.

State Agency:
OMH

Strategy 5.3

Enhance growth of quality and volume of peer supports via Peer Linkage Committee (which includes representatives of the primary Onondaga County peer
services).

State Agency:
OMH

Strategy 5.4

Promote peer training and certification, including needed training in ethics and medication assisted treatment (MAT) in preparation for Medicaid billing of peers supports.

State Agency:
OMH

Strategy 5.5

Connect Peer Linkage Committee to hospitals, other providers, DSRIP, managed care, other systems initiatives.

State Agency:
OMH

Priority Outcome 6:

Improve access to DD residential service.

Priority Rank: Unranked

Applicable State Agencies:

OPWDD Priority Focus: Housing. Sub-focus Area(s): Group Homes

Strategy 6.1

Support enhanced vacancy management.

State Agency:
OPWDD

Priority Outcome 7:

Promote alignment of community services with systems change initiatives.

Priority Rank: Unranked

Applicable State Agencies:

OASAS Priority Focus: Service System Planning/Management. Sub-focus Area(s): Collaborate with BHO/Health Home/Others on Care Management/Oversight

OMH Priority Focus: Service System Planning/Management.

OPWDD Priority Focus: Infrastructure. Sub-focus Area(s): Cross-system Collaboration

Strategy 7.1

Promote engagement of all providers with DSRIP, CNYCC and Health Homes.

State Agencies:

OASAS
OMH
OPWDD

Strategy 7.2

Engage in community dialogue with providers to determine value of restarting a community wide training collaborative. (Training topics to include Community resiliency Model, Motivational Interviewing, Trauma Informed Care, etc).

State Agencies:

OASAS
OMH
OPWDD

Strategy 7.3

Insure continued implementation of System of Care values, practices and infrastructures throughout the child-serving system via a TBD sustainability project.

State Agencies:

OASAS
OMH
OPWDD

Priority Outcome 8:

Promote integrated care (physical, MH, CD, DD).

Priority Rank: Unranked

Applicable State Agencies:
Strategy 8.1
Engage with DSRIP Projects.
State Agencies: OASAS, OMH, OPWDD

Strategy 8.2
Dual Recovery Coordinator (DRC) promotion of screening for both Mental health and chemical dependency in all MH and CD settings.
State Agencies: OASAS, OMH

Strategy 8.3
The DRC will extend the effort to address Co-occurring CD and MH conditions through active participation and promotion of a number of community initiatives: FASD SBI, Neonatal Abstinence Syndrome (NAS), SBIRT (Screening, Brief Intervention, Referral to Treatment), Maxwell School sponsored Community Connector Model, and Prescription Drug Task Force projects.
State Agencies: OASAS, OMH

Strategy 8.4
Promote a DSRIP planning process that will enhance communications and planning across behavioral and physical health services.
State Agencies: OASAS, OMH, OPWDD

Strategy 8.5
Promote the Regional Planning Consortium model.
State Agencies: OASAS, OMH, OPWDD

Priority Outcome 9:
Reduce isolation among vulnerable populations.
Priority Rank: Unranked
Applicable State Agencies: OASAS, OMH, OPWDD

Strategy 9.1
Develop LGBTQ work group.
State Agencies: OASAS, OMH, OPWDD

Strategy 9.2
Develop Work group for refugee & non English speakers/ those with limited English proficiency.
State Agencies: OASAS, OMH, OPWDD

Strategy 9.3
Partner with DD subcommittee re efforts to engage people with DD in friendships and social connections.
State Agency: OPWDD
Priority Outcome 10:
Improve advocacy for people with DD.

Priority Rank: Unranked

Applicable State Agencies:
OPWDD Priority Focus: Relationship Development and Community Supports. Sub-focus Area(s): Family Support Services, Community Habilitation

Strategy 10.1
Increase family and community engagement through grass roots action in partnership with the Community Services Board's DD subcommittee.
State Agency: OPWDD

Priority Outcome 11:
Define and address the mental health needs of seniors.

Priority Rank: Unranked

Applicable State Agencies:
OASAS Priority Focus: Service Improvement/Enhancement. Sub-focus Area(s): Implement/Expand Best/Promising Practices, Improve Outreach to a Target Population (specify population): OMH Priority Focus: Outreach/Education.
OPWDD Priority Focus: Relationship Development and Community Supports. Sub-focus Area(s): Family Support Services, Faith-based Initiatives

Strategy 11.1
Partner with Geriatric Mental health Initiative, DSRIP/ CNYCC, and County Aging services.
State Agencies:
OASAS
OMH
OPWDD

Strategy 11.2
Develop work group for Rural seniors (Coordinate with dining sites and churches to reduce isolation).
State Agencies:
OASAS
OMH
OPWDD

Priority Outcome 12:
Develop plans to address the social determinants of health for those needing behavioral health services.

Priority Rank: Unranked

Applicable State Agencies:
OASAS Priority Focus: Service System Planning/Management. Sub-focus Area(s): Engage/Expand Stakeholder Involvement in Planning, Conduct Strategic Planning Process, Conduct Needs Assessment, Improve System Management/Oversight
OMH Priority Focus: Service System Planning/Management.
OPWDD Priority Focus: Infrastructure. Sub-focus Area(s): Cross-system Collaboration, Quality Improvement

Strategy 12.1
Partner with other County Departments (Health, Social Services, Child and Family Services) to develop strategies.
State Agencies:
OASAS
OMH
OPWDD

Strategy 12.2
Partner with DSRIP/ CNYCC.
State Agencies:
OASAS
OMH
OPWDD

Priority Outcome 13:
Improve health and safety for at risk individuals with behavioral health conditions.

Priority Rank: Unranked
Applicable State Agencies:

**OASAS**
- Priority Focus: Service Improvement/Enhancement
- Sub-focus Area(s): Implement/Expand Best/Promising Practices

**OMH**
- Priority Focus: Service Improvement/Enhancement

**OPWDD**
- Priority Focus: Infrastructure
- Sub-focus Area(s): Quality Improvement

**Strategy 13.1**

Expand SPOA services, based upon expanded need.

*State Agency:
OMH*

**Strategy 13.2**

Expand AOT (Assisted Outpatient Treatment) services, based upon expanding need.

*State Agency:
OMH*

**Strategy 13.3**

Continue Crisis Intervention team (CIT) training of law enforcement officers.

*State Agencies:
OASAS
OMH
OPWDD*

**Strategy 13.4**

Continue efforts of Downtown Project, using multidisciplinary team based street outreach (outreach workers, clinicians, care coordinators).

*State Agencies:
OASAS
OMH
OPWDD*

**Priority Outcome 14:**

Enhance school based behavioral health supports.

**Priority Rank: Unranked**

Applicable State Agencies:

**OASAS**
- Priority Focus: Service Improvement/Enhancement
- Sub-focus Area(s): Implement/Expand Best/Promising Practices

**OMH**
- Priority Focus: Service Capacity Expansion/Add New Service

**OPWDD**
- Priority Focus: Infrastructure
- Sub-focus Area(s): Cross-system Collaboration

**Strategy 14.1**

Expand outpatient mental health clinic satellites to additional schools.

*State Agencies:
OASAS
OMH
OPWDD*

**Strategy 14.2**

Provide access to individualized and group supports in each school (including Promise Zone Specialists).

*State Agencies:
OASAS
OMH
OPWDD*

**Strategy 14.3**

Provide access to family based care coordination services that link with the school team.

*State Agencies:
OASAS
OMH
OPWDD*

**Strategy 14.4**

Provide access to skills based groups for youth at risk.

*State Agencies:
OASAS
OMH*
OPWDD

Strategy 14.5

Establish uniform school based problem solving procedures and process to ensure that the right kids get the right interventions at the right time.

State Agencies:
OASAS
OMH
OPWDD

Strategy 14.6

Insure that all co-located staff participate in school based problem solving teams for youth at risk.

State Agencies:
OASAS
OMH
OPWDD

Strategy 14.7

Support the lead school social worker in each school in role as the single point of referral and tracking – with support from the team.

State Agencies:
OASAS
OMH
OPWDD

Priority Outcome 15:

Engage in community wide evidence based efforts to prevent substance use.

Priority Rank: Unranked

Applicable State Agencies:
OASAS Priority Focus: Service Improvement/Enhancement . Sub-focus Area(s): Implement/Expand Best/Promising Practices

Strategy 15.1

Partner with Prevention Network to promote Community Coalitions that involve all sectors of the community, target the whole community, and incorporate evaluation metrics to measure their success.

State Agency:
OASAS

Strategy 15.2

Align local efforts with OASAS prevention plan, and with systems transformation efforts (Medicaid reform/ DSRIP, Regional Planning Consortium, etc.)

State Agency:
OASAS

Priority Outcome 16:

Improve level of care transitions.

Priority Rank: Unranked

Applicable State Agencies:
OASAS Priority Focus: Service Improvement/Enhancement . Sub-focus Area(s): Implement/Expand Best/Promising Practices
OMH Priority Focus: Service Improvement/Enhancement.
OPWDD Priority Focus: Infrastructure. Sub-focus Area(s): Quality Improvement

Strategy 16.1

Work with upstate Care Transitions Committee.

State Agencies:
OASAS
OMH
OPWDD

Strategy 16.2

Coordinate with related DSRIP projects.

State Agencies:
OASAS
OMH
OPWDD
Strategy 16.3
Develop a Regional Planning Consortium (RPC).

State Agencies:
- OASAS
- OMH
- OPWDD

Priority Outcome 17:
Enhance the quality and availability of residential supports/supported housing.

Priority Rank: 4

Applicable State Agencies:
- **OASAS Priority Focus**: Service Capacity Expansion. **Sub-focus Area(s)**: Housing
- **OMH Priority Focus**: Increase Access to Services.
- **OPWDD Priority Focus**: Housing. **Sub-focus Area(s)**: Supported Housing

Strategy 17.1
Partner with the Residential Coordinator and residential SPOA (Single Point of Access) regarding fidelity to new OMH Supported Housing Guidelines, and the maintenance of residential service access, given the reduced availability of Section 8 resources.

State Agency:
- OMH

Strategy 17.2
Insure adequate recovery supports for individuals with addictions through the development of a multi-tiered step down Supported Housing service.

State Agency:
- OASAS

Strategy 17.3
Enhance residential supports through the community wide training of residential staff in Motivational Interviewing, including “ramp-up” seminars for those without clinical training/experience, evidence based practice training, and a learning community to insure sustainability of practice improvements.

State Agencies:
- OASAS
- OMH
- OPWDD

Strategy 17.4
Expand residential SPOA services, based upon expanding need.

State Agency:
- OMH

Priority Outcome 18:
Explore potential for a transition age initiative that brings together child and adult service systems regarding the needs of individuals between the ages of 16 and 25.

Priority Rank: Unranked

Applicable State Agencies:
- **OASAS Priority Focus**: Service System Planning/Management. **Sub-focus Area(s)**: Conduct Strategic Planning Process, Improve System Management/Oversight
- **OMH Priority Focus**: Service System Planning/Management.
- **OPWDD Priority Focus**: Infrastructure. **Sub-focus Area(s)**: Quality Improvement

Strategy 18.1
TBD

State Agencies:
- OASAS
- OMH
- OPWDD

Priority Outcome 19:
Insure adequacy of mental health and substance use services for veterans in Onondaga County.

Priority Rank: Unranked

Applicable State Agencies:
- **OASAS Priority Focus**: Service Coordination/Integration. **Sub-focus Area(s)**: Integrate Care with Other Service Systems
- **OMH Priority Focus**: Service Coordination/Integration.
Strategy 19.1

Continue to facilitate dialogue between veteran serving providers, VA and County Veterans services.

State Agencies:
OASAS
OMH

Priority Outcome 20:

Enhance community supports to address opiate use.

Priority Rank: Unranked

Applicable State Agencies:
OASAS Priority Focus: Service Capacity Expansion. Sub-focus Area(s): Opioid Treatment

Strategy 20.1

Support increased access to Medication Assisted Treatment (MAT).
State Agency:
OASAS

Strategy 20.2

Coordinate with prevention services.
State Agency:
OASAS

Strategy 20.3

Coordinate and align the various community initiatives and task forces related to opiate use.
State Agency:
OASAS
Consult the LSP Guidelines for additional guidance on completing this form.

**LGU:** Onondaga County Dept of Mental Hlth (70200)

The term "multiple disabilities" means, in this context, persons who have at least two of the following disabling conditions: a developmental disability, a mental illness, or an addiction. In order to effectively meet the needs of these individuals, several aspects should be addressed in a comprehensive plan for services. Accordingly:

1. Is there a component of the local governmental unit which is responsible for identifying persons with multiple disabilities?
   - Yes
   - No

   If yes, briefly describe the mechanism used to identify such persons:

   It is the expectation of our Department that all services have the capacity to identify and serve individuals with co-occurring disorders. The Onondaga County Dual Recovery Coordinator continues to assess the capacity for co-occurring disorder screening in MH and CD provider orgs, and to develop specific interventions to enhance this assessment among those services with a lower level of screening capacity (e.g. residential services). Our Department has also developed the Strategic response Team (SRT) meeting process designed to bring together all of the service providers and natural supports involved with an individual, when the existing community resources do not appear to be adequate to meet the presenting need. Most of the individuals with whom this SRT process is conducted have co-occurring conditions. Typically, they have both developmental disabilities and mental health conditions. Given the lack of access to crisis and acute care resources within the OPWDD system, many individuals with significant developmental disabilities end up stuck in OMH licensed inpatient facilities. A lack of OPWDD residential service options makes it very difficult to discharge these individuals, even though they do not benefit from ongoing mental health inpatient care.

2. Is there a component of the local governmental unit which is responsible for planning of services for persons with multiple disabilities?
   - Yes
   - No

   If yes, briefly describe the mechanism used in the planning process:

   Our Dual recovery coordinator is responsible for system wide promotion of effective service deliver to individuals with co-occurring substance use and mental health conditions, and has been instrumental in increasing the capacity for effective COD intervention.

   Our Director of Planning and QI has been engaged in recent months in efforts to address the challenges related to serving people with co-occurring DD and MH conditions identified above in #1.

3. Are there mechanisms at the local or county level, either formal or informal in nature, for resolving disputes concerning provider responsibility for serving persons with multiple disabilities?
   - Yes
   - No

   If yes, describe the process(es), either formal or informal, for resolving disputes at the local or county level and/or at other levels of organization for those persons affected by multiple disabilities:

   Dialogues have occurred between Our Department OCDMH and OPWDD, based upon reports from providers regarding challenges to accessing OPWDD services for those currently served in OMH setting who have co-occurring developmental disabilities. These conversations have not resulted in service access, as a result of disputes regarding eligibility criteria. While disputes regarding services for co-occurring CD and MH conditions happened in the past with some regularity, these disputes are no longer common, given that almost all of our CD and MH providers have developed the capacity to service with COD.

   With the exception of the continued challenge regarding accessing DD supports for individuals with co-occurring DD and MH, we are relatively satisfied with our systems ability to be flexible and person centered in addressing the complex needs of those with multiple conditions.
Consult the LSP Guidelines for additional guidance on completing this form.

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

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<th>Chairperson</th>
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<td><a href="mailto:bhurny@preventionnetworkcny.org">bhurny@preventionnetworkcny.org</a></td>
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Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2016 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2016 Local Services planning process.