



Goals and Objectives 2024 Oswego County Division of Mental Hygiene

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Goal 1

Goal 1: Title Outreach and Engagement

Goal 1: Target Completion Date Dec 31, 2025

Goal 1: Description Outreach, engagement, and relationship building efforts to increase successful linkages with follow through for participation in treatment, recovery, and support services.

MEASUREMENTS: increased referrals, increased admissions, decreased no show rates

Goal 1: OASAS? Yes Goal 1: OMH? Yes Goal 1: OPWDD? Yes

Goal 1: Need Addressed 1 Non-Clinical supports

Goal 1: Need Addressed 2 Crisis Services

Goal 1: Need Addressed 3 Respite

Goal 1, Objective 1: Title Create safe places to support adult recovery and wellness, at-risk youth and families.

Goal 1, Objective 1, Target Completion Date Dec 31, 2025

Goal 1, Objective 1, Description

Goal 1, Objective 2: Title Expand access to respite programs.

Goal 1, Objective 2, Target Completion Date Jun 30, 2025

Goal 1, Objective 2, Description

Goal 1, Objective 3: Title Community education and promotion regarding available services, process for access, and experience of starting with a service.

Goal 1, Objective 3, Target Completion Date Dec 31, 2024

Goal 1, Objective 3, Description

Goal 1, Objective 4: Title Coordinated delivery and promotion of street outreach initiatives which engage individuals beyond harm reduction strategies.

Goal 1, Objective 4, Target Completion Date Dec 31, 2024

Goal 1, Objective 4, Description

Goal 2

Goal 2: Title Improve Access

Goal 2: Target Completion Date Jun 30, 2027

Goal 2: Description Improve access to community services to decrease incidents of law enforcement response and emergency room presentations for behavioral health crises.

MEASUREMENTS: MHL 9.41, 9.45, 9.58 transport counts, local ED data, local provider data

Goal 2: OASAS? Yes Goal 2: OMH? Yes Goal 2: OPWDD? Yes

Goal 2: Need Addressed 1 Cross System Services

Goal 2: Need Addressed 2 Housing

Goal 2: Need Addressed 3 Crisis Services

Goal 2, Objective 1: Title Collaborations with local homeless shelters, Crisis Services, Single Point of Access (SPOA), Local Governmental Unit (LGU) to improve linkages to services and resources.

Goal 2, Objective 1, Target Completion Date Dec 31, 2024

Goal 2, Objective 1, Description

Goal 2, Objective 2: Title Collaborations with Schools, Crisis Services, SPOA, LGU to improve access to community services and NYS OMH Licensed School Based Mental Health clinics.

Goal 2, Objective 2, Target Completion Date Jun 30, 2025

Goal 2, Objective 2, Description

Goal 2, Objective 3: Title Inter-agency networking and cross training.
Goal 2, Objective 3, Target Completion Date Jun 30, 2027
Goal 2, Objective 3, Description

Goal 2, Objective 4: Title Explore and enhance community interventions and supports to better manage dual mental health and developmental disability service needs and crisis interventions.
Goal 2, Objective 4, Target Completion Date Dec 31, 2027
Goal 2, Objective 4, Description

Goal 2, Objective 5: Title Establish primary violence prevention initiative.
Goal 2, Objective 5, Target Completion Date Jun 30, 2026
Goal 2, Objective 5, Description

Goal 3

Goal 3: Title Housing and Housing Supports
Goal 3: Target Completion Date Dec 31, 2027
Goal 3: Description Increase housing options and supports to decrease episodes of youth and adult homelessness and out of home placements for youth with complex behaviors.

MEASUREMENTS: Youth admissions to residential treatment facilities and centers (RTF and RTC), homeless counts for adults with MH/SUD, youth shelter admissions

Goal 3: OASAS? Yes Goal 3: OMH? Yes Goal 3: OPWDD? Yes
Goal 3: Need Addressed 1 Housing
Goal 3: Need Addressed 2 Case Management/Care Coordination
Goal 3: Need Addressed 3 Cross System Services

Goal 3, Objective 1: Title Develop an Intensive Housing Case Management with life skills coaching for homeless individuals and those at risk of homelessness (teens, and adults).
Goal 3, Objective 1, Target Completion Date Dec 31, 2025
Goal 3, Objective 1, Description

Goal 3, Objective 2: Title Open a Supportive Housing Program for individuals with addiction.
Goal 3, Objective 2, Target Completion Date Dec 31, 2026
Goal 3, Objective 2, Description

Goal 3, Objective 3: Title Explore opportunities for a Single Room Occupancy (SRO) housing program.
Goal 3, Objective 3, Target Completion Date Dec 31, 2027
Goal 3, Objective 3, Description

Goal 3, Objective 4: Title Develop In-home supports and services for youth with IDD and/or MH exhibiting complex and unsafe behaviors.
Goal 3, Objective 4, Target Completion Date Jun 30, 2025
Goal 3, Objective 4, Description

Goal 4

Goal 4: Title Workforce
Goal 4: Target Completion Date Dec 31, 2027
Goal 4: Description Increase Direct Care Workforce capacity for mental hygiene programs by 10%.

MEASUREMENTS: Annual point in time inventory of budgeted and vacant direct services positions. Current (July 2023) vacancy rate is 18% - reduce to 8% by 2027.

Goal 4: OASAS? Yes Goal 4: OMH? Yes Goal 4: OPWDD? Yes
Goal 4: Need Addressed 1 Workforce
Goal 4: Need Addressed 2
Goal 4: Need Addressed 3

Goal 4, Objective 1: Title Collaborative focus on entry level position recruitment to develop interest and bring people into the human services/behavioral health field in partnership with community college, SUNY, and CiTi/BOCES.
Goal 4, Objective 1, Target Completion Date Dec 31, 2027
Goal 4, Objective 1, Description

Goal 4, Objective 2: Title Implement a funding structure to cover salary expenses while staff are in training during regular work time to offset loss of revenue.

Goal 4, Objective 2, Target Completion Date Dec 31, 2024
Goal 4, Objective 2, Description

Goal 4, Objective 3: Title Develop a Peer Workforce Development core training program.
Goal 4, Objective 3, Target Completion Date
Goal 4, Objective 3, Description

Goal 4, Objective 4: Title Add section to County Mental Hygiene website for linking to provider website job postings.
Goal 4, Objective 4, Target Completion Date Jun 30, 2024
Goal 4, Objective 4, Description



2024 Needs Assessment Form Oswego County Division of Mental Hygiene

Adverse Childhood Experiences Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): • Over the past 20 years Oswego has consistently made one of the top 10 most impoverished counties in New York. (US Census) According to data from the 2020 US Census, Oswego County has an overall rate of 15.7 % of residents living in poverty.

- At the time of the 2020 Census, 27.1 % of all youth in Oswego County were living in poverty. Nearly 10% higher than that of the state average (18.4%) and more than 10% higher than the national average (17%). (2020 US Census data)
- 44.5 % of Families with female heads of household and children present live in poverty in Oswego County. (NYSCAA 2023 poverty report)
- Of those adults (25+) living in poverty in Oswego County, 31.9% hold no educational degrees or certificates. (NYSCAA 2023 poverty report)
- ALICE households are households that are Asset limited, income constrained, employed but above traditional poverty guidelines. 25.7% of Oswego families above the poverty line live below the ALICE threshold. (NYSCAA 2023 poverty report)
- Oswego County has the 2nd highest rate in the State of Newborns with neonatal withdrawal symptoms or affected by maternal drug abuse. (NYS Maternal & Child Health Dashboard)
- 174 children in Oswego County with the social determinant of health 'Problems Related to Upbringing' in the past year. (NYS PSYCKES Medicaid billing database for consumers who receive behavioral health services)
- 424 children in Oswego County diagnosed with a Trauma & Stressor Related Disorder in the past year. (NYS PSYCKES Medicaid billing database for consumers who receive behavioral health services)
- 70 children in Oswego County placed in Foster Care in the last year. (NYS PSYCKES Medicaid billing database for consumers who receive behavioral health services)
- Oswego County's rate per 1000 children of Foster Care placements in the past year was 5.6, while the State rate was 3.0. (www.nyskwic.org)
- Oswego County's High School dropout rate/1000 youth in the past year was 8.1%, while the State rate was 4.2%. (www.nyskwic.org)

Case Management/Care Coordination Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Crisis Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Cross System Services Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Housing Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Inpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Youth Only

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): • There were 320 pediatric mental health presentations to our local emergency department in 2022. 31 occurrences where the youth was transferred to an inpatient psychiatric facility. Of the 31, 21 were held in the emergency department more than 3 days before being able to access a bed. For 11 youth, the wait was greater than 5 days.

- 43 unduplicated Oswego County youth were admitted to a State Psychiatric Center in the past year. (NYS PSYCKES Medicaid billing database for consumers who receive behavioral health services)

Non-Clinical Supports Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Outpatient Treatment Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): • Oswego County has 3 NYS OMH Licensed Outpatient Treatment providers. Combined, they operated 8 community-based clinic sites and 26 school-based clinic sites. Another 6 school-based sites are pending for the 2023-2024 school year.

- Since 2019 we have double the number of youths enrolled in outpatient services. As of July 2023, youth enrollment is at 1138, number waiting is 200, with a wait time ranging from 9-21 weeks.
- Since 2019 we have had a 57% increase in the number of adults enrolled in outpatient services. As of July 2023, adult enrollment is at 1409, number waiting is 534, with a wait time ranging from 9-21 weeks.
- We do not have a single site that offers same day access.
- All providers are challenged by workforce recruitment and retention issues.

Prevention Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): • Oswego county has the highest suicide death rate in the 6 county CNY region.

- There were 51 completed suicides in Oswego County from 2019 to 2022 (13, 11, 13, 14).
- 90% were male.
- 57% were age 26-55 years. 33% were age 55+ years. 9% were age 19-25 years.
- 41% were completed by hanging. 35% were completed by gunshot wound.
- Oswego County overdose deaths continue to rise. 35 overdose deaths in 2022.
- Unduplicated persons admitted for SUD treatment with our local provider increased 20% from 2021 to 2022 (from 602 to 721 unduplicated persons).
- Oswego County has the second highest rate (per 1000) in NYS of newborn discharges who are opioid dependent. Over the past three years, an average of 18 unduplicated pregnant women were admitted each year for SUD treatment with our local provider.
- More than one in ten veterans have been diagnosed with a substance use disorder, slightly higher than the general population. Oswego County is home to approximately 8000 Veterans.

Residential Treatment Services Yes

Applies to OASAS? No

Applies to OMH? Yes

Applies to OPWDD? No

Need Applies to: Youth Only

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): • Oswego County youth admitted to a Residential Treatment Facility (RTF) has increased 140% from 2018.

- 12 youth are currently placed at an RTF.
- 4 youth are currently approved and waiting. Another 7 youth have an RTF referral in process.
- The wait time, once approved is extensive, ranging from 2 to 6 months.

Respite Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

Transportation Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? No

Need description (Optional): • Rural areas make up much of Oswego County. There are several characteristics of rural areas that make it difficult to coordinate transportation. These include long distances between population centers, and substantial distances between provider locations and personal residences. Issues related to use and availability of Public and Medicaid transportation, and challenges associated with maintaining personal vehicles, can also be significant barriers to participating in services. The lack of engagement in services and connections to resources and supports interferes with symptom management, skill development, learning, working, socializing, housing stability, and overall health status.

- Places identified as needing transportation to/from are Pharmacy, Dr.'s/Dentist Appt., Dr./Specialist, Grocery Store/Food Pantry, Mental Health Provider, Respite, Urgent Care/hospital, Programs/Services, Youth/School/Community and family activities, Support Group Meeting, Shelter, CPEP, Hospital, Home from Hospital, courts, probation.
- Supports needed when traveling include assistance getting into and out of vehicle, escort to accompany you, door to door service, wheelchair lift/ramp, space for a fold-up wheelchair/walker.
- Characteristics of transportation service identified by riders as important include guaranteed a ride home, clear fare structure, same day scheduling, easy to arrange, flexibility, on-demand, very few stops, able to bring children, wheelchair accessible.

Workforce Yes

Applies to OASAS? Yes

Applies to OMH? Yes

Applies to OPWDD? Yes

Need Applies to: Both Youth and Adults

Do any of the Goals on the Goals and Objectives Form address this need? Yes

Need description (Optional):

LGU Representative: Nicole Kolmsee

Submitted for: Oswego County Division of Mental Hygiene