

2011 Mental Hygiene Priority Outcomes Form
Oswego County Mental Health Division (70320)
Plan Year: 2011

Consult the LSP Guidelines for additional guidance on completing this exercise.

2011 Priority Outcomes

Priority Outcome 1

In Progress

PROVIDE PREVENTIVE SERVICES THROUGHOUT THE COUNTY TO PROMOTE WELLNESS, PRO-SOCIAL ACTIVITIES, AND INCREASE PROTECTIVE FACTORS.

Additional prevention and community education services are needed. Screenings, increased awareness of risks, education of individuals and community, and additional supports will be targeted to facilitate early identification of needs and at-risk individuals. Partnerships between service providers, schools, and community organizations will be further developed to address risk and protective factors related to alcohol, tobacco, drugs, gambling, suicide, and mental wellness. Parenting supports and education for parents with a disability are needed to increase successful parenting resulting in a decrease in out of home placements for their children.

Agencies: OASAS; OMH; OMRDD;

This outcome has been selected as a top two priority for OASAS.

Target Complete Year: 2013

Strategy 1.1

In Progress

Increase the funding and number of sites accessible to all youth where preventive services are delivered, e.g. all school buildings, primary health care settings, recreation/community centers.

2010 Progress: Adolescent Pregnancy Prevention Services (APPS) are in all Oswego County school districts and are also working with Rural Migrant Ministry. APPS is also working on a DOH grant for Community Based Adolescent Pregnancy Prevention, an evidence based program delivered in schools. Recently we have learned that APPS funding is being reorganized. Future pregnancy prevention services are unknown and very dependent upon highly competitive funding resources just announced. Our current lead agency will not be applying for the new funding sources and the county's provider and education community is collaborating to identify agencies to pursue the new funding opportunities. 7 schools participated in the 2010 local Rite Aide Drug Quiz Show. Total participation was 46 students, 11 School Advisors, and approximately 12 family members. Oswego County Opportunities (OCO) was awarded a grant for Prevention/Education regarding STI & HIV. This will allow for a partnership between OCO, APPS, and the Fulton YMCA in the form of educational discussion groups. The OCO operated APW High School Rural After School Program has had a \$30,000 cut. The exact impact on programming has not yet been determined. OCO applied for funding from Office of Violence against Women to expand services into more rural parts of the county. Advocates to be stationed at Rural Migrant Ministries and DSS. Oswego and Fulton CSD's approached OCO to partner on homelessness projects. They are planning to respond to McKinney Bento Homelessness Grant RFP. Farnham is working with schools securing funding to increase days for Student Assistance Counseling. Safe & Drug free schools monies are in jeopardy. There is concern for impact on overall community should these services decrease. Schools still want the service if they can identify alternative funding grants, etc. Schools budgets remain an uncertainty. COCOAA obtained Gambling Prevention Funding from OASAS and will be doing a needs assessment and media campaign. They have completed 12% of the needs assessment utilizing the South Oaks Gambling Screen (SOGS) to high school, college, senior citizens and general county populations. The gambling prevention media campaign is well underway and currently includes Centro public bus billboards (interior and exterior placement), two SUNY Oswego hockey-board

displays, newspaper inserts and community education / health fair presentations.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2012
Is this an innovative practice that you would like to share with others?: No
Focus: Social Connectedness / Inclusion / Social Support; Service Access (Capacity);

Strategy 1.2 Dropped

Additional funding will be obtained to support the delivery of prevention services to be able to provide comprehensive county-wide services.

2010 Progress: This strategy has been combined with strategy 1.1

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus:

Strategy 1.3 In Progress

Provide parenting education and supports for people with mental hygiene disabilities who have minor children.

2010 Progress: An ad-hoc workgroup was established to focus on this strategy. The workgroup is developing a survey of providers to collect information from providers on current classes, groups, trainings, formal and informal supports offered for people who have a diagnosis and are parenting. Information gathered will be used to create a directory of related services as well as for an analysis of service gaps and potential opportunities to better serve this population. Catholic Charities has expanded their parenting classes and staffing to be able to provide more individualized and varied support.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Social Connectedness / Inclusion / Social Support; Service Access (Capacity); Service Engagement;

Priority Outcome 2 In Progress

INTEGRATE SYSTEMS OF CARE TO ENSURE COUNTY RESIDENTS WITH MULTIPLE SERVICE NEEDS HAVE ACCESS TO COORDINATED AND EFFECTIVE TREATMENT AND SUPPORT SERVICES.

Individuals with needs from more than one service system, Mental Health, Addictions, Developmental Disabilities, Social Services/Child Welfare, Primary Health, Criminal Justice, Education, will be able to receive care that is organized and coordinated across providers. Individual systems of services will become familiar with the others. Providers will receive training on consumer needs and services related to other service systems. Providers will communicate and cooperate with one another to provide a more timely, more person-centered, and more effective package of treatment and services which in turn will facilitate more successful outcomes for the individual.

Agencies: OASAS; OMH; OMRDD;
This outcome has been selected as a top two priority for OASAS.
Target Complete Year: 2010

Strategy 2.1 Accomplished

Creation of multiple disabilities committee to facilitate understanding and collaboration of cross system issues, training, and care needs.

2010 Progress: A Multiple Disabilities Committee has been established. An MOU has been

finalized. The committee meets quarterly and as needed for complex case planning. This strategy has been accomplished.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity); Cross System Collaboration;

Strategy 2.2

In Progress

Develop ongoing trainings/learning collaborative for direct care staff to increase understanding of multiple service systems and shared consumer needs.

2010 Progress: County Mental Hygiene Division is working with Rural Health Network coordinator to develop annual training calendars. The goal is to offer a training every other month. In 2009 seven trainings were provided (Red Cross Disaster Experience; Safety in the Field; Assistance Programs Overview; Working with Parents with Mental Health Diagnoses; Mental Hygiene Provider Networking; Family Engagement Training). An additional training sponsored by the Rural Health Network on Chemical Dependency Treatment (SBIRT) was held in February 2009 for physicians and other medical professionals. To date in 2010, trainings offered include Effective Care Coordination and OMRDD Consolidated Supports and Services Overview. A Substance Abuse Prevention In-Service provided to OCO Youth & Family Services staff. The Adult SPOA Coordinator attended training sponsored by OMH/OMRDD targeting Effective Collaboration between services. OMH/OMRDD regional meetings are attended by County Mental Hygiene Division staff. A survey of provider caseload mix will be done in 2010 to identify programs working with greatest number of individuals with multiple service system needs. This information will be used to steer training initiatives and targeted collaborations across systems.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Mental Hygiene Workforce Development;

Priority Outcome 3

In Progress

INCREASE AND DIVERSIFY THE PORTFOLIO OF HOUSING SERVICES AVAILABLE WITHIN OSWEGO COUNTY AND ACROSS LEVELS OF CARE SO THAT RESIDENTS WILL HAVE TIMELY ACCESS TO A FULL CONTINUUM OF LOCAL HOUSING OPTIONS AND SUPPORTS FOR INDEPENDENT COMMUNITY LIVING.

Housing services and independent living supports will be developed to target the needs of women in recovery from substance abuse, individuals with developmental disabilities, adults with mental illness, children with significant emotional/behavioral problems, individuals with multiple service needs, and disabled individuals with recurring episodes of homelessness.

Oswego County struggles to meet the needs of the homeless. Local Point in Time Study yielded 86 responses. The majority of respondents were single adults ages 18-35. The largest percentage indicated they most recently resided in the City of Fulton and are now homeless and living with friends or relatives day to day. Oswego County does not have a homeless shelter. Closest shelter is located within neighboring Onondaga County. 51% of respondents identified themselves as disabled, primarily with a substance abuse disorder. 45% of respondents have been without a regular or safe place to live more than four times in the past three years. (Oswego County Point in Time Survey 2010, COACH) Existing local supports to the homeless are currently experiencing funding cuts.

Agencies: OASAS; OMH; OMRDD;
This outcome has been selected as a top two priority for OMH.
This outcome has been selected as a top two priority for OMRDD.
Target Complete Year: 2013

Strategy 3.1 Accomplished

Identify current consumer needs and preferences for OMH, OASAS, and OMRDD housing services and supports.

2010 Progress: An ad-hoc workgroup reviewed current housing information and conducted a gap analysis and a housing information survey (300 responses). 65.4% were satisfied with current housing; 35.4% were looking to change housing situation; 66% have been unable to find desired housing in Oswego County. Sub-standard housing is a significant concern in Oswego County. Accessibility for the physically disabled and housing that is accessible to public transportation routes are limited. There are lengthy wait lists for housing, particularly Developmental Disabilities housing. In the absence of both desire for and available traditional residential programs, the County is in need of more supports to enhance independent living. 70 individuals remain on the local MRDD SPOE waitlist. In the absence of new bed development, a questionnaire has been implemented for all on waitlist to gather input from families and consumers regarding what types of services consumers need in order to stay where they are currently living or be successfully supported in a independent community setting. MRDD Lower Cost Options proposals being sought from providers to address these identified service needs. There is also a need for a generic emergency/temporary housing (shelter) in the county, especially for the chronically homeless population. COACH (County of Oswego Advocates to Combat Homelessness) established regarding planning and collaboration and will be developing subcommittees/workgroups to address various specific needs. Collaborative efforts with agency partners (including existing coalitions) to pursue an emergency (housing) shelter, improve housing options, and quality of housing will continue. A generic housing resource brochure to increase awareness of housing options will be developed. This strategy has been accomplished.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Housing;

Strategy 3.2 In Progress

Develop proposals for housing services and independent living supports that will be better aligned with consumer needs and preferences.

2010 Progress: Oswego County Opportunities (OCO), the primary residential provider in the County, has assumed sponsorship for the Mental Health Family Care program with plan to develop capacity to 16 beds over next 2 years. OCO Youth and Family Services Division also provides an Life Skills Training program for youth and young adults up to age 24. Program targets skill areas in need of development on an individual basis and utilizes a research based curriculum from Phillip Roy, Inc., as developed to meet the Workforce Investment Act (WIA) Competencies, to provide instruction and support. HPRP (Homeless Prevention & Rapid Re-housing Program) is now operational. COACH is applying for a HUD continuum of care grant. ARISE is the designated Regional Resource and Development Center (RRDC) for the TBI Waiver and (as of January 2010) for the Nursing Home Transition Diversion (NHTD) Waiver. The eight-county region includes Oswego County. The RRDC is charged with developing a network of service providers for eligible individuals. Additional progress will require thinking outside the realm of traditional service options to be able to support people using lower cost options.

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2011

Is this an innovative practice that you would like to share with others?: No

Focus: Housing; Service Access (Capacity);

Priority Outcome 4

In Progress

ENHANCE THE CONTINUUM OF COMMUNITY MENTAL HYGIENE SERVICES AVAILABLE TO ADULTS TO FACILITATE SUCCESSFUL COMMUNITY LIVING, REDUCE RATES OF READMISSION TO INPATIENT UNITS AND USE OF EMERGENCY SERVICES.

Additional capacity for mental health clinic services is needed across the County. The local jail is reporting increasing numbers of inmates with mental health issues and existing services within the jail are insufficient to meet the need. Pre-release planning and referrals for services are lacking from the local jail to facilitate greater success with transition back to community. Mental Health case management services are not well matched to current local need and realignments are necessary. Access to community mental health support services is in need of improved coordination and consistency. Additional peer support and advocacy services are needed within the MH and MRDD systems of care, integrated with professional services. Transition services for youth "aging" out of child serving systems within MH and MRDD are needed to facilitate individual success and satisfaction with independent community living. Enhanced inpatient discharge planning, preparedness activities, and coordination of aftercare supports are needed to facilitate successful transitions back to the community.

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2011

Strategy 4.1

Accomplished

Educate community, providers, schools, corrections, etc about existing community mental health services and access/eligibility, by way of information sessions and distribution of materials.

2010 Progress: County-wide awareness months for Mental Health, Substance Abuse Recovery, and Developmental Disabilities have been implemented and activities increase each year. Directory of Community Mental Health, Addictions and Developmental Disability Services brochure has been updated annually and distributed throughout the community. County Mental Hygiene website page is being updated to serve as a single point of information for resources and links to provider agencies. Providers are represented at community resource fairs and annual networking events. Articles are written for press releases to promote awareness and provider services. Topic specific in-services are provided as requested throughout the County through a collaboration of County staff and provider agencies. Established practices will continue and expand or develop as needed. This strategy has been accomplished.

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2010

Is this an innovative practice that you would like to share with others?: No

Focus: Service Access (Capacity);

Strategy 4.2

In Progress

Increase capacity for clinical services in community and local jail to expedite access.

2010 Progress: Liberty Resources Brownell Center satellite clinic currently has a clinician operating in Fulton, serving approximately 40 people. evening hours are available to offer flexibility to families. They are adding a part-time clinician and a psych NP. Oswego Hospital Behavioral Services

Division has submitted PARS for three Primary Care sites (Mexico, Parish, and Phoenix). to be able to integrate behavioral and physical health services. An expansion of service capacity at the existng Fulton satellite clinic has also been approved. This will provide another 8000 units of services per year and will give people better access. OHBSD is also considering a satellite site in Central Square. OHBSD has received verbal approval from the OMH for the Parish & Mexico Satellites. Mexico site is in need of a DOH CON which has been initiated. Phoenix site has been approved by the Office of Mental Health pending some renovations as well as CON approval. OHBSD is providing on-site mental health assessments to inmates at the Oswego County Correctional Facility five days per week. This is providing regular access to clinician to be able to assess for suicide risk and need for psychiatry services. ARISE received PAR application approval. ARISE will be providing satellite MH clinic services in Central Square School System starting in September 2010. Their p lan is to develop a community based office in the Central Square Area, accessible to all residents, after the clinic restructuring implementation. Farnham Family Services, chemical dependency treatment provider, is optimitisc that OASAS is becoming more positive about opportunities to provide treatment services in off site settings (ex. jail) and this service may be available at some point.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity); Criminal Justice;

Strategy 4.3

Dropped

Identify existing successful Transition planning and services for youth aging out of child service systems and support expansion.

2010 Progress: An ad-hoc workgroup was created to advance this strategy. The group decided the easiest and most efficient way to distribute transition resources is to have a web-based resource center. Several transition age materials were collected and simplified, and placed on the Oswego County Mental Hygiene Division webpage as informational/resource guides for students, parents & schools. All District Superintendents' and CSE Chair meeting presentations were given for promotion and distribution of transition resources/information and to discuss the importance of proper transition planning. ARISE employs transition coordinators serving two local high schools. Funding for these positions is at risk. Adult program staff are in need of transition age engagement skill development to better serve this population. As additional funding is needed to futher advance transition age services, this strategy has been dropped until funding can be secured.

Agencies: OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Service Engagement;

Priority Outcome 5

In Progress

INCREASE CONSUMER INVOLVEMENT IN CARE PLANNING TO FACILITATE GREATER PERSONAL SUCCESS AND SATISFACTION WITH SERVICES.

Person/family centered practices will be requested and adopted by consumers and providers. Consumers of all mental health services need to take a more active role in directing the care they receive to increase the likelihood of successful outcomes. Personal choice and responsibility needs to be promoted and reinforced. Staff development around person centered practices and engagement strategies is needed.

Agency: OMH;

Target Complete Year: 2011

Strategy 5.1 Dropped

Initiate training / learning collaborative for providers, consumers, family members.

2010 Progress: Combined with Strategy 2.2

Agency: OMH;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Service Engagement;

Strategy 5.2 In Progress

Nurture and support a Consumer voice regarding the need and desire for services to be person/family centered.

2010 Progress: Building Successful Partnership group of adult consumers and staff met twice in 2009. Consumers involved in group continue to express need for outpatient & inpatient staff involvement in group. Topics discussed have included safety concerns, support groups, family involvement in services, utilizing a person centered approach, consumer dependency on services, and stigmatization of both consumers and mental health professionals. Additional meetings will be held in 2010. Oswego Hospital Behavioral Services Division has changed assessment and service planning to include direct consumer input. Oswego County Opportunities Youth and Family Services have youth serving on their advisory committee. The County continues to work to develop provider community readiness for person-centered planning training across the local mental health system.

Agency: OMH;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Self-Direction;

Priority Outcome 6 Accomplished
INCREASE SUPPORT OPTIONS FOR FAMILIES TO FACILITATE THEIR ENHANCED OR CONTINUED INVOLVEMENT IN THE LIVES OF THEIR LOVED ONE WITH A DISABILITY.

Additional respite services, family support groups, education, advocacy services, flexible wrap around funding extended to family members, and access to service information are needed to provide families with the tools they need to continue to successfully care for their loved ones.

Agencies: OMH; OMRDD;
This outcome has been selected as a top two priority for OMRDD.
Target Complete Year: 2010

Strategy 6.1 Accomplished

Identify and pursue funding opportunities from local, state, federal sources, private sector, and private foundations to develop new and/or expand existing family support services.

2010 Progress: Oswego County was allocated \$235,000 annually from OMRDD for MRDD Respite Services. Funds were awarded to Arise, OCO and the YMCA. All 3 agencies have implemented new or expanded service. ARISE is providing in-home respite services, 28 hours a week, serving at least 12 unduplicated families. YMCA has fully implemented expansion of recreational respite. Fulton activities are fully attended and filled to capacity with a waiting list. OCO has expanded their services provided at the free-standing respite. OMRDD FSS Grants were awarded to ARISE for

Community Connections for kids aging out of teen groups and for expansion of their Social Skills Group. ARC received funding to provide recreational program supports for four difficult to serve individuals; 16 activities in community per year with a 2:1 staff:consumer ratio. OHBSD Child and Family Services is now offering family support and education groups/workshops for families of children with SEd. Psychiatrists and clinical staff will be presenting on various topics while nurturing connections between families attending. Long range plan is to develop website video resources of material presented. County and providers will continue to seek additional expansions and funding opportunities. This strategy has been accomplished.

Agencies: OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity);

Strategy 6.2 Dropped

Promote joint collaboration among family support service providers across systems for sharing of ideas and resources to be able to serve/reach a greater number of families.

2010 Progress: No activity on part of providers across systems. Providers are consumed with other projects and issues at this time.

Agencies: OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Other - ;

Strategy 6.3 Accomplished

Compile resource information on local services, rights, literature/materials and have conveniently and readily accessible to anyone in need of the information.

2010 Progress: Presentations regarding transition resources were made to School CSE Chairs and Superintendents. An updated services directory, transition resources, links to provider agencies and web-based resources were loaded onto County Mental Hygiene webpage. The County webpage will be promoted as a single point of information. This strategy has been accomplished.

Agencies: OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity);

Priority Outcome 7 In Progress
INCREASE AND ENHANCE MENTAL HEALTH AND BEHAVIORAL SERVICES FOR CHILDREN TO AVOID HOSPITALIZATIONS AND OUT OF HOME PLACEMENTS.

Crisis respite, additional HCBS Waiver slots and supportive level services, and greater outpatient clinic capacity are needed. A Youth Advisory Council for advocating and partnering with child serving systems of care for system improvements is needed. The County lacks an appropriate response to youth and their families during episodes of emotional or behavioral crisis. This has proven to have increasingly become the burden of the emergency department and the local DSS to as the default services. Neither of which are able to appropriately or adequately meet the needs of the youth and families resulting in poor outcomes and ongoing episodic distress.

Agencies: OMH; OMRDD;
This outcome has been selected as a top two priority for OMH.
Target Complete Year: 2013

Strategy 7.1

In Progress

Increase capacity of clinical services to expedite access.

2010 Progress: Liberty Resources Brownell Center satellite clinic currently has a clinician operating in Fulton, serving approximately 40 people (adults and children). Evening hours are available to offer flexibility to families. They are adding a part-time clinician and a psych NP. Oswego Hospital Behavioral Services Division has submitted PAR to expand and relocated their dedicated Child and Family Services clinic. OHBSD had received DOH and OMH approvals. This expansion will allow the clinic to be able to provide 6000 more units of service. Reconstruction of new space is expected to be complete by Fall 2010. ARISE received PAR application approval. ARISE will be providing satellite MH clinic services in Central Square School System starting in September 2010. Their plan is to develop a community based office in the Central Square Area, accessible to all residents, after the clinic restructuring implementation.

Agency: OMH;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity);

Strategy 7.2

Accomplished

Increase available community support services, e.g. ICM, HCBS Waiver, Respite care, Mentoring, Family Support Services, Family Based Treatment.

2010 Progress: Catholic Charities began providing a Community Based Mentoring Service in January 2010. As expected due to SPOA analysis of service gaps, this service is in high demand. Beginning in the Spring of 2010, Oswego Hospital Child and Family Services will be offering weekly Family Support and Education groups for parents of children with mental health or emotional disturbance diagnoses. These groups will be free, open to the public, and facilitated by child psychiatrists, nurse practitioners, or clinicians. OHBSD added an additional capacity of 12 to the Intensive Case Management program in 2008. The additional caseload is full and the wait time to access the program is significantly decreased. Planned Overnight Respite is available with Hillside Childrens Center on a limited basis. Cayuga Counseling Services Family Based Treatment Program Proposal remains in a pending status. This proposal includes five beds for Oswego County and would be able to serve dually diagnosed children. Oswego County and provider partners will continue to pursue opportunities to expand existing services and fill gaps in the continuum as funding is available. This strategy has been accomplished.

Agency: OMH;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity); Service Engagement;

Strategy 7.3

Accomplished

Clarify and improve effectiveness of Children's SPOA processes to foster coordination of planning among providers and families, referrals to services in line with child/family needs and strengths, and improve data tracking for local planning purposes.

2010 Progress: Children's SPOA has been under direct County oversight for just over one year. There have been improvements in the prioritization and management of program waitlists as well as significant process changes made. Wait times for accessing services has been significantly decreased. A continued stay review process has also been implemented. Surveys have resulted in positive feedback from families and direct care providers. Quality Assurance quarterly

meetings began in 2010 to foster a continuous process improvement effort as well as opportunity for discussion of system issues and programmatic trends. This strategy has been accomplished.

Agency: OMH;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity); Cross System Collaboration;

Strategy 7.4

In Progress

Develop Children's Crisis Services and Supports accessible locally and/or regionally.

2010 Progress: An ad-hoc Children's Crisis Services Planning Committee was established in the Spring of 2010 to collect data and explore local need and options for crisis intervention services. The committee is comprised of mental health, substance abuse, developmental disability service providers, County Mental Hygiene, Social Services, school personnel, and local practitioners. As needed, the committee also partners with the local hospital emergency department staff and the CNY OMH Field Office. The CNY Directors Planning Group, comprised of the DCS's of Oswego, Cortland, Cayuga, Onondaga, and Madison Counties and the Director of the Mohawk and Huching's State Psychiatric Centers, has also been discussing the need to children's crisis services on a regional approach. Due to cost, a regional approach for an intensive or comprehensive service is likely to be the best option. A three County DSS initiative (Oswego, Cortland, and Onondaga) has been on the table for over four years that would partner with an OCFS residential provider to develop a 21 day crisis residence program. Cost has been the preventive barrier to this moving forward. At this time we are looking to coordinate the efforts and needs of all three of these groups with the goal of compiling resources and advocating for support from State Agencies (OMH, OMRDD, OCFS) for a regional approach to serve five counties. Local, less intensive services will also be needed and the Children's Crisis Committee will continue their effort to identify needs, service and funding options.

Agencies: OMH; OMRDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity); Cross System Collaboration;

Priority Outcome 8

Accomplished

IMPROVE ACCESS TO AFFORDABLE TRANSPORTATION.

Improvements to local system of public and medical transportation are needed for consumers and families to be able to participate in all types of health and mental hygiene care, supports, continuing education, employment and social/recreational opportunities within the community.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2010

Strategy 8.1

Accomplished

Collaborate with Oswego County Transportation Coalition to advocate for improvements to local system of public and medical transportation services.

2010 Progress: The coalition as a whole is currently updating the County's transportation plan to enable Oswego County to apply to varied grant opportunities. They continue to work to make improvements to the public transportation website. A Training Video Program was developed and rolled out to train people to teach others how to take Public Transportation. The group plans to have the video available in Spanish. They are also working to review reading level of materials and have transportation training materials available in Braille. There are plans to promote the training

materials at the County Fair and local high schools. Mental Hygiene providers have a well established collaborative relationship with transportation providers. Their efforts are ongoing. This strategy has been accomplished.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Transportation;

Priority Outcome 9 In Progress
INCREASED AVAILABILITY OF STABLE, TRAINED, AND EFFECTIVE WORKFORCE.

Advocacy and planning efforts are needed to address recruitment and retention issues for all mental hygiene services. Funds are needed for staff to access additional training to stay current with evolving best practices.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2011

Strategy 9.1 Dropped

Develop training & learning collaborative opportunities among local providers.

2010 Progress: Combined with Strategy 2.2

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2010
Is this an innovative practice that you would like to share with others?: No
Focus: Mental Hygiene Workforce Development;

Strategy 9.2 In Progress

Develop plans to address recruitment issues related to licensing/reimbursement issues and the number of qualified candidates seeking employment within the fields of addiction, mental health, and developmental disability services.

2010 Progress: BOCES Adolescent Pregnancy Prevention Services Staff are training SUNY Oswego student teachers on issues of sexuality and drug/alcohol abuse with school students and options for interventions. The OMRDD Home of Your Own Program is available and can be used as recruitment tool. Oswego Industries has had recent success with recruiting professional level staff for clinical services to DD clientele. Providers are reporting less staff turnover in past year, thought to be due to the current economy and limited local job market. Cayuga Community College Fulton Campus will be offering a CASAC program. OASAS CASAC test is now available online on a quarterly basis. The Prevention Network in Syracuse has a CASAC preparation course.

Agencies: OASAS; OMH; OMRDD;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Mental Hygiene Workforce Development;