Oneida County Department of Mental Health

2020 Annual Report

Anthony J. Picente, Jr.,
Oneida County Executive

Ashlee L. Thompson,
Commissioner

OCDMH
120 Airline St.
Oriskany, NY 13424

315.768.3660
mentalhealth@ocgov.net
www.ocgov.net/mentalhealth
# Table of Contents

03  Message from Commissioner  
04  Mission Statement  
05  Role and Responsibility  
06  State Aid Funding  
07  Contract Monitoring  
08  Health & Human Services Committee  
09  Community Services Board  
11  Department Personnel  
12  Program Reports  
13  Adult Services  
14  Adult Single Point of Access and Accountability (ASPOA/A)  
17  Housing and Homelessness  
20  Assisted Outpatient Treatment (Kendra's Law)  
21  Children & Youth Services  
22  Children Single Point of Access and Accountability (CSPOA/A)  
29  Mental Health Subcommittee  
30  Alcohol and Substance Abuse Services  
33  Alcohol and Other Drugs (AOD) Subcommittee  
34  Opioid Task Force  
35  Opioid Task Force – In The News  
39  OCDMH 2021 Initiatives  
40  New York Safe Act  
41  Medication Grant Program  
42  CPL-730 Examinations  
43  Pick-Up Orders  
44  9.41 Committee  
45  Intellectual/Developmental Disabilities Services  
47  Intellectual/Developmental Disabilities Subcommittee  
48  Fiscal Operations  
59  Delivery System Reform Incentive Payment (DSRIP) Program  
60  NYS Conference of Local Mental Health Directors (CLMHD)
The Honorable Anthony J. Picente, Jr.
Oneida County Executive

The Honorable Gerald J. Fiorini, Chairman
Oneida County Board of Legislators

Oneida County Office Building
10th Floor
800 Park Avenue
Utica, New York, 13501

February 22, 2021

Dear Sirs:

The following report presents a summary of programs and services provided by the Oneida County Department of Mental Health during 2020. These programs and services are in place to assure the good health and well-being of individuals in our community needing support for mental health, alcohol and drug addiction, dual diagnosis, as well as developmental disability conditions.

Positive outcomes and successful integration in the community are realized through the leadership and support of the Office of the County Executive, the Oneida County Board of Legislators, and the Oneida County Community Service Board of Directors. This collaborative effort makes possible the ongoing work that is rendered by dedicated Mental Health staff and a network of community providers. All are committed to building and maintaining a safety net of comprehensive services that create a safe and healthy environment for our County residents in need.

This Annual Report will address specific issues facing Oneida County and the successes and efforts made during 2020, and throughout the COVID-19 pandemic. In 2020, the Mental Health Department saw various staffing changes which included the retirement of Commissioner Robin O’Brien. Local providers experienced a great deal of change and uncertainty during the pandemic; however, they rose to the challenges and have been able to provide sustained care to members of our community during these vexing times.

Thank you for your time and attention to this report. We look forward to responding to questions and furthering understanding of the important work done in this department each and every day as part of Oneida County Government.

Respectfully submitted,

[Signature]
Ashlee Thompson, MHA, MSEd, Master CASAC
Commissioner
The Oneida County Department of Mental Health promotes the quality of life and emotional wellbeing of people experiencing psychological, developmental or addictive difficulties by advocating, encouraging, and coordinating innovative, barrier free delivery of responsive, community based services in a dignified and respectful manner that ensures the highest quality service delivery without regard to race, color, religion, sex or national origin.
The Oneida County Department of Mental Health (OCDMH) provides oversight for the planning, monitoring and reviewing of services for Oneida County residents with:

1) Mental illness  
2) Substance Use Disorders, and/or  
3) Developmental Disabilities

Through State Aid Funding, the county is able to contract with community agencies that provide the best care and services possible. OCDMH is dedicated to being a leader in the areas of Mental Health, Substance Use, and Developmental Disabilities, and ensuring that our adults, children and families receive the best possible care and support.
OMH, OASAS, and OPWDD each provide State Aid Funding to the Oneida County Department of Mental Health. Using Oneida County’s procurement policies and procedures, the funds are distributed in order to finance contracted services delivered by provider organizations to Oneida County residents. Annual allocations of funds are determined by OMH, OASAS, and OPWDD, and historically have remained constant from year to year, with the exception of COLA increases and/or special instances of adjustments, increases, or decreases based on program changes.

OMH

The NYS Office of Mental Health (OMH) operates psychiatric centers across the State, and regulates, certifies and oversees more than 4,500 programs, operated by local governments and nonprofit agencies. These programs include various inpatient and outpatient programs, emergency, community support, residential and family care programs.

OASAS

The NYS Office of Addiction Services and Supports (OASAS) is the single designated state agency responsible for the coordination of state-federal relations in the area of addiction services. The office oversees one of the nation’s largest addiction services systems with approximately 1,600 prevention, treatment and recovery programs spread throughout the state.

OPWDD

The NYS Office for People with Developmental Disabilities (OPWDD) is responsible for coordinating services for nearly 140,000 New Yorkers with developmental disabilities, including intellectual disabilities, cerebral palsy, Down syndrome, autism spectrum disorders, and other neurological impairments. It provides services directly and through a network of approximately 650 nonprofit service providing agencies.
The Oneida County Department of Mental Health, as the Local Governmental Unit (LGU), continues to work with contracted OMH, OASAS, and OPWDD agencies/organizations to provide ongoing contract monitoring. The department meets with all agencies on an individual basis to conduct program reviews of services provided. For agencies not under contract, the department works closely with regional and local satellite offices to monitor services provided and current licensure status. The Department is responsible to maintain working relationships with MH, SUD, and I/DD providers. This ongoing process focuses on the goals and objectives of agencies in relationship to services provided. This process is accomplished by record review, incident review, fiscal review and ongoing discussions with agency directors and program directors. This review process enables the Department of Mental Health to ensure that Oneida County is receiving the services for which it contracts and plans to continually meet the changing needs of the community, requiring the highest standards of care through the most efficient means possible.
This committee provides oversight to the planning, monitoring and reviewing of services for the following departments and offices in Oneida County: Department of Mental Health, Department of Social Services, Department of Environmental Health, Department of Public Health, Office for the Aging, Veterans Affairs, Workforce Development, Youth Services, and Coroners.

Mary Austin Pratt, Chair

Keith Scheibel, Vice Chair
Rose Ann Convertino, Vice Chair
Cynthia Roger-Witt
Brenda McMonagle
Jeff Daniels
Christopher Newton
Tim Julian
Evon Ervin
Stephen Dimaggio
This OMH mandated board (Mental Hygiene Law 5.07) represents our community by participating in the process of creating and monitoring of a comprehensive integrated system of community mental hygiene services, including those relevant to mental health, intellectual disabilities and alcohol/substance abuse for all residents of Oneida County. This is accomplished by advising the Oneida County Department of Mental Health Commissioner on issues pertaining to the management and oversight of these services. OMH mandates that this board have 15 members; one member should be a licensed physician and one member a certified psychologist. Three members from each subcommittee should also be members of the CSB. Inclusion of recipients of services as well as their family members on the CSB is also expected.

Ken Abramczyk, Interim Chairperson

Lorraine Krup
Susan Spina
Gretchen Sprock
Mike Romano
Dr. Joanne Joseph
Morris Pearson
David Bovi
Dr. Burt Danovitz
Colleen Fahy-Box
Dave Mathis
Al Shaw
Ashlee Thompson
One of the primary responsibilities of the LGU under Article 41 of the Mental Hygiene Law (MHL) is to develop and annually submit a Local Services Plan (LSP) to each NYS mental hygiene agency. The Mental Hygiene Agencies are the Office of Addiction Services and Supports (OASAS), the Office of Mental Health (OMH) and the Office for People with Developmental Disabilities (OPWDD). The LSP establishes local priorities, needs and outcomes for the LGU along with the metrics used to measure outcomes. Local plans are approved by the LGU’s Community Services Board, and must be approved and “certified” by the state agencies.
The current Oneida County Department of Mental Health staff consists of qualified, knowledgeable, compassionate professionals who represent Oneida County with the utmost respect, dignity, and care that is represented each and every day by Oneida County leadership.

Ashlee L. Thompson, MHA, MSED, Master CASAC  
Commissioner / Director of Community Services (Oct. 2020 - Present)

Michael J. Romano,  
Interim Commissioner / Director of Community Services (Mar. 2020 - Oct. 2020)

Robin E. O’Brien, MPS, MS  
Commissioner / Director of Community Services (Jun. 2015 - Mar. 2020)

Melanie Taylor, LMSW  
Director of Adult Mental Health/AOT Coordinator

Jeannette Pavlus, LMSW, Master CASAC  
Director of Alcohol, Substance Abuse & Dual Recovery

Emily Avery, LMSW  
Adult SPOAA Coordinator

Dawn Piccione  
Child & Youth SPOAA Coordinator

Linda Rood  
Medication Grant Coordinator / CPL 730 Coordinator

Elaine Angwin  
Family Peer Advocate

Ruben Nunez  
Fiscal Administration

Linda Troutman-Zelows, LCSW-R  
Social Worker

Jared Henderson  
Program Analyst / Opioid Task Force Co-coordinator

VACANT  
Secretary to the Commissioner
“INDIVIDUAL COMMITMENT TO A GROUP EFFORT—THAT IS WHAT MAKES A TEAM WORK, A COMPANY WORK, A SOCIETY WORK, A CIVILIZATION WORK.”

- VINCE LOMBARDI
The Oneida County Department of Mental Health provides planning, oversight, support, monitoring and review of the Oneida County Adult Mental Health Delivery System. The Department promotes Mental Health Recovery and Wellness and encourages the use of Evidence Based Practices.
The Adult Single Point of Access & Accountability (ASPOA/A) provides the process and monitoring of referring adults to case management and residential services in Oneida County. To be eligible for these services, the individual must:

1) be 18 years of age or older; and

2) have a primary diagnosis of a serious mental illness

Lower risk individuals are referred for Health Home Care Management, which assists them in accessing benefits and services through community agencies. Individuals at higher risk or with a history of engaging in high-risk behaviors which have resulted in multiple hospitalizations or incarcerations, homelessness or a need for crisis intervention, may be referred to the services of Intensive Case Management (ICM) or the Assertive Community Treatment team (ACT). Both ICM and ACT are part of the NYS OMH System of Care.

Oneida County continues to have a very dedicated ASPOA/A Committee that meets twice a month to discuss referrals and provide a forum for case discussion of high risk individuals. The committee is currently comprised of representatives from 33 agencies and programs and is always looking to add new members who can broaden our network within the community. These service providers include case management and residential services, clinics, hospitals, forensic programs, alcohol and substance use treatment providers, crisis services, emergency services, and disability services. Other agencies provide services for youth transitioning to adults or for individuals dually diagnosed with an intellectual delay. Individuals with a serious mental illness will rarely have contact with just one service provider. They often have psychiatric, residential, legal, financial and other needs. The unique makeup of the ASPOA/A Committee brings all the providers together and enables them to collaborate in determining a best possible plan of care. In addition, the ASPOA/A Coordinator is available throughout the week to answer questions, provide assistance to the public and facilitate referrals between agencies.

ASPOA/A referrals are easily found on the Oneida County Department of Mental Health webpage at:

https://ocgov.net/oneida/mentalhealth/adultspoaa
ASPOA/A 2020 DATA

1193

Total referrals processed for Care Management and Residential Services.

THE ANNUAL TOTAL NUMBER REFLECTS REFERRALS TO SPECIFIC PROGRAMS, AS FOLLOWS:

MVPC Assertive Community Treatment (ACT): 50
Catholic Charities Pathways Apartment Program: 121
Catholic Charities Community Residence: 124
DePaul Single-Site Supported Housing: 175
MVPC Family Care: 1
Rescue Mission’s Enriched Living Center: 97
Health Home Care Management: 308
MVPC Intensive Case Management: 62
Johnson Park Center: 0
Catholic Charities Supported Housing: 131
MVPC State Operated Community Residence: 68
MVPC Transitional Living Center: 56
ADULT SINGLE POINT OF ACCESS / ACCOUNTABILITY (ASPOA/A) COMMITTEE

Emily Avery, LMSW, Chairperson

Adelle Gaglianese
Alice Shufelt
Amanda Carney
Amy Coria
Ann Flood
Ariel Foti
Ashlee Thompson
Brooke Lewis
Caitlyn Copfer
Candy Linder
Carissa Mazza
Carolyn Carleo
Carrie Nolan
Christina McKee
Danielle Falzarine
Danielle O' Connor
MaryAnn DeNigro
Donnette Morgan
Dyna Webster
Elizabeth Hadlock
Emily Hawkridge
Melissa Hanna
Janet Smith

Jeannette Pavlus
Jenni Barlow-Gagnon
Jennifer Noecker
Jessica Triffiletti
Jodie Ronan
Joe Reiling
Johanna Williams
Keenan Radeljas
Kelly Williams
Kristi Mokshefski
Kristin Hoffman
Kristin Sauerbier
Kristin Thompson
Kylene Stevener
Laurie Marsden
Linda Zelows
Lisa Provost
Lisa Tanner
Lizbeth Massarotti
Marie Elliot
Mary Griffin
Melanie Taylor
Mike Ballman

Nancy Welch
Nicole Beanblossom
Patricia Tutino
Dawn Piccione
Rachel Bastien
Rachel Gacek-Demetro
Ramona Gassmann
Rebecca Delahunt
Rebecca Philipson
Ryan Mellon
Sarah Decker
Sara Fisk
Sharon Piccione
Shian Acee
Steve Darman
Stephanie Moore
Susan Neafach
Tara Holt
Theresa Tripple
Victoria Kelly
John Viscosi
William Carroll
Oneida County ASPOA/A is fortunate to work with a number of agencies that provide housing for those with mental illness. There are a variety of housing agencies and programs involved with Oneida County ASPOA/A, such as:

- Catholic Charities of the Roman Catholic Diocese of Syracuse (Community Residences, Pathways Apartment Program, and Supported Housing)
- The Rescue Mission of Utica (Enriched Living Center)
- Mohawk Valley Psychiatric Center (State Operated Community Residences and the Transitional Living Center)
- DePaul Properties, Inc. (DeWitt Clinton and Starting Line Apartments)

The unique mixture of housing options available through ASPOA/A provides specific tailoring of services for each individual referred. With so many providers offering housing options to individuals dealing with mental illness, it might seem that there is more than enough housing available. Unfortunately, there are often waitlists and there are always individuals whose needs are so great that even when they are provided housing, they tend to be chronically homeless. Oneida County Department of Mental Health is continually working to find new funding sources and housing projects to provide safe, stable housing for this vulnerable population. Oneida County Department of Mental Health also collaborates with Oneida County Department of Child and Family Services by attending weekly Emergency Housing meetings. This relationship is vital in ensuring that those with mental illness receive appropriate housing to aid in their personal recovery.
In 2020, we were fortunate enough to add 70 Single-Site Supported Housing units through DePaul Properties, Inc. To qualify for these units, an individual must have a severe mental illness and be homeless (per ESHH guidelines). With 40 units in Rome, NY and 30 units in Utica, NY, this housing has significantly aided our fight to end homelessness in our community.
Whether an individual resides in a 24/7 staff supervised Community Residence, a Pathways Apartment Program, or an Independent Supportive Housing Apartment, our agencies strive to foster independence and work collaboratively with each other to provide smooth transitions. Below you will find a breakdown of bed availability for each level of housing:

- Community Residences: maximum capacity of 148 individuals
- Pathways Apartment Program: maximum capacity of 48 individuals
- Independent Apartments: maximum capacity of 237 individuals
ASSISTED OUTPATIENT TREATMENT (AOT) (KENDRA’S LAW)

Assisted Outpatient Treatment (AOT), also known as Kendra’s Law, establishes a legal process that can result in a court order that directs an individual with a serious mental illness to comply with an outpatient treatment plan. This law requires that all Local Government Units operate an AOT program to investigate the appropriateness of AOT upon request. When appropriate the LGU contracts with a Forensic Psychiatrist and Licensed Social Workers to develop treatment plans for persons subject to Assisted Outpatient Treatment court orders.

Kendra’s Law allows for a court to direct a County Government to provide or arrange for the delivery of the services described in the AOT Treatment Plan. OMH mandates that clients on AOT Court Orders in Oneida County receive care coordination by either the Assertive Community Treatment Team (ACT) or Health Home Plus. Oneida County contracts with Mohawk Valley Psychiatric Center for both of these services. Progress and concerns about these highest risk individuals are reported to the Oneida County AOT Coordinator on a bi-weekly basis and reviewed at the ASPOA/A Meeting to ensure ongoing monitoring of services.

To be eligible for an AOT, an individual must be:

- 18 or older, and
- is suffering from a mental illness; and
- unlikely to survive safely in the community without supervision, based on a clinical determination; and
- has a history of lack of compliance with treatment for mental illness which has led to either:
  - 2 hospitalizations for mental illness in the preceding 36 months, or
  - 1 or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others within the last 48 months; and
- is unlikely to voluntarily participate in outpatient treatment that would enable him or her to live safely in the community; and
- is in need of AOT in order to avoid relapse or deterioration which would be likely to result in serious harm to self or others; and
- is likely to benefit from an AOT.

A court may not issue an AOT order unless it finds that Assisted Outpatient Treatment is the least restrictive alternative available for the individual. If an individual is referred for an AOT and is willing to agree to the treatment plan without the necessity of going to court, they can be placed on a 6 month Service Enhancement. If they follow the terms of the Service Enhancement it can either be renewed or discontinued if it has been found to be successful. Individuals who have benefited from an AOT and no longer meet the eligibility requirements can be placed on a Step-Down, a gradual reduction in services to assure that their transition off the AOT goes well.

2020 AOT Annual Report

- New AOT referrals: 18
- New AOT Orders: 5
- New Service Enhancement: 17
- Renewed AOT Order: 7
- Renewed Service Enhancement: 5
- Expired AOT: 13
The Oneida County Department of Mental Health provides planning, oversight, support, monitoring and review of the Oneida County Children and Youth Mental Health Delivery System. The Department promotes Mental Health Recovery and Wellness and encourages the use of Evidence-Based Practices.
The Children and Youth Single Point of Access & Accountability (SPOA/A) provides the process and monitoring of referring children and youth to case management and residential services in Oneida County. Eligibility for these services requires the individual to:

1) have a mental health diagnosis and/or have experienced trauma; and

2) possibly be at risk of out of home placement if more intensive services are not implemented.

The Children and Youth SPOA Coordinator is the lead contact in the county for Children’s Mental Health Services. Their role includes collaborating and coordinating across systems to help facilitate access to services and assisting families and providers in navigating multiple systems of care.

The purpose of the SPOA for Children and Families is to identify children with the highest risk of placement in out-of-home settings and develop appropriate strategies to manage those children in their home communities. The Children and Youth SPOA Coordinator is the lead contact in the County for Children’s Mental Health Services. Their role includes:

1) collaborating and coordinating across systems to help facilitate access to services,

2) assisting families and providers in navigating multiple child-serving systems,

3) addressing any challenges with access to services,

4) helping to identify available county resources for families and providers, including both formal and informal supports with the goal of maintaining youth in their home communities; and

5) managing referrals, vacancies, and wait lists for high end services and community programs.

C & Y SPOA also serves as a vital linkage between home and community for children or youth placed out of the home both pre- and post-placement.
CHILDREN AND YOUTH
SPOA/A PROCESS

When a referral for a child is received, the Children and Youth SPOA Coordinator works with the Family Peer Advocate to develop a plan to meet the eligible youth’s needs. Both the Children and Youth SPOA and the Family Peer Advocate utilize a strengths based approach by first identifying child and family strengths as well as natural supports. When additional support is necessary Oneida County Children and Youth SPOA uses contracted services, as well as community programs and resources, to create service plans for children at the least restrictive level to maintain safety in the home, school, and community and to maximize the child’s and family’s success.

The Family Peer Advocate is responsible for developing an Individualized Service Plan, which is developed at Individualized Service Plan meetings arranged by the Family Peer Advocate. These meetings always include the parent or legal guardian, the youth (when appropriate) and others, such as school representatives, and current treatment providers.

The Children and Youth SPOA Coordinator has oversight over the services delivered to children and youth. This oversight is provided through monitoring progress notes and meeting with program supervisors. The Children and Youth SPOA Coordinator and the Family Peer Advocate work in partnership daily to ensure that the services delivered meet the individual needs of the child and families that are referred.

Through the SPOA process, linkages are made for short-term services such as behavior management, mentoring, family skills training. More extensive interventions are accessed if the needs of the child and family indicate this service level is necessary; they include Intensive Case Management, ICAN-ACT, Full and Step-Down programs and Health Home Care Management. Referrals are also processed through SPOA for placement at a Residential Treatment Facility or Community Residence for those youth whose needs cannot be managed safely in the home and community. We work with families and facilities on discharge planning to help ensure a smooth transition back to successful community living.

In 2020, the CSPOA/A Coordinator attended New York State’s training on the System of Care (SoC) approach. The SoC approach is designed to bring schools, community resources and outside agencies together in a collaborative effort to enhance the services our youth are receiving. The belief is that if we work together towards a common goal and share resources and experience, our children and youth will have better outcomes and easier access to support for families. A SoC workshop is being planned for 2021.
Oneida County continues to have a very dedicated CSPOA/A Committee that meets twice a month to discuss referrals and provide a forum for case discussion of high risk individuals. The committee is currently comprised of representatives from over 18 agencies/programs and is always looking to add new members who can broaden our network within the community.

Dawn Piccione, Chairperson

Alyssa Burt
Alyssa Trevisani
Brianna Dewhirst
Carol McQueary
Cindi Pagan
Danielle Martin
Danielle Peplinski
David LaGuerre
Deidre Mazzara
Ed Carolla
Elaine Angwin
Emily Hawkridge
Gina Owens
Janadine Stallman
Jodi Kapes
Jodie Ronan
John Kolczynski
Katie Gaetano
Kelly Amado
Kristin Sauerbier
Krysten Downey
Kylene Stevener
Lisa Talarico
Mike Lewandrowski
Nicole Beanblossom
Nicole Genovese
Phil Hayes
Rachel Bastien
Rebecca Paladino
Sara Jones Persons
Seanneff Campbell
Stacey Goodell
Susan Neafach
Melanie Taylor
Verberna Boureau
Linda Zelows
Highlights in 2020:

The following list consists of key areas of focus/success over the past year:

1. **Enhanced Awareness**
   Enhanced mental health awareness by providing outreach, education, and materials to service providers in Oneida County at meetings hosted by the Oneida County Department of Mental Health. OCDMH also actively participates in events hosted in the community.

2. **Community Educational Presentations**
   Expansion of a mental health education presentation for local agencies and school districts, a collaborative project with Integrated Community Alternatives Network (ICAN), Central New York Health Home Network (CNYHHN), and the Mobile Crisis Assessment Team (MCAT).

3. **Children and Youth Mental Health Sub-Committee**
   Oneida County Children & Youth Mental Health Sub-Committee includes a network of community stakeholders that collaborate to identify needs of local children and youth, and cooperate to develop solutions to meet the identified needs.

4. **Participation and Collaboration**
   Continued participation in youth-focused committees and initiatives in our community to share program updates, education, and resources; build and maintain partnerships among neighboring entities; offer opportunities to discuss and problem solve diverse situations; and identify service gaps and/ or barriers, trends, and successes. In addition to our Children & Youth Mental Health Committee, SPOA is involved in the Oneida County Youth Services Council and several of its work groups. SPOA coordinators actively participate in several additional initiatives, including:
   - Runaway and Homeless Youth,
   - Juvenile Justice; and
   - Safe Harbor
Referrals for Children's Mental Health Services.

- **33** Children were referred to ICAN for wraparound services.
- **71** Children approved for ACT services.
- **8** Children were referred for medicaid services - Children and Family Treatment and Support Services (CFTSS).
- **12** Children were provided with an in home service provider through a contract with ICAN.
- **11** Children received Intensive Case Management services.
- **3** Children began receiving services at a residential treatment facility.
- **1** Children began receiving services at a Community Residence.
IDENTIFIED NEEDS IN 2020

- Respite options for children and families
- Mental health services for children less than 5 years old
- Recruitment of psychiatrists specializing in children and youth treatment
- Improving wait list times for children’s service providers
- Bridging service systems for dually diagnosed (mental health & developmentally disabled) children and youth
- Increasing local agency capacity to provide Child and Family Treatment and Support Services (CFTSS).
Family Support

Family Support is at the heart of the Oneida County Children and Youth SPOA process. A Family Peer Advocate, who has lived experience caring for a child with emotional, behavioral, social and/or mental health concerns, provides peer support from initial contact through service planning and provision. They teach and role model an assertive approach in helping parents advocate for their family; encourage partnerships with the entities families must work with; and ensure parents have access to the resources needed to make decisions for the best possible outcomes.

Peer Advocates

Family Peer Advocates represent the voices of caregivers, both individually and collectively, to bring focus to the family perspective. Advocates believe in, and deliver the message of, family voice and choice in the provision of services as caregivers who have an integral role in decision making for their families are more readily engaged and invested in change.

Family Peer Advocates participate in available regional and statewide trainings and forums that support children, youth, and their families. Oneida County continues membership in its regional, family-run organization, Family Support in Central New York, Inc. (FSCNY), to expand local family support efforts, promote the value of peer support and guiding principles, and strengthen this network of support across our multi-county area.
A diverse group of local professionals who conduct quarterly meetings to identify service needs, gaps and barriers our providers face in providing services to members in the community who have mental health problems. In addition, this committee intended to provide information, education, and a forum to update community providers involved with the mental health delivery system.

Melanie Taylor, LMSW, Chairperson

Dawn Piccione, OCDMH
Melissa Carey, MVPC
Jeanette Pavlus, OCDMH
Jared Henderson, OCDMH
Emily Avery, OCDMH
Morris Pearson, MVCC
Dr. Joanne Joseph, SUNY Poly
Rebecca Paladino, ICAN
Kristin Sauerbier, Neighborhood Center Inc.
Dr. Kate Warden, MVHS
Jack Callaghan, Catholic Charities
Kristin Sauerbier, MCAT
Linda Zelows, OCDMH
Gina Beach, DFCS
The Oneida County Department of Mental Health provides planning, oversight, support, and review of the Oneida County Substance Abuse Services Delivery System. A vital component of this process is the Alcoholism and Substance Abuse Subcommittee, which is attended by Oneida County SUD and mental health providers to collaborate on services provided to Oneida County residence.
## 2020 HIGHLIGHTS & PROJECTS

During 2020, Oneida County substance use providers adapted to the restrictions caused by the COVID-19 pandemic and developed innovative ways to provide quality services to Oneida County residents. Additionally, there continued to be a focus on improving coordination and collaboration between the Office of Addiction Services and Supports (OASAS) and the Office of Mental Health (OMH). In 2020, the State held a series of public listening sessions designed to gain state-wide input on the potential creation of a new single integrated behavioral health agency. Oneida County participated in several of these sessions, and is excited at the prospects of such integration. Below is a list of ongoing projects and highlights.

### NEW OPIOID TREATMENT PROGRAM (OTP)

In 2020, the Oneida County Department of Mental Health assisted one of its established outpatient providers in the expansion of their services. Beacon Center, located at 1508 Genesee St., Utica, NY 13501, expanded their outpatient services to include the dispensing of Methadone to treat opioid use disorders. This service provides Oneida County residents with another local option to access Medication Assisted Treatment and other services to treat opioid disorders.

The outpatient substance use providers—Beacon Center included—have also developed same day to 48-hour medication assisted treatment options for clients looking for help with an opioid use disorder.

### MERGER OF THREE SUD TREATMENT PROVIDERS

The Oneida County Department of Mental Health facilitated a merger of three of our region’s nonprofit substance use, mental health, and housing providers. Helio Health, Central New York Services, and Insight House have merged to operate as one entity: Helio Health.

The merger provides easier access to local resources and offers extended walk-in hours and more person-centered treatment options. All outpatient clinical services are now being delivered at 500 Whitesboro St., Utica. The merger will further build the continuum of services available in Oneida County.

### TELEHEALTH

During the COVID-19 pandemic, outpatient substance use providers have implemented various forms of telemedicine in order to better respond to the needs of Oneida County residents. Telehealth is bridging the gap between people and providers by allowing greater access to critical virtual services. People who are in need of assessments and continued care have been able to receive the needed services from the safety of their homes. In addition to telemedicine, providers have developed virtual support groups and virtual Narcan trainings.
INITIATIVES FOR 2021

- Expand access to Medication Assisted Treatment for those with Opioid Use Disorder.
- Increased public education.
- Increased opportunities for peer and workforce development.
- Evidence based prevention programs throughout the community.
- Supports for individuals and families in recovery.
- Expand telehealth and other innovative pathways for SUD treatment.
- Increased supportive housing opportunities for individuals with SUD.
- Assistance to individuals with Substance Use Disorder who are impacted by Bail Reform.
A diverse group of service providers who conduct bi-monthly meetings to identify service needs, gaps and barriers providers face in delivering services to members in the community who have a substance use disorder. Members focus on a number of topics, including improving coordination and collaboration between the Office of Alcohol and Substance Abuse Services (OASAS) and the Office of Mental Health (OMH). Membership on the Alcohol and Other Drug Sub-Committee was adjusted in 2020, as State guidelines require that the subcommittee have no more than nine members; three members must also be members of the Community Services Board and must be a Consumer, Family Member and/or Public Representative.

Jeannette Pavlus, Chairperson

Admira Spahic, Beacon Center

David Bovi, Community Services Board

Gretchen Sprock, Community Services Board

Kristie Cieslak, Family Member

Lorraine Krup, Community Services Board

Susan Zdonowicz, Helio Health
In 2020, Oneida County Executive Anthony J. Picente, Jr., Oneida County District Attorney Scott D. McNamara, and Oneida County Sheriff Robert M. Maciol continued to lead the Oneida County Opioid Task Force in its efforts to reduce the number of opioid overdoses and deaths county-wide.

The Task Force and its four workgroups convened on a consistent basis throughout the COVID-19 pandemic, and launched several innovative initiatives aimed at enhancing response efforts and treatment accessibility.
Mission/Overarching Goal: To reduce deaths and improve the lives of those impacted by opioids and other drugs by focusing on Prevention, Response, Recovery, and Treatment.

1. **Prevention**
   To prevent opioid use and misuse, particularly among non-users.

2. **Response**
   To monitor overdoses and emerging drug threats, and mobilize cross-systems responses.

3. **Recovery**
   To help those with Opioid Use Disorder achieve and sustain recovery.

4. **Treatment**
   To enhance and expand treatment services for people with Opioid Use Disorder.
IN THE NEWS:

NARCAN LEAVE BEHIND PILOT PROGRAM

Oneida County Overdose Response Team Establishes Narcan Pilot Program with Utica Fire Department

Kits Provided by Midstate EMS as Part of ‘Leave Behind Program’

The Oneida County Overdose Response Team has teamed up with the Utica Fire Department and Midstate EMS to launch the county’s first Narcan Leave Behind Program.

“Oneida County’s Overdose Response Team has been actively working to share important real-time overdose data that is used not only to identify problems, but to drive targeted and collaborative actions like this program to address them,” said Oneida County Executive Anthony J. Picente Jr. “We applaud the City of Utica and Midstate EMS for being the first to launch this program in the county and for supporting our efforts to expand access to Narcan. We understand that Narcan is not the solution to the overdose crisis, but we know that every time it’s successfully used, it gives someone another chance to get help and find their path to recovery and returns them back to their loved ones.”

As part of the program, kits which include a single-step 4 mg Narcan nasal spray dose, an instructional handout for administering and a pocket card with contact information for Oneida County opioid addiction services, will be left with patients who are treated by the Utica Fire Department for an opioid overdose or who are determined to be high-risk.

“We all know someone who has been negatively impacted by opioid abuse, and in combating this epidemic it is important to build partnerships and do everything possible to prevent tragic outcomes,” said Utica Mayor Robert Palmieri. “I am pleased the City of Utica is joining Oneida County and Midstate EMS in the Leave Behind Program as these kits can help save the lives of individuals in our community.”

According to the Oneida County Overdose Response team’s ODMAP data, which tracks overdoses in real time, a high number of overdoses occur within the City of Utica. Picente said that is why it was important to establish the program there first with the hope that other municipal first responders, fire departments or law enforcement agencies will follow suit and institute Leave Behind Programs as well.

Midstate EMS received the kits at no cost from the New York State Department of Health for distribution to EMS or law enforcement agencies that agree to implement the program.

“The Midstate EMS Region is excited to partner with Utica Fire Department and Oneida County in this life saving Leave Behind Program,” said Midstate EMS Program Director Dan Broedel. “This program has the potential to make a profound impact in the number of lives it saves in our community.”
IN THE NEWS:

NEW YORK MATTERS
(Medication Assisted Treatment and Emergency Referrals System)

Oneida County: Bupe! Bupe! We’re headed to the Emergency Department

Background and Solution
In late May of 2019, in an effort to address the growing issue of overdoses and overdose deaths in Oneida County, staff from the Oneida County Departments of Health and Mental Health began working closely with Oneida County Executive, Anthony J. Picente, Jr., and his office to enhance the structure and strategies of the County’s Opioid Task Force. One of the focus areas being explored was identifying ways to collaboratively expand access to buprenorphine. As a result, a team of Health and Mental Health staff ventured over to the campus of St. Luke’s, one of two hospital campuses operated by the Mohawk Valley Health System (MVHS). We were there for an introductory meeting with emergency physicians, Drs. Afsar Khan and Avinash Kambhampati. The topic of the meeting: opioids and an introduction to the idea of implementing a buprenorphine program in local hospital emergency departments (EDs). At the time, opioids were a major and growing concern amongst staff at MVHS’ two EDs. Patients with Opioid Use Disorder (OUD) were presenting in unsettling numbers. The doctors recalled many long nights of frenzy and overflow, where overdose patients and those exhibiting symptoms of opioid withdrawal would end up at the ED, one after the other. And unfortunately, staff neither had the resources nor the appropriate training to deliver adequate care to these individuals. More often than not, following brief management of acute withdrawal symptoms, patients were discharged from the ED with loose referrals to local treatment clinics, and without the proper medication to treat their underlying disorders. We sought to fix this.

Piece by piece, we worked to build an infrastructure that could withstand the influx of patients presenting with OUD to our local EDs, and turn existing stopgap measures into long-term, evidence-based solutions. We secured executive level buy-in from MVHS and began working towards implementation of buprenorphine prescribing in their EDs. We then worked to do the same at our county’s other hospital system—Rome Memorial Hospital (RMH). Similar to the experiences of Drs. Khan and Kambhampati, Dr. Andrew Bushnell—Chief Medical Officer at RMH—recounted stories of high-utilizer patients presenting to the ED with OUD, in desperate need of medication and a place to stay. We were able to leverage the county’s existing relationships with local treatment clinics that provide buprenorphine (on an outpatient basis) and bring our hospital and clinic partners together. Gaps in communication were narrowed, streamlined access to treatment was prioritized, and collaborative partnership became the mission. This project became one of the primary initiatives of the County’s Opioid Task Force and its newly developed subgroup the Treatment Enhancement Team.

With the assistance of the New York State Department of Health (NYSDOH), we were able to connect our growing coalition of local hospital and clinic providers with subject matter experts, Drs. Joshua Lynch of Buffalo, and Kelly Ramsey of Poughkeepsie. These two doctors—both of whom are champions for expanded access to buprenorphine within each of their own counties—proved to be invaluable for our efforts as well. They provided presentations on the efficacy of buprenorphine, detailed the need for administration of it in the ED, and walked our partners through the simple steps necessary to get there. They also provided buprenorphine waiver trainings and worked hand-in-hand with our providers to dispel common myths and
Oneida County: Success Story Continue

stigmas. In one month alone, eight of our local emergency physicians were able to receive
buprenorphine waiver training.

Results and Lessons Learned
As a result of the leadership and support of County Executive Picente, and the hard work and
dedication over the past year by our Health and Mental Health staff, the County’s two hospital
systems, each of our local treatment clinics, stakeholders from the NYSDOH, and Drs. Lynch and
Ramsey, we were able to successfully launch Oneida MATTERS (Medication Assisted Treatment
& Emergency Referrals System) in August of 2020, just over of a year after conversations with
our ED partners first began. While this is not by any means the end of our efforts, it is a
significant and exciting step forward. Below is a brief message from County Executive Picente:
“Oneida County is honored to be one of the first regions to join the MATTERS Network and we
look forward to the positive impact it will have on our efforts to combat the opioid epidemic
and the devastating effects it has on our communities. This initiative provides much-needed,
increased access to life-saving medication for people with substance use disorder and connects
them to treatment services during highly vulnerable and critical times. We are grateful for our
local hospitals and treatment clinics that have committed to participating in this program and
the invaluable technical assistance, resources and support from Dr. Joshua Lynch and the
NYSDOH to bring this gold-standard program to our county.”

For more information on this story, please contact:
Jared Henderson, Oneida County Department of Mental Health
(315) 768-3668, jhenderson@ocgov.net

Lisa Worden, Oneida County Health Department
(315) 798-5508, lworden@ocgov.net
ONEIDA COUNTY
DEPARTMENT OF MENTAL HEALTH
2021 INITIATIVES

- OCDMH Innovation & Improvement Fund

- **Sequential Intercept Model (SIM) Mapping** (SAMHSA Grant)

- **Enhancement of Peer Outreach & Support Services** for People with Substance Use Disorder and Mental Health disorders.

- **Crisis Respite Center** (Mohawk Valley Psychiatric Center Cottages).

- Increasing services for **Non-Medicaid** youth.

- Programmatic (OPWDD) initiatives to relieve individuals who get "stuck in the Emergency Department."

- Support for local **psychiatric residency programs**.

- Collaborative efforts to counteract **homelessness**.

- Ongoing efforts to create a **System of Care** among community providers.
The SAFE Act was signed into law by Governor Cuomo on January 15, 2013. The law includes new and amended laws designed to ensure the safe use of guns. This includes changes in licensing for gun owners; a State wide data base for firearms licenses; increased penalties for illegal gun use; bans on certain high capacity magazines; requiring federal background checks for the private sale of guns; and requirements for safe storage of guns. Additionally, the SAFE Act made changes to provide that certain individuals who are mentally ill and considered imminently dangerous by a mental health professional cannot retain or obtain a firearm.

The SAFE Act added Section 9.46 to the Mental Hygiene Law (MHL) and requires licensed mental health professionals, defined as physicians, psychologists, registered nurses or licensed clinical social workers, who are currently treating an individual to notify the county Director of Community Services (DCS), or designee at the Oneida County Department of Mental Health, if they believe the individual is “likely to engage in conduct that would result in serious harm to self or others.” If the DCS agrees that the person is likely to engage in such conduct, then the DCS, or designee, must report names and other identifying information to the Division of Criminal Justice Services (DCJS). Once the DCS provides this information to DCJS, they must disclose such information to an appropriate licensing official, if it is determined that the individual does possess a firearms license. At that point, the licensing official will suspend or revoke the license. The individual must then surrender the license and any firearms, rifles or shotguns owned or possessed by such individual to an appropriate law enforcement agency. If such items are not surrendered, a police officer may remove them. The Department is responsible for reviewing these reports on a routine basis and making the determination for the submission to DCJS.

992
SAFE Act Reports in 2020

NEW YORK SAFE ACT:
IMPLICATIONS FOR THE DEPARTMENT OF MENTAL HEALTH
In 2020, the Oneida County Department of Mental Health continued the Medication Grant Program that was implemented in 2000. This county support program is for individuals discharged from hospitals or released from jails or prisons requiring medications to treat mental illness while awaiting Medicaid eligibility determination. The Medication Grant Card allows them to obtain prescriptions at no cost ensuring medication compliance.

The Medication Grant Program assures medication for those with a mental health diagnosis being released from incarceration or hospital and are medicaid eligible. This is a cooperative effort with:

- New York State Office of Mental Health,
- Oneida County Department of Mental Health,
- New York State Medicaid,
- Oneida County Department of Social Services,
- NYS Psychiatric Centers,
- NYS Correctional Facilities,
- Oneida County Correctional Facility, Mohawk Valley Health Network,
- First Health (Pharmacy Benefits Manager); and
- 3,700 participating pharmacies across New York State.

In 2020, 75 participants were enrolled and the total expenditure for this program was $2,274.79, all of which is covered by the annual Grant.
In 2020, there were 28 Court Orders for individuals to be assessed for competency to stand trial.

Criminal Procedure Law - 730 examinations are requests from the court system for those individuals requiring an assessment to determine the individual's level of competency. The court seeks to determine whether or not a person is competent to participate in his or her own defense and understands the role of the judge and jury. This process ensures the individual is able to understand the legal issues they are facing and can be represented appropriately. The OCDMH contracts with NYS licensed Psychiatrists and Psychologists to examine defendants and determine if the defendant is incapacitated at the time of examination.

2020 Data:

28 Completed Evaluations
13 Found to be Competent
13 Found to be Incompetent
2 Closed Without Evaluation
Under Mental Hygiene Law 9.41, 9.45, 9.55, 9.57, 9.60, and 22.09 community members putting themselves and/or others at imminent risk or serious harm within the community can be transported to the hospital for evaluation on an involuntary basis. OCDMH has a direct role in issuing and tracking orders. This data is critical in communicating with community providers, Law Enforcement, Ambulance Services, Doctors, Behavioral Health Clinics, Hospitals, and Mobile Crisis Assessment Teams.

**How it works:**

When an individual in the community appears to be a risk and a danger to themselves or others, they can be escorted by law enforcement on a 9.41 pick-up order and transported to an emergency room. This is often done in conjunction with the Mobile Crisis Assessment Team (MCAT) who can provide on scene mental health assessments.

In instances of uncertainty, the Mental Health Department is contacted to make the final determination. If a 9.45 pick-up is ordered by the designee, Emergency Department Physicians/Psychiatrists will determine if the individual needs to be admitted for inpatient services. 22.09 pick-up orders can also be issued for individuals who are found incoherent due to alcohol and substance abuse.
The 9.41 Committee meets every other month to discuss issues involving emergency pick-ups of individuals by law enforcement who are considered a risk to themselves or others. The committee is made up of representatives from the mental health field, members of law enforcement from the various departments throughout Oneida County and Emergency Services. The goal of the committee is to find ways of improving services and decreasing the number of individuals going to emergency rooms.

Melanie Taylor, Co-Chair

- Utica Police
- Rome Police
- Boonville Police
- Camden Police
- Sherrill Police
- Yorkville Police
- Whitestown Police
- Oneida County 911
- Oneida County DFCS
- New York State Troopers
- OC Sheriff’s Department
- Utica Fire Department
- Adult Protective Services

- Community Health and Behavioral Services
- Integrated Community Alternatives Network
- Mohawk Valley Health System
- Mohawk Valley Psychiatric Center
- Rome Memorial Hospital
- Mental Health Court
- Upstate Cerebral Palsy
- Central New York Services
- The Neighborhood Center
- Catholic Charities
- Rescue Mission

Goals of the 9.41 Committee:

- To create alternative solutions in an effort to divert individuals from the Emergency Departments or admission to inpatient psychiatric units. Officers trained for the Crisis Intervention Team, on scene assistance from MCAT and the use of MCAT Case Managers.

- To enrich law enforcement training to include crisis intervention strategies.

- Upgrade Mobile Crisis Assessment Team capabilities to include direct access to medical and psychiatric evaluations.

- Enhance use of telehealth technology.

- Identify the highest utilizers of crisis services and come up with innovative ways of providing needed services while reducing the number of crisis occurrences.

- Implement strategies to assure an individuals successful transition from an inpatient setting back to the community.
The Oneida County Department of Mental Health provides planning, oversight, support, and review of the Oneida County Developmental Disabilities Delivery System. A vital component of this process is the Intellectual/Developmental Disabilities Subcommittee, which serves as a forum for Oneida County providers to discuss service needs, gaps and barriers in providing services to members in the community.
OVERVIEW

THE DEPARTMENT OF MENTAL HEALTH CONTINUES TO COLLABORATE WITH COMMUNITY PARTNERS ON SEVERAL ONGOING PROJECTS TO ENHANCE THE DEVELOPMENTAL DISABILITIES DELIVERY SYSTEM.

In 2020, individuals with Intellectual/Developmental Disabilities continued to adjust to the significant changes in service delivery systems that took place in the previous two years. This included the change from Medicaid Service Coordination to Health Home Services, as well as the appointment of Dr. Thomas Kastner MD, MS as the Commissioner of the NYS Office for Persons with Developmental Disabilities (OPWDD). The Oneida County Department of Mental Health Department continues to help facilitate information to local stakeholders through the Intellectual/Developmental Disabilities Subcommittee.

In 2020, the Intellectual/Developmental Disabilities Subcommittee and its stakeholders began to break down areas of need such as communication across systems, Emergency/Crisis services, and Staffing and the Aging population. The committee is also working collaboratively with the Mental Health Subcommittee to reduce duplication of efforts.

Needs that were identified by the subcommittee in 2019 continue to be needs in 2020. These include lack of supported community housing, the need for consistent staffing for both certified and non-certified programs, and the need to develop and provide faster access to behavioral intervention services for both children and adults.

The need for respite services is a very high priority for both children and adults within this population; this service would enhance an individual’s ability to remain in the community in the least restrictive environment and would significantly reduce the burden on primary care givers enabling them to provide care in the home for a longer period of time. Lastly, the subcommittee plans to collaborate with other providers and/or create services for those who do not qualify for OPWDD services but have impairments that may hinder independence in the community.

The subcommittee continues to seek out new membership from those agencies or individuals who wish to contribute to serving those with intellectual/developmental disabilities. In 2020, there was growth in committee membership; one consumer of services, as well as two parents of individuals with developmental disabilities joined the committee. In 2021, we look forward to the continued growth of the committee and will lean on members to identify service gaps and provide guidance on how to address the needs of this population during and post- COVID-19 pandemic.
A diverse group of service providers who conduct bi-monthly meetings to identify service needs, gaps and barriers our providers face in providing services to members in the community who have Intellectual and/or Developmental Disabilities. This Sub-committee works collaboratively with the Office for Persons with Developmental Disabilities in order to address the needs of this population. This committee provides information, education, and a forum to update consumers, families and providers involved with the Developmental Disabilities delivery system as it works to engage consumers in successful community living.

Linda Troutman-Zelows, LCSW-R, Chairperson

Kathy VanNederynen
Mary Ellen Busa
Dr. Kate Warden
Amana Carney
Maryann DiNigro
Jean Jacobson
Melanie Taylor
Jeannette Pavlus
Dr. Kathleen Bishop
Joe Salvemini
Joe Salvemini
Shelly Swanson
Kristin Ward
Samantha Glenn
Barrett Fitzgerald
Michael Fitzgerald (P)
George Graziedei
David Mathis
Karen Hoffman
Dr. Leah Phaneuf
Kathy Klosner
Fran Burnham
Julie Darling
The Oneida County Department of Mental Health provides "pass-through" funding to a number of Not-for-Profit Agencies in the Greater Utica area. The New York State Office of Mental Health (OMH), New York State Office for People with Developmental Disabilities (OPWDD), and New York State Office of Alcoholism and Substance Abuse Services (OASAS) provides the initial funding. There is also a contribution of local tax dollars to support a portion of the department operations as well as in support of programs at several not for profit agencies under contract with the department.
In 2020, The Oneida County Department of Mental Health provided funding for 11 Not-for-Profit Agencies in the Greater Utica area. The New York State Office of Mental Health (OMH), New York State Office for People with Developmental Disabilities (OPWDD), and New York State Office of Addiction Services and Supports (OASAS) provides the initial funding. In addition, a contribution of local tax dollars supports a portion of the department operations including support of several not-for-profit programs contracted through the Mental Health Department. Beginning on July 1, 2020, the State began withholding 20% of State Aid payments due to budget shortfalls caused by the COVID-19 pandemic; these changes are reflected in the numbers below.

### CONTRACT AMOUNTS

The following Not-for-Profit Agencies receive funding through Oneida County Department of Mental Health:

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>2020 Full Amt.</th>
<th>2020 Amt. w/ State Withhold</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Neighborhood Center, Inc.</td>
<td>$2,417,572</td>
<td>$2,175,862</td>
</tr>
<tr>
<td>Central New York Services, Inc.</td>
<td>$1,648,691</td>
<td>$1,483,864</td>
</tr>
<tr>
<td>Insight House Chemical Dependency Services, Inc.</td>
<td>$1,555,987</td>
<td>$1,504,867</td>
</tr>
<tr>
<td>Catholic Charities of the Roman Catholic Diocese of Syracuse, NY</td>
<td>$1,714,604</td>
<td>$1,688,918</td>
</tr>
<tr>
<td>The Rescue Mission of Utica, New York</td>
<td>$1,289,393</td>
<td>$1,217,452</td>
</tr>
<tr>
<td>Upstate Cerebral Palsy</td>
<td>$1,107,328</td>
<td>$1,031,005</td>
</tr>
<tr>
<td>ICAN (Formerly Kids Oneida, Inc.)</td>
<td>$277,691</td>
<td>$249,931</td>
</tr>
<tr>
<td>Central Association for the Blind and Visually Impaired, Inc.</td>
<td>$38,844</td>
<td>$35,000</td>
</tr>
<tr>
<td>Resource Center for Independent Living, Inc.</td>
<td>$224,474</td>
<td>$202,035</td>
</tr>
<tr>
<td>The Arc of Oneida and Lewis Counties, Inc.</td>
<td>$350,612</td>
<td>$318,062</td>
</tr>
<tr>
<td>Center for Family Life and Recovery, Inc.</td>
<td>$456,721</td>
<td>$416,055</td>
</tr>
<tr>
<td>Human Technologies Corporation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Helio Health</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
FISCAL OPERATIONS

CONTRACTED PARTNERS

$2,417,572  $1,714,604  $1,555,987

$1,289,393  $1,648,691  $277,690

$224,474  $1,107,328  $38,844

$456,721  $350,612

TOTAL:  $11,081,917.00
ADMINISTRATIVE COSTS

The operation of the administrative component of the Oneida County Department of Mental Health was funded through a combination of State Aid Reimbursement from New York State as well as revenues received from our participation in the Federal Salary Sharing Program. The total cost of the operation of the administrative component was $766,069.00 of which $614,946.00 (approx. 80%) was paid for by state aid reimbursement and Federal Salary Share dollars.

INSTITUTIONAL PLACEMENT COSTS

The Oneida County Department of Mental Health is responsible for the placement in New York State institutions of individuals with mental or developmental disabilities that have been deemed by the courts as incompetent to stand trial. The cost to place these individuals’ amounts to approximately $2,984,594.00. The County is responsible for 100% of the ongoing OMH charges, as of April 1, 2020. For the period January 1 - March 31, OMH paid 50%. New York State continues to pay for 50% of OPWDD related costs. The 2020 expense paid by the County for this was approximately $2,407,695.00.

OTHER PROGRAM COSTS

The Department of Mental Health administers the Medication Grant Program and conducts the Coordinated Children’s Services Initiative and Support Programs. The department also administers and supervises the Kendra’s Law Program, supervises and staffs the County Wide Single Point of Access Program for people with mental illness and supervises and staffs the Dual Recovery Program. The total cost of these programs was $399,615.00 which was funded with 81 percent State Aid from the NYS Office of Mental Health.
## Revenue Analysis

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Estimated Revenue</th>
<th>Estimated Receipts</th>
<th>Revenue Remaining</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1620</td>
<td>Reimbursable Mental Health from DSS - DSRIP</td>
<td>$85,776.00</td>
<td>$84,515.05</td>
<td>$1,260.95</td>
<td>98.53</td>
</tr>
<tr>
<td>A2714</td>
<td>Miscellaneous Revenue - Mental Health</td>
<td>$315,567.00</td>
<td>$782,502.11</td>
<td>($466,935.11)</td>
<td>247.97</td>
</tr>
<tr>
<td>A3099.2</td>
<td>State Aid - Raise the Age - Mental Health</td>
<td>$82,546.00</td>
<td>$0.00</td>
<td>$82,546.00</td>
<td>100.00</td>
</tr>
<tr>
<td>A3490</td>
<td>State Aid - OMH</td>
<td>$8,168,450.00</td>
<td>$2,790,961.75</td>
<td>$5,377,488.25</td>
<td>34.17</td>
</tr>
<tr>
<td>A3492</td>
<td>State Aid - OMRRD</td>
<td>$130,000.00</td>
<td>$0.00</td>
<td>$130,000.00</td>
<td>100.00</td>
</tr>
<tr>
<td>A3493</td>
<td>State Aid - OASAS</td>
<td>$3,567,044.00</td>
<td>$1,245,554.00</td>
<td>$2,321,490.00</td>
<td>34.92</td>
</tr>
<tr>
<td>A4490.01</td>
<td>Federal Aid - M/A Salary Sharing</td>
<td>$77,000.00</td>
<td>$112,879.00</td>
<td>($35,879.00)</td>
<td>146.60</td>
</tr>
</tbody>
</table>

**Total:** $12,426,383.00 | $8,016,351.91 | $0.00 | $7,410,031.09

## Appropriation Analysis

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Budget Amount</th>
<th>Expenditures</th>
<th>Outstanding Encumbrances</th>
<th>Unencumbered Balance</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4310.101</td>
<td>Salaries</td>
<td>$490,976.00</td>
<td>$419,037.58</td>
<td>$71,938.42</td>
<td>85.35</td>
<td>14.65</td>
</tr>
<tr>
<td>A4310.109</td>
<td>Salaries, Other</td>
<td>$74,097.00</td>
<td>$53,713.06</td>
<td>$22,283.92</td>
<td>70.29</td>
<td>29.71</td>
</tr>
<tr>
<td>A4310.195</td>
<td>Other Fees &amp; Services</td>
<td>$116,860.00</td>
<td>$17,530.98</td>
<td>$99,329.02</td>
<td>15.00</td>
<td>85.00</td>
</tr>
<tr>
<td>A4310.196</td>
<td>Investigations</td>
<td>$52,000.00</td>
<td>$52,528.00</td>
<td>$29,472.00</td>
<td>43.32</td>
<td>56.68</td>
</tr>
</tbody>
</table>

**A4310.1:** $734,833.00 | $511,809.64 | $0.00 | $223,023.36 | 69.65 | 30.35 |

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Budget Amount</th>
<th>Expenditures</th>
<th>Outstanding Encumbrances</th>
<th>Unencumbered Balance</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4310.211</td>
<td>Office Equipment</td>
<td>$1,000.00</td>
<td>$0.00</td>
<td>$1,000.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>A4310.212</td>
<td>Computer Hardware</td>
<td>$500.00</td>
<td>$0.00</td>
<td>$500.00</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

**A4310.2:** $1,500.00 | $0.00 | $0.00 | $1,500.00 | 100.00 |

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Budget Amount</th>
<th>Expenditures</th>
<th>Outstanding Encumbrances</th>
<th>Unencumbered Balance</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4310.411</td>
<td>Office Supplies</td>
<td>$2,150.00</td>
<td>$299.72</td>
<td>$1,850.28</td>
<td>43.24</td>
<td>56.76</td>
</tr>
<tr>
<td>A4310.412</td>
<td>Insurance &amp; Bonding</td>
<td>$3,500.00</td>
<td>$0.00</td>
<td>$3,500.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>A4310.413</td>
<td>Rent/Lease - Equipment</td>
<td>$1,217.00</td>
<td>$1,216.64</td>
<td>$0.36</td>
<td>99.99</td>
<td>0.01</td>
</tr>
<tr>
<td>A4310.416</td>
<td>Telephone</td>
<td>$3,240.00</td>
<td>$1,530.00</td>
<td>$1,710.00</td>
<td>47.22</td>
<td>52.78</td>
</tr>
<tr>
<td>A4310.4163</td>
<td>Cellular Telephone Charges</td>
<td>$2,233.00</td>
<td>$1,539.62</td>
<td>$693.38</td>
<td>68.95</td>
<td>31.05</td>
</tr>
<tr>
<td>A4310.417</td>
<td>Rent/Lease - Space</td>
<td>$44,220.00</td>
<td>$44,220.00</td>
<td>$0.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>A4310.418</td>
<td>Meter Postage</td>
<td>$1,155.00</td>
<td>$519.42</td>
<td>$635.58</td>
<td>44.97</td>
<td>55.03</td>
</tr>
<tr>
<td>A4310.446</td>
<td>Medical Supplies</td>
<td>$600.00</td>
<td>$587.28</td>
<td>$12.72</td>
<td>97.88</td>
<td>2.12</td>
</tr>
<tr>
<td>A4310.454</td>
<td>Travel - Meetings, seminars etc.</td>
<td>$10,000.00</td>
<td>$2,543.83</td>
<td>$9,456.17</td>
<td>2.55</td>
<td>97.45</td>
</tr>
<tr>
<td>A4310.455</td>
<td>Travel &amp; Subsistence</td>
<td>$7,000.00</td>
<td>$619.15</td>
<td>$6,380.85</td>
<td>8.85</td>
<td>91.16</td>
</tr>
<tr>
<td>A4310.491</td>
<td>Other Materials &amp; Supplies</td>
<td>$600.00</td>
<td>$140.51</td>
<td>$459.49</td>
<td>23.42</td>
<td>76.58</td>
</tr>
<tr>
<td>A4310.4951</td>
<td>Other Expenses</td>
<td>$30,748.00</td>
<td>$12,078.69</td>
<td>$18,669.31</td>
<td>39.80</td>
<td>60.20</td>
</tr>
<tr>
<td>A4310.495138</td>
<td>OC Law Department Reimbursement</td>
<td>$10,000.00</td>
<td>$10,000.00</td>
<td>$0.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>A4310.495147</td>
<td>DSRIP Project Expenses</td>
<td>$342,257.28</td>
<td>$28,258.78</td>
<td>$314,008.50</td>
<td>8.26</td>
<td>91.74</td>
</tr>
<tr>
<td>A4310.49515</td>
<td>Insight House - Alcohol</td>
<td>$1,548,416.00</td>
<td>$1,504,865.00</td>
<td>$43,551.00</td>
<td>97.19</td>
<td>2.81</td>
</tr>
<tr>
<td>A4310.49516</td>
<td>The ARC</td>
<td>$342,559.00</td>
<td>$244,096.00</td>
<td>$98,463.00</td>
<td>71.26</td>
<td>28.74</td>
</tr>
<tr>
<td>A4310.49517</td>
<td>Cerebral Palsy OMH/OMRDD</td>
<td>$1,098,607.00</td>
<td>$785,657.75</td>
<td>$312,949.25</td>
<td>71.51</td>
<td>28.49</td>
</tr>
<tr>
<td>A4310.49518</td>
<td>Human Technology Corporation</td>
<td>$59,408.00</td>
<td>$0.00</td>
<td>$59,408.00</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>
### Appropriation Analysis

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Budget Expenditures</th>
<th>Outstanding Encumbrances</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4310.49519</td>
<td>Central NY Services - Mental Health</td>
<td>$1,636,756.00</td>
<td>$1,339,008.00</td>
<td>$297,748.00</td>
</tr>
<tr>
<td>A4310.49521</td>
<td>Mohawk Valley Council On Alcoholism/Addiction</td>
<td>$478,824.00</td>
<td>$306,108.00</td>
<td>$172,716.00</td>
</tr>
<tr>
<td>A4310.49522</td>
<td>Utica Rescue Mission</td>
<td>$1,270,324.00</td>
<td>$1,102,147.00</td>
<td>$168,177.00</td>
</tr>
<tr>
<td>A4310.49523</td>
<td>Catholic Charities - ALC</td>
<td>$1,692,912.00</td>
<td>$1,504,671.00</td>
<td>$188,241.00</td>
</tr>
<tr>
<td>A4310.49524</td>
<td>Central Association For The Blind</td>
<td>$38,844.00</td>
<td>$8,249.00</td>
<td>$30,595.00</td>
</tr>
<tr>
<td>A4310.49525</td>
<td>Resource Center For Independent Living</td>
<td>$274,233.00</td>
<td>$92,982.00</td>
<td>$181,251.00</td>
</tr>
<tr>
<td>A4310.49526</td>
<td>Neighborhood Center</td>
<td>$2,396,749.00</td>
<td>$897,605.00</td>
<td>$1,499,144.00</td>
</tr>
<tr>
<td>A4310.49541</td>
<td>Kids Oneida</td>
<td>$267,286.00</td>
<td>$175,425.00</td>
<td>$91,861.00</td>
</tr>
</tbody>
</table>

**Total:** $12,496,640.28 $8,777,275.57 $160.00 $3,719,294.71

### Encumbrance Summary

<table>
<thead>
<tr>
<th>Journal</th>
<th>Open Date</th>
<th>Status</th>
<th>Account Number</th>
<th>Description</th>
<th>Original Encumbrance</th>
<th>Outstanding Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2430074</td>
<td>10/16/20</td>
<td>Open</td>
<td>A4310.4951</td>
<td>PO # 86905: 2020 Interpreting Various Languages for SFOA Clients</td>
<td>$160.00</td>
<td>$160.00</td>
</tr>
</tbody>
</table>

Totals: $160.00 $160.00

Total of outstanding encumbrances: $160.00
### Appropriation Analysis

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Budget Amount</th>
<th>Expenditures</th>
<th>Outstanding Encumbrances</th>
<th>Unencumbered Balance</th>
<th>Percentages</th>
<th>Used</th>
<th>Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4312.495</td>
<td>Psych Exp in Criminal Act</td>
<td>$1,301,820.00</td>
<td>$1,983,982.66</td>
<td>($682,162.66)</td>
<td>152.40</td>
<td>-52.40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4312.4</td>
<td></td>
<td>$1,301,820.00</td>
<td>$1,983,982.66</td>
<td>$0.00</td>
<td>($682,162.66)</td>
<td>152.40</td>
<td>-52.40</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>$1,301,820.00</strong></td>
<td><strong>$1,983,982.66</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>($682,162.66)</strong></td>
<td><strong>152.40</strong></td>
<td><strong>-52.40</strong></td>
<td></td>
</tr>
</tbody>
</table>

End of report
# 2021 Adopted Budget Report

## 4310: Mental Health Administration

As defined in Article 41 of the New York State Mental Hygiene Law, the primary function of the Oneida County Department of Mental Health is to plan, monitor and coordinate the delivery of all community mental hygiene services. County plans are submitted annually to the New York State Office of Alcohol and Substance Abuse Services, Office of Mental Health, and Office of Mental Retardation and Developmental Disabilities.

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Prior Year (2019)</th>
<th>Current Year as of 06/30/2020</th>
<th>Budget Year 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4310.101</td>
<td>Salaries</td>
<td>462,168</td>
<td>490,976</td>
<td>359,049</td>
</tr>
<tr>
<td>A4310.109</td>
<td>Salaries, Other</td>
<td>62,513</td>
<td>74,997</td>
<td>74,997</td>
</tr>
<tr>
<td>A4310.195</td>
<td>Other Fees &amp; Services</td>
<td>118,560</td>
<td>118,860</td>
<td>85,825</td>
</tr>
<tr>
<td>A4310.196</td>
<td>Investigations</td>
<td>49,000</td>
<td>52,000</td>
<td>32,087</td>
</tr>
<tr>
<td>A4310.211</td>
<td>Office Equipment</td>
<td>1,500</td>
<td>1,000</td>
<td>0</td>
</tr>
<tr>
<td>A4310.212</td>
<td>Computer Hardware</td>
<td>500</td>
<td>500</td>
<td>0</td>
</tr>
<tr>
<td>A4310.411</td>
<td>Office Supplies</td>
<td>2,150</td>
<td>2,150</td>
<td>1,100</td>
</tr>
<tr>
<td>A4310.412</td>
<td>Insurance &amp; Bonding</td>
<td>3,500</td>
<td>3,500</td>
<td>3,500</td>
</tr>
<tr>
<td>A4310.413</td>
<td>Rent/Lease - Equipment</td>
<td>1,217</td>
<td>1,217</td>
<td>2,129</td>
</tr>
<tr>
<td>A4310.416</td>
<td>Telephone</td>
<td>2,103</td>
<td>2,240</td>
<td>2,160</td>
</tr>
<tr>
<td>A4310.417</td>
<td>Cellular Telephone Charges</td>
<td>1,538</td>
<td>2,233</td>
<td>2,342</td>
</tr>
<tr>
<td>A4310.418</td>
<td>Rent/Lease - Space</td>
<td>44,220</td>
<td>44,220</td>
<td>44,220</td>
</tr>
<tr>
<td>A4310.446</td>
<td>Medical Supplies</td>
<td>500</td>
<td>600</td>
<td>1,496</td>
</tr>
<tr>
<td>A4310.454</td>
<td>Travel - Meetings, seminars etc</td>
<td>14,000</td>
<td>10,000</td>
<td>1,255</td>
</tr>
<tr>
<td>A4310.455</td>
<td>Travel &amp; Subsistence</td>
<td>16,500</td>
<td>7,000</td>
<td>1,999</td>
</tr>
<tr>
<td>A4310.491</td>
<td>Other Materials &amp; Supplies</td>
<td>400</td>
<td>600</td>
<td>600</td>
</tr>
<tr>
<td>A4310.492</td>
<td>Computer Software &amp; Licen</td>
<td>107</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A4310.493</td>
<td>Maintenance, Repair &amp; Servi</td>
<td>234</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A4310.495</td>
<td>Other Expenses</td>
<td>95,518</td>
<td>30,748</td>
<td>27,500</td>
</tr>
<tr>
<td>A4310.49513</td>
<td>OC Law Department Reimbur</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td>A4310.49517</td>
<td>DSRIP Project Expenses</td>
<td>30,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A4310.49518</td>
<td>Insight House - Alcohol</td>
<td>1,537,811</td>
<td>1,548,416</td>
<td>1,555,987</td>
</tr>
<tr>
<td>A4310.49519</td>
<td>The ARC</td>
<td>340,005</td>
<td>342,559</td>
<td>345,952</td>
</tr>
<tr>
<td>A4310.49520</td>
<td>Cerebral Palsy OGM/OMRD</td>
<td>1,072,117</td>
<td>1,098,607</td>
<td>1,454,254</td>
</tr>
<tr>
<td>A4310.49521</td>
<td>Human Technology Corpora</td>
<td>46,217</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A4310.49522</td>
<td>Central NY Services - Mental I</td>
<td>1,683,288</td>
<td>1,636,756</td>
<td>1,527,041</td>
</tr>
<tr>
<td>A4310.49523</td>
<td>Mohawk Valley Council On A</td>
<td>450,207</td>
<td>451,084</td>
<td>446,061</td>
</tr>
<tr>
<td>A4310.49525</td>
<td>Utica Rescue Mission</td>
<td>1,209,676</td>
<td>1,270,324</td>
<td>1,289,393</td>
</tr>
<tr>
<td>A4310.49526</td>
<td>Catholic Charities - ALC</td>
<td>1,689,510</td>
<td>1,692,912</td>
<td>1,714,604</td>
</tr>
<tr>
<td>A4310.49527</td>
<td>Central Association For The B</td>
<td>36,557</td>
<td>38,844</td>
<td>8,250</td>
</tr>
<tr>
<td>A4310.49529</td>
<td>Resource Center For Independ</td>
<td>5,464,691</td>
<td>224,474</td>
<td>224,474</td>
</tr>
<tr>
<td>A4310.49530</td>
<td>Neighborhood Center</td>
<td>2,387,630</td>
<td>2,396,749</td>
<td>2,417,572</td>
</tr>
<tr>
<td>A4310.49540</td>
<td>Syracuse Behavioral Healthcare</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A4310.49550</td>
<td>Kids Onida</td>
<td>0</td>
<td>225,000</td>
<td>277,691</td>
</tr>
<tr>
<td>A4310.810</td>
<td>Retirement</td>
<td>68,497</td>
<td>48,664</td>
<td>53,054</td>
</tr>
<tr>
<td>A4310.830</td>
<td>Social Security</td>
<td>35,356</td>
<td>37,560</td>
<td>37,882</td>
</tr>
</tbody>
</table>
## 2021 Adopted Budget Report
### 4310: Mental Health Administration

#### Appropriations

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Prior Year (2019)</th>
<th>Current Year as of 06/30/20</th>
<th>Year End Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4310.840</td>
<td>Workers Compensation</td>
<td>11,715</td>
<td>10,684</td>
<td>10,684</td>
</tr>
<tr>
<td>A4310.850</td>
<td>Unemployment Insurance</td>
<td>1,144</td>
<td>1,228</td>
<td>1,228</td>
</tr>
<tr>
<td>A4310.860</td>
<td>Health Insurance</td>
<td>97,863</td>
<td>98,323</td>
<td>98,323</td>
</tr>
<tr>
<td><strong>Appropriations Totals:</strong></td>
<td></td>
<td><strong>12,651,722</strong></td>
<td><strong>12,025,112</strong></td>
<td><strong>12,300,976</strong></td>
</tr>
</tbody>
</table>

#### Budget Year 2021

<table>
<thead>
<tr>
<th>Departmental Request</th>
<th>County Executive Proposed</th>
<th>Adopted Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,772</td>
<td>12,772</td>
<td>12,772</td>
</tr>
<tr>
<td>1,141</td>
<td>1,239</td>
<td>1,239</td>
</tr>
<tr>
<td>112,241</td>
<td>107,765</td>
<td>107,765</td>
</tr>
<tr>
<td><strong>12,677,286</strong></td>
<td><strong>12,112,129</strong></td>
<td><strong>12,112,129</strong></td>
</tr>
</tbody>
</table>

#### Revenue Accounts

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
<th>Prior Year (2019)</th>
<th>Current Year as of 06/30/20</th>
<th>Year End Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1203.2</td>
<td>Reimb MH From Social Serv</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A1620</td>
<td>Reimburs Mental Health fro</td>
<td>80,771</td>
<td>85,776</td>
<td>76,759</td>
</tr>
<tr>
<td>A1620.1</td>
<td>Reimburs Mental Health fro</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A2714</td>
<td>Miscellaneous Revenue - Men</td>
<td>30,000</td>
<td>315,567</td>
<td>417,040</td>
</tr>
<tr>
<td>A3068.2</td>
<td>State Aid -Raising the Age</td>
<td>80,771</td>
<td>82,546</td>
<td>47,040</td>
</tr>
<tr>
<td>A3490</td>
<td>State Aid - OMH</td>
<td>7,946,954</td>
<td>8,059,189</td>
<td>9,631,074</td>
</tr>
<tr>
<td>A2492</td>
<td>State Aid - OMH</td>
<td>127,813</td>
<td>130,000</td>
<td>117,000</td>
</tr>
<tr>
<td>A3493</td>
<td>State Aid - OASAS</td>
<td>3,446,376</td>
<td>3,567,044</td>
<td>3,661,695</td>
</tr>
<tr>
<td>A4490.01</td>
<td>Federal Aid - M/A Salary Sha</td>
<td>166,000</td>
<td>77,000</td>
<td>77,000</td>
</tr>
<tr>
<td>A4491</td>
<td>Mental Health- OASAS Fede</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Revenue Totals:</strong></td>
<td></td>
<td><strong>11,812,685</strong></td>
<td><strong>11,981,555</strong></td>
<td><strong>13,980,568</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Departmental Request</th>
<th>County Executive Proposed</th>
<th>Adopted Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>76,759</td>
<td>76,759</td>
<td>76,759</td>
</tr>
<tr>
<td>0</td>
<td>17,000</td>
<td>17,000</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>12,049,697</strong></td>
<td><strong>12,049,697</strong></td>
<td><strong>12,049,697</strong></td>
</tr>
</tbody>
</table>

| Net County Share | 239,037 | 114,826 | (1,679,592) | 86,950 | 62,432 | 62,432 |
## 2021 Adopted Budget Report
### 4312: Mental Health - Psych Exp in Criminal Act

The expenses of this cost center formerly appeared in the A4310 cost center. A separate cost center was created since these expenditures are all local county cost with no offsetting state or federal aid. The expenditures represent the cost of placing individuals who are residents of Oneida County in state facilities that are deemed incompetent to stand trial due to mental health or developmental disability incapacity.

<table>
<thead>
<tr>
<th>Budget Accounts</th>
<th>Prior Year (2019)</th>
<th>Current Year as of 06/30/20</th>
<th>Appropriations</th>
<th>Budget Year 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account</td>
<td>Adopted</td>
<td>Orders and Expenditures</td>
<td>Adopted</td>
<td>Modified</td>
</tr>
<tr>
<td>A4312.495</td>
<td>800,000</td>
<td>2,077,755</td>
<td>1,301,820</td>
<td>1,301,820</td>
</tr>
<tr>
<td>Appropriations Totals:</td>
<td>800,000</td>
<td>2,077,755</td>
<td>1,301,820</td>
<td>1,301,820</td>
</tr>
<tr>
<td>Net County Share</td>
<td>800,000</td>
<td>2,077,755</td>
<td>1,301,820</td>
<td>1,301,820</td>
</tr>
</tbody>
</table>
The Broadacres Residual cost center provides for payment of residual expenses, such as employee fringe benefits and debt service, related to the closure of the Broadacres Skilled Nursing Facility in 1996.

<table>
<thead>
<tr>
<th>Budget Accounts</th>
<th>Prior Year (2019)</th>
<th>Current Year as of 06/30/20</th>
<th>Appropriations</th>
<th>Budget Year 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account</td>
<td>Adopted</td>
<td>Orders and Expenditures</td>
<td>Adopted</td>
<td>Modified</td>
</tr>
<tr>
<td>A4535.840</td>
<td>Workers Compensation</td>
<td>15,919</td>
<td>15,919</td>
<td>15,594</td>
</tr>
<tr>
<td>A4535.850</td>
<td>Health Insurance</td>
<td>50,214</td>
<td>47,340</td>
<td>45,520</td>
</tr>
<tr>
<td>Appropriations Totals</td>
<td>74,133</td>
<td>63,259</td>
<td>61,114</td>
<td>61,114</td>
</tr>
<tr>
<td>Net County Share</td>
<td>74,133</td>
<td>63,259</td>
<td>61,114</td>
<td>61,114</td>
</tr>
</tbody>
</table>
**Delivery System Reform Incentive Payment Program (DSRIP)**

*The DSRIP demonstration authority ended on March 31, 2020*

DSRIP was the main mechanism by which New York State implemented the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP’s purpose was to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over a 5 year period (2015-2020). Up to **$6.42 billion dollars** was allocated to this program with payouts based upon achievement of predefined results in system transformation, clinical management and population health.

**Performing Provider Systems (PPS')**

The group of entities that was responsible for creating and implementing a DSRIP project were called Performing Provider Systems, abbreviated “PPS”. Performing Provider Systems were providers that formed partnerships and collaborated in a DSRIP Project Plan. PPS' included both major public hospitals and safety net providers, with a designated lead provider for the group. Safety net partners included an array of providers: hospitals, health homes, skilled nursing facilities, clinics & FQHCs, behavioral health providers, community based organizations and others.

The Central New York Care Collaborative (CNY Cares) was the PPS that connected more than 2,000 healthcare and community based service providers in six counties across Central New York -- Cayuga, Lewis, Madison, Oneida, Onondaga and Oswego. The primary goal of the collaborative was to serve the population by improving the coordination of healthcare services, enhancing the quality of performance outcomes, and creating an overall better system of care for patients.

**DSRIP Funding**

To date, the Oneida County Department of Mental Health has received a total of **$830,611** from the Central New York Care Collaborative (CNYCC) as a result of satisfactory completion of Quarterly Performance Activities assigned to our department over the past five years. The funds received are reflected in the Revenue/Appropriation Analysis Report. The Department will be utilizing a significant portion of these funds to develop a community-wide **Innovation and Improvement Fund** that will provide local agencies with an opportunity to submit proposals for projects that address needs in the areas of Mental Health, Substance Use and/or Developmental Disability, and improve the system of (behavioral health) care for patients with Medicaid and/or no insurance.
The New York State Conference of Local Mental Hygiene Directors (CLMHD) advocates at the state level on issues impacting the mental hygiene components of counties across New York State. The Conference strives to assist members in the planning and oversight of community mental hygiene services (mental health, substance abuse and developmental disabilities) for all people, regardless of payer or insurance status through legislative advocacy.

The CLMHD operates the Regional Planning Consortium (RPC), which is a network of 11 regional boards comprised of stakeholders who work closely with State agencies to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings. Oneida County is represented in the Central Region.
don't forget
to be
awesome