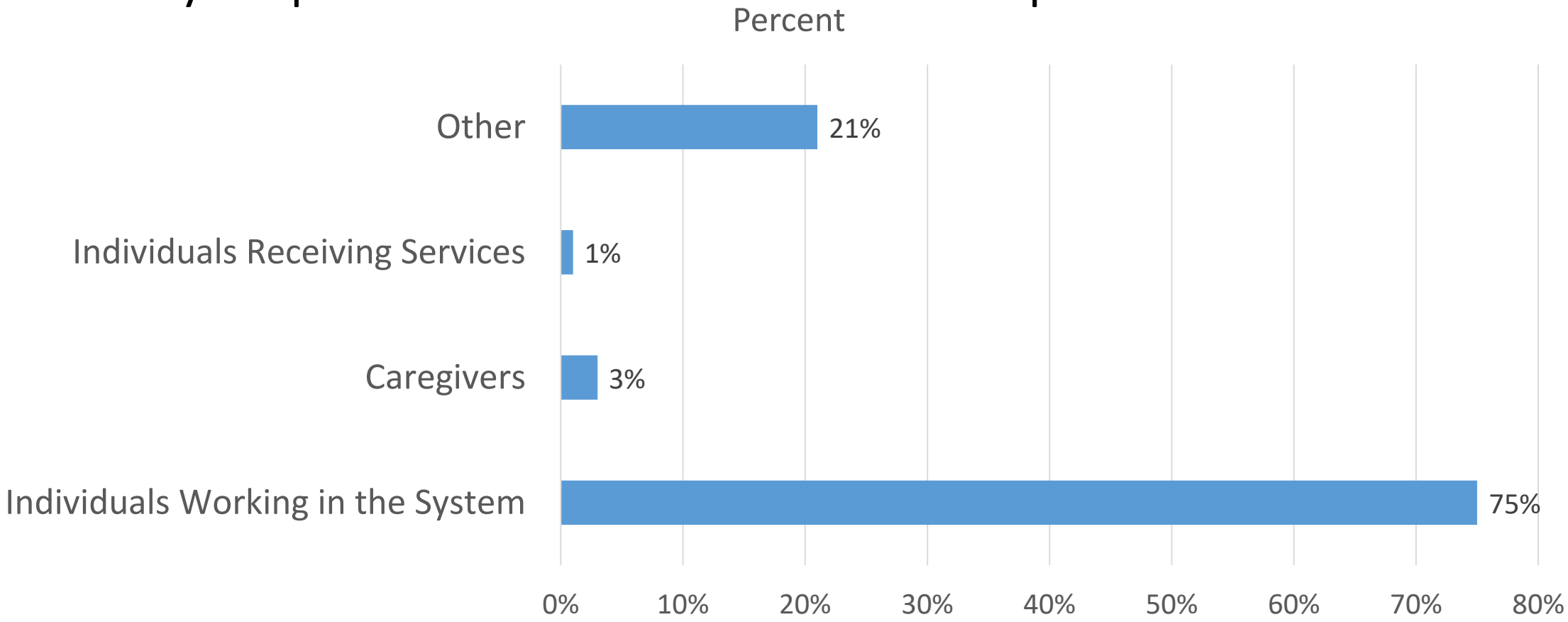
Onondaga County Local Services Planning

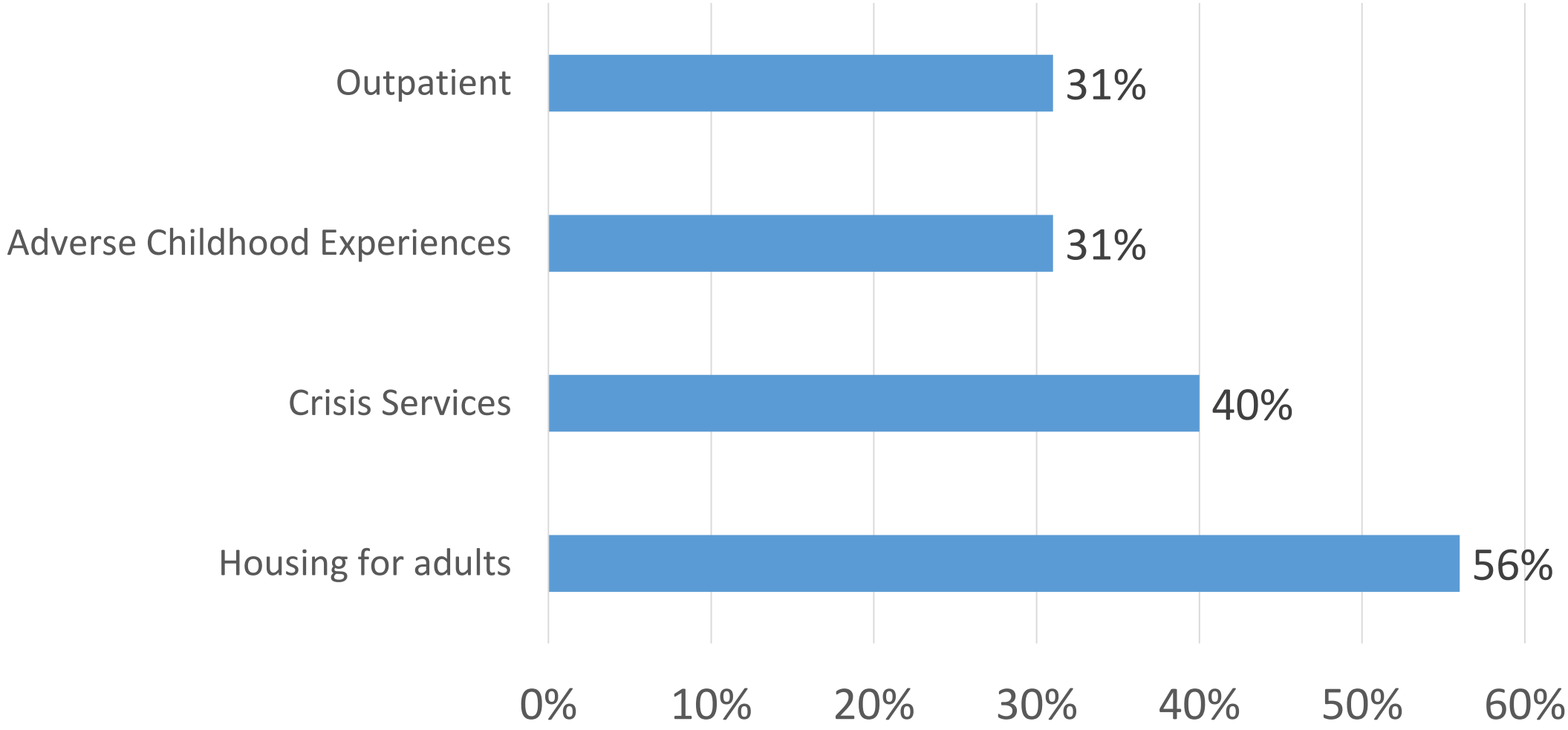
September 12, 2022

Onondaga County Local Services Planning Stakeholder Survey and Focus Groups

Survey Responses Received – 90 Focus Groups - 4



Top Needs Identified



Big Themes

Access to treatment and non-treatment	System Development	Equity and Inclusion	Housing for Adults	Education and Data
Low Barrier to care Dual Diagnosis Waitlists More Services OPWDD access to timely assessment OPWDD navigation support Peer support	Crisis System (including law enforcement collaboration) Navigation support for adults Coordination of Wrap Services Provider partnership De-Silo between MH/SU/IDD Staff Development and Retention	Harm Reduction Increase access to services for: People of Color New Americans Deaf Population Social Determinants of Health Increase quality of Care and EBP's	Affordability Options for difficult to House Homeless and experiencing SU/MH Dual Diagnosis Respite for youth and adults	Collect System Level Data and report Collect performance data Anti-Stigma for MH/SUD Education for families (adult and youth), providers, community 1 referral and info portal

Onondaga Full MH Population (Adult, December 2020 - November 2021)

§Statewide Average Performance is Referring To Statewide Full MH Population Average Rate.

Measure	Statewide Average Performance§	Numerator	Denominator	Performance
Adherence to AP (Schizophrenia)	64%	408	778	52%
Antidepressant – Acute Phase	61%	1,400	2,489	56%
Antidepressant – Continuation Phase	46%	1,008	2,489	40%
Clozapine Utilization (Schizophrenia)	6%	13	147	9%
Colorectal Screening	53%	1,485	2,814	53%
Diabetes Screening (Schiz/Bipolar AP)	76%	1,377	1,748	79%
Follow-up ED 7 Day	65%	1,176	1,469	80%
Follow-up ED 30 Day	74%	1,234	1,469	84%
Follow-up MH Hospitalization 7 Day	54%	422	745	57%
Follow-up MH Hospitalization 30 Day	69%	539	745	72%
HH+ Service Received	14%	78	448	17%
Readmission 30 Day (Lower % is better)	14%	196	1,260	16%

Higher than Statewide Average Performance**

Equal to Statewide Average Performance**

Lower than Statewide Average Performance**

Onondaga Full MH Population Disparities by Race/Ethnicity (Adult, December 2020 - November 2021)

§Statewide Average Performance is Referring To Statewide Full MH Population Average Rate.

Follow-up MH Hospitalization 7 Day

Disparity Cateogory	Numerator	Denominator	Performance	Lower than Statewide**	Equal to Statewide**	Higher than Statewide**
Total	422	745	57%			●
Black	79	171	46%	●		
Hispanic	10	22	45%	●		
Multiracial	45	98	46%	●		
White	275	430	64%			●
Unknown	6	13	46%	●		

Follow-up MH Hospitalization 30 Day

Total	539	745	72%			●
Asian/PI	5	5	100%			●
Black	100	171	58%	●		
Hispanic	12	22	55%	●		
Multiracial	62	98	63%	●		
Native American	6	6	100%			●
White	344	430	80%			●
Unknown	10	13	77%			●

Onondaga Full MH Population (Child, December 2020 - November 2021)

§Statewide Average Performance is Referring To Statewide Full MH Population Average Rate.

Measure	Statewide Average Performance§	Numerator	Denominator	Performance
First-Line Psychosocial Care	78%	129	169	76%
Follow-up ADHD Medication,	67%	71	111	64%
Follow-up ADHD Medication, Initiation	62%	189	320	59%
Follow-up ED 7 Day	72%	419	512	82%
Follow-up ED 30 Day	82%	453	512	88%
Follow-up MH Hospitalization 7 Day	73%	131	186	70%
Follow-up MH Hospitalization 30 Day	86%	159	186	85%
Immunization, HPV	30%	144	435	33%
Immunization, Meningococcal	59%	308	435	71%
Immunization, TDAP	61%	320	435	74%
Readmission 30 Day (Lower % is better	10%	32	230	14%

Higher than Statewide Average Performance**

Equal to Statewide Average Performance**

Lower than Statewide Average Performance**

Onondaga Full MH Population Disparities by Race/Ethnicity (Child, December 2020 - November 2021)

§Statewide Average Performance is Referring To Statewide Full MH Population Average Rate.

Follow-up ADHD Medication Initiation

Statewide Average Performance§	Disparity Cateogory	Numerator	Denominator	Performance	Lower than Statewide**	Equal to Statewide**	Higher than Statewide**
62%	Total	189	320	59%	●		
	Black	29	50	58%	●		
	Hispanic	19	33	58%	●		
	Multiracial	28	58	48%	●		
	Unknown	5	8	63%		●	
	White	105	165	64%			●

Follow-up MH Hospitalization 7 Day

73%	Total	131	186	70%	●		
	Black	16	26	62%	●		
	Multiracial	17	26	65%	●		
	White	89	122	73%		●	

Higher than Statewide Average Performance** ●

Equal to Statewide Average Performance** ●

Lower than Statewide Average Performance** ●

Onondaga Substance Use Key Indicators

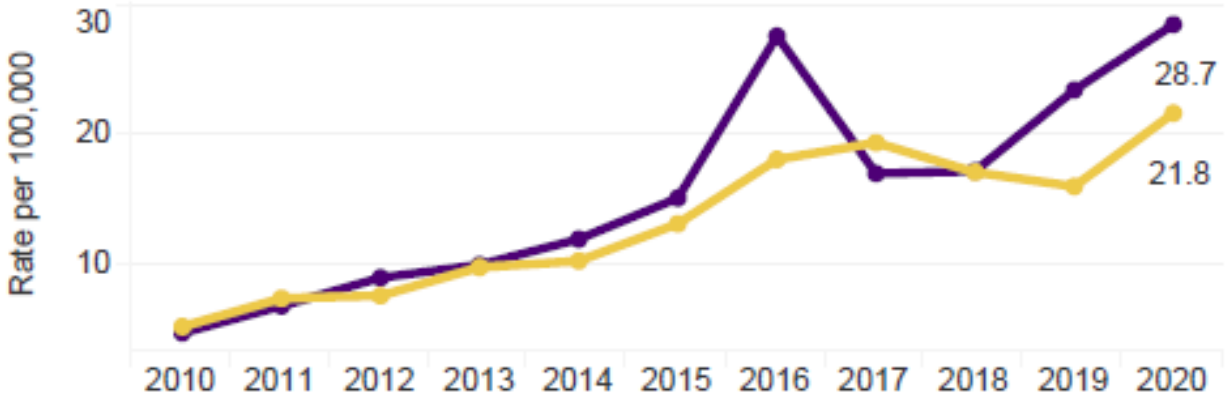
Opioid Deaths Crude Rate per 100,000, 2010-2020

Source: New York State Department of Health, Opioid Data Dashboard and County Opioid Quarterly Reports
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=it&ind_id=op51 and
https://www.health.ny.gov/statistics/opioid/
An asterisk (*) indicates the rate is unstable.

❖Opioid overdose deaths in Onondaga County in 2020: 134

Opioid Death Rate per 100,000 Population

County to Rest of State	2017	2018	2019	2020	
Onondaga	17.1	17.3	23.6	28.7	▲
(ROS)	19.5	17.2	16.1	21.8	▲

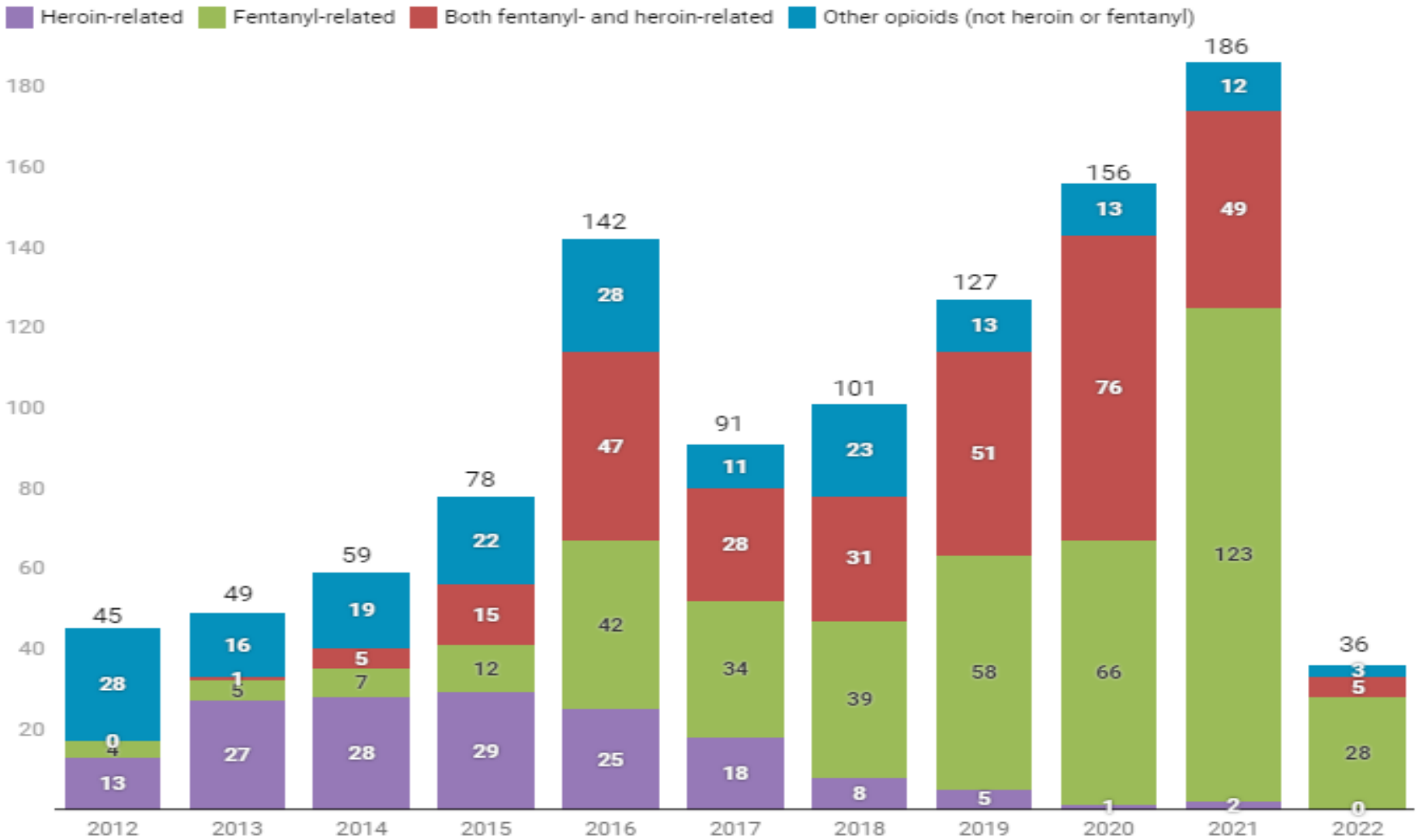


▲ ❖In 2020, the Onondaga County opioid overdose death rate was higher than the Rest of State.

▲ ❖Between 2017 and 2020, the rate of opioid overdose deaths increased in Onondaga County.

Unintended Opioid Related Deaths
Onondaga County, 2012-2022

Data through March 31, 2022

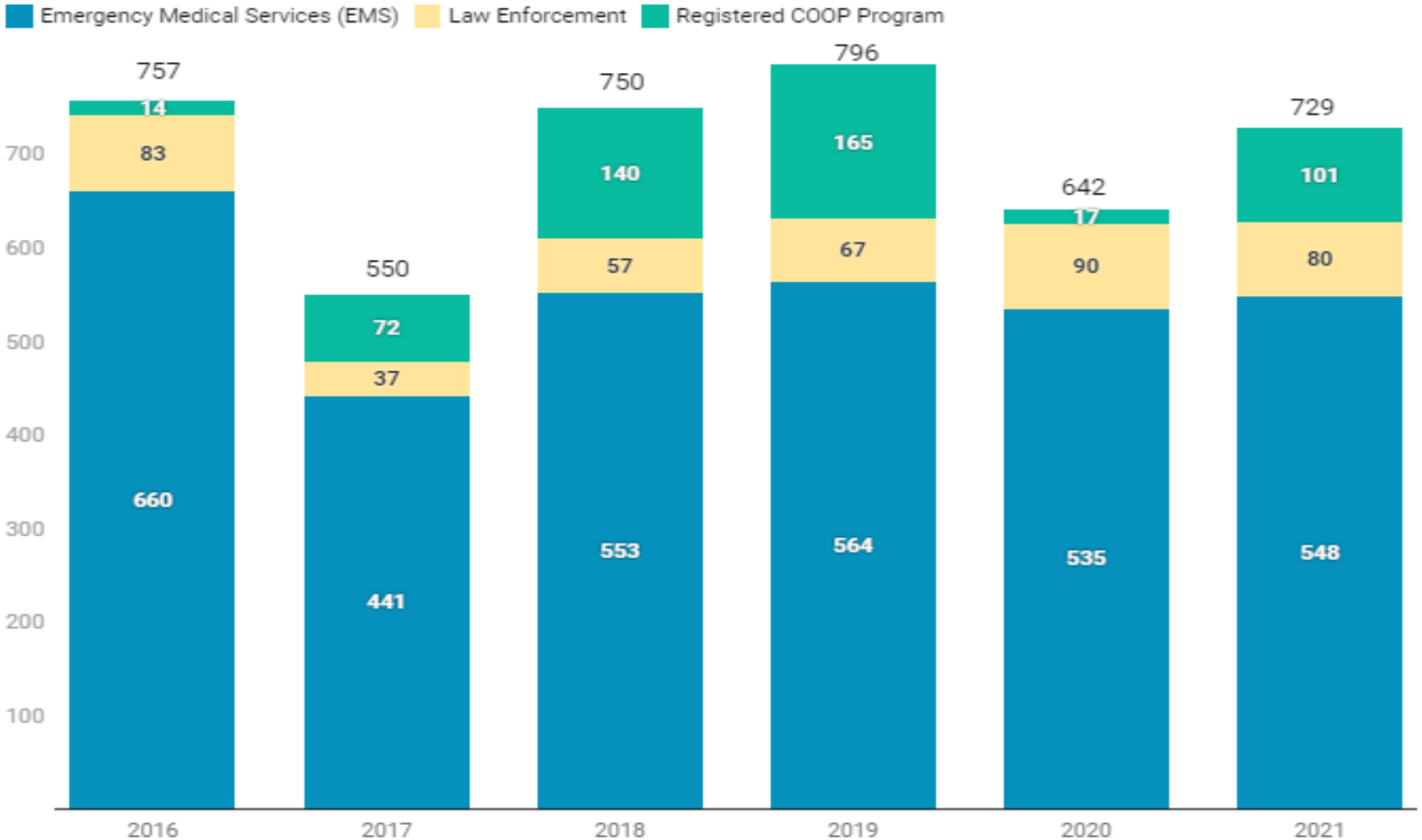


Heroin-related: Heroin alone or in combination with other drugs (non fentanyl)
Fentanyl-related: Fentanyl alone or in combination with other drugs (non heroin)
Both fentanyl- and heroin-related: Both fentanyl and heroin alone or in combination with other drugs
Other opioids: Opioids other than heroin or fentanyl

Chart includes fentanyl analogs. Data are reported with a one quarter delay. Data are provisional.

Naloxone Administration Reports by Reporting Agency

Onondaga County, 2016-2021

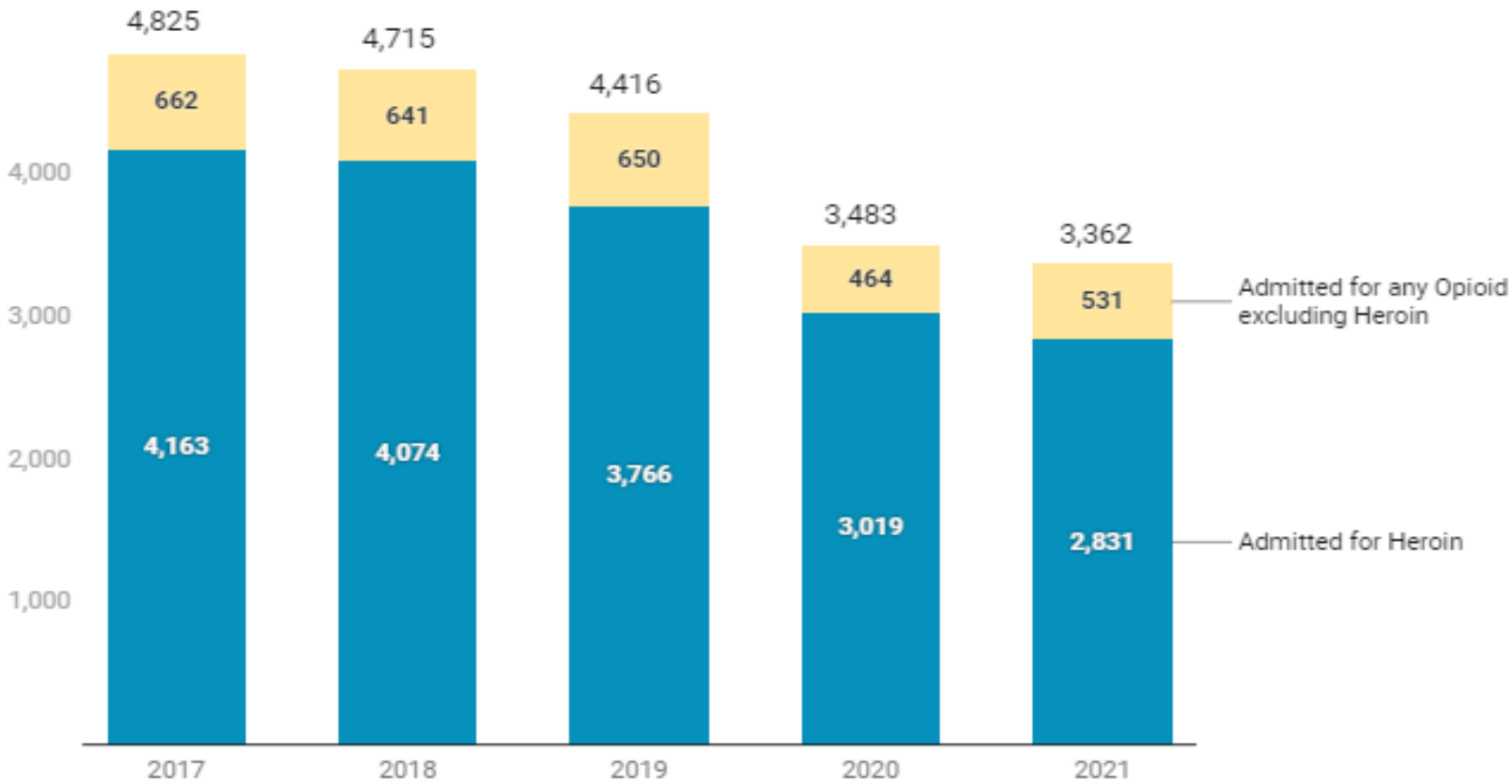


Emergency Medical Services (EMS) data represent only naloxone administration events reported electronically therefore, actual numbers of events may be higher. As of 2021 Q2, naloxone administrations documented on paper PCRs are included in the counts following a documentation change. EMS reporting may have been affected by a change in documentation systems used by EMS agencies serving the area. Counts may include additional cases compared to previous reports, if applicable.

Law enforcement and registered COOP program data represent only naloxone administration reports submitted by law enforcement or by registered COOP programs to the NYSDOH AIDS Institute. The actual numbers of naloxone administration events may be higher.

Admissions to OASAS-Certified Substance Use Disorder Treatment Programs

Onondaga County, 2017 - 2021



OASAS: Office of Alcoholism and Substance Abuse Services

Data reflect the number of admissions during the year. An individual admitted to more than one level of care during a year would count as multiple admissions. Clients may have heroin, other opioids, or any other substance simultaneously recorded as the primary, secondary and tertiary substance of abuse at admission.

Preliminary data as of April 2022.

Source: New York State County Quarterly Reports • Get the data • Download image • Created with Datawrapper

Key Indicators, cont.

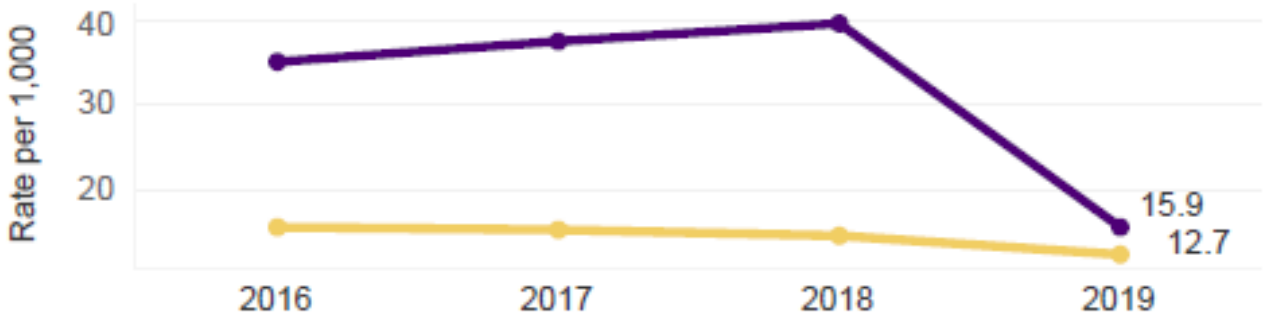
Newborns with Neonatal Withdrawal Symptoms and/or Affected by Maternal Use of Drugs of Addiction (Any Diagnosis), Crude Rate per 1,000 Newborn Discharges, 2016-2019

Source: New York State Community Health Indicator Reports, Opioid Data Dashboard
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/opioid_dashboard/op_dashboard&p=it&ind_id=op34
An asterisk (*) indicates the rate is unstable, while (s) indicates that the data do not meet reporting criteria.

❖Neonatal Withdrawal Symptom Discharges in Onondaga County in 2019: 80

Neonatal Withdrawal Symptoms per 1,000 Newborn Discharges

County to Rest of State	2017	2018	2019	
Onondaga	37.7	39.8	15.9	▼
(ROS)	15.6	14.9	12.7	▼



▲ ❖In 2019, the Neonatal Withdrawal Symptom Discharge Rate for Onondaga County was higher than the Rest of State.

Key Indicators, cont.

Alcohol Related Motor Vehicle Injuries and Deaths, 2009-2019

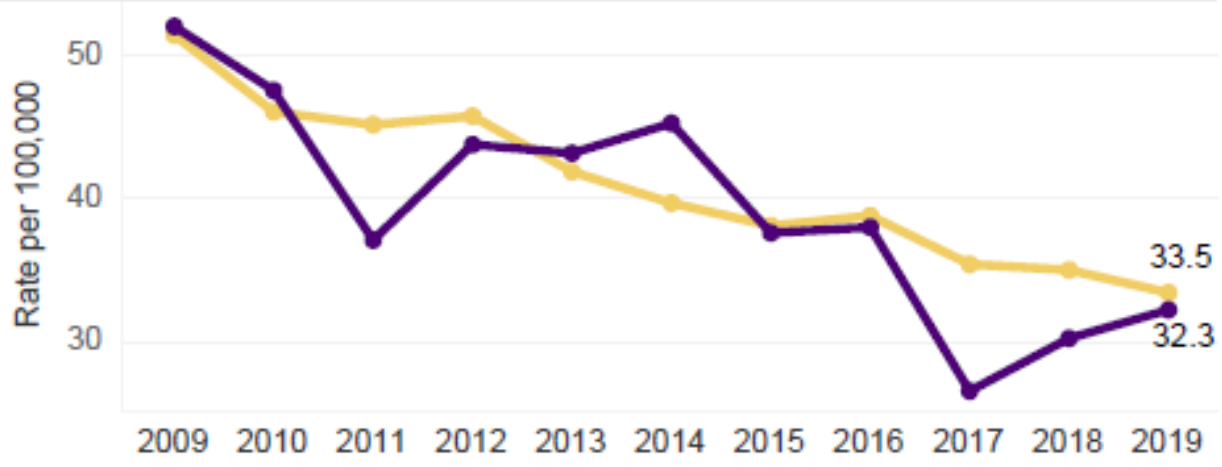
Source: New York State Department of Health, Community Health Indicator Reports (CHIRS)
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/chir_dashboard/chir_dashboard&p=it&ind_id=Og107#pagetitle
An asterisk (*) indicates fewer than 10 events in the numerator, therefore the rate/percentage is unstable

Alcohol Related Motor Vehicle Injuries and Deaths from 2017 to 2019

County	2017	2018	2019	
Onondaga	123	140	149	▲

Alcohol Related Motor Vehicle Injury and Death Rate per 100,000

County to Rest of State	2017	2018	2019	
Onondaga	26.6	30.3	32.3	▲
(ROS)	35.5	35.1	33.5	▼



▼ ❖In 2019, the Onondaga County Alcohol Related Motor Vehicle Injuries and Death Rate was lower than the Rest of State.

▲ ❖Between 2017 and 2019, Onondaga County saw an increase in the Alcohol Related Motor Vehicle Injuries and Death Rate.

Big Themes – what's missing?

Access to treatment and non-treatment	System Development	Equity and Inclusion	Housing for Adults	Education and Data
Low Barrier to care Dual Diagnosis Waitlists More Services OPWDD access to timely assessment OPWDD navigation support Peer support	Crisis System (including law enforcement collaboration) Navigation support for adults Coordination of Wrap Services Provider partnership De-Silo between MH/SU/IDD Staff Development and Retention	Harm Reduction Increase access to services for: People of Color New Americans Deaf Population Social Determinants of Health Increase quality of Care and EBP's	Affordability Options for difficult to House Homeless and experiencing SU/MH Dual Diagnosis Respite for youth and adults	Collect System Level Data and report Collect performance data Anti-Stigma for MH/SUD Education for families (adult and youth), providers, community 1 referral and info portal

Recommendation 1

- Develop Adult System of Care under the principles of Person Centered, Recovery Oriented, Data Driven, Trauma Informed, Evidence Based, Peer Supported, Equity Focused, Flexible and Mobile, Coordinated Collaboration.
  - Intensive Crisis Stabilization Center
  - Coordinate the crisis system
  - Formally receive stakeholder input
  - Providers from OMH/OASAS/OPWDD to connect, collaborate
  - Promote Evidence based
  - Expand navigation support
  - Professional development opportunities to assist in retaining staff
  - Provide bridge for youth transitioning to adulthood

Recommendation 2

- Develop Children's System of Care
  - Intensive Crisis Stabilization Center
  - Identify ways to better coordinate the system and its response to a crisis situation (community violence, drug overdoes)
  - Create new opportunities to formally receive stakeholder input into system development and operations
  - Promote Evidence based practices that address the SOC principles
  - Implement Crisis Respite programming for youth ages 5 to 12
  - Identify existing peer resources and programming and assess gaps in services delivery
  - Identify areas of the service system that are experiencing waitlists and address waitlist in OMH and OPWDD
  - Improve safe discharge planning for people with IDD in hospitals unable to be served by local providers
  - Implement professional development opportunities to assist providers in retaining staff

Recommendation 3

- Increase access to affordable housing for those experiencing mental health and substance use challenges.
  - Comprehensive review of existing housing options
  - Tiny Homes For Good
  - Community funding proposals
  - Crisis Respite youth ages 5 to 12

Recommendation 4

- Reduce racial / ethnic disparities in service access and utilization
  - Outpatient services in community settings
  - Provider training around equity and inclusion
  - Peers and credible messengers
  - Student Coalition for Racial Equity (SCORE)
  - Recruit professionals of color to work in the mental health, substance use, and IDD service areas
  - University and high schools partnerships

Recommendation 5

- Enhance access to treatment and non-treatment services
  - Dual diagnosis programming and IDD and MH
  - School based mental health satellite clinics
  - Person In Crisis Navigation Pilot
  - “Harm Reduction”
  - Coordination of CORE, CFTSS and HCBS services.
  - Health Home Care Coordination in the Foster care population
  - Expand opportunities for individuals to have valued role in community

Recommendation 6

- Implement data driven decision making by developing strategies for more effective utilization of a range of data sources
  - Results Based Accountability Structure
  - County Level data out to community
  - stakeholder input
  - Establish a process to create 3 year local service strategic plan