

Purpose / Overview

Local SUD Prevention Planning

The Oswego County Division of Mental Hygiene is responsible for local planning. With the goal of assisting to reduce the number of opioid overdoses and related deaths in Oswego County, the Division has been working with stakeholders to identify intervention(s).

The Division has prepared a concept paper of an Outreach / Reach-Out service which is a basic outline for an intervention.

The Oswego County Division of Mental Hygiene believes that this type of service, partnered with existing provider services and county departments, can be a low cost, effective, and instrumental strategy to address this need.

To engage people in need of substance abuse treatment and services, the Division proposes a concept that offers a real time response to people where they are. The response would be tailored to the needs and preferences of the person.

As our next step, we are soliciting your response to this Request for Information (RFI) to further expand the concept. Please review the accompanying planning report and concept paper prior to completing the RFI. RFI responses should be submitted online before October 15, 2018 at:

https://www.surveymonkey.com/r/SUD_RFI_Oswego

You may contact the Division at 315-963-5361 with any questions. Thank You

Community Stakeholders & Partners

* 1. Select the choice below that best describes you or your organization's Primary role.

- | | |
|---|---|
| <input type="radio"/> Family member, Significant other, Natural support | <input type="radio"/> Emergency Room Health Care Provider |
| <input type="radio"/> Advocate | <input type="radio"/> LGU Administration |
| <input type="radio"/> Person with or recovering from an addiction | <input type="radio"/> Residential Provider |
| <input type="radio"/> Mental Health Treatment Provider | <input type="radio"/> School, College personnel |
| <input type="radio"/> Substance Abuse Treatment Provider | <input type="radio"/> Law Enforcement |
| <input type="radio"/> Substance Abuse Prevention Provider | <input type="radio"/> County Health Department |
| <input type="radio"/> Care Manager or Case Worker | <input type="radio"/> Community stakeholder |
| <input type="radio"/> Primary Health Care Provider | |
| <input type="radio"/> Other (please specify) | |

* 2. Your Name

3. Position Title (if applicable)

4. Organization Name (if applicable)

* 5. Contact Info

Mailing Address

Email Address

Phone Number

Fax Number

Information Requested

* 6. Select the choice that best describes your initial reaction to this concept as described in the Concept Paper?

- Positive but cautious
- Positive and enthusiastic
- Neutral
- Interested but have significant concerns
- Other (please specify)
- Not interested, not relevant for me
- Negative, it is not needed
- Negative, it will not work

* 7. What age group(s) should be focus of this service?

- Adolescents & Adults
- Adults only

Comment:

8. If this were to start as a demonstration pilot, what geographic area(s) should be the focus? And why? *(you may copy/paste into this template if you prefer)*

* 9. Based on your experience, please indicate the level of need for the possible components listed.

	High Need	Moderate Need	Low Need	No Need	Uncertain, I don't have enough knowledge to say
Outreach & Engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MH Crisis Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Navigation Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education regarding service/support options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Linkage to Emergency Services. Ex: ROACA (Addiction Crisis Center), Housing, Pantries, DSS, Catholic Charities, OCO, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals to Outpatient OASAS Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals to Outpatient Mental Health Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals to Crisis Respite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals to Physical Health Care & Screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

10. List other services you believe have a High Need and could be offered by Outreach service:

11. Please describe how you envision agency partnerships working. What would be the intent and desired outcome related to the Outreach concept/design? *(you may copy/paste into this template if you prefer)*

12. Please elaborate on the concept outline regarding the following items: *(you may copy/paste into this template if you prefer)*

Outreach Specialist Role	<input type="text"/>
ReachOut Component	<input type="text"/>
Outcome Measurements	<input type="text"/>

13. Describe how service should be accessed / delivered.

14. What would you recommend for hours of operation?

15. Please provide your additions and suggestions related to the Outreach concept/design. *(you may copy/paste into this template if you prefer)*

16. What would you recommend for staffing? Include experience, training, FT/PT FTEs, Per diem, etc. (you may copy/paste into this template if you prefer)

17. What additional items would be needed in order to deliver the services identified above? (consider space, equipment, technology, vehicles, etc) (you may copy/paste into this template if you prefer)

18. Provide an estimate of the cost to start up and deliver the outreach services. Consider providing a cost for both a minimum model that will provide the basic elements AND a comprehensive "ideal" model.

minimum model

comprehensive model

19. Please list relevant funding sources that could be explored.

20. Do you have an interest in partnering with others to provide, or develop the service?

- Yes
- No
- Maybe

Comment

21. Please identify and describe any preliminary concerns, obstacles to address, etc related to this project.
(you may copy/paste into this template if you prefer)

22. Please provide any additional information or comments you believe are relevant to this project. *(you may copy/paste into this template if you prefer)*



Thank You

Thank you for your time and interest. The information you have provided will assist us to develop a successful proposal. If you would like to be involved further, please contact the Division of Mental Hygiene @ 315-963-5361.